



**Counseling and Psychological
Services**

TRAINING MANUAL

**Doctoral Internship in Health Service
Psychology**

George Mason University

Counseling and Psychological Services

2020-2021

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TRAINING PHILOSOPHY

The CAPS Doctoral Internship in Health Service Psychology is a full-time, 12-month internship based on the practitioner-scholar model. The training program provides a supportive learning environment that fosters the development of multicultural competence and a grounding in ethical principles. The foundation of the training model is based on a program of supervised, sequential, and experiential psychological practices while respecting and encouraging self-care and self-awareness. 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 who can practice in a variety of settings. The internship also provides an opportunity to interact with mental health practitioners from a number of disciplines (psychology, social work, counseling, and psychiatry) within a fast-paced center at a large public university.

Diversity: A major element of the CAPS training philosophy is the belief in the essential goodness of human diversity. Many of our students are from underserved populations, and CAPS staff are dedicated to helping these students be successful in their personal and professional/academic lives. We foster this goal through by using a contextual and multicultural clinical and prevention framework. Interns and staff are encouraged to examine their personal and professional awareness of the rich multicultural diversity among themselves as well as the clients they serve.

Mentorship: Another aspect of our training model is mentorship. CAPS recognizes that trainees are future colleagues that are transitioning from student to professional. As a center, our interns are integrated fully into our team and are given increasing levels of autonomy that consider developmental levels in addition to specific needs for professional growth. Interns have many formal and informal opportunities to interact with CAPS staff. We pride ourselves on our open-door policy, encouraging psychology interns to interact with CAPS staff through mutually respectful relationships.

Supportive Environment: Though the center is a fast-paced, we are a warm and cohesive group and hold a genuine respect for our trainees. Self-care and self-awareness are encouraged. The use of honest and sensitive informal and formal feedback is used to help psychology interns to reach their full potential. In turn, we utilize input from interns on a regular basis to make improvements and modifications to the program. Our respect and support for interns is reflected in various opportunities associated with the training year, such as the development of a concentration focus through an advocacy area project.

Integration of scholarly knowledge and practice: Another cornerstone of the philosophical foundation of the psychology internship is a belief in the necessity of integrating theory, practice, and research in a supervised experience. Interns have the opportunity to stretch existing skills and develop new therapeutic intervention skills while providing clinical services to clients. Interns are also expected to integrate current research into their supervision of trainees, projects, outreach, and professional and case presentations.

Statement on Service to a Diverse Public

As members of the Counseling and Psychological Services (CAPS) staff, we consistently strive to integrate our multicultural commitment into the everyday functioning and structure of our agency and training program. We have a great appreciation for the dignity and worth of each person we encounter. In our work, we acknowledge and celebrate the diversity of the students with whom we work. We also advocate a philosophy of acceptance, compassion, and support for those individuals whom we serve and provide an emotionally safe and respectful environment for all clients. Thus, we have adopted APA's documents "Preparing Professional Psychologists to Serve a Diverse Public: A Core Requirement in Doctoral Education and Training" (<http://www.apa.org/ed/graduate/diversity-preparation.aspx?tab=1>) and "Professional Psychologist Competencies to Serve a Diverse Public" (<http://www.apa.org/ed/graduate/diversity-preparation.aspx?tab=2>), which were developed by the Education Directorate of the American Psychological Association. The main goal of these documents is to assist training programs in addressing conflicts between trainees' worldviews, beliefs, religious values and professional psychology's commitment to offering culturally responsive psychological services to all members of the public, especially to those from traditionally marginalized groups. We take a developmental and supportive approach to the acquisition of this competency. While we respect the right of trainees to maintain their personal belief systems, we expect that trainees will work to develop competencies to work effectively and ethically with diverse populations regardless of their personal beliefs. If concerns arise, we will actively work with trainees to address them to ensure the culturally competent care of the diverse student population at this university.

Statement on Trainee Self-Disclosure

Counseling and Psychological Services (CAPS) chooses to adhere to Standard 7.04 of the APA Ethical Principles of Psychologists and Code of Conduct (2002) by identifying our expectations of trainees with respect to self-disclosure of personal information during training. We do not require trainees to self-disclose specific personal information as a matter of course. However, our training model is one that values both personal and professional development. We believe that becoming a competent and ethical psychologist often involves exploration of those experiences that have shaped one's worldview. In both individual and group supervision, counseling center staff seek to create a safe environment for trainees to engage willingly in the process of self-examination in the service of their training and in the service of their clients. This process may involve trainee self-disclosure of personal information as it relates to the trainee's clinical work and/or professional development. Thus, trainees at the counseling center can expect to engage in some degree of self-exploration in the context of safe supervisory relationships as a means of furthering their professional development. As noted in the Ethical Principles, we may require self-disclosure of personal information if the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others (APA, 2002).

GEORGE MASON UNIVERSITY AND COUNSELING AND PSYCHOLOGICAL SERVICES

The Setting

George Mason University (Mason) is located in Northern Virginia, which is part of the Washington, D.C. metro area. This location provides exciting personal and professional opportunities for students and adds to the rich multicultural landscape of Mason. More information about the motto, mission, and values of the university can be found here: <https://www2.gmu.edu/about-mason>.

The university enrolls more than 37,000 students. The students represent a range of nationalities (130 countries represented). Over 40% of the students identify as a racial or ethnic minority, and almost half of the undergraduate population is first generation college students (<https://irr2.gmu.edu/FastFacts/>). For additional information about the student population, review information included at this link: <https://irr2.gmu.edu/FastFacts/>.

Mason also prides itself as a “young” university (established in 1972) and setting benchmarks for “progressive education and innovation.” The university is the largest public research institution in Virginia and consists of multiple campuses. The largest campus is in Fairfax, and other campuses include: Science and Technology Campus (in Manassas, VA), Arlington Campus (in Arlington, VA), Smithsonian Campus (in Front Royal, VA), and an international campus in Korea (in Songdo, South Korea).

Counseling and Psychological Services (CAPS)

The diversity of services provided by Counseling and Psychological Services (CAPS), a department in University Life, reflects the student body and the mission/vision the Division: <https://ulife.gmu.edu/about-us/mission-and-core-values/>. We serve the community at three different campuses through multifaceted services and a multidisciplinary full-time and part-time staff (psychologists, social workers, counselors, psychiatrist, and learning specialists). The center provides services including: brief screening and assessment, crisis consultation, short-term individual therapy, group therapy, case management support and referral to community mental health providers, short-term psychiatric services, skill-based workshops, and community education/outreach programming. We are also available for consultation with faculty, staff, and community members. The center has learning services to promote academic success, including academic coaching and academic skill workshops.

Mission/Vision and Multicultural Statement of Counseling and Psychological Services (CAPS)

Our Mission/Vision are included below and can be found here:

<https://caps.gmu.edu/about-us/missionvision/>

Vision: Cultivate a thriving Mason community through inclusive, innovative, and compassionate care.

Mission: CAPS supports students through ethical and responsive care and prevention. We foster the well-being of the diverse Mason community through psychological, learning, outreach, and consultation services. We provide high-quality training to emerging mental health professionals. We are committed to excellence in psychological and learning services by promoting student safety, enhancing emotional growth, and supporting academic success.

Multicultural Commitment: As members of the Counseling and Psychological Services (CAPS) staff, we strive to integrate multiculturalism into the everyday functioning and structure of our agency. We have a great appreciation for the dignity and worth of each person we encounter. In our work, we advocate a philosophy of acceptance, compassion, and support for those we serve and provide an emotionally safe and respectful environment. We support students of all identities including age, culture, race, ethnicity, gender identity, sexual orientation, language, mental and physical ability, national origin, religion, spirituality, size, socio-economic status, immigration status, political perspective, and worldview. In so doing, we strive to provide services that foster the development of behaviors necessary for success at George Mason University as well as in a complex global environment.

More information about our multicultural commitment can be found here:

<https://caps.gmu.edu/about-us/multicultural-commitment/>

The George Mason University internship program is accredited by the American Psychological Association Commission on Accreditation. The counseling center is accredited by the International Association of Counseling Services (IACS), and the center is a member of the Association of Counseling Center Training Agencies (ACCTA) and the Association of Psychology Post Doctoral and Internship Centers (APPIC).

NMS Program Code: 205711

An APPIC Member Program

Accredited by the Commission on Accreditation American Psychological Association

*Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979 / E-mail: apaaccred@apa.org

Web: www.apa.org/ed/accreditation

TRAINING AIMS, COMPETENCIES, AND ELEMENTS

COMPETENCY # 1: ETHICAL AND LEGAL STANDARDS

Aim: Interns will develop knowledge and professional practices that assure adherence to the ethical standards for psychologists.

Elements:

- Be knowledgeable of and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise and apply ethical decision-making processes to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

Training Activities: Orientation meetings focused on ethical considerations for this center, Intern Training Seminar “Mini Course” (Ethical and Legal Principles), individual and group supervision with a focus on ethical decision-making in all professional activities, supervision of supervision with a focus on ethical considerations regarding provision of supervision, informal clinical presentations during group supervision, informal supervision presentations during supervision of supervision, clinical case presentations, and supervision presentation.

Evaluation Methods: Supervisors’ evaluations, clinical case presentation evaluations, and supervision presentation evaluations.

COMPETENCY # 2: INTERVENTION

Aim: Interns will develop skills to support their functioning as professional psychologists.

Elements:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, cultural considerations, and contextual variables.
- Apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

- Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

Training Activities: Provision of direct service, including: brief screening, crisis intervention, intake assessment, individual therapy, group therapy, case management, consultation, and outreach programming/community education; Intern Training Seminars (Outreach Seminar and “Mini Course” Interventions with University Populations); Advocacy project and presentation; individual supervision with review of digitally recorded interventions; group supervision including informal clinical case presentations with review of digitally recorded interventions; supervision of group therapy including live observation of interventions; clinical case presentations including review of digitally recorded interventions.

Evaluation Methods: Supervisors’ evaluations which are informed by viewing digitally recorded sessions, Advocacy project evaluations by mentor and for presentation, and clinical case presentation evaluations.

COMPETENCY # 3: ASSESSMENT

Aim: To prepare interns who can effectively use assessment skills and tools to accurately diagnose and provide recommendations.

Elements:

- Demonstrate current knowledge of DSM-5, functional/dysfunctional behaviors, including psychopathology.
- Demonstrate understanding human behavior through a multiculturally competent and contextually relevant lens.
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors to inform treatment planning and clinical interventions.
- Select and apply assessment methods such as the CCAPS, to functional and dysfunctional behaviors in an ongoing way.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- Interpret assessment results to inform case conceptualization, classification, and recommendations.
- Select and apply assessment methods that draw from the best available empirical literature to relevant clinical information and conceptualization.
- Collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

Training Activities: Assessment of student concerns through Initial Consultation, Routine Appointment, Urgent Appointment, and Crisis Consultations as well as associated supervision of those clinical services; incorporation of CCAPS into clinical work; use of the DSM 5 Cultural Formulation Interview with two students during the

training year; orientation meetings focused on assessment; Intern Training Seminar “Mini Course” (Assessment); clinical case presentations; and Advocacy project.

Evaluation Methods: Supervisors’ evaluations, Advocacy project evaluations by mentor and for presentation, and clinical case presentation evaluations.

COMPETENCY # 4: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Aim: To produce interns who can collaborate and consult with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.

Elements:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply this knowledge in consultation with individuals and their support systems, other health care professionals, interprofessional groups, and/or systems related to health and behavior.

Training Activities: Orientation meetings about consultation and offices on campus; provision of consultation to other health service providers, campus partners, members of students’ support networks, and students; consultation with other health service providers, campus partners, or members of students’ support network; provision of information regarding mental health and CAPS services at tabling events or outreach activities; Advocacy project; participation in case conferences and staff meetings with a multidisciplinary team at this center; and individual and group supervision that addresses consultation and coordination of care.

Evaluation Methods: Supervisors’ evaluations and Advocacy project evaluations by mentor and for presentation.

COMPETENCY # 5: SUPERVISION

Aim: To produce interns who are knowledgeable and skilled in the theory and practice of clinical supervision such that they contribute to the positive development of future generations of psychologists.

Elements:

- Apply supervision knowledge in practice through peer supervision and with psychology trainees through:
- Effectively establishing and maintaining ongoing supervisory relationships with psychology externs.
- Providing supervision such that client welfare is ensured and ethical issues are attended to.

- Providing feedback to peers and supervisees that recognizes their strengths and growth edges in a developmental, multicultural, and interpersonal context and utilizing this knowledge to contribute to professional growth.

Training Activities: Orientation meetings focused on provision of supervision; provision of clinical supervision to psychology externs; supervision of supervision including informal presentations and review of digitally recorded supervision sessions; supervision presentation; and provision of peer supervision through feedback provided during informal presentations during group supervision and supervision of supervision.

Evaluation Methods: Supervisors' evaluations and supervision presentation evaluations.

COMPETENCY # 6: INDIVIDUAL AND CULTURAL DIVERSITY

Aim: Interns will develop knowledge and skills to function as effective psychologists with multicultural populations.

Elements:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision, consultation, and direct service.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, direct service, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Training Activities: Intern Multicultural Lab, multicultural case conference with all clinical staff, provision of direct service to diverse student population, group and individual supervision with a focus on the integration of individual and cultural diversity factors in all professional activities, clinical case presentations, supervision of supervision presentation, outreach presentations, and Advocacy project and presentation.

Evaluation Methods: Supervisors' evaluations, Advocacy project evaluations by mentor and for presentation, clinical case presentation evaluations, and supervision presentation evaluations.

COMPETENCY # 7: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOR

Aim: Interns will develop behaviors and practices that are consistent with the professional identity of a psychologist

Elements:

- Behave in ways that reflect the values and attitudes of psychology, including integrity, incorporating cultural considerations into all professional work, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond openly in increasing complex situations with a greater degree of independence as they progress across levels of training.

Training Activities: Group supervision with focus on professional identity development, individual supervision with a focus on incorporating professional values in all professional activities, engaging in a way that is consistent with a professional staff member at CAPS, complying with the policies and procedures of the center and university.

Evaluation Methods: Supervisors' evaluations, including feedback from other members of the staff.

COMPETENCY # 8: COMMUNICATION AND INTERPERSONAL SKILLS

Aim: Interns will demonstrate personal and professional self-awareness and apply insights to professional relationships and communications.

Elements:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Training Activities: Participate in staff meetings and case conferences with multidisciplinary staff; consult with campus partners; collaborate with campus partners to develop outreach programs and for Advocacy project; outreach programs/community education; clinical case presentations; Advocacy project written proposal and oral presentation; supervision presentation; individual and group supervision with a focus on using effective communication and interpersonal skills in

all professional activities; documentation of clinical interactions in accordance with center guidelines.

Evaluation Methods: Supervisors' evaluations, including feedback from other members of the staff; clinical case presentation evaluations; supervision presentation evaluations, and Advocacy project evaluations by mentor and for presentation.

COMPETENCY # 9: RESEARCH

Aim: To produce interns who demonstrate knowledge, skills, and competence sufficient to critically evaluate and use existing knowledge to solve problems and to disseminate research.

Elements:

- Demonstrates the independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
- Uses research and scholarly literature to inform clinical decision making.

Training Activities: Intern Seminar "Mini Courses" (all informed by research, especially Interventions with University Populations and Embodying the Practitioner Scholar Model) with a focus on integrating research into all professional activities, discussion of evidence-based interventions in individual supervision, Advocacy Project proposal and presentation, inclusion of evidence base in supervision presentation, and inclusion of evidence base in clinical case presentation.

Evaluation Methods: Supervisors' evaluations, Advocacy project evaluations by mentor and for presentation, supervision presentation evaluations, and clinical case presentation evaluations.

COMPONENTS OF THE INTERNSHIP PROGRAM

**Please note these hours are subject to change based on clinical need, time of the semester, and intern interests.*

Clinical Activities

As a result of the COVID-19 pandemic, services are being offered via a video-based, end-to-end encrypted WebEx platform. Students who are unable to access the WebEx platform due to internet accessibility issues are able to participate in phone support if clinically indicated. This format is subject to change in response to shift in center and university operations in response to the COVID-19 pandemic.

Initial Consultation: Initial Consultation (IC) is the primary entry point into the clinical system. The appointment is scheduled for 30 minutes. The purpose of this appointment is to complete a brief screening and determine the next appropriate clinical intervention. Given the COVID-19 pandemic, IC appointments are scheduled during a clinician's shift of Phone Screening and Support. The coverage shift and associated number of ICs to be completed each week will be based on the needs of the students and the clinical system.

Routine Appointment: Routine Appointments serve as a comprehensive biopsychosocial assessment with students with whom the intern will work as part of their caseload. Interns may complete Routine Appointments with students with whom they completed an Initial Consultation or receive referrals from other clinicians for Routine Appointments to increase their caseload.

Group Screen: Group Screening appointments are completed for students who will be referred to group therapy. May be done individually or with a co-facilitator.

Urgent Appointment: Urgent Appointments are available for students presenting with some risk factors who do not require a same-day Crisis Consultation appointment but should be seen sooner than the next available Routine Appointment. Urgent appointments are scheduled during your daytime on-call shift. Urgent Appointments may be removed from the clinical system while remote work continues. If so, it will be replaced with other opportunities for clinical work.

Walk-in Initial Consultation/Crisis Consultation: Same day appointment for students who are in distress or experiencing a mental health emergency.

Case Management: Case Management appointments support clients with getting connected to off-campus support. Appointments are typically 30 minutes but can be longer depending on assessment and treatment planning required to support the student.

Individual Therapy: Individual therapy begins at the time of the Routine Appointment during which the clinician gathers more complete information on the

student, clarifies goals of short-term therapy, and begins therapy work with use of therapeutic interventions in session. Individual therapy appointments typically last 45-50 minutes.

Group Therapy: CAPS offers has structured and process groups each semester.

Workshops: CAPS offers daily workshops for students.

On-Call Coverage: Interns provide daytime on-call coverage every week (listed as Walk-in Initial Consultation/Crisis Consultation), as assigned. Interns also provide after-hours coverage approximately two-three weeks during the year. Interns receive back-up support from their supervisor or another clinical staff member.

Community Education/Outreach and Consultation Activities: Interns participate in at least six outreach/community education events during their internship year and as clinical schedules allow. Outreach/community education opportunities may 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. In order to learn more about the campus, our campus partners, and ways that we describe our services, interns will participate in a scaffolding process related to learning about outreach programming. Specifically, they will observe a staff member facilitate two outreach programs, co-facilitate at least two outreach programs, and be observed for two outreach programs. Outreach programs that are co-facilitated and facilitated by an intern/observed by a staff member can count toward their total direct contact hours. Outreach programs that interns facilitate that are observed by a staff member can be counted toward their required total number of programs to facilitate over the course of the year. Interns plan and present an "Advocacy Project" during internship as well. See Administration, Research, Presentations section for more information about the project. Interns' outreach efforts are coordinated by the Coordinator, Multicultural Outreach and Prevention in consultation with their individual supervisor. Their Advocacy Project efforts are supported by their identified mentor in consultation with their individual supervisor.

Provision of Supervision: Interns have the opportunity to supervise externs from the Washington D.C., Maryland, Virginia-area doctoral psychology programs. Supervision will occur weekly for one hour. Interns may also have the opportunity to supervise a different supervisee each semester but that will depend on the number of externs working at CAPS that year.

Training and Supervision

All supervisory relationships will begin with review of a supervision agreement form. This agreement form will also include a telesupervision agreement addendum given that supervision will be provided via an end-to-end encrypted WebEx platform in response to the COVID-19 pandemic. This format may change in response to updated guidance from the university, the Virginia Board of Psychology, the American

Psychological Association, and/or the Association of Psychology Postdoctoral and Internship Centers.

Individual Supervision: Assignments of supervisors are made by the Associate Director, Training Services with the input of the individual interns. Every effort is made to match personal and professional interests, styles, and needs to maximize the effectiveness of the supervisory dyad. The direct supervision focuses on intervention, case management, case conceptualization, and the professional growth of the intern. Supervision includes critiques of digital recordings of therapy sessions. In the absence of digital recordings, synchronous observation of services provided will occur. Supervisory assignments are made in July and January. Interns will typically have a different supervisor each six-month period. A minimum of two hours per week are spent in one-to-one contact with a licensed clinical psychologist.

Group Supervision: A meeting between the interns and the Associate Director, Training Services or another clinical staff member, will occur weekly. This meeting is scheduled for one hour. Group supervision will focus on the clinical service as well as intern professional growth and adjustment.

Supervision of Group Therapy: Supervision of group therapy occurs for 30 minutes, typically immediately after group. It will be provided by your group co-facilitator.

Supervision of Supervision: Interns will meet 90 minutes each week with the Associate Director, Training Services or another clinical staff member for supervision of the supervision they provide. Time in this supervision will be spent processing the experience of supervision, reviewing trainee performance, reviewing relevant literature related to supervisions and clinical cases, and viewing digital recordings of supervision meetings. In the absence of digital recordings, synchronous observation of services provided will occur.

Seminars: Interns participate in a number of training seminars throughout their internship year to supplement the direct service, facilitate ongoing learning, and support development related to the competency areas. In response to the COVID-19 pandemic, these seminars will be offered virtually, via a video-based platform.

Interns participate in a biweekly, hour-long, competency-based seminar organized as “mini courses.” The syllabus for this seminar is included as an Appendix in this Training Manual. The mini courses focus on legal and ethical principles, assessment, intervention, and research. All seminars integrate diversity concerns, ethics and current research and are scheduled in a way that takes into account the intern’s developmental level.

Interns will participate in a biweekly, 90-minute long Multicultural Lab. This lab is focused on ongoing growth and development of multicultural awareness and skills. Throughout the lab, interns will engage in self-reflection and apply the discussions to their clinical work and emerging professional identity development.

Interns will participate in a monthly outreach seminar with the Coordinator, Multicultural Outreach and Prevention. This seminar will be focused on the function of outreach on a university campus, strategies and best practices related to building collaborations with campus partners, completing needs assessments, cultural considerations with outreach.

Case Conference: The multidisciplinary clinical team meets regularly to discuss clinical work, including complex cases, group therapy cases, ethical dilemmas, and case management. Specific focus areas for meetings are assigned based on needs and time of the semester. During this meeting, interns will have the opportunity to consult with clinicians and providers from a range of professional backgrounds.

Diversity Dialogues: All CAPS staff meeting regularly to discuss ways to infuse cultural considerations into all aspects of our clinical work. These meetings also include affinity group meetings based on staff self-identification.

Administration, Research, Presentations

Intern Orientation: A structured orientation to the internship begins the first day of the internship. Additional orientation programs are scheduled throughout July and August. Intern orientation is focused on foundational competency skills. Topics such as policies and procedures, overviews of all service and training activities, overviews of possible areas of focus, and introductions to George Mason University and Virginia are covered. Meetings with staff from campus partners with whom our office works regularly occur to facilitate the building of consultative relationships. Introductory training is also provided on services interns will be expected to provide early in their internship (e.g., Initial Consultations, Routine Appointments, case management, outreach presentations, and group therapy). Intern orientation is led by the Associate Director, Training Services with the participation of all clinical staff.

Committees: Interns have the opportunity to join a committee during the spring semester of the internship year. CAPS currently has the following committees: Diversity Committee, Outreach Committee, Technology Committee, and Training Committee. Available committees will be reviewed at the start of the spring semester.

Advocacy Project and Presentation: The advocacy project is an opportunity for interns to collaborate with a campus partner to either support their work or enhance the working relationships between our offices. The goal of the advocacy project is to make research-informed, culturally and contextually relevant recommendations to campus partners based on a careful assessment of current needs. The 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 culturally-informed professional consultant. Interns will identify a campus partner serving a population of interest and work with that campus partner, with their affirmative consent and collaboratively, to support their work. Through the project, interns can provide consultation about programming needs for campus partners, receive feedback from the campus partner about ideas for enhancing services at the counseling center for a certain student population, or support the campus partner with either developing a

new program or conducting an evaluation of a current program. The advocacy project topic must be relevant to the needs of our campus partners and their collaboration with CAPS. Furthermore, the project must serve an underrepresented population. Interns will present their work at the end of the training year. The presentation is attended by all CAPS clinical staff. Additional information about this project is included in the appendix of the Training Manual.

Clinical Case Presentation: Interns present two formal clinical case presentations during internship (one during the fall semester and one during the spring semester). Interns should discuss this requirement with their individual supervisors. Case presentations are attended by CAPS clinical staff. Both case presentations will include a DSM 5 diagnosis and a discussion of the diagnostic process. Additional information about these presentations are included in the appendix of the Training Manual.

Supervision Presentation: Interns present one formal supervision presentation during the training year at the end of the spring semester. The supervision presentation is attended by CAPS clinical staff. Additional information about these presentations are included in the appendix of the Training Manual.

Staff Meetings: Interns are invited to participate in staff meetings that include all CAPS staff.

Sample Intern Work Week

A sample 40-hour work week of expected activities is provided below. The exact hours may vary as the clinical system shifts in response to university and center procedural updates related to the COVID-19 pandemic.

Sample Intern Work Week	
Clinical	
Brief Individual Therapy/Case Management	12-15 hours***
Routines Appointments	varies over the course of the year
Initial Consultations/Phone Screening and Support	To be determined based on clinical schedule
Urgent Appointment	To be determined based on clinical schedule
Group therapy	1.5 hours
Workshop	1 hour
After-hours on-call consultation	3 weeks/year
Outreach programming (6 per year)	varies
Supervision provided	1 hour
Training	
Individual supervision	2 hours
Supervision of group therapy	.5 hours
Supervision of supervision	1.5 hours
Group supervision	1 hour
Meeting with Training Director	.5 hours
Intern seminars/Multicultural Lab	1.5 hours
Outreach Seminar	1 hour/month
Advocacy Project mentorship	1 hour/month
Case Conference	1-2 hours/week
Supervisor's Meeting	1 hour/month
Administrative	
Administrative and Record Keeping	4-6 hours
Staff Meeting	2 hours

*** Variable over the course of the academic year, with lighter caseload during clinically less active periods at CAPS (e.g., summer) and fuller caseloads at more active times during the year. Number of ongoing individual therapy appointments will decrease if/when other clinical activities (e.g., group therapy, Initial Consultations) increase.

Expected Total Hours/Number of Clinical Activities

To ensure competency and licensure eligibility, we expect that interns will complete the following:

- 12 months of internship, 2000 hours total
- At least 500 hours of direct service activities during the internship year
- At least six outreach activities, two of which must be presentations
- Co-lead one group per semester (as groups run)

INTERN ACTIVITIES AND RESPONSIBILITIES

Your First Few Days

The first (approximately) five weeks of the internship are devoted to orientation and didactic training. During this time, we hope you will be learning about the counseling center, getting to know the staff here, and getting to know each other. The Mason students will be returning to campus throughout the month of August in preparation for the beginning of classes, and Counseling and Psychological Services will be gearing up for one of our busiest "seasons" here in the center. We hope that you will take some time to get settled and enjoy these weeks of orientation.

Intern Hours

Interns are expected to work a 40-hour week during the Counseling and Psychological Services hours of regular operation. Given ongoing telework mandates in response to the COVID-19 pandemic, interns will work both from the office and from a confidential location in Virginia, consistent with the schedule of other full-time clinical staff. The center is open from 8:30am-5pm Monday, Thursday, and Friday and 8:30am-7pm on Tuesdays and Wednesdays during the academic year. At times, outreach/community education events may be scheduled in the evening to support student schedules, and interns will be invited to participate in those events as well.

Interns are expected to remain at CAPS for the entire internship even if they complete their 2000 hours earlier than expected. We ask that interns reserve two of their annual leave days to conclude their internship on July 15, 2021 to allow for transition to the next cohort of interns, pending any personal or training circumstances that would require them to be present beyond this date. Interns are expected to manage their schedules so they are able to reach the 2000 hours of work while accounting for any time of out of the office.

Attendance

CAPS hours are 8:30am to 5pm, Monday through Friday. Unless other arrangements have been made, interns are expected to be present (either in person or virtually) 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:

1. If it is before 8:30 am, call 703-993-2389 and leave a phone message.
2. Send an email to your supervisor, the Support Staff team (Nina Joshi, Staci Grogan, Beth Rivelis, and Elise An), and the Training Director to inform them of your absence.

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

Clinical Hours

Interns will work to accrue 500 hours of direct service work. The following information from the Virginia Board of Psychology Laws Governing Psychology defines the practice of clinical psychology:

"Practice of clinical psychology" includes, but is not limited to:

1. "Testing and measuring" which consists of the psychological evaluation or assessment of personal characteristics such as intelligence, abilities, interests, aptitudes, achievements, motives, personality dynamics, psychoeducational processes, neuropsychological functioning, or other psychological attributes of individuals or groups.
2. "Diagnosis and treatment of mental and emotional disorders" which consists of the appropriate diagnosis of mental disorders according to standards of the profession and the ordering or providing of treatments according to need. Treatment includes providing counseling, psychotherapy, marital/family therapy, group therapy, behavior therapy, psychoanalysis, hypnosis, biofeedback, and other psychological interventions with the objective of modification of perception, adjustment, attitudes, feelings, values, self-concept, personality or personal goals, the treatment of alcoholism and substance abuse, disorders of habit or conduct, as well as of the psychological aspects of physical illness, pain, injury or disability.
3. "Psychological consulting" which consists of interpreting or reporting on scientific theory or research in psychology, rendering expert psychological or clinical psychological opinion, evaluation, or engaging in applied psychological research, program or organizational development, administration, supervision or evaluation of psychological services.

Given this definition, the following appointment codes in Titanium will be included in the total number of direct service hours provided by interns: Initial Consultation, Routine Appointment, case management, individual therapy, group screening, re-entry appointments (group screening and case management), group therapy, community education, third party consultation, and after hours consultation. They do **not** include clinical appointments or outreaches in which student(s) do not show or cancel/reschedule. Interns should strive to keep 15 hours per week of attended client hours during the academic year, 8 during the summer and 4 during slower/holiday periods.

Interns should talk to the Associate Director, Training Services and/or their supervisor, if they are concerned that they are not keeping up with enough client hours. Opportunities for additional client hours can be explored.

Tracking hours with Titanium

Interns are responsible for keeping track of their hours through the year, utilizing Titanium data. **Interns should make sure that Titanium accurately reflects their hours worked, including after-hours activities.** Titanium data will be compiled (approximately) quarterly for interns. It is the intern's responsibility to make sure that they have completed 2000 hours by the final date of internship.

Leave Time

Leave allowances for the year:

See your policies as outlined by Human Resources and the Administrative Professional Faculty Handbook. As a general overview, you will accrue annual leave at the time of each paycheck, and the amount of sick leave accrued is based on the selection of the retirement plan. Overall, you will have 29 days of leave which includes a combination of annual leave and professional development leave.

The following are estimated University Holidays for 2020-2021:

Labor Day: Monday, September 7, 2020

Thanksgiving: Wednesday, November 25, 2020; Thursday, November 26, 2020; and Friday, November 27, 2020

Closing during Winter Break: (estimated dates) start Monday, December 21, 2020 and return Monday, January 4, 2021

Martin Luther King, Jr. Day: Monday, January 18, 2021

Memorial Day: Monday, May 31, 2021

Independence Day: (estimated date) Monday, July 5, 2021

Additional information about Human Resources leave policies can be found at this website: <https://hr.gmu.edu/benefits/index.php?t=5&f=leave/lwop-faculty.php>

Professional development leave can be used in the following ways:

For dissertation defense:

- Interns are eligible to receive 8 hours of professional development leave on the day of their dissertation defense.
- All other time out of the office related to preparation and travel for the defense date will be accounted for using annual leave.

For job search, interviews within 55 miles of George Mason University:

- Interns are eligible to receive 4 hours of professional development leave for interviews lasting between 1-4 hours on the day of their interview.
- Interns are eligible to receive 8 hours of professional development leave for interviews lasting longer than 5 hours on the day of their interview.
- All other time out of the office related to preparation and travel for the interview will be accounted for using annual leave.

For job search, interviews farther than 55 miles of George Mason University:

- Interns are eligible to receive 8 hours of professional development leave.
- All other time out of the office related to preparation and travel for the interview will be accounted for using annual leave.

Submitting Leave Requests

Interns are required to submit vacation leave requests to the Associate Director, Training Services, **two weeks** prior to scheduled leave. It is the intern's responsibility to ensure coverage for any intakes, urgent, initial consultation hours, etc. that they will miss during their scheduled leave. Each day is 8 hours; requests are made in terms of hours so partial days can be requested as leave.

Interns should be mindful that there are certain times of the year that are either busy for the Center or when a number of staff may request to be away. All staff and interns will need to work together to ensure adequate coverage of the Center. **Interns should wait for leave to be approved before making travel arrangements that would be difficult or expensive to change.**

Interns are required to submit leave requests to the Associate Director, Training Services via email. The leave requests should specify the nature of leave taken (vacation, sick, or professional development), the number of hours requested, and the date and time of the leave. We recommend that you use the following format in the emails that you submit:

For Vacation:

I request _____ hours of vacation leave on _____.
I understand that it is my responsibility to ensure that I have coverage for any intakes, urgent, initial consultations, etc.

For Sick Leave:

(Sick leave is to be used for illness or doctor's appointments)

I have taken (will take) _____ hours of leave on _____.

I understand that if this is for a doctor's appointment, I should have coverage for any intakes, urgent, initial consultations, etc.

For Professional Development:

I request _____ hours of leave on _____.

I understand that it is my responsibility to ensure that I have coverage for any intakes, urgent care hours, etc.

PROFESSIONAL ATTIRE

Please remember that your personal presentation is representation of CAPS and is noticed by your students 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." If you have specific concerns or questions, we encourage you to ask the Associate Director, Training Services or your supervisor.

Interns are expected to engage with staff members if there is feedback, questions, or concerns regarding apparel or grooming.

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) and review this with their supervisors. This self-assessment should be signed and given to the Associate Director, Training Services 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 internship.

Twice a year, in December and June/July, supervisors and interns formally review progress towards goals. Verbal and written feedback is provided, with supervisors completing the Intern Evaluation Form (Appendix C/D). Individual supervisors, group supervisors, the Associate Director, Training Services, and other staff members who have worked with the intern collaborate in completing this document. Supervisors provide feedback to the intern individually during their supervision 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. The Intern Evaluation Form is signed by the supervisor, Associate Director, Training Services, and others who participated in the evaluation. In addition, supervisors complete a brief, mid-semester evaluation (Appendix E) 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 the first semester of internship. They must also achieve an average score of 3.0 on every competency 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 behavioral change plan (Level 2) or formal remediation plan (Level 3). In addition, an average score of two or below on any section will automatically require the implementation of the due process procedures. Consistent performance at or below this level after completion of the remediation plan will result in dismissal from the internship (Level 5).

Please note that the Associate Director, Training Services and 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-1) and share this with their supervisors and the Associate Director, Training Services. Interns also complete a mid-semester evaluation of supervisors and share the feedback with supervisors. Informal feedback from interns is welcome and encouraged at any time.

Evaluation of Program

At the end of internship, interns are asked to complete the Training Program Evaluation Form and Training Director Evaluation Form (Appendix J and I-2, respectively) 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 Associate Director, Training Services.

Successful Completion of Internship

Successful completion of the internship is defined by meeting all competency requirements, previously defined as an average score of 3.0 on every competency by the end of internship. If both of an intern's supervisors and the Associate Director, Training Services agree that these expectations have been met, then the intern shall be given a certificate signifying the satisfactory completion of the internship.

Maintenance of Intern Records

Intern Records including evaluations and any records of remediation or grievances are kept in a locked file cabinet or on an encrypted password protected hard drive. Personnel records are kept indefinitely.

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 ongoing 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 Counseling and Psychological Services 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 and the legal and ethical guidelines associated with the Commonwealth of Virginia. The monitoring and assessment of compliance with these standards will be the responsibility of the Associate Director, Training Services in consultation with the Supervisor's Committee and the Director of CAPS. Also, there may be times when Mason University Human Resources and Association of Psychology Postdoctoral and Internship Centers (APPIC) will be consulted.

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. Noted inadequate performance of an intern by CAPS staff will be discussed during the next available Supervisor's Meeting (egregious violations may require an emergency meeting of the Supervisor's Committee be held). Of note, the Supervisor's Committee will consist of all individual supervisors of the intern cohort and the Associate Director, Training Services. This discussion may occur before or after the concern has initially been brought to the attention of the intern and must include the Associate Director, Training Services).
3. The time frame for expecting marked improvement in performance will be included in the plan to resolve the performance issue and will not exceed eight weeks on any Level. The Associate Director, Training Services and staff members involved will hold a meeting to discuss whether or not the intern's improvement has sufficiently resolved the concerns within this time frame.

The Levels are as follows:

Level 1 Verbal Acknowledgement,
Level 2 Behavioral Change Plan,
Level 3 Remediation Plan,
Level 4 Letter of Probation,
Level 5 Administrative Leave or Dismissal.

The details of each level are described in the section titled "Inadequate Performance."

4. Typically, the Levels will be followed progressively. Nevertheless, under some circumstances it may be appropriate to begin addressing inadequate performance without engaging in each Level, or the circumstances may warrant more serious consequences (such as egregious violations after this process has already begun, or if a problematic behavior appeared to have been remediated and then a same or similar issue arises).
5. The Director will be excused from the process for Level 1 through 4. The Director will function as an administrator, and not a member of the Supervisor's Committee, throughout the proceedings of Levels 1 through 4.
6. Decisions regarding when these procedures should be implemented, whether or not the behavior has been remediated, and if the process should proceed to the next Level will be the decision of the Associate Director, Training Services in consultation with the members of the Supervisor's Committee. The only exception to this standard is for Level 5, which is the decision of the Director. However, if the Associate Director, Training Services is the intern's direct clinical supervisor, then the intern may be transferred to another supervisor, or the Director may make these decisions.

Inadequate Performance

Inadequate performance typically falls within the following categories: problem behavior or skill deficiency.

Problem Behavior includes but are not limited to one or more of the following characteristics:

- The problem reflects significant deviation from Mason CAPS policy or professional standards of practice, or represents an ethics violation as defined by the American Psychological Association Ethical Principles of Psychologists and Code of Conduct or is a violation of the legal or ethical standards for the Commonwealth of Virginia.
- The intern does not acknowledge, understand, or address the problem when it is identified.
- The quality of services delivered by the intern is sufficiently negatively affected.
- The problem extends to more than one area of professional functioning.
- A disproportionate amount of attention by training personnel is required.
- The intern's behavior does not change as a function of feedback, corrective efforts, and/or time.

Skill deficiency includes but is not limited to one or more of the following characteristics:

- The deficiency identified is significant and beyond rectifying through the normal course of academic or didactic training, feedback, corrective efforts, and/or time.
- The quality of services delivered by the intern is sufficiently negatively affected.
- The skill deficiency is not restricted to one area of professional functioning.
- A disproportionate amount of attention by training personnel is required.

Procedures for responding to Skill Deficiency or Problem Behavior

Level 1:

Verbal Acknowledgement – The inadequate performance will be explicitly described to the intern in a face-to-face meeting with the Associate Director, Training Services and/or the intern's supervisor. Other professional staff members will be included in this meeting as necessary, based on the nature of the inadequate performance. There will be two goals for the face-to-face meeting; 1) to ensure that the intern is aware of the inadequate performance and understands the reason it is a concern, and 2) to begin the process of determining how the inadequate performance will be addressed.

In this initial meeting, or in a subsequent meeting that will occur within five working days of the initial meeting, a plan will be discussed for how the intern is to correct the inadequate performance. The plan will be discussed and it will include acknowledgement of the issue or behaviors in question, how acceptable improvement on the issue will be evaluated, the time frame for evaluating the improvement, and who will be evaluating the improvement. This will be documented in memo format and a copy will be given to the intern, to each staff member involved, and one copy will be placed in the intern's file. The purpose of this documentation is to ensure that all parties involved have a clear understanding of what has been discussed.

If the issue is not appropriately addressed in the time frame determined in the plan (not to exceed eight weeks) then a higher level of action will be taken to attempt to address the inadequate performance. The Supervisor's Committee will be updated on the status of the inadequate performance and plan at each Supervisor's Committee meeting until the concern is resolved. Once the concern is resolved, this update will be clearly communicated to the intern and documentation of the resolution of the inadequate performance will be added to the intern's file.

Level 2:

Behavioral Change Plan – The inadequate performance will be explicitly communicated to the intern through a written statement/behavioral change plan that outlines what the inadequate performance is and why it needs to be addressed. The written acknowledgement will be prepared by the Associate Director, Training Services and/or the intern's supervisor. Other staff members may be involved in the preparation of the document as necessary. All members of the Supervisor's Committee will be informed of the written acknowledgement. The

written acknowledgement must be approved by the Associate Director, Training Services prior to being finalized and provided to the intern.

After the written acknowledgment has been given to the intern, the staff members involved will create a plan for how to address the inadequate performance. Documentation of the plan will be created within five working days of providing the written acknowledgment to the intern and the plan will include acknowledgement of the issue or behaviors in question, how acceptable improvement on the issue will be evaluated, the time frame for evaluating the improvement, and who will be evaluating the improvement. A copy of this documentation will be given to the intern, to each staff member involved, and one copy will be placed in the intern's file. The intern's home institution may be notified of the written acknowledgment and plan, but the decision to notify the home institution will be at the discretion of the Associate Director, Training Services. If there is a decision to notify the home program, the intern will be made aware of this course of action.

If the issue is not appropriately addressed in the time frame determined in the plan (not to exceed eight weeks) then a higher level of action will be taken to attempt to address the inadequate performance. The Supervisor's Committee will be updated on the status of the inadequate performance and plan at each Supervisor's Committee meeting until the concern is resolved. Once the concern is resolved, this update will be clearly communicated to the intern and tangible documentation of the resolution of the inadequate performance will be added to the intern's file.

Level 3:

Remediation Plan – A remediation plan is a document that outlines the identified performance deficits, the reasons why the deficits are a concern, any attempts previously made to address the problem behavior, the plan for how to remediate the deficits, how remediation of the deficits will be monitored, the time frame for remediation (not to exceed eight weeks), and who will evaluate the intern's progress at the end of the specified time frame. The remediation plan will be created by the Associate Director, Training Services or the intern's supervisor and approved by the Associate Director, Training Services. Other CAPS staff will provide input related to the inadequate performance and ideas for how to remediate the inadequate performance as applicable. The remediation plan may be discussed with the Supervisor's Committee prior to implementation to ensure all supervisors understand the plan and their roles within it. A copy of the remediation plan will be provided to the intern, the applicable staff members, the intern's home institution, and one copy will be placed in the intern's file.

The Supervisor's Committee will be updated on the intern's progress at each Supervisor's Committee meeting until the plan has been successfully completed or a subsequent action has been taken. Once the remediation plan has been successfully completed written documentation of the successful completion of the plan will be provided to the intern and added to the intern's file, also the intern's home institution will be notified. If the deficits are not adequately remediated in

the time frame stated in the remediation plan then a subsequent action will be taken to attempt to address the inadequate performance.

Level 4:

Letter of Probation – If inadequate performance is of a sufficient magnitude or duration, the Associate Director, Training Services and/or the intern's supervisor will notify the Director and will meet with the Supervisor's Committee within five working days to discuss the inadequate performance. The intern will be notified in person and in writing that such an action is being taken. The intern will be allowed to provide a written or verbal response to the Supervisor's Committee. The discussion among the Supervisor's Committee will include a review of any actions previously taken to attempt to remedy the performance deficits, the intern's response regarding the performance deficits, and information from any other staff members that is applicable to the performance deficits.

A letter of probation will be created by the Associate Director, Training Services or designee(s). The letter of probation will document the inadequate performance and which behaviors are associated with it, recommendations for how the intern can rectify the problem(s), the time frame for the probationary period (not to exceed eight weeks), who will monitor the improvement, and the procedures for how to determine if the issues have been corrected. The letter of probation must be approved by the Associate Director, Training Services prior to implementation. A copy of the letter of probation will be provided to the intern, each member of the Supervisor's Committee, the intern's home institution, one copy will be placed in the intern's file, and one copy may be placed in their personnel file. The Supervisor's Committee will be updated on the intern's progress at each subsequent meeting until the plan has been successfully completed or an ensuing action has been taken.

If the intern has successfully addressed the issues related to inadequate performance when the time frame for the probation period ends the letter of probation will be satisfied and no further formal action will be taken. In these instances written documentation of the successful completion of the letter of probation will be provided to the intern, added to the intern's file, sent to the intern's home institution, and a copy will be added to their personnel file. If the intern has not successfully rectified the issues related to inadequate performance by the end of the probation period a new action will be implemented. This subsequent action may be in line with any Level 1 through 5, depending on the severity of the remaining performance deficits.

Level 5:

Administrative Leave or Dismissal – In rare cases, the necessary response to inadequate performance (e.g., egregious violation of ethics) will be immediate administrative leave or dismissal from the internship. This level of action could be taken in instances of protecting the welfare of the public, the agency, or the university, or if all prior attempts to improve inadequate performance have failed and no appropriate alternatives exist. Situations that could warrant a Level 5 response include, but are not limited to, inappropriate physical contact with clients,

breaches or violations of confidentiality, violations of university policy that would warrant dismissal, persistent and disruptive unprofessional conduct, or any violation of ethics that a state board would typically investigate if committed by a licensed psychologist.

Because doctoral interns are also employees of George Mason University, issues involving administrative leave or dismissal are personnel issues and will be handled by the Director. The Director will discuss any Level 5 issues with all pertinent parties involved within the agency (CAPS), the department of Human Resources, Legal Counsel, and/or any other organization/person on campus necessary in order to address the matter. Determinations for how to respond to Level 5 issues will be made by the Director.

Appeals procedures

At any step in the process outlined above, the intern has a right to challenge the decision of the Supervisor's Committee. An intern who wishes to appeal must inform the Associate Director, Training Services in writing within ten working days of receiving the decision of the Supervisor's Committee. The Associate Director, Training Services will then form an Appeals Committee to include one staff member selected by the Associate Director, Training Services 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 Supervisor's Committee and report its recommendations to the Director of CAPS. The 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 Director of Clinical Training (DCT) of the sponsoring institution. The decision of the Director of CAPS will be final and not subject to appeal. This process is in line with the appeals process of George Mason University and is outlined in the Administrative Professional Faculty Handbook provided to interns at orientation and also available here:

<https://provost.gmu.edu/administration/policy>

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 encouraged to speak directly with that person before taking any other action. If this consultation does not resolve the situation, the following procedures have been developed to manage intern grievances internally:

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

2. If the situation is not resolved, during this meeting the Associate Director, Training Services 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.
3. If the situation is not resolved, the Director of CAPS will meet with the members of the Grievance Committee and (separately) with the intern and the staff member who is the subject of the complaint. The Director of CAPS will make a decision to resolve the complaint.

Accusation Against or By an Intern

Interns who allege violations of the university's Non-Discrimination Policy (Administrative Policy 1201), Sexual Harassment Policy (Administrative Policy 1202), or Non-Discrimination and Reasonable Accommodations on the Basis of Disability Policy (University Policy 1203), must submit such complaints to the Mason Office of Compliance, Diversity, and Ethics, in accordance with its procedures. <https://diversity.Mason.edu/about/grievance-procedures>.

In developing this due process document, we reviewed a number of policies from various internship sites at counseling centers. The process that was developed was particularly influenced by the Due Process procedures at Kansas State University and Arizona State University. They are also consistent with the policies of the George Mason University Human Resources office, the American Psychological Association code of ethics and the Virginia Commonwealth of Virginia.

INTERNSHIP ADMISSIONS, SUPPORT AND INITIAL PLACEMENT DATA

Adapted from information posted to APPIC website. This information reflects criteria at the time that the current cohort (the 2020-2021 cohort) applied to the internship program at George Mason University Counseling and Psychological Services.

Internship Program Admissions

The Doctoral Internship in Health Service Psychology at CAPS is a full-time (40 hours/week), twelve-month position beginning July 20, 2020. We value interns who bring with them an interest in serving diverse populations as well as engaging in a variety of professional activities (e.g. individual personal, group therapy, intake, crisis management, outreach, and provision of supervision).

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours Y Amount: **400**
Total Direct Contact Assessment Hours : N Amount: N/A

Describe any other required minimum criteria used to screen applicants:

Minimum Requirements

- enrollment in a doctoral program in counseling or clinical psychology
- successful completion of comprehensive exam/task by application deadline (Monday, November 4, 2019)
- a minimum number of 400 AAPI Intervention hours
- have had at least one training/clinical experience in an adult and/or adolescent setting where they provided individual counseling.
- experience, training or interest in working with college and university students and their presenting concerns
- dissertation proposal approved by the start of internship
- approval for internship by academic training director

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns: \$35,568
Annual Stipend/Salary for Half-time Interns: N/A
Program provides access to medical insurance for intern? yes
If access to medical insurance is provided:

• Trainee contribution to cost required?	yes
• Coverage of family member(s) available?	yes
• Coverage of legally married partner available?	yes
• Coverage of domestic partner available?	no
Hours of Annual Paid Personal Time Off (PTO and/or Vacation):	192 (24 days)
Hours of Annual Paid Sick Leave: election of VSDP or ORP.	Depends on the

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? yes

You can find out more information about benefits here:

<http://hr.Mason.edu/onboarding/admin/benefits.php?adminTopic=4>

Other Benefits

Interns are classified as administrative professional faculty, which is the same classification held by the permanent full-time staff at the CAPS. Thus, they are entitled to the same benefits. The benefits package includes medical and dental coverage, optional vision coverage, optional flexible spending accounts, disability insurance, life insurance, sick leave and vacation time, tuition remission for self, and retirement.

George Mason University completes a national background inquiry which includes a criminal felony and misdemeanor search, national sex offender registry database search, social security number validation and trace. Adverse information discovered in the background check will not automatically disqualify an individual from employment. Decisions concerning employment will be made on a case-by-case basis in conjunction with a review of the job description and requirements.

Initial Post-Internship Positions 2015-2019

Adapted from information posted to APPIC website

Total # of interns who were in previous cohorts: 7 (2015-2017; 2016-2018; 2018-2019)

Total # of interns who did not seek employment because they returned to their doctoral programs/are completing their degree: 0

	Post-Doc	Employed Position
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		1
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		4
Not employed		1
Changed to another field		
Other		1
Unknown		

Instructions for Internship Application

Successful applicants must be students in a counseling or clinical psychology doctoral program (Ph.D. or Psy.D.). Candidates must have successfully passed their comprehensive examinations, and successfully defended their dissertation proposal prior to the application deadline. Successful applicants must have at least 400 hours practicum experience in intervention/assessment.

The Counseling and Psychological Center Doctoral Internship in Health Service Psychology is participating in APPIC's Computer Matching Program. **The NMS Match Code is 205711.**

Applications reviewed will include the completed AAPI Online (Application for Psychology Internship) with the following elements attached:

- A curriculum vitae
- All graduate transcripts
- Letter of Interest
- Three letters of recommendation reference, at least two of which are from individuals who have supervised your clinical work.

We will accept applications from interested candidates through **November 4, 2019** and will offer in-person interviews to select candidates by **December 6, 2019**. In person interviews will be conducted during the first or second week of January, 2020.

This internship program abides by the APPIC Match Policies, which are published on APPIC's Web site: <http://www.appic.org/>

This internship site further agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

Please note that George Mason University requires that all employees, including interns, pass a criminal background check prior to beginning employment.

APPENDICES

APPENDIX A-1: INTERN ORIENTATION OVERVIEW, 2020

Week One

Welcome with Training Director

- Welcome
- Tour of the office
- Assignment of offices
 - Nicole (closest to door)
 - Merrill (middle)
 - Tom (closest to office supply closet)
- Plan for breakfast and lunch
- Welcome packets
- Overview of the day:
 - Confidentiality form
 - Meeting with Elise
 - Access to Titanium
 - Mason ID

Meeting with Technology Coordinator

- Obtain and check out assigned hard drive
- Find out where to store hard drive
- Set up webcam and learn how to use
- Learn how to save onto external hard drive
- Download Eraser program on desktop and debrief on application (to delete files)
- Successfully sign onto computer
- Successfully access M Drive
- Move Ti (Titanium) onto Desktop
- Debrief on best practices when saving files
- Introduction to WebEx
- Avoid saving items to Desktop
- Log into computer with remote desktop at least once

Meeting with Training Director for overview of orientation schedule

- Overview of the orientation schedule
- Review of meetings during first week
- Scaffolding process
- Print all certificates and add to files

Meeting with Office Manager

- All Human Resources paperwork
- Parking decisions
- Timesheet procedures
- Overview of Benefits and Welcome orientations with Human Resources
- Plan for office placard and business card
- Plan for Keys and swipe access
- Review procedure to set up voicemail
- Ensure added to University Life and internal listserv
- New to University Life form

Review Trainings and Manuals on own throughout orientation

- Confidentiality Agreement Form
- Trainee Confidentiality Agreement
- Baseline self-assessment
- Training Manual (M:\shared\csdc.counsel\Training Program\Internship\Internship Training Manuals)
- Clinician Manual (M:\shared\csdc.counsel\Clinical System\Clinician Manuals)
- Telehealth Manual (M:\shared\csdc.counsel\Clinical System\Clinician Manuals)
- Policy and Procedure Manual (M:\shared\csdc.counsel\Administration\Policy and Procedure Manual)
- Mandated Reporter Training (Blackboard)
- CAPS Emergency Preparedness (Blackboard)
- Voluntary and Involuntary Hospitalization (Blackboard)
- Title IX Training (Human Resources training, in person)
- Sexual Harassment Training (Human Resources training)
- Active Shooter Training (Human Resources training)
- Terrorism and Security Awareness Training (Human Resources training)
- Workplace Violence and Prevention Training (Human Resources training)
- Time for review of APA Telepsychology Best Practice 101 Series
- Mason Telework Form (forms from HR)
- Mason Wireless Communication Device Agreement (forms from HR)
- Release for Publication Consent
- COVID-19 Safer Return to Campus training
- Titanium Tutorials

Overview of Clinical System

- Overall vision of flow through the clinical system from the perspective of a student
- Review of presence at different Mason campuses
- Include considerations with telework

Virtual Self Care

- Tips and tricks to find balance while teleworking and avoid “Zoom fatigue”

Initial Consultation overview

- Discuss the purpose and function of the Initial Consultation
- Review the supporting documenting, including ones found here:
(M:\shared\csdc.counsel\Clinical System\Clinician Reference Guides)
 - Discuss framing the appointment
 - Discuss reviewing scope and limitations of services
 - Discuss balance of building rapport and completing assessment
 - Discuss need to review paperwork completed and the file prior to the appointment
- Review the data form to contextualize
- Explore benefits and challenges of completing at computer and across from student
- Include considerations with telework

Review of Training Manual and Expectations for the Year with Training Director

- Discuss aims, competencies, and elements
- Discuss components of internship program
- Discuss intern activities and responsibilities

- Discuss internship site responsibilities

Front Desk Procedures

- General orientation discussion for new staff member
- Discussion about phone and fax machine
- Include considerations with telework

Introduction to Telemental Health Services

- Broad overview of key legal and ethical considerations with telemental health services
- Highlights of CAPS procedures for telemental health services
- Highlights of clinical considerations for telemental health services

Overview of Outreach Parts One and Two

- Function and value of outreach
- Different types of outreach
- Expectations related to outreach during internship year
 - Review of syllabus for group supervision during the training year
 - Developing own outreach
 - Support of workshops
 - Creating and supporting campaign
 - Total presentations required
 - Use of Titanium:
 - If people attend
 - If no one attends
- Advocacy project
 - Overview
 - Information in the Training Manual
 - Program evaluation and needs assessment
- Scaffolding process
- Mock tabling events for practice
- Volunteering for upcoming orientations
 - TBD based on availability
- Considerations with telework

Risk Assessment Part One

- Suicide risk assessment
 - Comprehensive suicide risk assessment
 - Consideration of protective factors
 - Consideration of risk factors
 - Possible use of resources at this link: M:\shared\csdc.clinical\Risk Assessment Guides\Suicide
- Homicide risk assessment
 - Comprehensive homicide risk assessment
 - Consideration of protective factors
 - Consideration of risk factors
 - When to complete duty to warn
 - Possible use of resources at this link: M:\shared\csdc.clinical\Risk Assessment Guides\Homicide
- Safety planning
- Considerations with telework

- Rule outs with treatment planning
- Use of the Daytime Consultant

Titanium Orientation and Practice

- Task list
- My clients list
- Security tab
- Reviewing a file – different components
- Signing and note
- Time to practice on own and ask questions

Introduction to Multicultural Lab Parts One, Two, and Three

- Overview of the plan throughout the training year
- Review of previous experience with cultural competency/awareness training
- Completion of baseline assessment
- Review of lab overview/agreement form

Conducting a Biopsychosocial Assessment

- Different components
- Balance of completing assessment and building rapport
- Review First Appointment Data Form
- Considerations with telework

Review of Training Manual with Training Director Part Two

- Evaluation procedures
- Performance feedback, remediation, and conflict resolution
- Self-assessment, behavioral change plan, and formal remediation plan
- Internship admissions, support, and placement data
- Syllabi for group supervision and seminars
- Logistics
 - Plan to have draft of fall schedule by end of orientation
 - No placeholders on schedule – just add the “big rocks”
 - Signing on line one when supervisee, line two when supervisor
 - Cancel outreaches when no show

Learning Services Overview

- Mission and values of Learning Services
- Services provided
- Referral process
- Considerations with telework

Week Two

After Hours On-Call Consultation

- Role of after hours on-call coverage
- Types of calls received
- Role of consultation with consultant who will have access to Titanium and will document
- Logistics of who signs note and who serves as consultant
- Ethical considerations with after-hours on-call coverage
- Considerations with telework

- Considerations with Protocall

Use of CCAPS as an Assessment Tool

- Discussion of the CCAPS
 - Review an example, including meaning of the subscales
- Ways to use CCAPS as assessment tool
- Ways to use CCAPS over time in treatment
- Considerations with telework

Intern Cohort Connection

- Unstructured time on your schedule to connect

Introduction to Group Therapy

- Groups offered at CAPS
- Referral process
- Milestones throughout the semester
 - Group screening
 - Group sessions
 - Exit interviews
 - Associated notes
- Ethical considerations with group
- Sign-up sheet in Titanium
- Considerations with telework

Introduction to Case Management and Referrals

- Discuss scope and function of case managements
- Discuss presenting concerns that are a good fit for case management
- Review referral resources
 - On the website
 - On the M drive
- Considerations with telework

Psychiatry at CAPS

- Discuss the scope of psychiatry at CAPS
- Review procedures for referral to Kavita
- Considerations with telework

Supervision of Supervision

- Review of syllabus
 - Considerations with telework
- Part One
 - Ethical and cultural considerations in supervision
- Part Two
 - Building a supervisory relationship, providing feedback, and navigating conflict
- Part Three
 - Methods and techniques of supervision

Review of Relevant Virginia Mental Health Law: ethics and mandated reporting

- General review of APA Ethical Principles of Psychologists and Code of Conduct

- Mandated reporting laws in Virginia

Internship Norms with Training Director

- Review information in Training Manual
 - Guidelines and Professionalism at CAPS
 - Social Media Policy
 - Dual and/or Multiple Relationships Policy
 - George Mason University Policies

Review of Relevant Virginia Mental Health Law

- Review of procedures for referral to a higher level of care
 - Role of police, ways to discuss with clients
 - ECO
 - TDO
 - Which hospital to refer
- Parental notification
- Duty to protect
- Review information on the M drive: M:\shared\csdc.counsel\Clinical System\Afterhours & Hospitalization Materials

Building Cohort Relationships

- Review and discussion of building relationships virtually
- Review and discussion of conflict styles

Week Three

Consultation Model at CAPS and Ethical Considerations

- Review the consultation model that informs our internal consultations
- Consultation initiated by other offices or providers
 - When no ROI on file
- Consultation initiated by our office
 - ROI
 - Considerations for when to complete
- Documentation
 - Review Third Party Consultation note
- Considerations with telework

CAPS Hacks & Internship Year Tips and Tricks

- Lessons learned while teleworking
- Review of CAPS norms
- Navigating university systems
- Ways to be successful with internship
 - Take breaks during the day
 - Complete notes between sessions if possible
 - Ask for support, build community
 - Chunking larger projects
 - Review Training Manual regularly
 - Assess progress toward competencies regularly with supervisor

Clinician Manual, Policy and Procedure Manual, and Telehealth Manual Question & Answer

- Have as much as possible reviewed by this date

- Bring questions to Director

Check-in Meeting with Training Director

- Review progress toward orientation goals
- Create supports to fully orient before the start of the semester

Meeting with Student Support and Advocacy Center

- Review collaboration with SSAC

Documentation Tips and Tricks

- The Golden Thread metaphor
- Balance of concise and specific
- Decision making outlined
- Protective factors described
- Notes that do not prepopulate into task list

Meeting with Student Health Services

- Review collaboration with SHS

Risk Assessment Part Two

- Self-harm assessment
 - Considerations
 - Safety planning
- When and with whom to consult immediately regarding substance abuse and disordered eating
- Considerations with telework

Brief Models of Treatment

- Working within a short-term treatment model
- Differences between short-term and long-term treatment approaches
- Considerations with telework

Review of CARE Team, Campus Assessment and Intervention Team (CAIT), and Activities and Incident Management (AIM)

- Review of the structure of function of the meetings
- Considerations with telework

Internship Strategies for Success

- Organizational skills
- Outreach advertisement
- How to give successful presentation

Initial Consultation Role Plays

- Practice framing of appointment and review of confidentiality
- Practice appointment overall

Week Four

First Supervision Meeting

- Introductions

- Review of goals for the year
- Plan for future sessions
- Plan for future review of baseline self-assessment

Meeting with Disability Services

- Review collaboration with DS

Risk Assessment Role Plays

- Role plays in working with student with risk
- Could include suicidal ideation, homicidal ideation, self-harm behavior, disordered eating, or substance abuse

Group Role Play

- Practice referrals to group

Practice Consultation and Connecting with Mock Students via WebEx

- Telehealth checklist
- Practice consultation in the moment

Acknowledgements at the end of orientation:

- Confidentiality PowerPoint
- Training Manual
- Clinician Manual & Telehealth Manual
- Policy and Procedure Manual
- Hospitalization Procedures PowerPoint
- Mandated Reporting PowerPoint
- Training Agreement Form
- Mason Telework Form
- Mason Wireless Communication Device Agreement
- Release for Publication Consent
- Confirmation of liability insurance
- APA Telepsychology Best Practice 101 Series
- Baseline self-assessment
 - Include self assessment work in first supervision meeting, meeting with group co-facilitator, outreach meeting, and diversity seminar meeting
- Other relevant aspects of the M drive: after hours procedures, group therapy information, hospitalization procedures

APPENDIX A-2: CAPS INTERN ORIENTATION EVALUATION FORM

CAPS INTERN ORIENTATION EVALUATION FORM

Please evaluate orientation based on how well we have helped you meet the goals of our program. Your feedback is important to us and will be used to help us improve our orientation process in the future.

Area	Positives/Strengths	Negatives/Challenges
Process for starting at the outset – use of technology, overview of orientation		
Connecting with cohort		
Connecting with Training Director		
Meeting members of the staff at the counseling center		
Building relationship with supervisor		
Training regarding clinical system at Mason, including didactics and scaffolding		
Training regarding practicing in Virginia		
Training regarding Titanium		
Training regarding diversity training at the site		
Training regarding participation in outreach and advocacy project		
Overview of expectations throughout the year		
Training regarding risk assessment		
Training regarding supervision of supervision		

APPENDIX B-1: INTERN SEMINAR, GROUP SUPERVISION, AND SUPERVISION OF SUPERVISION SCHEDULE, 2020 – 2021

The following tentative schedule has been developed. It is subject to change pending presenter availability, identified needs at the center, and intern interest. Syllabi/agreement forms for Outreach Seminar and Multicultural Lab will be provided and reviewed during the first meeting.

Intern Seminars
“Mini Courses”
2020-2021 Academic Year
Thursdays, 10am-11:30am

Overall learning objectives for the “mini courses” include that interns will (these are the aims of the training program):

- develop knowledge and professional practices that assure adherence to the ethical standards for psychologists.
- develop skills to support their functioning as professional psychologists.
- effectively use assessment skills and tools to accurately diagnose and provide recommendations.
- collaborate and consult with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.
- be knowledgeable and skilled in the theory and practice of clinical supervision such that they contribute to the positive development of future generations of psychologists.
- develop knowledge and skills to function as effective psychologists with multicultural populations.
- develop behaviors and practices that are consistent with the professional identity of a psychologist
- demonstrate personal and professional self-awareness and apply insights to professional relationships and communications.
- demonstrate knowledge, skills, and competence sufficient to critically evaluate and use existing knowledge to solve problems and to disseminate research.

Individual learning objectives will be reviewed during the presentation. In addition to specific seminars/labs focused on the topics, each presentation will infuse cultural considerations and ethics regarding the topic.

In addition to these mini-courses, interns will participate in biweekly Multicultural Lab and monthly Outreach Seminar.

Date	Topic (title, associated competency and aim, learning objectives)	Presenter
August 27, 2020	Title: Ethics and multicultural guidelines Competency: Ethical and Legal Standards Aim: Interns will develop knowledge and professional practices that assure adherence to the ethical standards for psychologists.	Allie
September 10, 2020	Title: Ethical considerations associated with working at a university	Geneva

	Competency: Ethical and Legal Standards Aim: Interns will develop knowledge and professional practices that assure adherence to the ethical standards for psychologists.	
September 24, 2020	Title: Ethical decision-making models Competency: Ethical and Legal Standards Aim: Interns will develop knowledge and professional practices that assure adherence to the ethical standards for psychologists.	Allie
October 8, 2020	Title: DSM 5: Cultural considerations with diagnosis Competency: Assessment Aim: To prepare interns who can effectively use assessment skills and tools to accurately diagnose and provide recommendation	Brooke
October 22, 2020	Title: DSM 5: Considerations when working with a university population Competency: Assessment Aim: To prepare interns who can effectively use assessment skills and tools to accurately diagnose and provide recommendation	Shannon
November 5, 2020	Title: Substance use assessment Competency: Assessment Aim: To prepare interns who can effectively use assessment skills and tools to accurately diagnose and provide recommendation	Shannon
November 19, 2020	Title: Disordered eating assessment Competency: Assessment Aim: To prepare interns who can effectively use assessment skills and tools to accurately diagnose and provide recommendation	Brooke
December 3, 2020	Title: Psychosis assessment Competency: Assessment Aim: To prepare interns who can effectively use assessment skills and tools to accurately diagnose and provide recommendation	Kavita
December 17, 2020	Title: Mania assessment Competency: Assessment Aim: To prepare interns who can effectively use assessment skills and tools to accurately diagnose and provide recommendation	Kavita
January 28, 2021	Title: Interventions: Review of brief treatment approaches Competency: Intervention Aim: Interns will develop skills to support their functioning as professional psychologists.	Alex
February 11, 2021	Title: Interventions: Multicultural and Feminist approaches Competency: Intervention	Geneva

	Aim: Interns will develop skills to support their functioning as professional psychologists.	
February 25, 2021	Title: Interventions: Multicultural and Feminist approaches Competency: Intervention Aim: Interns will develop skills to support their functioning as professional psychologists.	Geneva
March 11, 2021	Title: Interventions: Brief psychodynamic approaches Competency: Intervention Aim: Interns will develop skills to support their functioning as professional psychologists.	Jennifer
March 25, 2021	Title: Interventions: Brief psychodynamic approaches Competency: Intervention Aim: Interns will develop skills to support their functioning as professional psychologists.	Jennifer
April 8, 2021	Title: Interventions: Working with trauma survivors Competency: Intervention Aim: Interns will develop skills to support their functioning as professional psychologists.	Emily
April 22, 2021	Title: Interventions: Working with trauma survivors Competency: Intervention Aim: Interns will develop skills to support their functioning as professional psychologists.	Emily
May 6, 2021	Title: Interventions: Acceptance and Commitment Therapy (ACT) Competency: Intervention Aim: Interns will develop skills to support their functioning as professional psychologists.	Tory
May 20, 2021	Title: Interventions: Acceptance and Commitment Therapy (ACT) Competency: Intervention Aim: Interns will develop skills to support their functioning as professional psychologists.	Tory
June 3, 2021	Title: Incorporating research into professional practice: discussion 1 Competency: Research Aim: To product interns who demonstrate knowledge, skills, and competence sufficient to critically evaluate and use existing knowledge to solve problems and to disseminate research.	Mandi
June 17, 2021	Title: Incorporating research into professional practice: discussion 2 Competency: Research Aim: To product interns who demonstrate knowledge, skills, and competence sufficient to critically evaluate and use existing knowledge to solve problems and to disseminate research.	Mandi

July 1, 2021	<p>Title: Incorporating research into professional practice: discussion 3</p> <p>Competency: Research</p> <p>Aim: To product interns who demonstrate knowledge, skills, and competence sufficient to critically evaluate and use existing knowledge to solve problems and to disseminate research.</p>	Mandi
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Ethical and Legal Principles Mini Course

Overview of ethics and legal considerations working in Virginia during orientation
 Ethical considerations associated with consultation during orientation
 Ethical considerations associated with outreach during orientation
 Ethical considerations associated with group therapy during orientation
 Ethical considerations with telemental health services during orientation
 Ethics and multicultural guidelines
 Ethical considerations associated with working at a university
 Ethical decision-making models

Assessment Mini Course

Biopsychosocial assessment during orientation
 Initial Consultation assessment during orientation
 Suicide risk assessment during orientation
 Homicide risk assessment during orientation
 Self-harm risk assessment during orientation
 Using CCAPS as assessment tool during orientation
 DSM 5: Cultural considerations with diagnosis
 DSM 5: Considerations when working with a university population
 Psychosis assessment
 Mania assessment
 Substance use assessment
 Disordered eating assessment

Interventions with University Populations Mini Course

Interventions: Review of brief treatment approaches
 Interventions: Multicultural and Feminist approaches
 Interventions: Brief psychodynamic approaches
 Interventions: Working with trauma survivors
 Interventions: Acceptance and Commitment Therapy (ACT)

Embodying the Practitioner Scholar Model

Incorporating research into professional practice: discussion 1
 Incorporating research into professional practice: discussion 2
 Incorporating research into professional practice: discussion 3

Intern Group Supervision
2020-2021 Academic Year
Fridays, 11am-12pm

Objectives: Through the group supervision, interns will:

1. Strengthen psychotherapy case formulation skills
2. Consider cultural factors when developing case formulation and treatment planning
3. Practice clinical writing skills
4. Practice case presentation skills
5. Practice providing and receiving constructive feedback

Date	Topic/Presenter	Facilitator
August 14, 2020	Welcome to group supervision: review of syllabus: hopes, fears, goals	Jennifer
August 21, 2020	Psychotherapy case formulation	Jennifer
August 28, 2020	Psychotherapy case formulation	Jennifer
September 4, 2020	Professional Development: professional goals	Jennifer
September 11, 2020	Professional Development: postdoc or not?	Jennifer
September 18, 2020	Informal case presentation: Merrill	Jennifer
September 25, 2020	Informal case presentation: Nicole	Jennifer
October 2, 2020	Informal case presentation: Tom	Jennifer
October 9, 2020	Professional Development: application considerations (CVs, cover letters, references)	Jennifer
October 16, 2020	Professional Development: application considerations (CVs, cover letters, references)	Jennifer
October 23, 2020	Informal case presentation: Merrill	Jennifer
October 30, 2020	Informal case presentation: Nicole	Jennifer
November 2, 2020	Informal case presentation: Tom	Jennifer
November 6, 2020	Informal case presentation: Merrill	Jennifer
November 13, 2020	Informal case presentation: Nicole	Jennifer
November 20, 2020	Informal case presentation: Tom	Jennifer
November 27, 2020	Informal case presentation: Merrill	Jennifer
December 4, 2020	Informal case presentation: Nicole	Jennifer
December 11, 2020	Informal case presentation: Tom	Jennifer
December 18, 2020	Professional Development: interviews	Jennifer
January 8, 2021	Revisit psychotherapy case formulation: lessons learned	
January 15, 2021	Professional Development: interviews	Jennifer
January 22, 2021	Welcome to the spring 2020 semester	Jennifer
January 29, 2021	Informal case presentation: Merrill	Jennifer
February 5, 2021	Informal case presentation: Nicole	Jennifer
February 12, 2021	Informal case presentation: Tom	Jennifer
February 19, 2021	Professional Development: review	Jennifer
February 26, 2021	Professional Development: review	Jennifer
March 5, 2021	Informal case presentation: Merrill	Jennifer
March 12, 2021	Informal case presentation: Nicole	Jennifer
March 19, 2021	Informal case presentation: Tom	Jennifer
March 26, 2021	Informal case presentation: Merrill	Jennifer
April 2, 2021	Informal case presentation: Nicole	Jennifer

April 9, 2021	Informal case presentation: Tom	Jennifer
April 16, 2021	Informal case presentation: Merrill	Jennifer
April 23, 2021	Informal case presentation: Nicole	Jennifer
April 30, 2021	Informal case presentation: Tom	Jennifer
May 7, 2021	Informal case presentation: Merrill	Jennifer
May 14, 2021	Informal case presentation: Nicole	Jennifer
May 21, 2021	Informal case presentation: Tom	Jennifer
May 28, 2021	End of academic year wrap-up	Jennifer
August 14, 2020	Informal case presentation: Nicole	Jennifer
August 21, 2020	Informal case presentation: Tom	Jennifer
August 28, 2020	End of academic year wrap-up	Jennifer

Group supervision for the summer 2021 will be determined during the spring 2020 semester based on interest.

The order of presenters was determined by alphabetical order by first name.

The informal case presentations serve as an opportunity for you to gain practice discussing your clinical work in a supportive and informal environment. On the days that you are assigned to present, you will bring a one-page handout with de-identified clinical information for each person to review as you present the case. You will also identify a specific portion of tape from a recent session with the client for the group to review.

The prepared information should include:

- Demographic information
- Salient diversity-related variables for the client
- Presenting concerns
- Relevant history
- Diagnostic considerations
- Approach to treatment, including research informing approach
- Working conceptualization
- Treatment progress
- Potential transference and/or countertransference
- Discussion questions

At the conclusion of each meeting, the presenter is responsible for collecting the printed papers and shredding them.

Reference

Eells, T. D. (2015). *Psychotherapy case formulation*. American Psychological Association: Washington, DC.

Supervision of Supervision
2020-2021 Academic Year
Wednesdays, 1pm-2:30pm

Objectives: Through the supervision of supervision experience, Psychology Interns will:

1. Gain experience providing individual supervision to a Psychology Extern
2. Understand ethical considerations in supervision
3. Articulate cultural considerations in supervision
4. Practice effective ways to provide feedback to supervisees
5. Provide and receive constructive feedback to their peers

Topics are listed to provide a framework. Topics for the spring semester will be determined at the conclusion of the fall semester based on in interest and experiences during the fall semester.

Date	Topic	Associated Readings
July 27, 2020	Supervision of supervision at CAPS and unique considerations with telesupervision	Extern Training Manual, Extern Supervisor Guide, see below
August 3, 3030	Cultural and ethical considerations in supervision	See below
August 10, 2020	Supervisory orientations and methods/techniques	See below
August 17, 2020 *externs' first week	Planning for a first supervision session	Supervision agreement form
August 24, 2020	Building a supervisory relationship and navigating conflict	See below
August 31, 2020	Supervision informed by best practices	APA Guidelines for Clinical Supervision in Health Service Psychology
September 7, 2020	Informal presentation: Nicole	n/a
September 14, 2020	Informal presentation: Tom	n/a
September 21, 2020	Informal presentation: Merrill	n/a
September 28, 2020	Informal presentation: Nicole	n/a
October 5, 2020	Providing feedback and review of midsemester evaluations	See below
October 12, 2020	Informal presentation: Tom	n/a
October 19, 2020	Informal presentation: Merrill	n/a
October 26, 2020	Informal presentation: Nicole	n/a
November 2, 2020	Informal presentation: Tom	n/a
November 9, 2020	Informal presentation: Merrill	n/a
November 16, 2020	Informal presentation: Nicole	n/a
November 23, 2020	Informal presentation: Tom	n/a
November 30, 2020	Review of end-of-semester evaluations	n/a
December 7, 2929	Informal presentation: Merrill	n/a
December 14, 2020	End of semester items	n/a

January 18, 2020	Revisiting first supervision session norms and preparing for the spring semester	n/a
January 25, 2020	Informal presentation: Nicole	n/a
February 1, 2020	Informal presentation: Tom	n/a
February 8, 2020	Informal presentation: Merrill	n/a
February 15, 2020	Informal presentation: Nicole	n/a
February 22, 2020	Informal presentation: Tom	n/a
March 1, 2020	Review of midsemester evaluations; Informal presentation: Merrill	n/a
March 8, 2020	Informal presentation: Nicole	n/a
March 15, 2020	Spring break week; Informal presentation: Tom	n/a
March 22, 2020	Informal presentation: Merrill	n/a
March 29, 2020	Informal presentation: Nicole	n/a
April 5, 2020	Informal presentation: Tom	n/a
April 12, 2020	Informal presentation: Merrill	n/a
April 19, 2020	Informal presentation: Nicole	n/a
April 26, 2020	Informal presentation: Tom	n/a
May 3, 2020	Review of end of year evaluations; Informal presentation: Merrill	n/a
May 10, 2020	End of year items	n/a

During meetings when we have scheduled case presentations, we will spend the first 30 minutes having the two intern supervisors who are not presenting share updates about their supervision. The remaining hour will be spent on the prepared case presentation.

The informal case presentations serve as an opportunity for you to gain practice discussing your supervisory work in a supportive environment. Case presentations may address questions arising about your work with your supervisee directly and/or about how you and your supervisee can ensure student welfare and best support a student on your supervisee's caseload. During the weeks that you present, please bring a one-page summary of the information that you want to discuss with copies for the group. You are also encouraged to identify a specific portion of tape with your supervisee for the group to review.

The prepared information should include:

- Contextual information about supervisee and supervisor, including relevant sociocultural identities
- Supervisory style/orientation, including research
- Potential transference and/or countertransference
- Discussion questions

In addition to informal presentations, all interns will be scheduled for a formal presentation with all clinical staff to discuss their supervisory work. Each intern will present once during the spring semester. Additional information about the presentation can be found in your Training Manual.

Reading List

Supervision of supervision at CAPS and unique considerations with telesupervision

- Jordan, S. E., & Shearer, E. A. (2019). An exploration of supervision delivered via clinical video telehealth (CVT). *Training in Education in Professional Psychology, 13*, 323-330. doi:<http://dx.doi.org/10.1037/tep0000245>
- Martin, P., Kumar, S., & Lizarondo, L. (2017). Effective use of technology in clinical supervision. *Internet Interventions, 8*, 35-39. doi:<http://dx.doi.org/10.1016/j.invent.2017.03.001>

Cultural, ethical, and legal considerations in supervision

- Thomas, J. T. (2007). Informed consent through contracting for supervision: Minimizing risks enhancing benefits. *Professional Psychology: Research and Practice, 38*, 221-231.
- Hook, J. N., Watkins, C. E., Davis, D. E., Owen, J., Van Tongeren, D. R., & Ramos, M. J. (2016). Cultural humility in psychotherapy supervision. *American Journal of Psychotherapy, 70*, 149-166.
- Soheilian, S. S., Inman, A. G., Klinger, R. S., Isenberg, D. S., & Kulp, L. E. (2014) Multicultural supervision: supervisees' reflections on culturally competent supervision. *Counselling Psychology Quarterly, 27*, 379-392, doi:10.1080/09515070.2014.961408
- Schen, C. R., & Greenlee, A. (2018). Race in supervision: Let's Talk about it. *Psychodynamic Psychiatry, 46*, 1-21.
- Toporek, R. L., Ortega-Villalobos, L., & Pope-Davis, D. B. (2004). Critical incidents in multicultural supervision: Exploring supervisees' and supervisors' experiences. *Journal of Multicultural Counseling and Development, 32*, 66-83. doi:10.1002/j.2161-1912.2004.tb00362.x

Supervisory orientations and methods/techniques

- Smith, K. L. (2009). A brief summary of supervision models.
- Huhra, R., L., Yamokoski-Maynhart, C. A., & Prieto, L. R. (2008). Reviewing videotape in supervision: A developmental approach. *Journal of Counseling & Development, 86*, 412-418.
- Le, P. L., Kehdi, N., & Ricohermosos-Shiaw, C. (2018). A multicultural feminist approach to clinical supervision. In APA Handbook of the Psychology of Women: Vol. 2, Perspectives on Women's Private and Public Lives (Travis, C., B. & White, J. W., Eds.). American Psychological Association: Washington, DC. doi:<http://dx.doi.org/10.1037/0000060-004>
- Ivers, N. N., Rogers, J. L., Borders, L. D., & Turner, A. (2017). Using interpersonal process recall in clinical supervision to enhance supervisees' multicultural awareness. *The Clinical Supervisor, 36*, 282-303, doi:10.1080/07325223.2017.1320253

Building a supervisory relationship and navigating conflict

- Lee, E., & Kealy, D. (2018). Developing a working model of cross-cultural supervision: A competence- and alliance-based framework. *Clinical Social Work, 46*, 310-320. doi:<https://doi.org/10.1007/s10615-018-0683-4>
- Enlow, P. T., McWhorter, L. G., Genuario, K., & Davis, A. (2019). Supervisor-supervisee interactions: The importance of the supervisory working alliance. *Training and Education in Professional Psychology, 13*, 206-211. doi:<http://dx.doi.org/10.1037/tep0000243>
- Nellis, A., C., Hawkins, K. L., Redivo, M., & Way, S. (2011). Productive conflict in supervision. Paper based on a program presented at the 2011 ACES Conference, Nashville Tennessee, October 26 - 28, 2011.

Supervision informed by best practices

- American Psychological Association. (2015). Guidelines for clinical supervision in health service psychology. *The American Psychologist, 70*, 33-46. doi:<http://dx.doi.org/10.1037/a0038112>

- O'Donovan, A., Halford, W. K., & Walters, B. (2011). Towards best practice supervision of clinical psychology trainees, *The Australian Psychologist*, 46, 101-112. doi:10.1111/j.1742-9544.2011.00033.x
- American Psychological Association. (2014). Guidelines for clinical supervision in health service psychology. Retrieved from <http://apa.org/about/policy/guidelines-supervision.pdf>
- Association of State and Provincial Psychology Boards. (2019). Supervision guidelines for education and training leading to licensure as a general applied provider. Retrieved from https://cdn.ymaws.com/www.asppb.net/resource/resmgr/guidelines/supervision_guidelines_for_g.pdf

Providing feedback and review of midsemester evaluations

- Burkard, A. W., Knox, S., Clark, R. D., Phelps, D. L., & Inman, A. G. (2014). Supervisors' experiences of providing difficult feedback in cross-ethnic/racial supervision. *The Counseling Psychologist*, 42, 314-344. doi:10.1177/0011000012461157

APPENDIX B-3: SEMINAR EVALUATION FORM

Evaluation forms will be completed electronically given telework mandate in response to the COVID-19 pandemic and to facilitate anonymity with completing evaluations. Feedback will be provided to seminar facilitators by the Training Director at the conclusion of the training year.

Intern Seminar Evaluation Form

Title _____ **Date** _____

Presenter _____

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. _____

The presenter(s) demonstrated knowledge about the topic. _____

The presenter(s) seemed well-prepared. _____

The presenter(s) incorporated cultural considerations. _____

The written materials were useful. _____

I was comfortable asking questions. _____

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

I would recommend this presentation. _____

I would recommend this presenter. _____

Comments:

APPENDIX C: END OF YEAR EVALUATION FORM FOR PROFESSION WIDE COMPETENCIES FOR DOCTORAL INTERNS IN HEALTH SERVICE PSYCHOLOGY

Intern:	_____	Date:	_____
Primary Supervisor:	_____	Semester:	_____
Additional Supervisors:	_____	Supervisory Role:	_____
	_____		_____
	_____		_____
	_____		_____

Evaluation Methods

- ☐ Discussion ☐ Observation ☐ Co-Therapy ☐ Video Tapes
☐ Audio Tapes ☐ Other

Instructions:

This evaluation is based on the profession-wide competencies of Health Service Psychology. It is expected that interns will progress developmentally throughout their training year, typically receiving 2's and 3's at the beginning of the internship year and 3's and 4's at final evaluation. To successfully complete the internship, all ratings must be a 3 or above at the end of internship.

Supervisors: Please indicate the level at which the trainee is functioning in each competency areas using the scale below. Please average the scores for each section and provide an overall average score for the evaluation.

Rating Scale

- 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.

COMPETENCY # 1: ETHICAL AND LEGAL STANDARDS		
1.1.1	Demonstrates knowledge of ethical/professional codes, professional standards, and APA policies and guidelines	
1.1.2	Demonstrates knowledge of relevant laws, statutes, and regulations for clinical practice in the Commonwealth of Virginia	
1.1.3	Seeks supervision as needed to promote client welfare	
1.1.4	Follows center guidelines related to maintaining client confidentiality	
1.1.5	Recognizes ethical dilemmas when they arise	
	Average Score:	
	Strengths/Areas for Growth/Comments:	

COMPETENCY # 2: INTERVENTION		
<i>Intervention (Routine Appointments, Individual Therapy, Case Management)</i>		
2.1.0	Structures intakes and makes appropriate decisions regarding disposition that matches the client's level of clinical need	
2.1.2	Considers individual and cultural diversity in all assessment activities as reflected in treatment planning	
2.1.3	Thoroughly reviews available clinical information and incorporates that information into the assessment of the client	
2.1.4	Effectively builds the therapeutic alliance with a diverse client population	
2.1.5	Develops case conceptualizations using relevant theory, research, and evidence-based practices	
2.1.6	Develops appropriate treatment goals in collaboration with the client and seeks client feedback regarding progress toward goals	
2.1.7	Develops treatment/intervention plans specific to the treatment goals using evidence-based principles	
2.1.8	Demonstrates effective attunement and empathic understanding of clients, as evidenced by the utilization of skills such as reflection, paraphrasing, summarizing, and open-ended questions	
2.1.9	Interventions are informed by a holistic conceptualization of the client that take into account risk factors, developmental level, symptoms/presenting concerns, and socio-cultural factors	
2.1.10	Appropriately provides referrals to other university and community resources when clients' needs are best met through other settings/providers	
2.1.11	Demonstrates the ability to seek and apply relevant research to inform clinical decision-making	

2.1.12	Recognizes and attends to potential ruptures in the therapeutic alliance by inviting dialogue and non-defensively processing the ruptures	
<i>Intervention (Process Groups and Structured Workshops)</i>		
2.2.1	Effectively conducts group screening appointments to determine clients' appropriateness for group	
2.2.2	Demonstrates ability to prepare and plan for groups (i.e., preparing the group room and materials, consulting appropriately about how to navigate group discussion pertaining to previous concerns)	
2.2.3	Effectively structures and manages group sessions as evidenced by managing time and noticing individual group members' participation	
2.2.4	Demonstrates the ability to facilitate group process (e.g., establishes rapport and builds cohesion, clarifies members goals, attends to here and now, redirects, confronts, helps clients explore thoughts and feelings)	
2.2.5	Develops a good working relationship with the co-therapist	
2.2.6	Addresses client concerns about confidentiality in group	
2.2.7	Demonstrates ability to integrate multicultural factors into their conceptualization, treatment planning, and interventions in group	
2.2.8	Effectively prepares group members for termination by reviewing progress, discussing the upcoming termination, and engaging in future treatment planning	
2.2.9	Writes clear, concise, and objective group notes within 48 hours following group sessions	
<i>Intervention (Crisis Consultation, Urgent Appointment, Initial Consultations)</i>		
2.3.1	Demonstrates the ability to conduct accurate lethality assessments regarding potential danger to self and others and makes clinical decisions that reflect the client's level of need.	

2.3.2	Therapeutically provides support for clients in crisis through empathic listening, validation, safety planning, and accurately consulting around issues of risk	
2.3.3	When consulting regarding clients/students presenting with suicidal or homicidal ideation, provides all relevant clinical information to the consultant regarding risk factors	
2.3.4	When seeking consultation, is able to state the reason for the consultation and provides clinically relevant information in an organized manner	
2.3.5	Effectively creates or modifies treatment plans for clients in crisis, including those with lethality concerns such as suicidal or homicidal ideation	
2.3.6	Aware of referral and treatment options and effectively uses options when responding to crisis situations	
2.3.7	Maintains an appropriate professional demeanor and calming presence in the face of crisis situations	
	Average Score:	
	Strengths/Areas for Growth/Comments:	

COMPETENCY # 3: ASSESSMENT		
3.1.0	Gathers necessary information in clinical contacts	
3.2.0	Demonstrates knowledge of DSM-5 diagnostic framework	
3.3.0	Assesses the need for medical and or psychiatric evaluation	
3.4.0	Utilizes CCAPS data in an ongoing manner to inform treatment	
3.5.0	Prepares for initial contacts by reviewing client paperwork and clinical records	

3.6.0	Integrates relevant history and assessment measures (e.g. CCAPS) into clinical documentation	
	Average Score:	
	Strengths/Areas for Growth/Comments:	

COMPETENCY # 4: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS		
4.1.1	Demonstrates knowledge of consultation models and practices, and respect for the roles and perspectives of other professionals	
4.1.2	Builds and manages consultative relationships with individuals, offices, and agencies inside and outside of CAPS	
4.1.3	Consults appropriately with other health care professionals who may be involved in a client's treatment (e.g., psychiatrists, primary care providers, other therapists)	
4.1.4	Consults appropriately with others (e.g., parents, faculty, staff, students, other stakeholders) to disseminate information regarding CAPS services and to make recommendations	
4.1.5	When in a formal consulting role, assesses needs of consultees effectively and in a timely manner	
4.1.6	Considers individual and cultural diversity in all consultation activities	
4.1.7	Adheres to ethical practices in all consultation activities	
4.1.8	Exhibits professional attitudes and behaviors in all consultation activities	
Outreach		
4.2.1	Demonstrates ability to plan, implement, and evaluate outreach programs tailored to the needs of the target audiences	

4.2.2	Demonstrates ability to incorporate feedback from student/program evaluations to improve service delivery	
4.2.3	Appropriately engages in workshop programming and presentation skills, following through with outreach activities, outlining program goals and objectives, effectively using technology and evaluation tools, and using an appropriate presentation style	
4.2.4	Sensitive to diversity in developing and implementing programs.	
	Average Score:	
	Strengths/Areas for Growth/Comments:	

COMPETENCY # 5: SUPERVISION		
5.1.1	Demonstrates knowledge and application of supervision literature and relevant research	
5.1.2	Builds supervisory relationship/alliance with extern supervisees	
5.1.3	Structures supervision to allow for appropriate monitoring of client welfare	
5.1.4	Ensures supervisee provides effective service to clients using evidence based practices	
5.1.5	Provides accurate and specific feedback to supervisees that recognizes their strengths and growth edges	
5.1.6	Provides feedback that contributes to the professional growth of supervisees	
5.1.7	Attends to both process and content in both counselor-client and supervisor-supervisee relationships	
5.1.8	Considers individual and cultural diversity in all supervisory activities	

5.1.9	Recognizes when own cultural biases and personal values impact the supervisory relationship	
5.1.10	Adheres to ethical practices in all supervisory activities	
<i>Peer Supervision</i>		
5.2.1	Builds supervisory relationship/alliance with peers in supervision of supervision	
5.2.2	Provides effective feedback to peers regarding supervisee's provision of effective service to clients	
5.2.3	Structures peer supervision to allow for appropriate monitoring of client welfare	
5.2.4	Provides accurate and specific feedback to peers that recognizes their strengths and growth edges	
5.2.5	Provides feedback that contributes to the professional growth of peers	
5.2.6	Attends to both process and content in both counselor-client and supervisor-supervisee relationships in peer supervision	
	Average Score:	
	Strengths/Areas for Growth/Comments:	

COMPETENCY # 6: INDIVIDUAL AND CULTURAL DIVERSITY		
6.1.1	Engages in self-exploration related to own culture, stereotypes, biases, power, and areas of oppression and privilege	
6.1.2	Recognizes when own cultural biases affect client treatment and discusses this in supervision	
6.1.3	Demonstrates a knowledge of the current theoretical and empirical knowledge as it relates to intersectionality and its impact on the therapeutic relationship, assessment, case conceptualization, and treatment planning	

6.1.4	Demonstrates an understanding of social justice principles as it applies to university counseling center work	
6.1.5	Forms effective working alliances with a variety of clients with intersecting identities	
6.1.6	Acknowledges and incorporates clients' lived experiences and intersecting identities when engaging in treatment planning and conceptualizing concerns	
	Average Score:	
	Strengths/Areas for Growth/Comments:	

COMPETENCY # 7: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOR		
7.1.1	Maintains a professional demeanor within CAPS	
7.1.2	Dresses in accordance with the trainee guidelines	
7.1.3	Arrives promptly to scheduled meetings, including sessions with clients, supervision meetings, and general center/University Life meetings	
7.1.4	Engages during meetings, seminars, and supervisions	
7.1.5	Manages schedule effectively	
7.1.6	Effectively communicates planned and unplanned absences and identifies a plan to make-up missed clinical, training, and administrative tasks	
7.1.7	Uses supervision effectively as defined by expectations of supervisor (e.g., being prepared, reviewing tape, engaging in supervisory process, completing necessary paperwork)	
7.1.8	Resolves conflict respectfully	
7.1.9	Demonstrates a concern for and investment in the welfare of others	

7.1.10	Demonstrates openness and non-defensiveness to feedback	
7.1.11	Demonstrates awareness and accurate assessment of own strengths and areas for growth as a psychologist-in-training	
7.1.12	Engages in self-reflective practice	
7.1.13	Changes behavior based on self-monitoring	
7.1.14	Demonstrates an awareness and openness to processing countertransference/own affective reactions	
7.1.15	Engages in adequate self-care behaviors and stress management	
7.1.16	Manages personal concerns either on own or with the support of supervisor and/or the Training Director so they do not interfere with professional duties and obligations	
	Average Score:	
	Strengths/Areas for Growth/Comments:	

COMPETENCY # 8: COMMUNICATION AND INTERPERSONAL SKILLS		
8.1.1	Writes clear, concise, and objective notes	
8.1.2	Communicates effectively during presentations (e.g., clear, understandable, logical, organized, conceptually accurate)	
8.1.3	Communicates clinical and professional information in writing effectively (e.g., initial consultations, routine/urgent appointments, session notes)	
8.1.4	Develops and maintains effective relationships with a wide range of individuals	

8.1.5	Shows flexibility and interpersonal competence in professional relationships	
8.1.6	Provides effective and respectful feedback to peers, supervisees and other CAPS staff	
8.1.7	Manages difficult communication and conflict with others	
	Average Score:	
	Strengths/Areas for Growth/Comments:	

COMPETENCY # 9: RESEARCH		
9.1.1	Independently uses scholarly writings and research to inform clinical decision making	
9.1.2	Demonstrates knowledge, skills, and competence to critically evaluate research according to methods, procedures, and practices, with attention to diversity and contextual variables	
9.1.3	Critically evaluates and disseminates research and other scholarly activities via internal presentations (case presentation, supervision presentation, and consultation project presentation), conference presentations and/or publications	
9.1.4	Applies ethical principles in the evaluation and dissemination of research	
9.1.5	Appropriately applies existing scholarly evidence in the different roles assumed at the agency	
	Average Score:	
	Strengths/Areas for Growth/Comments:	

Total Evaluation Average Score:		

Additional Comments or recommendations:		
Signatures:		
Primary supervisor		Date
<i>Print:</i>		
Group therapy supervisor		Date
<i>Print:</i>		
Intern group supervisor		Date
<i>Print:</i>		
Sup of sup supervisor		Date
<i>Print:</i>		
Trainee		Date
<i>Print:</i>		
Training Director		Date
<i>Print:</i>		

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

September 9 2017

APPENDIX D: INTERN END OF SEMESTER EVALUATION FORM

End of Semester Evaluation Form for Profession Wide Competencies for Doctoral Interns in Health Service Psychology

Intern:	_____	Date:	_____
Primary Supervisor:	_____	Semester:	_____
Additional Supervisors:	_____	Supervisory Role:	_____
	_____		_____
	_____		_____
	_____		_____

Evaluation Methods

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Discussion | <input type="checkbox"/> Observation | <input type="checkbox"/> Co-Therapy | <input type="checkbox"/> Video Tapes |
| | <input type="checkbox"/> Audio Tapes | <input type="checkbox"/> Other | |

Instructions:

This evaluation is based on the profession-wide competencies of Health Service Psychology. It is expected that interns will progress developmentally throughout their training year, typically receiving 2's and 3's at the beginning of the internship year and 3's and 4's at final evaluation. To successfully complete the internship, all ratings must be a 3 or above at the end of internship.

Supervisors: Please indicate the level at which the trainee is functioning in each competency areas using the scale below. Please average the scores for each section and provide an overall average score for the evaluation.

Rating Scale

- 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.

COMPETENCY # 1: ETHICAL AND LEGAL STANDARDS		
1.1.1	Demonstrates knowledge of ethical/professional codes, professional standards, and APA policies and guidelines	
1.1.2	Demonstrates knowledge of relevant laws, statutes, and regulations for clinical practice in the Commonwealth of Virginia	
1.1.3	Seeks supervision as needed to promote client welfare	
1.1.4	Follows center guidelines related to maintaining client confidentiality	
1.1.5	Recognizes ethical dilemmas when they arise	
	Average Score	
	Strengths/Areas for Growth/Comments:	

COMPETENCY # 2: INTERVENTION		
<i>Intervention (Routine Appointments, Personal Counseling, Case Management)</i>		
2.1.0	Structures intakes and makes appropriate decisions regarding disposition that matches the client's level of clinical need	
2.1.2	Considers individual and cultural diversity in all assessment activities as reflected in treatment planning	
2.1.3	Thoroughly reviews available clinical information and incorporates that information into the assessment of the client	
2.1.4	Effectively builds the therapeutic alliance with a diverse client population	
2.1.5	Develops case conceptualizations using relevant theory, research, and evidence-based practices	
2.1.6	Develops appropriate treatment goals in collaboration with the client and seeks client feedback regarding progress toward goals	
2.1.7	Develops treatment/intervention plans specific to the treatment goals using evidence-based principles	
2.1.8	Demonstrates effective attunement and empathic understanding of clients, as evidenced by the utilization of skills such as reflection, paraphrasing, summarizing, and open-ended questions	
2.1.9	Interventions are informed by a holistic conceptualization of the client that take into account risk factors, developmental level, symptoms/presenting concerns, and socio-cultural factors	
2.1.10	Appropriately provides referrals to other university and community resources when clients' needs are best met through other settings/providers	

2.1.11	Demonstrates the ability to seek and apply relevant research to inform clinical decision-making	
2.1.12	Recognizes and attends to potential ruptures in the therapeutic alliance by inviting dialogue and non-defensively processing the ruptures	
<i>Intervention (Process Groups and Structured Workshops)</i>		
2.2.1	Effectively conducts group screening appointments to determine clients' appropriateness for group	
2.2.2	Demonstrates ability to prepare and plan for groups (i.e., preparing the group room and materials, consulting appropriately about how to navigate group discussion pertaining to previous concerns)	
2.2.3	Effectively structures and manages group sessions as evidenced by managing time and noticing individual group members' participation	
2.2.4	Demonstrates the ability to facilitate group process (e.g., establishes rapport and builds cohesion, clarifies members goals, attends to here and now, redirects, confronts, helps clients explore thoughts and feelings)	
2.2.5	Develops a good working relationship with the co-therapist	
2.2.6	Addresses client concerns about confidentiality in group	
2.2.7	Demonstrates ability to integrate multicultural factors into their conceptualization, treatment planning, and interventions in group	
2.2.8	Effectively prepares group members for termination by reviewing progress, discussing the upcoming termination, and engaging in future treatment planning	
2.2.9	Writes clear, concise, and objective group notes within 48 hours following group sessions	

<i>Intervention (Crisis, Urgent, Initial Consultations)</i>		
2.3.1	Demonstrates the ability to conduct accurate lethality assessments regarding potential danger to self and others and makes clinical decisions that reflect the client's level of need.	
2.3.2	Therapeutically provides support for clients in crisis through empathic listening, validation, safety planning, and accurately consulting around issues of risk	
2.3.3	When consulting regarding clients/students presenting with suicidal or homicidal ideation, provides all relevant clinical information to the consultant regarding risk factors	
2.3.4	When seeking consultation, is able to state the reason for the consultation and provides clinically relevant information in an organized manner	
2.3.5	Effectively creates or modifies treatment plans for clients in crisis, including those with lethality concerns such as suicidal or homicidal ideation	
2.3.6	Aware of referral and treatment options and effectively uses options when responding to crisis situations	
2.3.7	Maintains an appropriate professional demeanor and calming presence in the face of crisis situations	
	Average Score	
	Strengths/Areas for Growth/Comments:	

COMPETENCY # 3: ASSESSMENT		
3.1.0	Gathers necessary information in clinical contacts	
3.2.0	Demonstrates knowledge of DSM-5 diagnostic framework	
3.3.0	Assesses the need for medical and or psychiatric evaluation	

3.4.0	Utilizes CCAPS data in an ongoing manner to inform treatment	
3.5.0	Prepares for initial contacts by reviewing client paperwork and clinical records	
3.6.0	Integrates relevant history and assessment measures (e.g. CCAPS) into clinical documentation	
	Average Score	
	Strengths/Areas for Growth/Comments:	

COMPETENCY # 4: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

4.1.1	Demonstrates knowledge of consultation models and practices, and respect for the roles and perspectives of other professionals	
4.1.2	Builds and manages consultative relationships with individuals, offices, and agencies inside and outside of CAPS	
4.1.3	Consults appropriately with other health care professionals who may be involved in a client's treatment (e.g., psychiatrists, primary care providers, other therapists)	
4.1.4	Consults appropriately with others (e.g., parents, faculty, staff, students, other stakeholders) to disseminate information regarding CAPS services and to make recommendations	
4.1.5	When in a formal consulting role, assesses needs of consultees effectively and in a timely manner	
4.1.6	Considers individual and cultural diversity in all consultation activities	
4.1.7	Adheres to ethical practices in all consultation activities	
4.1.8	Exhibits professional attitudes and behaviors in all consultation activities	

Outreach		
4.2.1	Demonstrates ability to plan, implement, and evaluate outreach programs tailored to the needs of the target audiences	
4.2.2	Demonstrates ability to incorporate feedback from student/program evaluations to improve service delivery	
4.2.3	Appropriately engages in workshop programming and presentation skills, following through with outreach activities, outlining program goals and objectives, effectively using technology and evaluation tools, and using an appropriate presentation style	
4.2.4	Sensitive to diversity in developing and implementing programs.	
	Average Score	
	Strengths/Areas for Growth/Comments:	

COMPETENCY # 5: SUPERVISION		
5.1.1	Demonstrates knowledge and application of supervision literature and relevant research	
5.1.2	Builds supervisory relationship/alliance with extern supervisees	
5.1.3	Structures supervision to allow for appropriate monitoring of client welfare	
5.1.4	Ensures supervisee provides effective service to clients using evidence based practices	
5.1.5	Provides accurate and specific feedback to supervisees that recognizes their strengths and growth edges	
5.1.6	Provides feedback that contributes to the professional growth of supervisees	
5.1.7	Attends to both process and content in both counselor-client and supervisor-supervisee relationships	

5.1.8	Considers individual and cultural diversity in all supervisory activities	
5.1.9	Recognizes when own cultural biases and personal values impact the supervisory relationship	
5.1.10	Adheres to ethical practices in all supervisory activities	
Peer Supervision		
5.2.1	Builds supervisory relationship/alliance with peers in supervision of supervision	
5.2.2	Provides effective feedback to peers regarding supervisee's provision of effective service to clients	
5.2.3	Structures peer supervision to allow for appropriate monitoring of client welfare	
5.2.4	Provides accurate and specific feedback to peers that recognizes their strengths and growth edges	
5.2.5	Provides feedback that contributes to the professional growth of peers	
5.2.6	Attends to both process and content in both counselor-client and supervisor-supervisee relationships in peer supervision	
	Average Score	
	Strengths/Areas for Growth/Comments:	

COMPETENCY # 6: INDIVIDUAL AND CULTURAL DIVERSITY		
6.1.1	Engages in self-exploration related to own culture, stereotypes, biases, power, and areas of oppression and privilege	
6.1.2	Recognizes when own cultural biases affect client treatment and discusses this in supervision	

6.1.3	Demonstrates a knowledge of the current theoretical and empirical knowledge as it relates to intersectionality and its impact on the therapeutic relationship, assessment, case conceptualization, and treatment planning	
6.1.4	Demonstrates an understanding of social justice principles as it applies to university counseling center work	
6.1.5	Forms effective working alliances with a variety of clients with intersecting identities	
6.1.6	Acknowledges and incorporates clients' lived experiences and intersecting identities when engaging in treatment planning and conceptualizing concerns	
	Average Score	
	Strengths/Areas for Growth/Comments:	

COMPETENCY # 7: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOR		
7.1.1	Maintains a professional demeanor within CAPS	
7.1.2	Dresses in accordance with the trainee guidelines	
7.1.3	Arrives promptly to scheduled meetings, including sessions with clients, supervision meetings, and general center/University Life meetings	
7.1.4	Engages during meetings, seminars, and supervisions	
7.1.5	Manages schedule effectively	
7.1.6	Effectively communicates planned and unplanned absences and identifies a plan to make-up missed clinical, training, and administrative tasks	
7.1.7	Uses supervision effectively as defined by expectations of supervisor (e.g., being prepared, reviewing tape, engaging in supervisory process, completing necessary paperwork)	

7.1.8	Resolves conflict respectfully	
7.1.9	Demonstrates a concern for and investment in the welfare of others	
7.1.10	Demonstrates openness and non-defensiveness to feedback	
7.1.11	Demonstrates awareness and accurate assessment of own strengths and areas for growth as a psychologist-in-training	
7.1.12	Engages in self-reflective practice	
7.1.13	Changes behavior based on self-monitoring	
7.1.14	Demonstrates an awareness and openness to processing countertransference/own affective reactions	
7.1.15	Engages in adequate self-care behaviors and stress management	
7.1.16	Manages personal concerns either on own or with the support of supervisor and/or the Training Director so they do not interfere with professional duties and obligations	
	Average Score	
	Strengths/Areas for Growth/Comments:	

COMPETENCY # 8: COMMUNICATION AND INTERPERSONAL SKILLS		
8.1.1	Writes clear, concise, and objective notes	
8.1.2	Communicates effectively during presentations (e.g., clear, understandable, logical, organized, co	
8.1.3	Communicates clinical and professional information in writing effectively (e.g., initial consultations, routine/urgent appointments, session notes)	

8.1.4	Develops and maintains effective relationships with a wide range of individuals	
8.1.5	Shows flexibility and interpersonal competence in professional relationships	
8.1.6	Provides effective and respectful feedback to peers, supervisees and other CAPS staff	
8.1.7	Manages difficult communication and conflict with others	
	Average Score	
	Strengths/Areas for Growth/Comments:	

COMPETENCY # 9: RESEARCH		
9.1.1	Independently uses scholarly writings and research to inform clinical decision making	
9.1.2	Demonstrates knowledge, skills, and competence to critically evaluate research according to methods, procedures, and practices, with attention to diversity and contextual variables	
9.1.3	Critically evaluates and disseminates research and other scholarly activities via internal presentations (case presentation, supervision presentation, and consultation project presentation), conference presentations and/or publications	
9.1.4	Applies ethical principles in the evaluation and dissemination of research	
9.1.5	Appropriately applies existing scholarly evidence in the different roles assumed at the agency	
	Average Score	
	Strengths/Areas for Growth/Comments:	

Total Evaluation Average Score:		

Additional Comments or recommendations:		
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):

September 9 2017

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 competencies for the 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 the nine competency areas. The primary aims of the internship are as follows: 1) to develop knowledge and professional practices that assure adherence to the ethical standards for psychologists, 2) to develop skills to allow them to function as professional psychologists, 3) to prepare interns who can effectively use assessment skills and tools to accurately diagnose and provide recommendations, 4) produce interns who can collaborate and consult with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities, 5) To produce interns who are knowledgeable and skilled in the theory and practice of clinical supervision such that they contribute to the positive development of future generations of psychologists, 6) to develop knowledge and skills to function as effective psychologists with multicultural populations, 7) to develop behaviors and practices that are consistent with the professional identity of a psychologist, 8) to demonstrate personal and professional self-awareness and apply insights to professional relationships and communications, and 9) to produce interns who demonstrate knowledge, skills and competence sufficient to critically evaluate and use existing knowledge to solve problems, and to disseminate research.

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

COMPETENCY # 1: ETHICAL AND LEGAL STANDARDS

Satisfactory: _____ Need improvement: _____

Strengths/Areas for Growth/Comments:

COMPETENCY # 2: INTERVENTION

Satisfactory: _____ Need improvement: _____

Strengths/Areas for Growth/Comments:

COMPETENCY # 3: ASSESSMENT

Satisfactory:_____ Need improvement:_____

Strengths/Areas for Growth/Comments:

COMPETENCY # 4: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Satisfactory:_____ Need improvement:_____

Strengths/Areas for Growth/Comments:

COMPETENCY # 5: SUPERVISION

Satisfactory:_____ Need improvement:_____

Strengths/Areas for Growth/Comments:

COMPETENCY # 6: INDIVIDUAL AND CULTURAL DIVERSITY

Satisfactory:_____ Need improvement:_____

Strengths/Areas for Growth/Comments:

COMPETENCY # 7: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOR

Satisfactory:_____ Need improvement:_____

Strengths/Areas for Growth/Comments:

COMPETENCY # 8: COMMUNICATION AND INTERPERSONAL SKILLS

Satisfactory:_____ Need improvement:_____

Strengths/Areas for Growth/Comments:

COMPETENCY # 9: RESEARCH

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)

October 2017

APPENDIX G-1: CLINICAL CASE PRESENTATION FORM

CLINICAL CASE PRESENTATION FEEDBACK FORM

(Please return form to Training Director)

George Mason University Counseling and Psychological Services (rev2018.07.07)

Intern _____ Date: _____

Staff member providing feedback: _____

Please rate using the five-point scale outlined below:

5	Highly Proficient	Above expected developmental level of an intern, and at level expected for an early career professional.
4	Proficient and Autonomous	Intermediate to advanced competency level with substantial independent ability.
3	Satisfactorily Proficient	At the expected developmental level for an intern; Demonstrated awareness and uses this awareness to inform their work.
2	Minimally Proficient	Falls below expected developmental level of entering intern; Demonstrates marginal competence
1	Not Proficient	Performance is below expected developmental level for an intern; Demonstrates inadequate competence.
N/A	Not Applicable	Not Applicable

Please rate the intern on the following dimensions and offer written feedback:

CLINICAL CASE PRESENTATION	RATING
Conceptualization	
Intern discussed theoretical foundation of clinical work	
Intern discussed conceptualization of client dynamics and the therapeutic process	
Intern provided a cohesive conceptualization of presenting problem, treatment goals, treatment plan	
Intern discussed rationale for interventions	
Cultural Competency and Self-Reflection	
Intern discussed multicultural considerations in their work with the client	
Intern addressed personal challenges in working with the client (i.e., countertransference issues)	
Intern discussed the client's strengths in conceptualization and treatment	
Implementation and Critical Thinking	
Intern demonstrated the ability to address treatment goals	
Intern provided supporting evidence and rule outs for diagnosis	
Intern identified scholarly reading that connects to the client case	

Intern integrated test findings and/or clinical interview into meaningful summary	
Intern discussed ethical considerations and applied ethical decision-making model in response to any ethical decisions that arise	
Preparedness and Organization	
Overall presentation information was clear and conceptually accurate	
Intern asked relevant questions that elicited group discussion about the case	
Case presentation report was accurately written and included all areas required for discussion (if applicable)	
Video Demonstration (if applicable)	
Video demonstrated a working alliance	
Video demonstrated a successful intervention, struggle, or change over time	
Intern was able to discuss the outcome of the intervention shown in the video from their therapeutic orientation	
Average * :	
* Must meet/exceed an average score of 3. If not, then intern has the option of revising case presentation in order to meet minimum competency levels.	

Comments (use back if needed):

APPENDIX G-2a: ADVOCACY PROJECT

ADVOCACY PROJECT DESCRIPTION

Definition and Goal

The advocacy project is an opportunity for interns to collaborate with a campus partner to either support their work or enhance the working relationships between our offices. The goal of the advocacy project is to make research-informed, culturally and contextually relevant recommendations to campus partners based on a careful assessment of current needs. The 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 culturally-informed professional consultant. Interns will identify a campus partner serving a population of interest and work with that campus partner, with their affirmative consent and collaboratively, to support their work. Through the project, interns can provide consultation about programming needs for campus partners, receive feedback from the campus partner about ideas for enhancing services at the counseling center for a certain student population, or support the campus partner with either developing a new program or conducting an evaluation of a current program. The advocacy project topic must be relevant to the needs of our campus partners and their collaboration with CAPS. Furthermore, the project must serve an underrepresented population.

Process and Timeline

Interns will learn about some offices on campus during orientation. During orientation, interns will meet with the Coordinator of Multicultural Outreach and Prevention to learn about the advocacy project as well as attend seminars on program evaluation and needs assessments. Interns are encouraged to consider areas of interest and populations with whom they would like to work/support during their internship year. With support of a CAPS staff member, they will reach out to a representative from the campus organization to discuss the possibility of working together on this advocacy project. CAPS staff members will provide guidance about the approach to the outreach and building the working relationship. Regular meetings with the Coordinator of Multicultural Outreach and Prevention will occur throughout the academic year for support as well.

Interns will be identify a CAPS staff member as a mentor/point person to guide their advocacy project by the end of September. Mentors and interns will then meet monthly to discuss the project.

All advocacy topic proposals must be approved by the Coordinator of Multicultural Outreach and Prevention and the Training Director.

The following is an overall timeline to help interns successfully complete the Advocacy Project:

- By the end of September, interns will identify a topic, mentor, and campus partner.
- By the end of fall semester, interns will meet with their campus partner to identify a research question, submit a written proposal to their mentor that

outlines the research question and appropriate methodology to examine the question, and propose programming dates for the spring/summer (if relevant to their project). Depending on the nature of the intended data collection and plans for use, interns may need to receive approval from the Institutional Review Board at George Mason University. Please consult with your mentor accordingly to ensure it does not delay your project.

- During the spring semester, interns will evaluate the needs of the campus partner and collect/analyze relevant data. Interns may complete this needs assessment through discussions with campus partners and/or students as well as more formal mechanisms, such as a survey. This needs assessment is intentionally open-ended to support interns in developing a needs assessment process with the campus partner that is collaborative based on the hopes of the partner.
- By the end of the training year (summer semester), interns will provide final feedback to their campus partner and present the full project to CAPS staff. The presentation will include the following: description of the research question, review of relevant literature, discussion of process for establishing working relationship with campus partner, overview of methods used, results of the needs assessment and other data collected, and recommendations to the center as well as final product produced for the campus partner. Interns can consult with their mentor about the option of inviting the campus partner with whom they collaborated to their final presentation.

Evaluation

Interns and staff mentors will complete an Advocacy Project Mentorship Agreement when a topic has been identified (Appendix).

The Advocacy Project Feedback form will be completed by the project mentor twice:

1. once at the end of the proposal and
2. at the end of the project

Mentors will provide written evaluation and discuss feedback after the intern submits their proposal and at the conclusion of the project. Staff members in attendance at the presentation will complete feedback after the presentation of the project. All feedback forms will be returned to the Training Director for inclusion in the intern file.

Staff members will complete the staff specific Advocacy Project Feedback form after the presentation of the project.

APPENDIX G-2b: ADVOCACY PROJECT FEEDBACK FORM [MENTOR]

(Please return form to Training Director)

This evaluation is completed **twice** by the advocacy project mentor, after the proposal and after the final project presentation.

Identify this evaluation: ☐ **1st:** After Proposal, or
☐ **2nd:** After Final Project Presentation

Name of Intern: _____

Date: _____

Title of Advocacy Project: _____

Advocacy Project Mentor: _____

Training Director: _____

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

5	Highly Proficient	Above expected developmental level of an intern, and at level expected for an early career professional.
4	Proficient and Autonomous	Intermediate to advanced competency level with substantial independent ability.
3	Satisfactorily Proficient	At the expected developmental level for an intern; Demonstrated awareness and uses this awareness to inform their work.
2	Minimally Proficient	Falls below expected developmental level of entering intern; Demonstrates marginal competence
1	Not Proficient	Performance is below expected developmental level for an intern; Demonstrates inadequate competence.
N/A	Not Applicable	Not Applicable

Please rate the intern on the following criteria and offer written feedback.

ADVOCACY PROJECT	RATING
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 effectively incorporated multicultural principles into the proposal or final project	
Intern presentation was professional in appearance and behavior	
<p style="text-align: right;">Average * :</p> <p>* Must meet/exceed an average score of 3. If not, then intern has the option of revising case presentation in order to meet minimum competency levels.</p>	

Advocacy project mentor comments (use back if needed):

APPENDIX G-2c: ADVOCACY PROJECT FEEDBACK FORM [CAPS STAFF]

(Please return form to Training Director)

Name of Intern: _____

Date: _____

Title of Advocacy Project: _____

Person providing feedback: _____

Advocacy project mentor: _____

Training director: _____

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

5	Highly Proficient	Above expected developmental level of an intern, and at level expected for an early career professional.
4	Proficient and Autonomous	Intermediate to advanced competency level with substantial independent ability.
3	Satisfactorily Proficient	At the expected developmental level for an intern; Demonstrated awareness and uses this awareness to inform their work.
2	Minimally Proficient	Falls below expected developmental level of entering intern; Demonstrates marginal competence
1	Not Proficient	Performance is below expected developmental level for an intern; Demonstrates inadequate competence.
N/A	Not Applicable	Not Applicable

Please rate the intern on the following criteria and offer written feedback.

ADVOCACY 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 advocacy project	
Intern effectively articulated advocacy project results	
Intern effectively presented the advocacy final project	
Intern effectively incorporated multicultural principles into the advocacy final project	
Intern communicated effectively during written and verbal presentations (e.g., logical, clear, organized, conceptually accurate)	
Average * : * Must meet/exceed an average score of 3. If not, then intern has the option of revising advocacy project presentation in order to meet minimum competency levels.	

What was your overall impression of the project? What went well? What could have been improved? (use back if needed):

CAPS staff comments on the final presentation (use back if needed):

APPENDIX G-2d: MASON CAPS ADVOCACY PROJECT MENTORSHIP AGREEMENT

This document outlines a mentorship agreement between **[MASON CAPS INTERN]** and **[MASON CAPS STAFF]** regarding the Mason CAPS Advocacy Project.

Advocacy Project Objectives and Scope

The goal of the advocacy project is to make research-informed, culturally and contextually relevant recommendations to campus partners based on a careful assessment of current needs. Interns are required to complete an advocacy project over the course of their internship in which they work with a university partners to assess their needs, develop a plan to address these needs, and implement this plan. The scope of advocacy 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 campus partner;
- effectively implementing the study methodology;
- incorporating recent scholarly research into the advocacy project; and
- presenting advocacy project process and results.

Purpose of the Mentorship Agreement

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

Meetings

The Mason CAPS intern and mentor will designate a mutually agreed upon time to meet at least twice a semester 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 Mason 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 Advocacy Project Mentor

Advocacy 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 campus partner, assistance in identifying and obtaining other needed support; and providing feedback on project work in a timely manner.

Parties concurring with this agreement:	Print Name	Sign	Date
---	------------	------	------

Intern:			
Project Mentor:			
Coordinator, Multicultural Outreach and Prevention			
Associate Director, Training Services:			

APPENDIX H: THIS SPACE INTENTIONALLY LEFT BLANK

APPENDIX I-1: INTERN EVALUATION OF SUPERVISOR FORM



Counseling and Psychological Services

INTERN 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:

- 5** Usually true of my experience with my supervisor
- 4** Often true of my experience with my supervisor
- 3** Neutral
- 2** Seldom true of my experience with my supervisor
- 1** Almost never true of my experience with my supervisor

N/A Not applicable

INTERN EVALUATION OF SUPERVISOR FORM

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

I. Supervisory environment

1.1	Aids in establishing and maintaining the focus of supervision.	
1.2	Is available for consultation when needed outside the regular supervisory time.	
1.3	Notifies trainee in advance when unable to keep scheduled supervisory sessions.	

1.4	Avoids interruptions during supervision.	
1.5	Shows interest in trainee concerns.	
1.6	Respects personal differences between supervisor and trainee.	
1.7	Serves as an advocate or support person for trainee.	
1.8	Uses appropriate self-disclosure.	
1.9	Works to establish a "climate of trust" to maximize an honest and candid exchange of feelings and ideas.	
1.10	Works constructively to resolve conflict in supervisory relationship.	
1.11	Demonstrates awareness and sensitivity to cultural considerations in the supervisory relationship.	
	Supervisory environment average score:	
Supervisory environment additional comments:		

II. Supervision		
2.1	Assists with case conceptualization.	
2.2	Helps with effective integration of cultural considerations into clinical work.	
2.3	Clearly conveys feedback about cases or theory.	
2.4	Conveys a sound conceptual grasp of clients and their problems.	
2.5	Offers constructive treatment suggestions.	
2.6	Discusses the application of ethical principles.	
2.7	Uses appropriate didactic material when needed.	

2.8	Explores the appropriate use of various counseling processes.	
2.9	Is knowledgeable about campus and community resources and helps trainee make appropriate referrals.	
2.10	Recognizes own therapeutic limitations and makes appropriate referrals.	
	Supervision average score:	
Supervision additional comments:		

III. Communication		
1.1	Regularly provides constructive feedback and support.	
1.2	Encourages trainee to share professional/personal concerns and responds constructively.	
1.3	Regularly uses video and/or audio recordings to enhance skill development and professional understanding.	
1.4	Willingly examines the supervisor/trainee relationship when needed.	
1.5	Acknowledges trainee's competencies and provides positive reinforcement.	
1.6	Encourages independent thinking and action.	
1.7	Frankly discusses trainee limitations and growth areas.	
1.8	Allows the use of the trainee's own theoretical orientation without imposing his/her own theoretical orientation on the intern.	
1.9	Provides supervision appropriate to supervisee's developmental level.	

1.10	Helps trainee select appropriate professional and training goals, tasks, and experiences.	
1.11	Aids in setting goals for supervision.	
	Communication average score:	
Communication additional comments:		

Summary of Supervisory Experience

Particularly positive aspects:

Aspects that could have been improved:

Signatures		
Supervisee:		
Print name:	Signature:	Date:
Supervisor:		
Print name:	Signature:	Date:

APPENDIX I-2: TRAINEE EVALUATION OF TRAINING DIRECTOR

Trainee Evaluation of Training Director Counseling & Psychological Services

(When complete, please return to Designated Staff Member)

Please Rate:

NA	= Not Applicable
1	= Never/almost never
2	= Usually not
3	= Sometimes
4	= Usually
5	= Always/almost always

A. Did the Training Director	RATINGS
1. Establish good rapport with you	_____
2. Give emotional support when needed	_____
3. Help you establish clear goals against which your progress was measured	_____
4. Contribute to your development	
i. Professionally	_____
ii. Personally	_____
5. Make herself available for consultation at times other than regularly scheduled meetings	_____
6. Give appropriate feedback to you	
i. Regarding your progress	_____
ii. Regarding your workload	_____
7. Help you establish a reasonable work load or schedule	_____
8. Demonstrate awareness of any anxiety or conflicts that may have been generated during the training experience	_____

9. Provide opportunities for you to give feedback concerning your training experience _____
10. Appear knowledgeable regarding training and supervision _____
11. Set appropriate limits regarding the Counseling Center's expectations of you _____
12. Remain flexible to required changes in training _____
13. Demonstrate knowledge of resources within the George Mason University community _____
14. Interface with Counseling Center staff on your behalf when appropriate _____
15. Make sufficient contact with your home school _____
16. Relate to interns as a group, in a fair and even handed manner _____
17. Facilitate discussion of conflict and process within the intern cohort, if needed _____
18. Conduct herself in a professional manner, serving as a role model _____
19. Help integrate the diverse elements of training _____

B. Please provide written comments regarding strengths and suggestions for change (attach additional pages if necessary):

C. Please provide any additional comments, regarding the Training Director, that you would like to share - please include any thoughts or feelings you may have about any of the previous areas (attach additional pages if necessary):

APPENDIX J: TRAINING PROGRAM EVALUATION FORM

GEORGE MASON UNIVERSITY COUNSELING AND PSYCHOLOGICAL SERVICES INTERN 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.

- For each category, please circle your overall educational satisfaction according to the following sample rating scale:

1	2	3	4	5	6	7
Extremely dissatisfied	Moderately dissatisfied	Slightly dissatisfied	Neutral	Slightly satisfied	Moderately satisfied	Extremely satisfied

- Enter your comments in the appropriate boxes below.

1. Interview Process:

1 2 3 4 5 6 7

<i>Positives / Strengths</i>	
<i>Negatives / Challenges</i>	

2. Orientation:

1 2 3 4 5 6 7

<i>Positives / Strengths</i>	
<i>Negatives / Challenges</i>	

3. Starting Up:**1 2 3 4 5 6 7**

<i>Positives / Strengths</i>	
<i>Negatives / Challenges</i>	

4. Intakes/referrals/walk-ins:**1 2 3 4 5 6 7**

<i>Positives / Strengths</i>	
<i>Negatives / Challenges</i>	

5. Supervision (received):**1 2 3 4 5 6 7**

<i>Positives / Strengths</i>	
<i>Negatives / Challenges</i>	

6. Supervision training:**1 2 3 4 5 6 7**

<i>Positives / Strengths</i>	
<i>Negatives / Challenges</i>	

7. Multicultural Focus:**1 2 3 4 5 6 7**

<i>Positives / Strengths</i>							
<i>Negatives / Challenges</i>							

8. Training in Ethics:**1 2 3 4 5 6 7**

<i>Positives / Strengths</i>							
<i>Negatives / Challenges</i>							

9. Physical Space/Technology:**1 2 3 4 5 6 7**

<i>Positives / Strengths</i>							
<i>Negatives / Challenges</i>							

10. Groups:**1 2 3 4 5 6 7**

<i>Positives / Strengths</i>							
<i>Negatives / Challenges</i>							

11. Seminars:**1 2 3 4 5 6 7**

<i>Positives / Strengths</i>	
<i>Negatives / Challenges</i>	

12. Outreach/Consultation:**1 2 3 4 5 6 7**

<i>Positives / Strengths</i>	
<i>Negatives / Challenges</i>	

Overall Externship Educational Experience (circle one):

1	2	3	4	5	6	7
Extremely dissatisfied	Moderately dissatisfied	Slightly dissatisfied	Neutral	Slightly satisfied	Moderately satisfied	Extremely satisfied

Other Comments:**THANK YOU!**

APPENDIX K: INTERN SEMINAR MINI-COURSE EVALUATION FORM

APPENDIX L: SELF-ASSESSMENT OF SKILLS FORM



Counseling and Psychological Services

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

Name: _____

Date: _____

The purpose of this self-assessment is to identify the current knowledge and functioning of each of the interns in the training group. It is helpful to have an accurate self-assessment of your skill level to identify your strengths and areas for growth. You are invited to complete this form with the assistance and feedback of someone who knows your professional work well and can help you to accurately assess your current skills. ***Note: It is important to remember that you are not expected to have mastery in any of these skills.***

This assessment is used by the Training Director in planning purposes. You will also be asked to share with your supervisor and encouraged to review with the facilitators for the Multicultural Lab, Groups Coordinator, and Coordinator, Multicultural Outreach and Prevention. These conversations are intended to help the staff who will be involved in your training year to intentionally prepare experiences that support your growth.

For each item, please circle the number that most accurately describes your self-assessment of your current level of skills development. You will have the opportunity to answer open-ended questions about key parts of the training year at the end.

5 = Highly developed skill; you could teach it to others and be a role model

4 = Satisfactorily developed skill; you use this skill effectively

3 = Developing this skill

2 = No proficiency in this skill but interested

1 = No proficiency and not interested in this skill

I. ETHICAL AND LEGAL STANDARDS

Demonstrates knowledge of ethical/professional codes,
professional standards, and APA policies and guidelines 1 2 3 4 5

Demonstrates knowledge of relevant laws, statutes, and regulations for clinical practice in the Commonwealth of Virginia	1	2	3	4	5
Seeks supervision as needed to promote client welfare	1	2	3	4	5
Follows center guidelines related to maintaining client confidentiality	1	2	3	4	5
Recognizes ethical dilemmas when they arise	1	2	3	4	5

II. INTERVENTION

Structures intakes and makes appropriate decisions regarding disposition that matches the client's level of clinical need	1	2	3	4	5
Considers individual and cultural diversity in all assessment activities as reflected in treatment planning	1	2	3	4	5
Thoroughly reviews available clinical information and incorporates that information into the assessment of the client	1	2	3	4	5
Effectively builds the therapeutic alliance with a diverse client population	1	2	3	4	5
Develops case conceptualizations using relevant theory, research, and evidence-based practices	1	2	3	4	5
Develops appropriate treatment goals in collaboration with the client and seeks client feedback regarding progress toward goals	1	2	3	4	5
Develops treatment/intervention plans specific to the treatment goals using evidence-based principles	1	2	3	4	5

Demonstrates effective attunement and empathic understanding of clients, as evidenced by the utilization of skills such as reflection, paraphrasing, summarizing, and open-ended questions	1	2	3	4	5
--	---	---	---	---	---

Conceptualizes clients holistically taking into account client risk factors, developmental level, presenting concerns, and socio-cultural factors	1	2	3	4	5
---	---	---	---	---	---

Appropriately provides referrals to other university and community resources when clients' needs are best met through other settings/providers	1	2	3	4	5
--	---	---	---	---	---

Demonstrates the ability to seek and apply relevant research to inform clinical decision-making	1	2	3	4	5
---	---	---	---	---	---

Recognizes and attends to potential ruptures in the therapeutic alliance by inviting dialogue and non-defensively processing the ruptures	1	2	3	4	5
---	---	---	---	---	---

Intervention (Process Groups and Structured Workshops)

Effectively conducts group screening appointments to determine clients' appropriateness for group	1	2	3	4	5
---	---	---	---	---	---

Demonstrates ability to prepare and plan for groups (i.e., preparing the group room and materials, consulting appropriately about how to navigate group discussion pertaining to previous concerns)	1	2	3	4	5
---	---	---	---	---	---

Effectively structures and manages group sessions as evidenced by managing time and noticing individual group members' participation	1	2	3	4	5
--	---	---	---	---	---

Demonstrates the ability to facilitate group process (e.g., establishes rapport and builds cohesion, clarifies members goals, attends to here and now, redirects, confronts, helps clients explore thoughts and feelings)	1	2	3	4	5
---	---	---	---	---	---

Develops a good working relationship with the co-therapist	1	2	3	4	5
--	---	---	---	---	---

Addresses client concerns about confidentiality in group	1	2	3	4	5
--	---	---	---	---	---

Demonstrates ability to integrate multicultural factors into the conceptualization, treatment planning, and interventions in group	1	2	3	4	5
--	---	---	---	---	---

Effectively prepares group members for termination by reviewing progress, discussing the upcoming termination, and engaging in future treatment planning	1	2	3	4	5
--	---	---	---	---	---

Writes clear, concise, and objective group notes within 48 hours following group sessions	1	2	3	4	5
---	---	---	---	---	---

Intervention (Crisis, Urgent, Initial Consultations)

Demonstrates the ability to conduct accurate lethality assessments regarding potential danger to self and others and makes clinical decisions that reflect the client's level of need.	1	2	3	4	5
--	---	---	---	---	---

Therapeutically provides support for clients in crisis through empathic listening, validation, safety planning, and accurately consulting around issues of risk	1	2	3	4	5
---	---	---	---	---	---

When consulting regarding clients/students presenting with suicidal or homicidal ideation, provides all relevant clinical information to the consultant regarding risk factors	1	2	3	4	5
--	---	---	---	---	---

When seeking consultation, is able to state the reason for the consultation and provides clinically relevant information in an organized manner	1	2	3	4	5
---	---	---	---	---	---

Effectively creates or modifies treatment plans for clients in crisis, including those with lethality concerns such as suicidal or homicidal ideation.	1	2	3	4	5
--	---	---	---	---	---

Aware of referral and treatment options and effectively uses options when responding to crisis situations.	1	2	3	4	5
--	---	---	---	---	---

Maintains an appropriate professional demeanor and calming presence in the face of crisis situations	1	2	3	4	5
--	---	---	---	---	---

III. ASSESSMENT

Gathers necessary information in clinical contacts	1	2	3	4	5
--	---	---	---	---	---

Demonstrates knowledge of DSM-5 diagnostic framework	1	2	3	4	5
--	---	---	---	---	---

Assesses the need for medical and or psychiatric evaluation	1	2	3	4	5
---	---	---	---	---	---

Utilizes CCAPS data in an ongoing manner to inform treatment	1	2	3	4	5
--	---	---	---	---	---

Prepares for initial contacts by reviewing client paperwork and clinical records	1	2	3	4	5
--	---	---	---	---	---

Integrates relevant history and assessment measures (e.g. CCAPS) into clinical documentation	1	2	3	4	5
--	---	---	---	---	---

IV. CONSULTATION AND INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS

Demonstrates knowledge of consultation models and practices, and respect for the roles and perspectives of other professionals 1 2 3 4 5

Builds and manages consultative relationships with individuals, offices, and agencies inside and outside of CAPS 1 2 3 4 5

Consults appropriately with other health care professionals who may be involved in a client's treatment (e.g., psychiatrists, primary care providers, other therapists) 1 2 3 4 5

Consults appropriately with others (e.g., parents, faculty, staff, students, other stakeholders) to disseminate information regarding CAPS services and to make recommendations 1 2 3 4 5

When in a formal consulting role, assesses needs of consultees effectively and in a timely manner. 1 2 3 4 5

Considers individual and cultural diversity in all consultation activities 1 2 3 4 5

Adheres to ethical practices in all consultation activities 1 2 3 4 5

Exhibits professional attitudes and behaviors in all consultation activities 1 2 3 4 5

Outreach

Demonstrates ability to plan, implement, and evaluate outreach programs tailored to the needs of the target audiences 1 2 3 4 5

Demonstrates ability to incorporate feedback from student/program evaluations to improve service delivery 1 2 3 4 5

Appropriately engages in workshop programming and presentation skills, following through with outreach activities, outlining program goals and objectives, effectively using technology and evaluation tools, and using an appropriate presentation style 1 2 3 4 5

Sensitive to diversity in developing and implementing programs 1 2 3 4 5

V. SUPERVISION

Demonstrates knowledge and application of supervision literature and relevant research	1	2	3	4	5
--	---	---	---	---	---

Builds supervisory relationship/alliance with extern supervisees	1	2	3	4	5
--	---	---	---	---	---

Structures supervision to allow for appropriate monitoring of client welfare	1	2	3	4	5
--	---	---	---	---	---

Ensures supervisee provides effective service to clients using evidence based practices	1	2	3	4	5
---	---	---	---	---	---

Provides accurate and specific feedback to supervisees that recognizes their strengths and growth edges	1	2	3	4	5
---	---	---	---	---	---

Attends to both process and content in both counselor-client and supervisor-supervisee relationships	1	2	3	4	5
--	---	---	---	---	---

Considers individual and cultural diversity in all supervisory activities	1	2	3	4	5
---	---	---	---	---	---

Recognizes when own cultural biases and personal values impact the supervisory relationship	1	2	3	4	5
---	---	---	---	---	---

Adheres to ethical practices in all supervisory activities	1	2	3	4	5
--	---	---	---	---	---

Peer Supervision (i.e. group supervision, supervision of Supervision)

Builds supervisory relationship/alliance with peers in supervision of supervision	1	2	3	4	5
---	---	---	---	---	---

Provides effective feedback to peers regarding supervisee's provision of effective service to clients	1	2	3	4	5
---	---	---	---	---	---

Structures peer supervision to allow for appropriate monitoring of client welfare	1	2	3	4	5
---	---	---	---	---	---

Provides accurate and specific feedback to peers that recognizes their strengths and growth edges	1	2	3	4	5
---	---	---	---	---	---

Provides feedback that contributes to the professional growth of peers	1	2	3	4	5
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Attends to both process and content in both counselor-client and supervisor-supervisee relationships in peer supervision	1	2	3	4	5
--	---	---	---	---	---

VI. INDIVIDUAL AND CULTURAL DIVERSITY

Engages in self-exploration related to own culture, stereotypes, biases, power, and areas of oppression and privilege	1	2	3	4	5
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Recognizes when own cultural biases affect client treatment and discusses this in supervision	1	2	3	4	5
---	---	---	---	---	---

Demonstrates a knowledge of the current theoretical and empirical knowledge as it relates to intersectionality and its impact on the therapeutic relationship, assessment, case conceptualization, and treatment planning	1	2	3	4	5
---	---	---	---	---	---

Demonstrates an understanding of social justice principles as it applies to university counseling center work	1	2	3	4	5
---	---	---	---	---	---

Forms effective working alliances with a variety of clients with intersecting identities	1	2	3	4	5
--	---	---	---	---	---

Acknowledges and incorporates clients' lived experiences and intersecting identities when engaging in treatment planning and conceptualizing concerns	1	2	3	4	5
---	---	---	---	---	---

VII. PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOR

Maintains a professional demeanor	1	2	3	4	5
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Engages during meetings, seminars, and supervisions	1	2	3	4	5
---	---	---	---	---	---

Manages schedule effectively	1	2	3	4	5
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Effectively communicates planned and unplanned absences and identifies a plan to make-up missed clinical, training, and administrative tasks	1	2	3	4	5
--	---	---	---	---	---

Uses supervision effectively as defined by expectations of supervisor (e.g., being prepared, reviewing tape, engaging in supervisory process, completing necessary paperwork)	1	2	3	4	5
Resolves conflict respectfully	1	2	3	4	5
Demonstrates a concern for and investment in the welfare of others	1	2	3	4	5
Demonstrates openness and non-defensiveness to feedback	1	2	3	4	5
Demonstrates awareness and accurate assessment of own strengths and areas for growth as a psychologist-in-training	1	2	3	4	5
Engages in self-reflective practice	1	2	3	4	5
Changes behavior based on self-monitoring	1	2	3	4	5
Demonstrates an awareness and openness to processing countertransference/own affective reactions	1	2	3	4	5
Engages in adequate self-care behaviors and stress management	1	2	3	4	5
Manages personal concerns either on own or with the support of supervisor and/or the Training Director so they do not interfere with professional duties and obligations	1	2	3	4	5

VIII. COMMUNICATION AND INTERPERSONAL SKILLS

Writes clear, concise, and objective notes	1	2	3	4	5
Communicates effectively during presentations (e.g., clear, understandable, logical, organized, conceptually accurate)	1	2	3	4	5
Communicates clinical and professional information in writing effectively (e.g., initial consultations, routine/urgent appointments, session notes).	1	2	3	4	5
Develops and maintains effective relationships with a wide range of individuals.	1	2	3	4	5
Shows flexibility and interpersonal competence in professional relationships	1	2	3	4	5

Provides effective and respectful feedback to peers, supervisees and other CAPS staff	1	2	3	4	5
Manages difficult communication and conflict with others	1	2	3	4	5

IX. RESEARCH

Independently uses scholarly writings and research to inform clinical decision making	1	2	3	4	5
Demonstrates knowledge, skills, and competence to critically evaluate research according to methods, procedures, and practices, with attention to diversity and contextual variables	1	2	3	4	5
Critically evaluates and disseminates research and other scholarly activities via internal presentations (case presentation, supervision presentation, and consultation project presentation), conference presentations and/or publications	1	2	3	4	5
Applies ethical principles in the evaluation and dissemination of research	1	2	3	4	5
Appropriately applies existing scholarly evidence in the different roles assumed at the agency	1	2	3	4	5

X. OPEN ENDED QUESTIONS AND QUESTIONS FOR REFLECTION

General Reflections and Goals for the Year

These questions are intended to facilitate reflection about your overall vision for your training year. I encourage you to discuss in detail with your supervisor as you complete the supervision agreement.

- Please describe your fears/hopes/expectations for the training year:
- Please describe any goals or areas of focus that you would like to address during the training year:

Multicultural Competency

I encourage you to engage in intentional self-reflection about your experience and hopes regarding multicultural competency development, especially since we know experiences in this area prior to internship vary and vary based on each of our lived experiences. You will complete an activity with the co-facilitators of the Multicultural Lab during your orientation with more direct questions.

Outreach

These questions are intended to encourage self-reflection about your experience and hopes regarding outreach programming, especially since we know experiences in this area prior to internship vary. I encourage you to share your thoughts in your first meeting with the Coordinator, Multicultural Outreach and Prevention.

- What are your thoughts/reflections about the role of outreach at a university counseling center?
- Which outreach formats (e.g., presentations, workshops, tabling events, trainings, teaching) do you have experience with facilitating?
- What are your concerns about offering outreach programming? What do you consider to be your personal strengths as an outreach facilitator?
- What types of outreach facilitation skills and/or competencies would you like to develop during internship?
- With which populations or student communities do you have previous experience offering outreach programming? Which populations would you like to support through outreach programming at Mason?

Group Therapy

These questions are intended to facilitate reflection about your involvement in the group therapy program this year. I encourage you to discuss in detail with your group therapy co-facilitator as you complete the supervision agreement.

- What types of groups have you previously facilitated or process observed (process vs. structured)?
- What are your concerns about being a group co-facilitator? What do you consider to be your personal strengths as a group co-facilitator?
- What types of group therapy skills and/or competencies would you like to develop during internship?

Thank you for taking the time to complete this self-assessment!

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 Director

APPENDIX O: SUMMATIVE EVALUATION OF REMEDIATION PLAN

DATE: XXXXX
TO: XXXXXXX, Pre-doctoral intern
FROM: Training Director
RE: Evaluation of Remediation Plan

In Attendance:.

Counseling and Psychological Services Evaluation of Remediation Plan

<u>Competency Components (consistent with the remediation plan)</u>	<u>Expectations for Acceptable Performance</u>	<u>Outcomes Related to Expected Benchmarks (met, partially met, not met)</u>	<u>Next Steps (e.g., remediation concluded, remediation continued and plan modified, next stage in Due Process Procedures)</u>	<u>Notes</u>
Intern Responsibilities as Outlined by the Remediation Plan and Not Captured by Above Objectives (if applicable):				

The final outcome of the remediation plan is:

I, _____, have reviewed the above summative evaluation of my remediation plan with my Individual supervisor, Director of Clinical Training and the Associate Director Training Services. My signature below indicates that I fully understand the above. My comments, if any, are below.

Intern:

Signature _____ Date: _____

Printed Name _____

Individual Supervisor:

Signature _____ Date: _____

Printed Name _____

Training Director:

Signature _____ Date: _____

Printed Name _____

Trainee's comments (If applicable):

APPENDIX R-1: SUGGESTED SUPERVISION PRESENTATION FORMAT AND CONTENT

Frequency: once/year (spring)

Overview: The intention of this presentation is twofold: first, it is intended to help you articulate your approach to supervision after having the experience of providing supervision to a Psychology Extern, and second, it is intended to support you further developing your presentation skills as part of your ongoing professional journey. You will present your work with the Psychology Extern with whom you work in the spring semester, and the presentation will be scheduled at the conclusion of the spring semester.

Supervision Presentation Key Notes Format:

Key Notes:

- Exact dates for the presentations will be determined during the spring semester.
- Provide a copy of the presentation one week in advance to the supervisor of Supervision of Supervision for review and feedback.
- You can review with your supervisee as well. If you decide to review with your supervisee, please discuss during Supervision of Supervision first.
- Incorporate scholarly readings that connect to your presentation.
- All documents in preparation for this presentation should be saved on your external hard drive.
- If using a PowerPoint, be sure to give yourself enough time to prepare so the presentation can begin on time.
- Bring copies of your presentation or case write up for staff to review during presentation. One copy should be printed for your file and given to the Training Director. Copies provided to the staff **must be shredded** after the presentation, and interns are responsible for collecting/shredding the documents.

The presentation should have the following components:

- A. **Background Information:** Description of identity variables of the supervisor and the supervisee. Be sure to be mindful of salient identity variables as well as intersectionality of the most salient variables. You are not required to share all of your identity variables during the presentation. Please also be mindful of sharing your supervisee's identity variables with their permission. (5min)
- B. **Structure of Supervision and Supervisory Style:** Describe your supervisory style, using an established supervision model to illustrate your approach. This section should include:
 - a. Your incorporation of cultural considerations in your approach to supervision.
 - b. Ways your approach to supervision is informed by research.

- c. How you established a supervisory relationship.
 - d. How you structured supervision sessions.
 - e. How you ensured client welfare throughout the course of supervision. (10 min)
- C. **Supervisory Process:** Provide a summary of the course of supervision over time. Consider supervisee growth edges and successes, and describe how you supported progress through the lens of your supervisory style. supervisor and supervisee growth edges and successes. Consider the impact of feedback and evaluation on the supervisory process. (10 min)
- D. **Development as a Supervisor:** Reflect on how your overall development as a supervisor over time, including challenges that you encountered and lessons learned. Consider ways that your intersecting identities and cultural/personal context influenced and will continue to influence your development as a supervisor and supervisory style.
- E. **Video Clip:** You may select a video clip to reflect a theme that emerged as you prepared content for the presentation. For example, you may select a rupture/repair that occurred in supervision, a client discussion that reflects a challenge experienced by the supervisee or supervisor, or an intervention that you provided that reflects your development as a supervisor.
- F. **Discussion:** Following your video clip, you and staff who attend your presentation will have a question and answer time.

Presentation Time: 60 minutes total; approximately 35 minutes for presentation and remaining time for discussion.

APPENDIX R-2: SUPERVISION CASE PRESENTATION EVALUATION FORM

Please return form to Training Director

George Mason University Counseling and Psychological Services (rev2018.07.09)

Intern _____ Date: _____

Staff member providing feedback: _____

Please rate using the five-point scale outlined below:

5	Highly Proficient	Above expected developmental level of an intern, and at level expected for an early career professional.
4	Proficient and Autonomous	Intermediate to advanced competency level with substantial independent ability.
3	Satisfactorily Proficient	At the expected developmental level for an intern; Demonstrated awareness and uses this awareness to inform their work.
2	Minimally Proficient	Falls below expected developmental level of entering intern; Demonstrates marginal competence
1	Not Proficient	Performance is below expected developmental level for an intern; Demonstrates inadequate competence.
N/A	Not Applicable	Not Applicable

Please rate the intern on the following dimensions and offer written feedback:

SUPERVISION CASE PRESENTATION	RATING
1. Exhibits knowledge and skill in the theory and practice of clinical supervision	
2. Contributes to positive development of supervisee	
3. Accurately assesses supervisee's strengths and growth edges in a developmental, multicultural, and interpersonal context	
4. Creates conditions in which an effective supervisory relationship is likely to develop	
5. Attends to client needs, provides supervision such that client welfare is ensured, and attends to ethical issues	
Average * : * Must meet/exceed an average score of 3. If not, then intern has the option of revising case presentation in order to meet minimum competency levels.	

APPENDIX R-3: THIS SPACE INTENTIONALLY LEFT BLANK

APPENDIX S: THIS SPACE INTENTIONALLY LEFT BLANK

APPENDIX T: SUGGESTED CLINICAL CASE PRESENTATION FORMAT AND CONTENT

Frequency: twice/year (fall, summer)

Overview: The intention of the first case presentation is to provide interns with experience presenting their clinical work to staff in preparation for job talks that they will attend as part of their application process. The intention of the second presentation is twofold: first, it is intended to help you articulate ways that you have grown as a clinician during your internship year, and second, it is intended to support you further developing your presentation skills as part of your ongoing professional journey. The first presentation The presentation should have the following components:

Fall Case Presentation Key Notes and Format:

Key notes:

- Exact dates for the presentations will be determined during the fall semester.
- Given that the presentation will mirror your experience providing a job talk, please be sure to remove all identifying information.
- Case presentations must be given to individual supervisors at least **one week** before presentations to allow time for review and feedback.
- Incorporate scholarly readings that connect to your presentation.
- Be sure you are able to link the presenting problem, treatment goals, conceptualization, treatment plan, and interventions within a theoretical framework.
- All documents in preparation for this presentation should be saved on your external hard drive.
- If using a PowerPoint, be sure to give yourself enough time to prepare so the presentation can begin on time.
- Bring copies of your presentation or case write up for staff to review during presentation. One copy should be printed for your file and given to the Training Director. Copies provided to the staff **must be shredded** after the presentation, and interns are responsible for collecting/shredding the documents.

The presentation should include the following components:

- A. **Client demographics:** Brief description of identity variables and intersectionality, keeping in mind need to de-identify client.
- B. **Description of presenting problem:** Presenting problem, including current symptoms, history of concern, and attempts to resolve it. Consider impact of systems of privilege and oppression and relevant culture-based norms and beliefs on these problems.
- C. **Biopsychosocial history:** Relevant history, including family history and dynamics; prior treatment; social and romantic history; relevant education/work

history; trauma history; substance use concerns; current/historical risk factors. Consider impact of systems of privilege and oppression on family and relevant culture-based beliefs (e.g. sense of belonging vs feeling like “other”, languages spoken, level of acculturation, beliefs about gender roles, views of authority, views of mental health and therapy, etc.).

- D. **Diagnostic impression** using DSM 5, including any “rule outs”; incorporate multicultural considerations as part of your thought process.
- E. **Conceptualization** from a specific theoretical framework with relevant research/conceptual grounding and considering cultural factors. Use a scholarly reading to describe your conceptualization and approach to treatment.
- F. **Treatment goals**.
- G. **Treatment progress to date**: Summary of the course of treatment including number of sessions, consistency of attendance, interventions used and connection between interventions used with conceptualization. Describe client’s progress to date, including areas of continued difficulty. Consider impact of systems of privilege and oppression and relevant culture-based norms and beliefs on therapy progress. Discuss any potential transference and counter-transference issues.
- H. **Areas of success**: what has gone well in your work with this client.
- I. **Lessons learned**: what have you learned about yourself and about therapy based on reflections from your work with this client.
- J. **Question and Answer**: following your presentation, staff will engage with a question and answer session, reflective of a job talk. This component will be part of the formal presentation.
- K. **Debrief and Feedback**: following the formal presentation, we will engage in a group debrief to discuss aspects of your presentation that went well and areas for improvement as you prepare for interviews.

Presentation Time: 60 minutes total: approximately 45 minutes for formal presentation (including Question and Answer); 15 for debrief.

Summer Case Presentation Key Notes and Format:

Key notes:

- Exact dates for the presentations will be determined during the summer semester.
- Case presentations must be given to individual supervisors at least **one week** before presentations to allow time for review and feedback.
- Incorporate scholarly readings that connect to your presentation.
- Be sure you are able to link the presenting problem, treatment goals, conceptualization, treatment plan, and interventions within a theoretical framework.
- All documents in preparation for this presentation should be saved on your external hard drive.
- If using a PowerPoint, be sure to give yourself enough time to prepare so the presentation can begin on time.
- Bring copies of your presentation or case write up for staff to review during presentation. One copy should be printed for your file and given to the Training Director. Copies provided to the staff **must be shredded** after the presentation, and interns are responsible for collecting/shredding the documents.

The presentation should include the following components:

- A. **Client demographics**: Brief description of identity variables and intersectionality.
- B. **Description of presenting problem**: Presenting problem, including current symptoms, history of concern, and attempts to resolve it. Consider impact of systems of privilege and oppression and relevant culture-based norms and beliefs on these problems. Include CCAPS information as part of discussion of assessment of presenting concern.
- C. **Biopsychosocial history**: Relevant history, including family history and dynamics; prior treatment; social and romantic history; relevant education/work history; trauma history; substance use concerns; current/historical risk factors. Consider impact of systems of privilege and oppression on family and relevant culture-based beliefs (e.g. sense of belonging vs feeling like “other”, languages spoken, level of acculturation, beliefs about gender roles, views of authority, views of mental health and therapy, etc.).
- D. **Diagnostic impression** using DSM 5, including any “rule outs”; incorporate multicultural considerations as part of your thought process.
- E. **Conceptualization** from a specific theoretical framework with relevant research/conceptual grounding and considering cultural factors. Use a scholarly reading to describe your conceptualization and approach to treatment.
- F. **Treatment goals**.

- G. **Treatment progress to date:** Summary of the course of treatment including number of sessions, consistency of attendance, interventions used and connection between interventions used with conceptualization. Describe client's progress to date, including areas of continued difficulty. Consider impact of systems of privilege and oppression and relevant culture-based norms and beliefs on therapy progress. Discuss any potential transference and counter-transference issues.
- H. **Self-reflection:** Consider what you learned about yourself as an emerging psychologist based on your work with this client. Consider how your own social identities, theoretical orientation, diagnostic framework, cultural influences and biases intersect with your conceptualization and interventions with this client. How have they helped you be more effective and how have they presented obstacles for effective work with this client? What have you done to maintain awareness of these factors and try to keep their influence in the service of the client's needs? What interventions have you noticed have become more integrated into your clinical style? In what areas would you still like to continue to challenge yourself as you consider your next professional steps.
- I. **Discussion:** following the formal presentation, we will engage in a group discussion about your work with the client and your self-reflection about areas of growth that occurred during your internship year.

Presentation Time: 60 minutes total: approximately 35 minutes for formal presentation and 25 for discussion.

APPENDIX U: GUIDELINES FOR PROFESSIONALISM AT CAPS

Professional Identity Development Seminar Handout (Borrowed heavily from UPENN CAPS)

MASON CAPS UNIQUE SETTING

There are some ways in which the unique setting of CAPS and internship can promote professional identity development, but also make it challenging.

1. This is a work environment, yet you are doing work that is extremely personal, both in your own training and in your relationships with your clients.
2. You are asked to be very open and vulnerable, yet you are being evaluated and want to be perceived in the best possible light.
3. As an intern, your job requirements are different from those of staff in some ways, yet you will be looking to staff to model professionalism and different professional identities for you.
 - a. Your hours are more regular in that you don't have the flexibility staff enjoy to come in late and leave early at times because you must complete a 2,000 hour internship.
 - b. You are involved in every single aspect of CAPS' services. Most staff are involved in a subset, whereas interns are involved in everything from triage to outreach, to group therapy, to providing clinical supervision.
 - c. You are being asked to navigate relationships with a cohort with whom you share your work and spend 10 or more hours per week.
 - d. You may have recently transitioned to this area and you may be feeling a bit lonely or isolated.
 - e. You don't know where you will be working next year.
 - f. You may also be working on dissertations and navigating relationships with advisors.
 - g. You receive structured supervision and training to support your work.
 - h. You carry many fewer clients than staff and have more time built in to reflect on your work.
 - i. There are built-in systems to help you to manage your responsibilities by providing guidance and reducing responsibility when necessary.
 - j. You are not involved (hopefully), in staff politics.
 - k. You are not involved in social relationships with staff

What does it mean to be professional in our field and here at CAPS?

Responsibility toward your clients:

1. If you are not going to be in either because of being sick or for vacation :
 - a. It is your responsibility to make sure that your clients are informed and their needs considered;
 - b. You have consulted or informed someone about crisis clients. There is a plan;
 - c. Work toward having coverage for IC's, RA's, Urgent, on-call shifts, etc.
 - d. Informing appropriate people if you are going to be late or absent (i.e. Front Desk, TD, and Individual Supervisor.)
2. Be on time, make sure you mark down their appointments and hold the space for them.
3. Review videotapes and prepare questions and thoughts for supervision.
4. Present cases where you truly need help and also share your joys and successes with supervisors and in seminars. All are learning experiences.
5. Please discuss clients in ways in which you would be comfortable having people discuss you, with great respect and compassion.
6. Protect confidentiality by not discussing clients in public spaces, never emailing names with info about the client in the same note, etc.
7. Knowing yourself - if you are not in a place to be able to attend to such things be honest and take appropriate steps. If you are unsure of what to do, please ask!

Responsibility toward the community:

1. Be timely and attentive to responding to emails and requests. There are a lot of emails and reading them through as you receive them is part of your job duties.
2. Don't leave people (caps colleagues, community partners) hanging. Don't promise things that you don't know you can deliver.
3. Be on time for seminars and meetings.
4. Personal presentation
 - a. Dress in a way that tells your colleagues and clients that you are taking your job seriously. This includes cleanliness and neatness. If someone saw you on the train in the morning, could they discern that you are going to a professional job? Would they think you are going out to a nightclub? Would they think you are going to a movie or restaurant with friends? If you have questions, please ask.

- b. Be sure that your dress is not seductive or provocative in a way that may distract clients from the therapeutic relationship.
 - c. Personal hygiene is important. You will be in small rooms with no windows. If you are a smoker, please be attentive of the smell of smoke lingering in your hair, clothing, and breath. Please attend to body odor, bad breath, neat and clean hair.
 - d. This does not mean that there is no room for creativity and individuality. There is a lot of support for being yourself!
5. Writing client notes, managing crises, conducting outreach programming, viewing your own videotapes as well as those of your supervisee may require working to some degree outside of the 8:30-5 workday. It is expected that you will do so and this is why you are given more days off than would be allowable if you were working in a strict, 40 hour work week. If you are performing all of your job duties, we recognize that there are times when it will be impossible to limit your work hours to 8:30-5. The expectation is that you will honor your commitments in the moment and so you are afforded much more flexibility in your time off as a result.

Responsibility toward Learning:

- 1. You have each been selected because of our perceived sense of your fit with our program and because of your great potential to become a stellar professional. We already see assets and strengths or we would not have selected you. We hope that you also see some assets and strengths in our program. We start with this premise and go from here.
- 2. As with anything, you get out of it what you invest. Please engage, participate, reflect, and allow your curiosity to flow freely!
- 3. Allow yourself to learn. We are impressed by your skills and your promise and we are eager to know all of your strengths, but we also encourage you to allow yourself not to know everything and to be open to learning.
- 4. Attendance in seminars and supervision is mandatory. Absences must be excused and emergency absences need to be announced and possibly rescheduled.
- 5. Find out what you missed in the seminar or staff meeting. Meeting notes are on the M: drive under CAPS News
- 6. Do the suggested readings for the seminars.
- 7. Take initiative to learn new things, try new things, and ask a lot of questions.
- 8. Finding a balance between self-care and learning. Self-care is critical, but learning is not always easy. There will be times when it is exhausting, requires more hours than anticipated, or even feels painful. This doesn't mean that

something has gone wrong. However, if you feel this way regularly, then please seek help to find a better balance.

9. Feedback is part of the learning process. We will be offering a lot of feedback with the intention of supporting growth and nurturing your skills. We also invite your feedback about what is helpful and what works or doesn't so that we can make this as effective for you as we can.

Cohort Relationships:

1. The cohort is central to your experience on internship. You will be together much of the time and you will share your work with each other very openly and in vulnerable ways. You will watch each other struggle and grow throughout the year. It is an incredible experience to share this intensity with others and it can be challenging.
2. The cohort relationships are nurtured at CAPS through the intern support lunch. It is a time to be alone without the influence of staff to work through relationship dynamics, to get support around the experience of being a trainee here, to process feelings about the internship, etc.
3. Strong cohort relationships result in a sense of community, support, and growth. Both fun and light conversation as well as deeper, meaningful conversation are important elements of enjoying day to day interactions.
4. It can be difficult to maintain close and trusting relationships with a group of people while you are also going through an intense year. There will be people you thoroughly respect and enjoy and there will be people who are not a good fit. The more honest the interactions, the more possibility for intimate professional connections as well as conflict.
5. We hope that you will make true friends with cohort members if you so desire. However, this is not the intended purpose of the cohort. The primary and essential purpose is to provide a way in which people can support each other, normalize each other's experiences, challenge each other, and add to each other's experiences. **You are responsible for the relationships, the development, maintenance, and functionality of them.** If more personal feelings toward someone is getting in the way of this, the professional relationship must be preserved.
 - a. It can become difficult to share openly in a seminar when difficult cohort dynamics have developed.
 - b. It can be difficult to take in feedback or give some when there is tension between two people.
 - c. There are times when it may be hard to speak constructively or respectfully in seminars if there are difficulties in relationships.

- d. No matter how you feel about cohort members, open and engaged participation in training seminars is mandatory. It is important to keep this in mind as you are building these relationships.
6. Considerations to make from the beginning:
- a. How do I want to build working relationships with my cohort that will be honest, progressive in openness and trust, supportive, and can tolerate some frustration as well as process conflict?
 - b. What has been my style of entering groups? What has worked for me and what hasn't?
 - c. What are the signs I should look for that tell me that tension is building and needs to be addressed?
 - d. What assistance might I need in building strong cohort relationships?

Consultation with supervisors, TD, friends, and other supports is a great idea!

7. What are some of the pitfalls that cohorts can encounter?
- a. Subgrouping or excluding one or more members from regular social activities, lunches, debriefings, etc....
 - b. Competition
 - i. Competition to be the best therapist
 - ii. Competition to be the favorite intern
 - iii. Competition to be the favorite cohort member
 - iv. You are all here because you were meant to be here. Some people will naturally develop friendships, some interns will need more attention at different points in the year and this is not because they are better liked (however, we cannot break confidentiality and discuss the training needs of another intern).
 - c. Sometimes when we are hurt, disappointed, annoyed, old feelings or patterns are evoked in us. Not taking responsibility for our own reactions and needs can result in externalizing and feeling stuck in the cohort dynamic. Can you spend time with supervisors or TD exploring not only your frustrations, but what might be your contribution so that you can make change?
 - d. Managing frustration by cutting someone off. This cannot happen without affecting the seminar experience or growth of one or more members.
 - e. Taking responsibility to ensure that others are aware of the growth edges you perceive in your cohort members. You are there to support, process, and challenge each other with compassion and kindness, not to be gate keepers. That is the responsibility of the staff.

- f. After internship- A word on Vacant positions at CAPS:
- i. We are thrilled to have matched with you for the internship. You are an excellent fit for us and we have entered into a committed relationship for the internship. The job process is a separate position with different criteria, a different selection committee, and different needs. The two are not the same and entrance into one has nothing to do with entrance into the other.
 - ii. We want you to be happy. We want the year to be smooth and our relationships to be close and supportive. If we could easily keep everyone here forever, we would. However, the job search is competitive. We will talk about this in greater depth later in the year, but know that if you apply, we want to help you to process how this effects the cohort dynamics and your experience at CAPS being an internal job candidate.

Relationships with staff members:

1. Remember that expectations for staff might be different based on their particular work plans
2. The staff will be friendly, warm, welcoming, and thrilled that you are here. They are all here to support your growth and prepare you to be professionals. In order to do that, in a way that doesn't complicate things, they will not become your friends.
3. Policy: 1005 Romantic/Sexual Conduct
 - "Romantic/sexual conduct between CAPS staff members and CAPS trainees (interns and externs) is prohibited. This prohibition applies regardless of whether or not a direct supervisory or training relationship exists between the individuals involved."
 - "Romantic/sexual conduct between CAPS clinical supervisors and their CAPS clinician supervisees is prohibited. This prohibition applies to (but is not limited to) any staff member serving as a clinical supervisor, interns who participate in the clinical supervision of externs, and clinical staff members who clinically supervise other clinical staff members."

Ethics:

Taking responsibility and appropriate action in identifying own growth edges and working toward development in those areas. One of our hopes for you this year is you will consolidate your strengths and continue to strengthen already present skills and also recognize deficits and fill those.

Personal considerations and reflections:

1. What is your style of responding when you feel vulnerable or uncomfortable? Do you tend to avoid, deny, get angry, blame yourself, blame others, etc. Be aware of your style and notice when you might be falling into that pattern. Try to plan for this and do some work on adopting a different style. Ask for help in responding more directly and constructively from your supervisors and TD, or from friends, family, and professionals in your life.
2. Evaluation...it is common to feel uncomfortable about being evaluated on internship. Start thinking about and talking about your concerns regarding being evaluated. Sometimes people respond by feeling that it is unfair, hurtful, or unnecessary in order to protect themselves. Others don't take it personally and welcome feedback. Most are somewhere in the middle, depending on the day and the conversation. The evaluative component is there for us to support you in becoming the best professional you can. We expect there to be areas of growth. There is no such thing as being done when it comes to learning. It is our job to push you further, no matter where you are starting.

Identity development:

1. Supervision and seminars can be great places to talk about what it means to be a professional in our field.
2. Observe staff and choose role models
3. Talk with any staff members to get feedback, ideas, learn about different ways to be a professional
4. What do you associate at this point in your development with being a professional psychologist? Which traits do you possess and which do you want to develop?

Burnout and self-care:

1. How do you know that you are stressed and approaching burnout? What are some initial reactions, symptoms, bodily sensation?
2. How do you take care of yourself? What helps you to relax or feel energized?

APPENDIX W: SOCIAL MEDIA POLICY

Mason CAPS Doctoral Intern Social Media Policy 2020-2021

Overview:

Social media is defined as the collective of online communication channels dedicated to community-based input, interaction, content-sharing and collaboration. Common platforms for social media include (but are not limited to) Facebook, Twitter, Instagram, and LinkedIn. Interns are reminded that public social networks are not private. As part of the doctoral internship program at CAPS, interns are expected to exercise thoughtful professional judgment when engaging in social media use including both inside and outside of internship training hours.

Dual/Multiple Relationships:

A doctoral psychology intern is in the role of a professional staff at CAPS which requires consideration of the potential for dual relationships with users of social media. This includes (but is not limited to) former, current and potential clients, community and campus partners, faculty and clinical supervisors, administrative support staff, and/or prospective employers. Additionally, psychology interns must be mindful of the potential for multiple relationships with clients as well as other professional staff at CAPS when considering the use of social media.

Posting on Social Media:

Interns are expected to use their professional judgment when posting on social media especially when it comes to issues that may be a reflection of their personal values and beliefs, or issues that may be controversial and/or highly charged. The internship training director is available if interns have any questions about social media content prior to posting on social media.

Other University and State Policies:

- MASON Policy#1127: University Affiliated Social Media Sites
<https://universitypolicy.Mason.edu/policies/university-affiliated-social-media-sites/>
- Commonwealth of Virginia Policy: 1.75 Use of Electronic Communication/Social Media
<http://www.dhrm.virginia.gov/docs/default-source/hrpolicy/1-75-use-of-electronic-communications-and-social-media-update.pdf?sfvrsn=0>
- Records Management and Social Networking Sites
<http://www.lva.virginia.gov/agencies/records/tips/documents/socialmediatips.pdf>

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APPENDIX X: DUAL AND/OR MULTIPLE RELATIONSHIPS POLICY

Mason CAPS Doctoral Intern Dual and/or Multiple Relationships Policy 2020-2021

Overview:

At Mason CAPS, we strive to integrate doctoral interns as full members of our clinical team. It is important for our professional staff at CAPS to also recognize that interns are doctoral trainees. As a trainee, the intern's main objective is completion of their program of origin degree requirements in working toward preparation to function as independent psychologist. These dual roles of staff member and trainee have the potential to create confusion concerning relationships and behavior.

Dual and/or Multiple Relationships:

All professional CAPS staff are in a position to provide evaluative feedback concerning interns. As such, it is important that professional staff remain cognizant of the inherent power differential between professional staff and interns. Professional staff's role in providing training and a safe learning environment for interns takes precedence over any personal relationships that may develop. All relationships between doctoral interns and CAPS professional staff are first and foremost of a professional nature related to their specific job duties and responsibilities. CAPS professional staff must carefully consider and remain cognizant of not engaging in dual relationships as they have the potential for negative effects on the supervisory relationship, doctoral intern, the intern cohort, and the overall integrity of the APA accredited training program. Socializing between staff and interns should be restricted to situations in which all doctoral interns and other professional staff are invited and are part of the CAPS well-being initiatives or staff based events. All interns and CAPS professional staff are expected to consult with the Training Committee and the Training Director when faced with decisions related to complicated multiple relationships.

Romantic and/or Sexual Relationships:

The American Psychological Association (APA) guidelines for the Ethical Principles for Psychologist and Code of Conduct (2002) clearly state:

7.07: Sexual Relationships with Students and Supervisees: *Psychologists do not engage in sexual relationships with students or supervisees in training who are in their department or over whom the psychologist has or is likely to have evaluative authority.*

All professional staff (including CAPS clerical staff) are considered to have some "evaluative authority" over doctoral interns. Sexual and/or romantic relationships between CAPS professional staff and doctoral interns are considered unethical and may lead to disciplinary action and/or dismissal from the program.

Other University and State Policies:

MASON Consensual Relationships Policy (#1204)

<https://universitypolicy.gmu.edu/policies/consensual-relationships/>

MASON Sexual and Gender Based Harassment and Other Interpersonal Violence (#1202)

<https://universitypolicy.gmu.edu/policies/sexual-harassment-policy/>

Updated 07.11.19

APPENDIX Y-1: VIRGINIAL LAW RELEVANT TO STUDENT COUNSELING CENTERS

VIRGINIA LAW RELEVANT TO STUDENT COUNSELING CENTERS

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

§ 23.1-802. Student mental health policies.

A. The governing board of each public institution of higher education shall develop and implement policies that (i) 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 (ii) 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 subdivision B 4 of [§ 23.1-1303](#) when a student exhibits suicidal tendencies or behavior.

B. The board of visitors of each baccalaureate public institution of higher education shall develop and implement policies that ensure that after a student suicide, affected students have access to reasonable medical and behavioral health services, including postvention services. For the purposes of this subsection, "postvention services" means services designed to facilitate the grieving or adjustment process, stabilize the environment, reduce the risk of negative behaviors, and prevent suicide contagion.

C. The board of visitors of each baccalaureate public 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, to the extent allowable under state and federal privacy laws, when a student is involuntarily committed, or when a student is discharged from a facility. The memorandum shall 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.

D. Each baccalaureate public institution of higher education shall create and feature on its website a page with information dedicated solely to the mental health resources available to students at the institution.

E. Each resident assistant in a student housing facility at a public institution of higher education shall participate in Mental Health First Aid training or a similar program prior to the commencement of his duties.

§ 23.1-1301. Governing boards; powers.

A. The board of visitors of each baccalaureate public institution of higher education or its designee may:

1. Make regulations and policies concerning the institution;
2. Manage the funds of the institution and approve an annual budget;
3. Appoint the chief executive officer of the institution;
4. Appoint professors and fix their salaries; and
5. Fix the rates charged to students for tuition, mandatory fees, and other necessary charges.

B. The governing board of each public institution of higher education or its designee may:

1. In addition to the powers set forth in Restructured Higher Education Financial and Administrative Operations Act (§ [23.1-1000](#) et seq.), lease or sell and convey its interest in any real property that it has acquired by purchase, will, or deed of gift, subject to the prior approval of the Governor and any terms and conditions of the will or deed of gift, if applicable. The proceeds shall be held, used, and administered in the same manner as all other gifts and bequests;
2. Grant easements for roads, streets, sewers, waterlines, electric and other utility lines, or other purposes on any property owned by the institution;
3. Adopt regulations or institution policies for parking and traffic on property owned, leased, maintained, or controlled by the institution;
4. Adopt regulations or institution policies for the employment and dismissal of professors, teachers, instructors, and other employees;
5. Adopt regulations or institution policies for the acceptance and assistance of students in addition to the regulations or institution policies required pursuant to § [23.1-1303](#);
6. Adopt regulations or institution policies for the conduct of students in attendance and for the rescission or restriction of financial aid, suspension, and dismissal of students who fail or refuse to abide by such regulations or policies;
7. Establish programs, in cooperation with the Council and the Office of the Attorney General, to promote (i) student compliance with state laws on the use of alcoholic beverages and (ii) the awareness and prevention of sexual crimes committed upon students;
8. Establish guidelines for the initiation or induction of students into any social fraternity or sorority in accordance with the prohibition against hazing as defined in § [18.2-56](#);
9. Assign any interest it possesses in intellectual property or in materials in which the institution claims an interest, provided such assignment is in accordance with the terms of the institution's intellectual property policies adopted pursuant to § [23.1-1303](#). The Governor's prior written approval is required for transfers of such property (i) developed wholly or predominantly through the use of state general funds, exclusive of capital assets and (ii)(a) developed by an employee of the institution acting within the scope of his assigned duties or (b) for which such transfer is made to an entity other than (1) the Innovation and Entrepreneurship Investment Authority, (2) an entity whose purpose is to manage intellectual properties on behalf of nonprofit organizations, colleges, and universities, or (3) an entity whose purpose is to benefit the respective institutions. The Governor may

attach conditions to these transfers as he deems necessary. In the event the Governor does not approve such transfer, the materials shall remain the property of the respective institutions and may be used and developed in any manner permitted by law;

10. Conduct closed meetings pursuant to §§ [2.2-3711](#) and [2.2-3712](#) and conduct business as a "state public body" for purposes of subsection D of § [2.2-3708.2](#); and
11. Adopt a resolution to require the governing body of a locality that is contiguous to the institution to enforce state statutes and local ordinances with respect to offenses occurring on the property of the institution. Upon receipt of such resolution, the governing body of such locality shall enforce statutes and local ordinances with respect to offenses occurring on the property of the institution.

Code 1919, §§ 811, 837, 842, 864, 865, 935, 936, 951, §§ 23-76, 23-99, 23-103, 23-122, 23-124, 23-128, 23-167; 1922, p. 319; 1924, pp. 143, 144, 164, 208; 1930, p. 768; 1936, p. 522, § 23-77.1; 1938, pp. 442, 444; Michie Code 1942, § 938a; 1944, p. 402; 1945, p. 52; 1954, cc. 92, 185, 296 §§ 23-4.1, 23-77.2; 1956, cc. 12, 689; 1960, c. 180, §§ 23-44, 23-45; 1962, c. 69, §§ 23-49.17, 23-49.18; 1964, cc. 50, 70, 159, §§ 23-155.7, 23-155.8, 23-164.6, 23-164.7, 23-165.6, 23-165.7, 23-188, 23-189; 1966, cc. 18, 313, § 23-49.21; 1968, cc. 93, 532, 545, 993, §§ 23-50.8, 23-50.10, 23-50.11, 23-50.13, 23-174.6; 1970, cc. 98, 166; 1972, cc. 550, 861, §§ 23-91.29, 23-91.30, 23-91.33, 23-91.40, 23-91.41, 23-91.44; 1974, c. 317; 1976, c. 21, §§ 23-49.28, 23-49.29, 23-49.32; 1977, cc. 296, 319; 1978, c. 376; 1979, cc. 136, 145, 146, 147; 1980, c. 100; 1986, c. 358, § 23-4.4; 1990, c. 106; 1992, c. 103; 1996, cc. [905](#), [1046](#); 2002, cc. [158](#), [257](#), [368](#); 2003, c. [708](#); 2004, cc. [176](#), [195](#); 2006, cc. [77](#), [899](#); 2009, cc. [325](#), [810](#); 2013, c. [577](#), § 23-2.01; 2015, cc. [579](#), [580](#); 2016, c. [588](#); 2018, c. [55](#).

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

§ 23.1-805. Violence prevention committee; threat assessment team.

A. Each public institution of higher education shall establish policies and procedures for the prevention of violence on campus, including assessment of and intervention with individuals whose behavior poses a threat to the safety of the campus community.

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

C. Each violence prevention committee shall (i) provide guidance to students, faculty, and staff regarding recognition of threatening or aberrant behavior that may represent a physical threat to the community; (ii) identify members of the campus community to whom threatening behavior should be reported; (iii) establish policies

and procedures that outline circumstances under which all faculty and staff are required to report behavior that may represent a physical threat to the community, provided that such report is consistent with state and federal law; and (iv) establish policies and procedures for (a) the assessment of individuals whose behavior may present a threat, (b) appropriate means of intervention with such individuals, and (c) 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, and 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 governing board of each public institution of higher education shall establish a threat assessment team that includes members from law enforcement, mental health professionals, representatives of student affairs and human resources, and, if available, college or university counsel. Each threat assessment team shall implement the assessment, intervention, and action policies set forth by the violence prevention committee pursuant to subsection C.

E. Each threat assessment team shall establish relationships or utilize existing relationships with mental health agencies and local and state law-enforcement agencies to expedite assessment of 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 a need for assistance, the threat assessment team may obtain criminal history record information as provided in §§ [19.2-389](#) and [19.2-389.1](#) and health records as provided in § [32.1-127.1:03](#).

F. No member of a threat assessment team shall re-disclose 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](#), [533](#), § 23-9.2:10; 2010, cc. [456](#), [524](#); 2013, c. [710](#); 2014, cc. [793](#), [799](#); 2016, c. [588](#)

APPENDIX Y-2: GEORGE MASON UNIVERSITY POLICIES

Interns are directed to review the Administrative Professional Faculty Handbook provided at orientation and also available here:

<https://provost.gmu.edu/administration/policy>

APPENDIX Z: 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.

Intern name (print)

Intern signature

Date