



# **TRAINING MANUAL**

**Doctoral Internship in Health Service  
Psychology**

**George Mason University**

**Counseling and Psychological Services**

**2025-2026**

# TABLE OF CONTENTS

<b>TRAINING PHILOSOPHY .....</b>	<b>4</b>
<b>GEORGE MASON UNIVERSITY AND COUNSELING AND PSYCHOLOGICAL SERVICES ....</b>	<b>6</b>
<b>TRAINING COMPETENCIES, AIMS, AND ELEMENTS .....</b>	<b>8</b>
<b>COMPONENTS OF THE INTERNSHIP PROGRAM .....</b>	<b>15</b>
<b>INTERN ACTIVITIES AND RESPONSIBILITIES.....</b>	<b>24</b>
<b>EVALUATION PROCEDURES.....</b>	<b>29</b>
<b>INTERN PERFORMANCE FEEDBACK, REMEDIATION, AND CONFLICT RESOLUTION ....</b>	<b>32</b>
<b>INTERNSHIP ADMISSIONS, SUPPORT AND INITIAL PLACEMENT DATA .....</b>	<b>39</b>
<b>INSTRUCTIONS FOR INTERNSHIP APPLICATION.....</b>	<b>42</b>
<b>APPENDICES .....</b>	<b>44</b>
<b>APPENDIX A-1: ORIENTATION: SCHEDULE.....</b>	<b>45</b>
<b>APPENDIX A-2: ORIENTATION: EVALUATION FORM.....</b>	<b>55</b>
<b>APPENDIX B-1: INTERN SEMINAR, GROUP SUPERVISION, AND SUPERVISION OF         SUPERVISION SCHEDULE .....</b>	<b>56</b>
<b>APPENDIX B-2: SEMINAR EVALUATION FORM .....</b>	<b>72</b>
<b>APPENDIX C-1: ADVOCACY PROJECT: DESCRIPTION .....</b>	<b>73</b>
<b>APPENDIX C-2: ADVOCACY PROJECT: MENTORSHIP AGREEMENT FORM .....</b>	<b>77</b>
<b>APPENDIX C-3: ADVOCACY PROJECT: FEEDBACK FORM [MENTOR] .....</b>	<b>80</b>
<b>APPENDIX C-4: ADVOCACY PROJECT: FEEDBACK FORM [CAPS STAFF] .....</b>	<b>83</b>
<b>APPENDIX D-1: PRESENTATION: CLINICAL CASE GUIDELINES.....</b>	<b>85</b>
<b>APPENDIX D-2: PRESENTATION: CLINICAL CASE EVALUATION FORM .....</b>	<b>90</b>
<b>APPENDIX D-3: PRESENTATION: SUPERVISION CASE GUIDELINES.....</b>	<b>92</b>
<b>APPENDIX D-4: PRESENTATION: SUPERVISION CASE EVALUATION FORM.....</b>	<b>94</b>
<b>APPENDIX E-1: EVALUATION: SELF ASSESSMENT .....</b>	<b>96</b>
<b>APPENDIX E-2: EVALUATION: MIDSEMESTER EVALUATION OF INTERN.....</b>	<b>105</b>
<b>APPENDIX E-3: EVALUATION: END OF SEMESTER/YEAR EVALUATION OF INTERN.</b>	<b>108</b>
<b>APPENDIX E-4: EVALUATION: BEHAVIORAL CHANGE PLAN .....</b>	<b>120</b>
<b>APPENDIX E-5: EVALUATION: FORMAL REMEDIATION PLAN.....</b>	<b>121</b>
<b>APPENDIX F-1: FEEDBACK: EVALUATION OF SUPERVISOR .....</b>	<b>124</b>
<b>APPENDIX F-2: FEEDBACK: EVALUATION OF TRAINING DIRECTOR.....</b>	<b>128</b>
<b>APPENDIX F-3: FEEDBACK: TRAINING PROGRAM EVALUATION FORM .....</b>	<b>130</b>
<b>APPENDIX G: REFLECTIONS FOR INTERNSHIP YEAR.....</b>	<b>138</b>
<b>APPENDIX H: SOCIAL MEDIA POLICY .....</b>	<b>145</b>
<b>APPENDIX I: DUAL AND/OR MULTIPLE RELATIONSHIPS POLICY.....</b>	<b>146</b>
<b>APPENDIX J: VIRGINIA LAW RELEVANT TO STUDENT COUNSELING CENTERS .....</b>	<b>149</b>

**APPENDIX K: GEORGE MASON UNIVERSITY POLICIES ..... 153**  
**APPENDIX L: ACKNOWLEDGEMENT OF HAVING REVIEWED THE TRAINING MANUAL**  
**.....15451**

## **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 cultural and ethical considerations into all aspects of service delivery and professional development. The foundation of the training model is based on a program of supervised, sequential, and experiential psychological practices. Each intern is expected to develop strong clinical skills with clients from diverse cultural backgrounds and gain a secure sense of self as a culturally informed and ethical psychology professional who can practice in a variety of settings. The psychology internship also provides an opportunity to interact with mental health practitioners from a number of disciplines (psychology, social work, counseling, nursing, and psychiatry) within a fast-paced center at a large public university.

*Diversity:* A foundational aspect of the CAPS training philosophy is the necessity to consider cultural and contextual factors in all of the ways that we interact with students and with each other. The student population at Mason is diverse, and as such, we strive to ensure that our services acknowledge their lived experiences and address their needs as we seek to provide culturally relevant clinical services and outreach programs. We foster this goal by using a contextual and multicultural clinical and prevention framework. Interns and staff are encouraged to examine their own personal and professional context and intersecting identities as well as the context of clients they serve through ongoing learning and self-reflection.

*Mentorship:* Another aspect of our training model is mentorship. CAPS recognizes that interns are emerging psychologists who are transitioning from graduate students to professionals. At our center, 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 interns to interact with CAPS staff through mutually respectful relationships.

*Supportive Environment:* Though the center is fast-paced, we are a warm and cohesive group and hold a genuine respect for the interns who are part of our team. Self-care and self-reflection are regularly discussed. The use of strength-based, culturally-attuned, and developmentally-informed informal and formal feedback is used to help interns work toward their professional goals and fulfill the expectations of the internship year. In turn, we utilize input from interns on a regular basis to make enhancements and modifications to the program. Our respect and support for interns is reflected in various opportunities associated with the training year, such as their participation in staff meetings and opportunities to advocate for their goals related to their internship year.

*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 within a supervised experience. Interns

have the opportunity to implement research-informed practice through their advocacy project, in which they use research to inform their consultation with a campus partner. Interns are also expected to integrate current research into their clinical work, supervision of psychology externs, outreach programming, and all 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 marginalized groups. We take a developmental and supportive approach to the integration of this value. 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 informed 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 culturally-informed and ethical psychologist often involves exploration of those experiences that have shaped our 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 trainees 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 (George Mason) is located in Northern Virginia, which is part of the Washington, D.C. metro area. More information about the motto, mission, and values of the university can be found here (<https://www.gmu.edu/about>).

The university enrolls more than 40,000 students. The students represent a range of nationalities (130 countries represented) and other diverse identities. For additional information about the student population, review the information included at this link (<https://www.gmu.edu/about>).

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), Mason Square (in Arlington, VA), Smithsonian Campus (in Front Royal, VA), and an international campus in Korea (in Songdo, South Korea). The counseling center has a presence at the Fairfax, Science and Technology, and Mason Square campuses. Interns exclusively work at the Fairfax campus.

### **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 vision/mission (<https://ulife.gmu.edu/about-us/mission-and-core-values/>) of the Division. We serve the community at three different campuses through multifaceted services and a multidisciplinary full-time and part-time staff (psychologists, social workers, counselors, a nurse practitioner, and a psychiatrist). The center provides services including: brief screening and assessment, crisis consultation, individual therapy, group therapy, case management support and referral to community mental health providers, psychiatric services, skill-based workshops, and community education/outreach programming. We are also available for consultation with faculty, staff, and community members. We invite you to review the other pages on this website for additional information about our services provided!

### **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, outreach, and consultation services. We provide high-quality training to emerging mental health professionals. We are committed to excellence in psychological services by promoting student safety, enhancing emotional growth, and supporting academic success.

The programs and services offered by George Mason University are open to all who seek them. George Mason does not discriminate on the basis of race, color, religion, ethnic national origin (including shared ancestry and/or ethnic characteristics), sex, disability, military status (including veteran status), sexual orientation, gender identity, gender expression, age, marital status, pregnancy status, genetic information, or any other characteristic protected by law. After a thorough review of its policies and practices, the university confirms that it meets all federal mandates as articulated in federal law, as well as recent executive orders and federal agency directives.

George Mason University Office of Access, Compliance, and Community provides support to employees with regard to reasonable accommodations. Additional information about employee rights can be found here: <https://oacc.gmu.edu/accessibility>. Information about consulting with the ADA Coordinator and applying for a reasonable accommodation can also be found at this location on the Mason website. If you would like to discuss a reasonable accommodation, please reach out either directly to the ADA Coordinator or to the Associate Director, Training Services to discuss supports available.

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](mailto:apaaccred@apa.org)

Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

## **TRAINING COMPETENCIES, AIMS, AND ELEMENTS**

### **COMPETENCY # 1: ETHICAL AND LEGAL STANDARDS**

Aim: Interns will develop knowledge and professional practices that assure adherence to current 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 culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as emerging 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, diversity characteristics, and contextual variables.



- Demonstrate the ability to 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, Group Therapy Seminar, and “Mini Course” Interventions with University Populations); Advocacy project and presentation; individual supervision with review of direct observation of interventions provided; group supervision including informal clinical case presentations; supervision of group therapy including direct observation of interventions provided; clinical case presentations.

*Evaluation Methods:* Supervisors’ evaluations which are informed by direct observation, Advocacy project evaluations by mentor and related to presentation, and clinical case presentation evaluations.

## **COMPETENCY # 3: ASSESSMENT**

Aim: Interns will effectively use assessment skills and tools to provide accurate and culturally-informed treatment considerations and recommendations.

Elements:

- Demonstrate current knowledge of diagnostic classification system, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding human behavior within its context (e.g., family, social, societal, and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods such as the CCAPS and other available assessments that help inform treatment that draw from the empirical literature and that reflect the science of measurement and psychometrics; 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.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

- 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.

*Training Activities:* Assessment of client concerns through Intake Appointments and crisis consultations as well as associated supervision of those clinical services; incorporation of CCAPS into clinical work; use of additional assessment to inform treatment with two clients 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 which are informed by direct observation, Advocacy project evaluations by mentor and related to presentation, and clinical case presentation evaluations.

## **COMPETENCY # 4: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS**

Aim: Interns will develop skills to collaborate and consult with other individuals or groups to address a problem, seek or share knowledge, and/or promote effectiveness in professional activities in an ethical and culturally-informed manner.

Elements:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

*Training Activities:* Orientation meetings about consultation and with offices on campus; provision of consultation to other health service providers, campus partners, members of clients’ support networks, and clients; consultation with other health service providers, campus partners, or members of clients’ 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 related to presentation.

## **COMPETENCY # 5: SUPERVISION**

Aim: Interns will demonstrate knowledge and skill in the theory and practice of ethical, culturally-relevant clinical supervision such that they contribute to the positive development of future generations of psychologists.

Elements:

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- Apply the supervisory skill of observing in direct or simulated practice.
- Apply the supervisory skill of evaluating in direct or simulated practice.
- Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.
- Provide feedback to peers and supervisees that recognizes their strengths and growth edges in a developmental, culturally-informed, and strength-based context.

*Training Activities:* Orientation meetings focused on provision of supervision; provision of clinical supervision to psychology externs; supervision of supervision including informal presentations and direct observation of supervision provided; supervision presentation; and provision of peer supervision through feedback provided during informal presentations during group supervision and supervision of supervision.

*Evaluation Methods:* Supervisors' evaluations including direct observation and supervision presentation evaluations.

## **COMPETENCY # 6: INDIVIDUAL AND CULTURAL DIVERSITY**

Aim: Interns will develop research-informed knowledge, skills, and cultural humility to engage in psychological practice with diverse populations and engage in ongoing self-reflection in this area.

Elements:

- Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Demonstrate 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 service.
- Demonstrate the ability to integrate awareness and knowledge of individual and cultural difference in the conduct of professional roles.
- Demonstrate the ability to apply a framework for working effectively with areas of individual and cultural diversity.
- Demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

*Training Activities:* Intern Multicultural Lab, 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 related to presentation, clinical case presentation evaluations, and supervision presentation evaluations.

## **COMPETENCY # 7: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOR**

Aim: Interns will integrate foundational values of a psychologist and demonstrate 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 cultural humility, integrity, 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 professionally 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, engagement in a way that is consistent with a professional staff member at CAPS, compliance with the policies and procedures of the center and university, incorporation of cultural considerations into all psychological practices.

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

## **COMPETENCY # 8: COMMUNICATION AND INTERPERSONAL SKILLS**

Aim: Interns will engage in self-reflection 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.
- Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

*Training Activities:* Staff meetings and case conferences with multidisciplinary staff; consultations with campus partners; collaborations 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 related to presentation.

## COMPETENCY # 9: RESEARCH

Aim: Interns will demonstrate knowledge and skill to critically evaluate and use existing knowledge to make recommendations and to apply current research to professional practice.

Elements:

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

*Training Activities:* Intern Seminar “Mini Courses” (all informed by research, especially Interventions with University Populations) 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 related to presentation, supervision presentation evaluations, and clinical case presentation evaluations.

## **COMPONENTS OF THE INTERNSHIP PROGRAM**

*\* Please note: specific designation of hours/week for each clinical activity will be determined based on these hours are subject to change based on clinical need, time of the semester, and intern interests.*

Of note and as you will review in this Training Manual, clinical services will be provided via a hybrid model of in-person and telemental health services. Interns will also have the opportunity to utilize a hybrid work schedule, including working from the office and teleworking from a confidential location in Virginia a designated number of days. Given shifts in licensing board procedures over the course of the COVID-19 pandemic and since the conclusion of the public health emergency, all supervision will be held in person with the exception of circumstances that align with the telesupervision policy. This training program cannot guarantee that interns would be able to successfully pursue licensure in all jurisdictions if there are any deviations from in-person supervision. Given that licensing boards have different expectations and requirements regarding the provision of in-person and telemental health services, interns are asked to consult with licensing boards of jurisdictions in which they would like to pursue licensure to determine any relevant requirements. Interns should consult with the Associate Director, Training Services if they would like to discuss any deviations from in-person supervision based on guidelines from the jurisdiction in which they hope to pursue licensure in the future. Further, since most service delivery and all supervision is scheduled in person, it may be challenging for interns to achieve their direct service requirement if they telework the total number of offered days during the training year. Based on their progress toward direct service requirements, interns may be recommended or required to decrease their telework at some point during the year if needed to ensure that they can reach the direct service hour requirement.

Interns should avoid using generative intelligence methods, such as but not limited to ChatGPT and Grammarly, for any clinical work. For example, interns should avoid using generative intelligence to help complete clinical notes or other clinical reports, and interns who have Grammarly on their computers should ensure that it is not activated in Titanium. Interns should follow the policies outlined in this page: <https://www.gmu.edu/ai-guidelines/ai-guidelines> to inform their decision making. Interns may use generative intelligence to help complete nonclinical tasks such as ideas for outreach presentation titles. Please consult with the Associate Director, Training Services or your supervisor about any questions about the use of generative intelligence.

### **Clinical Activities**

Clinical services are being offered in a hybrid model. Clients may be referred for telemental health services via a video-based, end-to-end encrypted platform or in-person services based on clinical need, preference, and access.

**Check-in:** A check-in is the primary entry point into the clinical system. The appointment ranges from five-30 minutes based on client need and presenting concerns. The purpose of this appointment is to complete a brief screening and

determine the next appropriate clinical intervention. Interns may have the opportunity to offer check-ins during the spring and summer semesters. If included in the intern schedules, the coverage shift and associated number of check-ins to be completed each week will be based on the needs of the clients and the clinical system.

***Intake Appointment:*** Intake Appointments serve as a comprehensive psychosocial assessment with clients with whom the intern will work as part of their caseload. Clients are most often seen for individual therapy following this appointment. Based on clinical need, interns may provide case management to clients following this appointment as well.

***On-Call Services:*** Interns may offer Urgent Appointments or Crisis Consultations during the course of the training year based on clinical service need and intern interest. These appointments provide either same-day or timely support 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 client. Our team now has a case management team, so interns may refer students to the designated case managers or complete the case management themselves.

***Individual Therapy:*** Individual therapy begins at the time of the Intake Appointment during which the clinician gathers more complete information about the client's presenting concerns, 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 Screening Appointment:*** Group screening appointments are completed for clients who will be referred to group therapy. The appointment may be done individually or with a co-facilitator.

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

***After-Hours On-Call Coverage:*** Interns provide after-hours coverage approximately three weeks during the year (typically one week during the fall semester, spring semester, and summer semester). Interns receive back-up support from their supervisor or another clinical staff member during their after-hours on-call coverage.

***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. 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 and co-facilitate at least two outreach programs with a staff members. Outreach programs that are co-facilitated by an intern can count toward their total direct service hours. Interns plan and present an “Advocacy Project” during internship as well. See Administration, Research, Presentations section for more information about the project. The Assistant Director, Outreach Services coordinates interns’ outreach efforts in consultation with their individual supervisor and the Associate Director, Training Services. Their Advocacy Project efforts are supported by their identified mentor in consultation with their individual supervisor.

***Provision of Supervision:*** Interns will supervise externs from the local area doctoral programs in Clinical and Counseling Psychology. Supervision will occur weekly for one hour. Interns may also have the opportunity to supervise a different supervisee each semester depending on the structure of the experience and the number of externs working at CAPS during the training year.

***Assessment:*** Interns are expected to utilize and incorporate the CCAPS-62 during their intake assessment with clients and the CCAPS-34 during their follow-up appointments with clients consistent with the expectations outlined in the Clinician Manual. Interns are encouraged to work with their individual supervisor to discuss client-specific nuances to incorporating the CCAPS in their clinical work.

Interns will also integrate an additional assessment with two clients during the training year. Interns will select opportunities to integrate an assessment with clients to inform their treatment or help clients better understand their presenting concerns. Some examples include but are not limited to: the Cultural Formulation Interview (CFI), Screening for Adverse Childhood Experiences and Trauma, or the Eating Attitudes Test (EAT-26).

## **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 the possibility of telesupervision in alignment with the telesupervision policy. This format may change in response to updated guidance from the university, the Virginia Board of Psychology, the American Psychological Association Commission on Accreditation, and/or the Association of Psychology Postdoctoral and Internship Centers.

As part of supervision best practices and given this program’s accreditation, direct observation of intern clinical work will regularly occur with supervisors and other members of the training team. Individual supervisors may live observe sessions and will talk with interns about this plan during supervision. Further, interns will record all individual sessions that occur while they are working from the office. Members of the training and supervisory team will observe other forms of direct service as well, including the group therapy supervisor observing group therapy skills, staff members

observing outreach programming skills, and the supervisor of supervision provided observing supervision provided. All recordings will be saved to the assigned encrypted external hard drive, which will be stored in the locked file cabinet in the file room. See below for the associated policy from the center's Policy and Procedure Manual regarding recording.

Policy 7006: "Video and audio recordings of client sessions are made only with the written permission of the client. Recordings are not a part of the clinical record and are deleted on a routine basis.

1. Prior to recording sessions, a clinician will explain to the client the purpose of the recordings, how the recordings will be used, and the benefits and potential drawbacks. Clients may refuse a clinician's request to record sessions.
2. Prior to recording, the client must sign the "permission to record" form. Clients may revoke this consent at any time.
3. Recordings will be retained in a secure and confidential manner.
4. Clinicians will delete recordings on a routine basis, every six to eight weeks, unless otherwise directed by their supervisor."

**Individual Supervision:** Interns receive two hours of individual supervision per week with a Licensed Clinical Psychologist throughout their training year. The individual supervision focuses on intervention, diagnostic considerations, case conceptualization, and the professional growth of the intern. Interns are encouraged to ask questions about their clinical work, the clinical system, and caseload management regularly throughout the training year. Supervision also includes discussion of direct observations of services provided, whether live observations of clinical work or observations of recorded sessions.

Given the total number of weeks of the training year and for licensure requirements, interns should complete the year having received at least 100 hours of individual supervision. Interns should attempt to make-up supervision missed due to planned and unplanned absence, ideally in the same week. When not possible and to accommodate for university closures, interns will need to meet for additional supervision at times during the training year to ensure they reach the required hours of supervision.

Supervisory assignments are made in July and January; thus, in alignment with expectations from the Association of Psychology Postdoctoral and Internship Centers, interns will have a different supervisor each six-month period. 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.

**Group Supervision:** Interns receive at least one hour of group supervision per week with a licensed staff member. Group supervision will focus on clinical service and intern professional growth and adjustment. Group supervision will include case presentations to support intern development related to communication, consultation, and diagnostic impressions.

***Supervision of Group Therapy:*** Interns receive supervision of group therapy from their group co-facilitator or a licensed staff member when they facilitate a group with another trainee. This supervision is typically scheduled for 30-60 minutes immediately after group. It addresses items related to the group as well as intern group therapy skill development.

***Supervision of Supervision:*** Interns receive weekly supervision of the supervision they provide to psychology externs with a Licensed Clinical Psychologist. Supervision will vary between a group supervision format about biweekly for 90 minutes and individually for one hour about biweekly based on onboarding processes and support needed. Time in this supervision will be spent processing the experience of providing supervision, reviewing extern performance, reviewing relevant literature related to supervision and clinical cases, and viewing digital recordings or discussing direct observations of both supervision meetings and extern clinical work.

***Mentorship Opportunity:*** Interns have the opportunity to consult with a member of the CAPS multidisciplinary team to learn more about that staff member's area of interest/expertise and/or approach to treatment. The intention of this opportunity is to facilitate opportunities for connection with staff members with whom interns do not already have working relationships and to support interns in learning about psychological services from a range of perspectives. Interns will receive a shared document with a list of staff areas of interest/expertise and approaches to treatment at the outset of the training year and can contact staff members who indicated an ability to participate in this opportunity at any time during the training year. Interns are welcome to contact the Associate Director, Training Services of their supervisor for guidance about approaching the staff member if desired. Once the mentorship relationship is agreed upon, both parties will complete an agreement form provided by the Associate Director, Training Services.

This mentorship relationship will be non-evaluative and documented on Titanium as "Routine Consultation." The frequency of the meetings will be determined by the intern and staff member; there are no required number of meetings as part of this opportunity. Interns and mentors may discuss the intern's clinical work and clients during the mentorship meetings. The intern's clinical work remains the responsibility of the supervisor of record, so interns will defer to their supervisor if they receive any conflicting guidance about working with a client. If an intern would like to implement a new intervention learned during this consultation, they should speak with their supervisor first to ensure that it is within the scope of the supervisor's competence. There is no documentation required by the mentor as part of this opportunity, and mentors will not attend the supervisors meeting in this capacity.

***Supervisors Meeting:*** All staff involved in intern supervision and support will meet regularly to discuss intern progress and ways the training team can support interns in working toward their goals. Information discussed during the meetings is not shared beyond the meeting attendees. Interns are encouraged to ask their individual

supervisor for information about the content relative to their performance at the meeting for ongoing learning and growth.

**Seminars:** Interns participate in training seminars throughout their internship year to supplement the direct service, facilitate ongoing learning, and support development related to the competency areas. Seminars may be offered in person or virtually based on the intern and staff member telework schedule.

Interns participate in a 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 cultural considerations, ethics, and current research and are scheduled in a way that considers the intern’s developmental level.

Interns will participate in a 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 an outreach seminar with the Assistant Director, Outreach Services. 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.

Interns will participate in a group therapy seminar with the Coordinator, Group Therapy Services. This seminar will be focused on different approaches to group therapy and offer consultation related to the interns’ experience with the groups they are facilitating. Cultural considerations and ethics associated with group therapy will be integrated throughout the seminar.

As part of this program’s membership with APPIC, interns will participate in at least two hours of seminars/didactics/case conferences per week (leading to an average of eight hours per month). Interns should speak with the Associate Director, Training Services if absences are preventing them from meeting this expectation.

**Group and other Case Conferences:** These case conference meetings provide an opportunity for interns to participate in multidisciplinary discussions with clinical staff about complex clinical cases, group therapy cases, ethical dilemmas, and case management.

## **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 for the internship year as well as procedures of the counseling center. Topics such as policies

and procedures, overviews of all service and training activities, overviews of possible areas of focus for interns, and introductions to George Mason University and Virginia are covered. Visits to common referral sources 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., intake assessment, case management, outreach programming, and group therapy). Intern orientation is led by the Associate Director, Training Services with the participation of all staff.

**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. Interns will present their work at the end of the training year. All CAPS clinical staff attend the presentation. Although we aim to support interns in working on internship tasks exclusively during the business day, we realize that interns may prefer or need to complete tasks beyond these hours. In these instances, interns are expected to exclusively work on their internship tasks from their university-assigned laptop. Any aspects of the advocacy project that is confidential in nature should be saved on the intern's computer desktop since the shared drive is not secure and password protected. 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 summer semester). The dates for these presentations will be collaboratively determined based on intern schedules. Interns will discuss this requirement with their individual supervisors. CAPS clinical staff attends the case presentations. Both case presentations will include review of a DSM 5 TR diagnosis and a discussion of the diagnostic process. The clinical case presentations will be saved to the assigned encrypted external hard drive, which will be stored in the locked file cabinet in the file room. Although we aim to support interns in working on internship tasks exclusively during the business day, we realize that interns may prefer or need to complete tasks beyond these hours. In these instances, interns are expected to exclusively work on their internship tasks from their university-assigned laptop. While working on a draft of a case presentation that is not saved to the external hard drive, the intern should be careful to de-identify their work. For example, interns should avoid documenting obviously identifying information such

as name and birth date or G number or other potentially identifying information. Potentially identifying information could include a student's involvement on campus or particular identities and involvement in co-curricular activities that could identify the student. For example, a student who holds a role on campus or a student who holds a particular identity that is not highly represented in a major. Interns may ask themselves if the student's best friend were in the audience if they would know that the presentation were about their friend as a guide. These presentations should be saved on the intern's computer desktop since the Shared drive is not secure. These presentations should also be password protected. 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 dates for these presentations will be collaboratively determined based on intern schedules. CAPS supervisory staff and Training Committee attend the case presentations. The supervision presentation will be saved to the assigned encrypted external hard drive, which will be stored in the locked file cabinet in the file room. Although we aim to support interns in working on internship tasks exclusively during the business day, we realize that interns may prefer or need to complete tasks beyond these hours. In these instances, interns are expected to exclusively work on their internship tasks from their university-assigned laptop. While working on a draft of a supervision presentation that is not saved to the external hard drive, the intern should be careful to de-identify any references to clinical work that is used to describe the supervision experience, as noted in the clinical case presentation section. These presentations should be saved on the intern's computer desktop since the Shared drive is not secure. These presentations should also be password protected. Additional information about these presentations are included in the appendix of the Training Manual.

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

**Staff Meetings:** As members of the team, interns are scheduled to attend relevant 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 needs.

<b>Sample Intern Work Week</b>	
<b>Clinical</b>	
<b>Intake Appointments</b>	varies over the course of the year
<b>On-Call Support</b>	1 hour
<b>Individual Therapy/Case Management</b>	12-15 hours*
<b>Group therapy</b>	1.5-3 hours
<b>After-hours on-call consultation</b>	3 weeks/year
<b>Outreach programming (6 per year)</b>	Varies over the course of the year
<b>Supervision provided</b>	1 hour
<b>Training</b>	
<b>Individual supervision</b>	2 hours
<b>Supervision of group therapy</b>	.5-2 hours
<b>Supervision of supervision</b>	1-1.5 hours
<b>Group supervision</b>	1 hour
<b>Meeting with Assoc Dir, Training Svs</b>	1 hour/month
<b>Intern seminars/Multicultural Lab</b>	1.5 hours
<b>Outreach Seminar</b>	1 hour/month
<b>Group Therapy Seminar</b>	1 hour/month
<b>Advocacy Project mentorship</b>	1 hour/month
<b>Case Conference</b>	1 hour/month
<b>Supervisor's Meeting</b>	1 hour/month
<b>Administrative</b>	
<b>Administrative and Record Keeping</b>	4-6 hours
<b>Staff Meeting</b>	0.5-1 hour

\*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, intake assessments) 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

## **INTERN ACTIVITIES AND RESPONSIBILITIES**

### **Your First Few Days**

The first (approximately) three 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.

### **Intern Schedule**

Interns are expected to work at least a 40-hour week during the Counseling and Psychological Services hours of regular operation. Given shifts in university and office procedures, interns will have the opportunity to utilize a hybrid work schedule, including working from the office and teleworking from a confidential location in Virginia a designated number of days. Interns may work from the office each day/week if preferred. This procedure is subject to change based on updated university and center procedures. During telework days, interns are expected to be teleworking for the duration of the business day unless they have a previously approved leave request. Interns are also expected to follow the guidelines for staff telework outlined in the Telehealth Manual. The center is open from 8:30am-5pm with limited evening hours available during the academic year. At times, outreach/community education events may be scheduled in the evening to support student schedules. Interns will be expected to participate in those events as well.

### **Attendance**

Interns are scheduled to work during typical business hours for the center (and not expected to work during the evening hours unless requested), which 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 8:30am, call 703-993-2889 and leave a phone message. If it is after 8:30am, call the office at 703-993-2380 to speak with the administrative support staff.
2. Send an email to your supervisor, the Support Staff team, and the Associate Director, Training Services to inform them of your absence.

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

### **Clinical Hours**

Interns will accrue at least 500 hours of direct service work during their internship experience to fulfill minimum requirements of the training year. 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 when they are marked as attended: intake appointment, crisis intake, urgent intake, case management, individual therapy, group screening, re-entry appointments (group screening and case management), group therapy, community education\*, third party consultation, supervision provided, and after-hours consultation. They do **not** include clinical appointments or outreaches in which student(s) do not show or cancel/reschedule.

\*Further, the only community education programs that count toward direct service requirements are programs that are clinical in nature with at least one person in attendance. Therefore, tabling events that exclusively include sharing information about CAPS services and/or without interaction and other non-clinical programs will not count toward direct service requirements. Attendance at these events will count toward total hours and outreach program requirements. Interns should strive to keep at least 15 hours per week of attended direct service hours during the academic year, eight hours/week during the summer, and four hours/week during slower/holiday periods to reach the minimum direct service hours requirement.

Interns are expected to remain at CAPS for the entire internship even if they complete their 2000 hours earlier than expected. Interns are also expected to continue to provide direct service even after they accrue their 500 direct service hours. We ask that interns reserve two of their annual leave days to conclude their internship on July 23, 2025 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. Time out of the office due to university closure (e.g., university holidays, winter break) will count toward the interns' total hours. Time out of the office due to intern leave, such as annual leave, sick leave, and leave for after-hours work, will not count toward the

2000 hours of internship. Given that some time out of the office does not count toward total hours, interns may have to count time spent on internship or other professional development tasks beyond the 8:30am-5pm business day. For example, interns may count time spent preparing applications and for interviews beyond business hours, which would be added to Titanium as Professional Activities. Further, interns who are completing their dissertation may count up to two hours/week on their dissertation, which would be added to Titanium as Research & Evaluation time on their schedule. Interns do not have allocated time to work on their dissertations during the business week due to the expectations of the internship program. These appointments should be added to Titanium at the day/time that the work is completed for accuracy. 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. Interns are encouraged to ask the Associate Director, Training Services about hours that may count toward their 2000 hours beyond the typical work schedule.

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.

Per guidelines from Association of Psychology Postdoctoral and Internship Centers, the Commission on Accreditation, and expectations of licensing boards, the internship is planned to occur over the course of 12 months. Extensions to the internship year are unavailable unless there is a university-approved accommodation that would result in need for an extension or a genuine extenuating circumstance. In case of the latter, the Associate Director, Training Services in consultation with the Director of the center and Training Committee will review the circumstance on a case-by-case basis to make a determination on the appropriateness of an extension. Of note, an internship extension would not be a paid experience beyond the annual salary that interns are listed to receive in their offer letter.

### **Tracking hours with Titanium**

Interns are responsible for keeping track of their hours throughout the year, utilizing Titanium data. **Interns should make sure that Titanium accurately reflects their hours worked, including after-hours activities, and ensuring that each hour worked has only one attended appointment or code in Titanium.** Interns should exclusively run reports of their own hours on Titanium. Interns are not permitted to run reports of other intern or staff members on Titanium and are not permitted to review the task list or client list of other interns or staff members on Titanium with the sole exception of for the purposes of supervision provided. Titanium data will be compiled (approximately) quarterly for interns. It is the intern's responsibility to make sure that they have completed the 500 direct service hours and 2000 hours total by the final date of internship.

### **Leave Time**

Leave allowances for the year:

See 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 annual leave. Further, you will accrue leave for after-hours work during weeks of after-hours on-call coverage and when facilitating outreach events that occur beyond typical office business hours. See the CAPS Policy and Procedure Manual (Policy #2002) and Outreach Manual for additional information about the hours of leave for after-hours work accrued as part of each experience. The university will be closed for some holidays and a winter break. Please review information distributed by Human Resources regarding university closures planned for the year. Of note, the offer letter created by the university includes standard language regarding a requirement to use all of your annual leave. Given the time needed to fulfill the requirements of internship, you are not required to use all of your annual leave. As noted in the letter, you will not receive a payout of unused annual leave.

Additional information about Human Resources leave policies can be found at this website: <https://hr.gmu.edu/benefits/leave/>

Professional development time can be used in the following ways:

For dissertation defense:

- Interns are eligible to receive eight (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 up to four (4) hours of professional development leave for interviews lasting between one and four (1-4) hours on the day of their interview.
- Interns are eligible to receive eight (8) hours of professional development leave for interviews lasting longer than five (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 eight (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.

Interns may also use professional development time to attend conferences or trainings during the business day. In alignment with Policy #1013, interns may use up to three days of "Professional Activities" time during the training year.

### Submitting Leave Requests

Interns are required to submit 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 placeholders or scheduled on-call coverage that they will miss during their scheduled leave. Each day is eight 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 leave. 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 (annual leave, sick leave, or professional development), the number of hours requested, and the date and time of the leave. You are not required to explain the reason for the leave. We recommend that you use the following format in the emails that you submit:

*For Annual Leave:*

I am writing to request \_\_\_\_\_ hours of vacation leave on \_\_\_\_\_.  
I understand that it is my responsibility to ensure that I have coverage for any placeholders and/or scheduled on-call coverage on my schedule. It is also my responsibility to work with supervisors to reschedule supervision and navigate any missed seminars to ensure that I fulfill expectations regarding hours for both supervision and didactic trainings.

*For Sick Leave:*

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

I have taken (will take) \_\_\_\_\_ hours of leave on \_\_\_\_\_.  
*When for a scheduled appointment, please acknowledge:* I understand that it is my responsibility to ensure that I have coverage for any placeholders and/or scheduled on-call coverage on my schedule. It is also my responsibility to work with supervisors to reschedule supervision and navigate any missed seminars to ensure that I fulfill expectations regarding hours for both supervision and didactic trainings.

*For Professional Development:*

I am writing to request \_\_\_\_\_ hours of leave on \_\_\_\_\_.  
I understand that it is my responsibility to ensure that I have coverage for any placeholders and/or scheduled on-call coverage on my schedule. It is also my responsibility to work with supervisors to reschedule supervision and navigate any missed seminars to ensure that I fulfill expectations regarding hours for both supervision and didactic trainings.

## **EVALUATION PROCEDURES**

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

### **Evaluation of Interns**

Before their first or second meeting with their individual supervisors, interns complete the Self-Assessment of Skills Form (see Appendix) 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 Form again at the end of internship.

At the mid-semester time during both the fall and spring semesters (approximately October and March), supervisors complete a brief, mid-semester evaluation (Mid-Semester Evaluation of Intern Form; see Appendix) and review this with the intern. These evaluations are also kept in the intern's file.

Twice a year, in January and July, supervisors and interns formally review progress towards competencies. Verbal and written feedback is provided, with supervisors completing the Evaluation Form for Profession Wide Competencies for Doctoral Interns in Health Service Psychology (see Appendix). Individual supervisors, group supervisors, group therapy supervisors, the Associate Director, Training Services, and other staff members who have worked with the intern collaborate in completing this evaluation. Supervisors provide feedback to the intern individually during their supervision meeting. Evaluation forms are placed in the intern's file and will be shared with the Director of Clinical Training (DCT) at the intern's doctoral training site. The Evaluation Form for Profession Wide Competencies for Doctoral Interns in Health Service Psychology is signed by the intern, the supervisor, Associate Director, Training Services, and others who participated in the evaluation.

Successful progress towards completion of the internship requires acceptable performance as documented on the Evaluation Form for Profession Wide Competencies for Doctoral Interns in Health Service Psychology. Specifically, interns must achieve a score of 4 on every element and an average score of 4.0 on every competency by the end of internship. Interns will not be able to successfully complete internship if they do not achieve this goal.

In addition, a score of two or below on a "critical item", or a score at the "1" level on any item, may require behavioral change plan (Level 2) or formal remediation plan (Level 3). Consistent performance at or below this level after completion of the remediation plan may result in dismissal from the internship (Level 5).

Each supervisory relationship will begin with a review of a supervisory agreement form to collaboratively and transparently review expectations and establish a framework for the supervisory relationship. Interns and supervisors are encouraged to actively participate in the process to bidirectionally review expectations at the outset of the working relationship. Supervisors seek to share feedback in a strengths-based,

culturally-informed, and developmentally-appropriate manner. Our aim is to support intern growth and development during this formative training experience. 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 (the steps of which are described below). In the event of an elevated response to concerns about performance, the training program will also be required to consult with the American Psychological Association (APA) Commission on Accreditation (CoA) and Association of Psychology Postdoctoral and Internship Centers (APPIC). These resources are available for intern consultation as well.

Evaluations will also be completed of intern advocacy project by mentor and all intern presentations. These evaluations may be completed via an online survey platform for ease of organization. Feedback will be shared with interns and supervisors for discussion and review.

### **Evaluation of Supervisors**

Twice each year, in January and July, interns complete the End of Semester Evaluation of Supervisor Form (see Appendix) and share this with their individual supervisor and the Associate Director, Training Services. Interns also complete a mid-semester evaluation of work with their individual supervisor (Mid-Semester of Evaluation of Supervisor Form; see Appendix) and share the feedback with supervisors and the Associate Director, Training Services. 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 Program Evaluation Form (see Appendix) and Training Director Evaluation (see Appendix) to provide feedback about the training program and work with the Associate Director, Training Services. This feedback will be provided anonymously at the conclusion of internship and 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 the following:

- Meeting all competency requirements, previously defined as a score of 4.0 on every element in the evaluation form and an average score of 4.0 on every competency by the end of internship.
- Meeting the hours requirements, including 2000 hours total and 500 direct service hours.
- Receiving at least four hours of supervision per week (at least 200 hours total), two hours of which will be with their individual supervisor who is a Licensed Clinical psychologist (at least 100 hours).
- Completing assigned clinical services and supervision provided tasks.

- Providing at least six outreach presentations, including one presentation that the interns helped develop.
- Completing the Advocacy Project.
- Completing the assessment requirements, including use of the CCAPS and implementation of two additional assessments.
- Completing all required presentations, including: two clinical case presentations, a supervision of supervision presentation, and an advocacy project presentation.

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. Fulfilling all of the requirements listed above is part of successful completion of internship. If an intern does not fulfill any of these requirements, they will be considered to have not successfully completed internship, and a certificate of completion cannot and will not be issued. In this case, the Associate Director, Training Services will not be able to certify successful completion of internship to the intern's home program Director of Clinical Training and will not be able to certify successful completion of internship on licensure forms.

### **Maintenance of Intern Records**

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

In addition to intern records, intern grievances are retained indefinitely. Grievances are kept in the same locked file cabinet and/or encrypted, password-protected hard drive as intern records in a separate location.

### **Access to Intern Records**

Intern Records are stored and maintained by the Associate Director, Training Services. They may be accessed by the center Director or a clinical supervisor if needed, such as in response to a remediation or behavioral change plan or regarding an intern grievance, or an administrative support staff member to support the Associate Director, Training Services in completing a task. Intern records may also be accessed by site visitors for the purposes of reaccreditation. All individuals who access intern records are made aware of their confidential nature.

## **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 Diversity, Ethics, and Inclusion, in accordance with its procedures.

<https://diversity.gmu.edu/equity-access-services/non-discrimination/policies-and-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 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 2024-2025 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), 12-month position beginning July 25, 2025. Interns will need to document completion of at least 2,000 hours total, at least one-fourth (500 hours) of which must be in direct clinical service, as part of satisfactory completion of the internship program.

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: 310

Total Direct Contact Assessment Hours: N Amount: N/A

Describe any other required minimum criteria used to screen applicants:

#### **Minimum Requirements**

- Enrollment in an APA-accredited doctoral program in Counseling or Clinical Psychology
- Successful completion of comprehensive exam/task by application deadline (Thursday, November 4, 2024)
- Approved dissertation proposal by the application deadline (Thursday, November 4, 2024)
- Approval for internship by academic Training Director
- A minimum of three years of graduate training
- A minimum number of 310 AAPI Intervention hours
- At least one training/clinical experience in which individual therapy with adults was provided
- Explicitly stated experience, training, and/or interest in working with a diverse student population through cover letters or essays
- Explicitly stated interest in generalist training at a university counseling center

#### **Preferred Experiences/Qualifications**

Preferred Experiences/Qualifications

- Previous university counseling center experience, crisis experience, and intake experience are especially valued; if you have this experience, please make sure that it is clear in your AAPI and CV

- Experience, training, and/or interest in group therapy, outreach programming, and providing clinical supervision; please make sure these experiences are also clear in your AAPI and CV
- Interest in working at a multidisciplinary center with a team-based and collaborative approach
- Ability to work in a fast-paced, high-volume clinical setting
- Excellent oral and written communication skills

Financial and Other Benefit Support for Upcoming Training Year	
Annual Stipend/Salary for Full-time Interns:	\$43,888
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:	Depends on the election of VSDP or ORP.
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: <a href="https://hr.gmu.edu/benefits/">https://hr.gmu.edu/benefits/</a>	

## Other Benefits

Interns are classified as administrative professional faculty, which is the same classification held by the permanent full-time staff at Counseling and Psychological Services (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 a retirement contribution.

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. Please visit the



University policy for more information regarding Mason's background check policy. Interns must be eligible to work in the U.S. either by citizenship or Visa status.

## Initial Post-Internship Positions

*Adapted from information posted to APPIC website*

Total # of interns who were in previous cohorts: 9 (2021-2024)

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

	Post-Doc	Employed Position
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	2
Hospital/Medical Center	1	0
Veterans Affairs Health Care System	0	0
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	4	0
Other	1	0

## Instructions for Internship Application

Successful applicants must be students in an APA-accredited Counseling or Clinical Psychology doctoral program (Ph.D. or Psy.D.). Candidates must have successfully passed their comprehensive examinations, successfully defended their dissertation proposal, and received approval for internship by their academic Training Director prior to the application deadline. Successful applicants will also have at least 310 total direct contact intervention hours. Successful applicants will have also had at least one training/clinical experience working with adults or adolescents during which they provided individual therapy, and have interest in generalist training at a university counseling center, and interest and/or experience working with a diverse student population.

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.

Deadline for Application: November 4, 2024.

Completed applications should be submitted via the APPIC electronic submission process.

Applications reviewed will include the completed AAPI Online (Application for Psychology Internship; as found on the APPIC website as [www.appic.org](http://www.appic.org)) with the following elements attached:

- Cover letter describing your interest in the internship program at George Mason University Counseling and Psychological Services. The letter should describe your goals for internship and ways this program in particular would help you meet those goals.
- Three letters of recommendation reference, at least two of which are from individuals who have recently supervised your clinical work.
- A curriculum vitae.
- All graduate transcripts.

We will accept applications from interested candidates through November 4, 2024. We will offer virtual interviews to select candidates by December 6, 2024. Virtual interviews will be conducted during the second two weeks of January 2025.

This internship program abides by the APPIC Match Policies, which are published on APPIC's Website. 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.

George Mason University prohibits discrimination and harassment and provides equal opportunity for all employees and applicants for employment, regardless of race, religion, color, national origin, physical or mental disability, medical condition, sex, age, marital status, sexual orientation, veteran status, gender identity, gender expression, or any other trait or status protected by applicable law.

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. Please visit the University policy for more information regarding Mason's background check policy. Interns must be eligible to work in the U.S. either by citizenship or Visa status.

# **APPENDICES**

## APPENDIX A-1: ORIENTATION: SCHEDULE

### Intern Orientation 2025-2026 Cohort Meeting Operational Definitions

Questions for discussions with interns (questions that staff could respond to with interns to facilitate discussion and connection):

**\*\*all introductions should include name and pronoun; staff are also encouraged to share their position at CAPS as well as the length of time they have been working here**

1. What initially made you interested in working at Mason?
2. What are your professional interests?
3. What presenting concerns and student populations would you consider areas of interest/expertise?
4. Which campus partners have you worked with through outreach, consultation, or collaboration?
5. What have you most appreciated about working at Mason?
6. What have been some of your strategies for nourishing yourself while working in college counseling?

Review Trainings and Manuals on own throughout orientation

- Confidentiality trainings
  - Confidentiality PowerPoint with associated agreement form (printed copy in welcome packet)
  - Trainee Confidentiality Agreement procedure and associated form (printed copy in welcome packet)
- Training program items
  - Baseline self-assessment (Allie will email you)
  - Training Manual (CAPS Operations – Training Programs – Internship – Internship Training Manuals)
  - Release for Publication Consent (printed copy in welcome packet)
- Clinical system items
  - Clinician Manual folder (CAPS Operations – Clinical Services (all information in the subfolders))
  - Mandated Reporting Spring 2024 (CAPS Operations – Policies and Procedures – Employee Onboarding Guidelines – Orientation Training Materials)
  - Voluntary and Involuntary Transport Training 2024 (CAPS Operations – Policies and Procedures – Employee Onboarding Guidelines – Orientation Training Materials)
  - Emergency Preparedness Training 2024 (CAPS Operations – Policies and Procedures – Employee Onboarding Guidelines – Orientation Training Materials)
- University-based new employee trainings and forms
  - FERPA 101 training (due upon employment)
  - Mason Telework Form (forms from HR)
  - Other trainings listed in your Mason LEAPS
- Training Director will request information to complete New to University Life form on your behalf

First parking services!

## Welcome with Training Director

- Welcome
- Logistics to review
  - Assignment of offices
  - Bathrooms
  - Plan for lunch
- Overview of the day
- Let me know about any HR meetings so we can adjust your schedule as needed

Meeting with Technology Coordinator (45 minutes with each intern, Allie will join for a portion as well)

prior to this meeting, Technology Coordinator will receive/confirm they have:

1. From Morgan/Ildris: trainee name, trainee G number, trainee Net ID, trainee email address
2. From Allie: trainee room assignment, trainee Titanium username, trainee Titanium temporary password

- Patriot Pass
  - Login
  - Establish password
  - Ensure access to desktop
  - Ensure access to Teams
- Discuss best practices with saving files
  - Teams not confidential – do not save files with client information or videos to it
  - Not saving items to desktop
- Titanium
  - Move Titanium to desktop
  - Login
  - Establish new password
- Zoom secure
  - Confirm access to Zoom secure
  - Explain how to web browser and login using this method
  - Explain how to use desktop app and login using this method
  - Open Zoom meeting to ensure webcam and audio functions
  - Establish settings for saving videos
  - Explain how to secure erase videos that are saved to incorrect location
- Logitech
  - Open Logitech meeting to ensure webcam and audio functions
  - Establish settings for saving videos
  - Explain how to secure erase videos that are saved to incorrect location
- Eraser program
  - Confirm on desktop
  - Practice secure erasure of test Word document
- Hard drive
  - Receive assigned hard drive(s)
    - ♣ Interns will receive two
  - Login
  - Establish new password
  - Explain where to store when not in use/overnight

### Meetings with Office Manager

- Get Mason ID
- All Human Resources paperwork expectations described in detail
  - Clarify orientations to complete with Human Resources in addition to with CAPS
  - Overview of Benefits and Welcome orientations with Human Resources
- Office and administrative procedures
  - Timesheet procedures
  - Plan for Keys and swipe access
  - Review procedure to establish phone system on computer and set up password
- Ensure added to internal listserv

### Meeting with Human Resources New Center

### Meeting with Training Director for overview of orientation schedule

- Tour of the center
- Overview of the orientation schedule and required forms
  - Confidentiality and Security Training 2024
  - Review trainee confidentiality form
- Review of meetings during first few weeks
- Time in office the next few weeks
- Any current considerations with center operations and dynamics
- Phone number exchange
- Plan for keys, plan for interim
- Pronouns for new to UL form
- Setting up signature line in email
- Panic buttons

### CAPS & SUB 1 Search

- Allie will provide the items for the search
- Serves as an opportunity to orient to the space of CAPS and SUB 1

### Orientation to Outreach Parts 1 and 2

- Function and value of outreach
- Ethical considerations with outreach
- Different types of outreach
- Expectations related to outreach during internship year
  - Review of syllabus for outreach seminar during the training year
  - Developing own outreach
  - Support of workshops
  - 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 – will be scheduled for these programs and can volunteer for programs of interest moving forward
- Volunteering for upcoming orientations
- Considerations with telework and telemental health service provision

### Meeting with Supervisors

Supervisors will share the following information:

- Their length of time working at Mason and their current/historical connection to the counseling center
- Their approach to clinical work and interest areas
- Their approach to supervision, which should include a discussion of their incorporation of developmental and cultural factors
- Their values as a supervisor as well as their norms/expectations for both delivering and receiving feedback

### Orientation to Clinical System

- Overall vision of flow through the clinical system from the perspective of a student
- Include considerations with telework and telemental health service provision
- Note that group therapy, afterhours procedures, intake procedures, and case management services are all reviewed during other meetings

### Review of Training Manual and Expectations for the Year Parts 1 and 2 with Training Director

- Hopes/fears/goals for internship year
- Trainee confidentiality agreement form
- Discuss aims, competencies, and elements
- Discuss components of internship program, value of diversity
- Discuss intern activities and responsibilities
- Discuss internship site responsibilities
- Syllabi for group supervision and seminars
- Liability insurance discussion
- Other check-in items:
  - Supervision ranking list deadline (Wednesday, July 30 at noon)
  - Scaffolding discussion
  - Outreaches on schedule during orientation through September – Calena and Allie will schedule them, also GSL trainings and standing outreaches
- Evaluation procedures
- Performance feedback, remediation, and conflict resolution
- Self-assessment, behavioral change plan, and formal remediation plan

### Overview of Group Therapy Services

- 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 and telemental health service provision

#### Introduction to Case Management and Referrals

- Discuss scope and function of case managements
- Discuss scope of services and typical concerns that are referred to case management
- Review referral resources
  - On the website
  - On Teams
  - Local area resources/providers
    - ♣ In general
    - ♣ With specialized training
- Nuances with using insurance and insurance-related questions that we can guide students to ask providers
- Considerations with telework and telemental health service provision

#### Orientation to Services Provided at Mason Square

- Unique aspect of services provided (therapy, outreach)
- Unique needs and supports for law students

#### Building Strong Cohort Relationships

- Review information in Training Manual
- Share aspects of interpersonal style

#### Overview of Titanium

- Task list
- My clients list
- Security tab
- Reviewing a file – different components
- Signing and note
  - Sign on line 1 as clinician
  - Sign on line 2 as intern supervisor of extern supervisee
- Our center norm of not using placeholders for follow-up appointments (typically only for intakes)
- Review the Titanium Code manual
- Time to practice on own and ask questions

#### Review of CARE Team, Threat Assessment Team (TAT), and Activities and Incident Management (AIM)

- Review of the structure of function of the meetings
- Follow-up after the meeting when working with a student who is discussed at the meeting

#### Overview of Sport Psychology work

- Understanding of role of liaison to athletics
- Opportunities to work with athletes for treatment
- Opportunities to provide outreach services to athletes

#### Group Role Play

- Practice referrals to group
- Specific focus on addressing when students are hesitant to participate in group

### Supervision of Supervision

- Review of syllabus
  - Considerations with telework and telemental health service provision
- 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
  - Supervisory orientations

### Conducting a Psychosocial Assessment

- Different components
- Balance of completing assessment and building rapport
- Underscore that recommendation may change from recommendation at check-in because additional information is collected
- Review First Appointment Data Form
- Considerations with telework and telemental health service provision

### First Supervision Meeting

- Introductions
- Review of goals for the year
- Plan and schedule for future sessions
- Plan for future review of baseline self-assessment
- Plan for future review of supervisory agreement forms (individual supervision and telesupervision)

### Overview of After-Hours Services

- Role of after hours on-call coverage vis a vis ProtoCall
- Types of calls received
- Role of administrator on-call as consultant
- Logistics of who signs note and who serves as consultant
- Ethical considerations with after-hours on-call coverage
- Considerations with telework and telemental health service provision

### Overview of Risk Assessment Parts 1 and 2

- Suicide risk assessment
  - Comprehensive suicide risk assessment
  - Consideration of protective factors
  - Consideration of risk factors
- ☐ Homicide risk assessment
  - Comprehensive homicide risk assessment
  - Consideration of protective factors
  - Consideration of risk factors
  - When to complete duty to warn
- ☐ Safety planning

- ❑ Self-harm assessment
  - Considerations
  - Safety planning
- ❑ When and with whom to consult immediately regarding substance abuse and disordered eating
- ❑ Considerations with telework and telemental health service provision
  - Rule outs with treatment planning
  - Use of the Daytime Consultant

#### Review of Relevant Virginia Mental Health Law: referrals for further evaluation

- Review of procedures for referral to a higher level of care, include case example
  - Role of police, ways to discuss with clients
  - ECO
  - TDO
  - Which hospital to refer
- Parental notification
- Duty to protect
- Review information on the Teams
- Voluntary and Involuntary Transports 2024 PowerPoint

#### Multicultural Lab

- 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

#### 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
- Mandated Reporting Spring 2024 PowerPoint

#### Internship Norms and Expectations with Training Director

- Review information in Training Manual
  - Guidelines and Center Norms at CAPS
  - Social Media Policy
  - Dual and/or Multiple Relationships Policy
  - George Mason University Policies
- Internship program resource document
  - Recommendation to save resource document to desktop
- Emergency procedures PowerPoint

#### Overview of Front Desk Procedures

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

#### Cohort Connection Time

- Unstructured time on your schedule to connect
- Possible questions for discussion

- What made you excited about working at Mason?
- What has been your favorite part about living in this area so far?
- What are your professional areas of interest?
- What groups are you interested in facilitating?
- What outreaches are you interested in offering?
- What student populations would you be most excited to support?

Remote Desktop and Zoom Technology Items reviewed with Technology Coordinator (30 minutes with each intern)

- Receive assigned laptop
- Log into laptop
- Log into computer using VPN and remote desktop at
- Sign assigned laptop agreement form, provide copy to Allie
- Open Zoom on laptop to confirm webcam and audio functionality
  - Via web browser and login reminder
  - Via desktop app and login reminder
- Eraser program
  - Ensure downloaded on laptop
  - Practice secure erasing a document

Remote Work and Technology Policies and Procedures

- Broad overview of key legal and ethical considerations with telemental health services; review of APA Telepsychology Guidelines
- Highlights of CAPS procedures for telemental health services
- Highlights of clinical considerations for telemental health services
- Review “Checklist for Trainees Before Beginning Telemental Health Services”
- Demonstrate recording procedures using Logitech and Zoom

Thriving during Internship

- 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

Check-in Meeting with Training Director and Review of Syllabi

- Seminars and group supervision/supervision of supervision schedules begin on August 19, 2024
  - Review seminar syllabus
  - Review group supervision syllabus
  - Review supervision of supervision plan
- Review progress toward orientation goals
- Create supports to fully orient before the start of the semester, including scaffolding

- Discussion of Passages article

#### Use of Assessment at CAPS

- 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 and telemental health service provision
- Use of the therapeutic assessment
  - Options for implementation of additional assessment during the training year

#### Overview of Psychiatric Services at CAPS

- Discuss the scope of psychiatry at CAPS
- Review procedures for referral to Kavita and Jess
- Review procedures for referrals to/from SHS
- Considerations with telework and telemental health service provision

#### Meeting with Chief Mental Health Officer

- Learn about mental health initiatives on campus

#### Meeting with Student Support and Advocacy Center

- Review collaboration with SSAC

#### Meeting with Student Health Services

- Review collaboration with SHS

#### Meeting with Disability Services

- Review collaboration with DS

Please review these items with your supervisor:

Before beginning to see clients using telemental health, interns must demonstrate the following through practice, role plays, simulations, and verbal understanding. At least one practice session that includes scheduling, discussing informed consent, and recording should be successfully completed.

- Have a private home office space set up in Virginia
- The ability to confidentially schedule appointments using end-to-end encrypted Zoom Secure platform
- The ability to conduct sessions or meetings through Zoom Secure
- The ability to appropriately obtain client consent
- The ability to communicate through video conferencing
- The ability to establish visual contact through video conferencing
- An understanding of CAPS crisis procedures
- An understanding of when to consult with their individual supervisor or the supervisor on call

Acknowledgements at the end of orientation:

- Confidentiality and Security PowerPoint
- Training Manual
- All documents in Resources – Clinician Manual folder
- Policy and Procedure Manual
- Voluntary and Involuntary Transports PowerPoint

- Mandated Reporting PowerPoint
- Emergency Procedures PowerPoint
- Training Confidentiality Agreement Form
- Mason Telework Form and other telework agreement/procedures
- Release for Publication Consent
- Baseline self-assessment
  - Include self assessment work in first supervision meeting, meeting with group co-facilitator, outreach meeting, and Multicultural Lab meeting
- Other relevant aspects of the Teams: after hours procedures, group therapy information, referral for further evaluation procedures
- Confirm to Human Resources having complete the associated state-mandated training
- Updated password for external hard drive

### **Timeframe/deadlines to complete within overall timeframe**

- Confidentiality training (we will review during your first or second day of internship)
- FERPA 101 (should be available in your Mason LEAPS account; this one is due upon employment so completing it as soon as possible when you all have administrative time would be helpful)
- Security Awareness Training (in your Mason LEAPS account; this one should also be done fairly immediately and is due within your first 14 days of employment)
- Training Manual (I will provide a printed copy for you; review by August 8)
- Overview of CAPS Clinical Services (on Teams; review by August 28)
- Telehealth Manual (on Teams; review by August 28)
- General Center Norms and Guidelines (on Teams; review by August 28)
- Titanium Appointment Code Guide (on Teams; review by August 28)
- Policy and Procedure Manual (on Teams; review by August 28)
- Mandated Reporting PowerPoint (on Teams; review by August 28)
- Voluntary and Involuntary Transports (on Teams; review by August 28)
- Emergency Procedures (on Teams; review by August 28)
- These HR trainings are on Mason LEAPS as well:
  - HR “Diversity, Equity and Inclusion” trainings
  - HR Civility and Violence Prevention Training
  - HR Emergency Preparedness Training

## APPENDIX A-2: ORIENTATION: EVALUATION FORM

### CAPS INTERN ORIENTATION EVALUATION FORM

Please evaluate orientation based on how well we have helped you orient to 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, explanation of both CAPS and Human Resources onboarding		
Orientation to the space at CAPS and within SUB-1		
Connecting with cohort		
Connecting with Assoc Dir, Training Svs		
Meeting members of the staff at the counseling center		
Building relationship with supervisor		
Orientation to the internship program and expectations throughout the year		
Training regarding clinical system at Mason, including didactics and scaffolding		
Training regarding risk assessment		
Training regarding practicing in Virginia		
Training regarding Titanium		
Training regarding diversity training at the site		
Training regarding participation in outreach and advocacy project		

Training regarding supervision of supervision		
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## APPENDIX B-1: INTERN SEMINAR, GROUP SUPERVISION, AND SUPERVISION OF SUPERVISION SCHEDULE

**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, Group Therapy Seminar, Multicultural Lab, Supervision of Supervision, and Group Supervision will be provided and reviewed during those scheduled meetings.**

Intern Seminars  
 “Mini Courses” and Multicultural Lab  
 Multicultural Lab in person, other seminars provided virtually  
 2025-2026 Training Year

Date	Topic (title, associated competency and aim, learning objectives)	Presenter
Week of August 4, 2025	<b>Multicultural Lab</b> <b>Competency: Individual and Cultural Diversity</b> <b>Aim: Interns will develop research-informed knowledge, skills, and cultural humility to engage in psychological practice with diverse populations and engage in ongoing self-reflection in this area.</b>	Natalie & Allison
Week of August 11, 2025	<b>Title: Assessment in Clinical Work</b> <b>Competency: Assessment</b> <b>Aim: Interns will effectively use assessment skills and tools to provide accurate and culturally-informed treatment considerations and recommendations</b>	Allie
Week of August 18, 2025	<b>Title: Ethical decision-making models, APA Ethics Code, and multicultural guidelines</b> <b>Competency: Ethical and Legal Standards</b> <b>Aim: Interns will develop knowledge and professional practices that assure adherence to the ethical standards for psychologists.</b>	Allie
Week of August 25, 2025	<b>Multicultural Lab</b> <b>Competency: Individual and Cultural Diversity</b> <b>Aim: Interns will develop research-informed knowledge, skills, and cultural humility to engage in psychological practice with diverse populations and engage in ongoing self-reflection in this area.</b>	Natalie & Allison



Week of September 1, 2025	<p>Title: Ethical considerations associated with working at a university</p> <p>Competency: Ethical and Legal Standards</p> <p>Aim: Interns will develop knowledge and professional practices that assure adherence to the ethical standards for psychologists.</p>	Allie
Week of September 8, 2025	<p>Multicultural Lab</p> <p>Competency: Individual and Cultural Diversity</p> <p>Aim: Interns will develop research-informed knowledge, skills, and cultural humility to engage in psychological practice with diverse populations and engage in ongoing self-reflection in this area.</p>	Natalie & Allison
Week of September 15, 2025	<p>Title: DSM 5 TR: Considerations when working with a university population</p> <p>Competency: Assessment</p> <p>Aim: Interns will effectively use assessment skills and tools to provide accurate and culturally-informed treatment considerations and recommendations</p>	Diana
Week of September 22, 2025	<p>Title: Disordered eating assessment</p> <p>Competency: Assessment</p> <p>Aim: Interns will effectively use assessment skills and tools to provide accurate and culturally-informed treatment considerations and recommendations.</p>	Shannon
Week of September 29, 2025	<p>Title: Psychosis Assessment</p> <p>Competency: Assessment</p> <p>Aim: Interns will effectively use assessment skills and tools to provide accurate and culturally-informed treatment considerations and recommendations.</p>	Kavita
Week of October 6, 2025	<p>Title: Substance use assessment</p> <p>Competency: Assessment</p> <p>Aim: Interns will effectively use assessment skills and tools to provide accurate and culturally-informed treatment considerations and recommendations.</p>	Shannon
Week of October 13, 2025	<p>Multicultural Lab</p> <p>Competency: Individual and Cultural Diversity</p> <p>Aim: Interns will develop research-informed knowledge, skills, and cultural humility to engage in psychological practice with diverse populations and engage in ongoing self-reflection in this area.</p>	Natalie & Allison
Week of October 20, 2025	<p>Title: Mania assessment</p> <p>Competency: Assessment</p> <p>Aim: Interns will effectively use assessment skills and tools to provide accurate and culturally-informed treatment considerations and recommendations.</p>	Kavita

Week of October 27, 2025	Title: DSM 5 TR: Cultural considerations with diagnosis Competency: Assessment Aim: Interns will effectively use assessment skills and tools to provide accurate and culturally-informed treatment considerations and recommendations.	Diana
Week of November 3, 2025	Title: Dissociative Disorders/Complex Trauma and Case Formulation Competency: Assessment Aim: Interns will effectively use assessment skills and tools to provide accurate and culturally-informed treatment considerations and recommendations.	Jenni
Week of November 10, 2025	Multicultural Lab Competency: Individual and Cultural Diversity Aim: Interns will develop research-informed knowledge, skills, and cultural humility to engage in psychological practice with diverse populations and engage in ongoing self-reflection in this area.	Natalie & Allison
Week of November 17, 2025	Title: Dissociative Disorders/Complex Trauma and Case Formulation Competency: Assessment Aim: Interns will effectively use assessment skills and tools to provide accurate and culturally-informed treatment considerations and recommendations.	Jenni
Week of December 1, 2025	Title: Dissociative Disorders/Complex Trauma and Case Formulation Competency: Assessment Aim: Interns will effectively use assessment skills and tools to provide accurate and culturally-informed treatment considerations and recommendations.	Jenni
Week of December 8, 2025	Multicultural Lab Competency: Individual and Cultural Diversity Aim: Interns will develop research-informed knowledge, skills, and cultural humility to engage in psychological practice with diverse populations and engage in ongoing self-reflection in this area.	Natalie & Shannon
Week of December 15, 2025	Title: Dissociative Disorders/Complex Trauma and Case Formulation Competency: Assessment Aim: Interns will effectively use assessment skills and tools to provide accurate and	Jenni

	culturally-informed treatment considerations and recommendations.	
Week of January 5, 2026	Title: Building an Independent Practice Competency: Intervention Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	Vicki Anagnostopoulos, PhD, PLLC
Week of January 12, 2026	Title: Interventions: Working with student athletes Competency: Intervention Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	Derek
Week of January 19, 2026	Multicultural Lab Competency: Individual and Cultural Diversity Aim: Interns will develop research-informed knowledge, skills, and cultural humility to engage in psychological practice with diverse populations and engage in ongoing self-reflection in this area.	Natalie & Allison
Week of January 26, 2026	Title: TBD based on interest Competency: Intervention Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	TBD
Week of February 2, 2026	Title: TBD based on interest Competency: Intervention Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	TBD
Week of February 9, 2026	Multicultural Lab Competency: Individual and Cultural Diversity Aim: Interns will develop research-informed knowledge, skills, and cultural humility to engage in psychological practice with diverse populations and engage in ongoing self-reflection in this area.	Natalie & Allison
Week of February 16, 2026	Title: TBD based on interest Competency: Intervention Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	TBD
Week of February 23, 2026	Title: TBD based on interest Competency: Intervention	TBD

	Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	
Week of March 2, 2026	Title: TBD based on interest Competency: Intervention Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	TBD
Week of March 9, 2026	Multicultural Lab Competency: Individual and Cultural Diversity Aim: Interns will develop research-informed knowledge, skills, and cultural humility to engage in psychological practice with diverse populations and engage in ongoing self-reflection in this area.	Natalie & Allison
Week of March 16, 2026	Title: TBD based on interest Competency: Intervention Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	TBD
Week of March 23, 2026	Title: TBD based on interest Competency: Intervention Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	TBD
Week of March 30, 2026	Title: TBD based on interest Competency: Intervention Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	TBD
Week of April 6, 2026	Title: TBD based on interest Competency: Intervention Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	TBD
Week of April 13, 2026	Multicultural Lab Competency: Individual and Cultural Diversity Aim: Interns will develop research-informed knowledge, skills, and cultural humility to engage in psychological practice with diverse populations and engage in ongoing self-reflection in this area.	Natalie & Allison
Week of April 20, 2026	Title: TBD based on interest Competency: Intervention	TBD

	Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	
Week of April 27, 2026	Title: TBD based on interest Competency: Intervention Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	TBD
Week of May 4, 2026	Title: TBD based on interest Competency: Intervention Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	TBD
Week of May 11, 2026	Multicultural Lab Competency: Individual and Cultural Diversity Aim: Interns will develop research-informed knowledge, skills, and cultural humility to engage in psychological practice with diverse populations and engage in ongoing self-reflection in this area.	Natalie & Allison
Week of May 18, 2026	Title: TBD based on interest Competency: Intervention Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	TBD
Week of May 25, 2026	Title: TBD based on interest Competency: Intervention Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	TBD
Week of June 1, 2026	Title: TBD based on interest Competency: Intervention Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	TBD
Week of June 8, 2026	Multicultural Lab Competency: Individual and Cultural Diversity Aim: Interns will develop research-informed knowledge, skills, and cultural humility to engage in psychological practice with diverse populations and engage in ongoing self-reflection in this area.	Natalie & Allison
Week of June 15, 2026	Title: TBD based on interest Competency: Intervention	TBD

	Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	
Week of June 22, 2026	Title: TBD based on interest Competency: Intervention Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as psychologists.	TBD
Week of June 29, 2026	Title: Preparing for Licensure and Practice as an Early Career Professional: Discussion 1 Competency: Professional Values, Attitudes, and Behavior Aim: Interns will integrate foundational values of a psychologist and demonstrate behaviors and practices that are consistent with the professional identity of a psychologist.	Allie
Week of July 6, 2026	Title: Preparing for Licensure and Practice as an Early Career Professional: Discussion 2 Competency: Professional Values, Attitudes, and Behavior Aim: Interns will integrate foundational values of a psychologist and demonstrate behaviors and practices that are consistent with the professional identity of a psychologist.	Shereen & Taeja
Week of July 13, 2026	Multicultural Lab Competency: Individual and Cultural Diversity Aim: Interns will develop research-informed knowledge, skills, and cultural humility to engage in psychological practice with diverse populations and engage in ongoing self-reflection in this area.	Natalie & Allison

### 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
- Ethical decision-making models, the APA ethics code, and multicultural guidelines
- Ethical considerations associated with working at a university

### Assessment Mini Course

- Psychosocial assessment during orientation
- Suicide risk assessment during orientation
- Homicide risk assessment during orientation
- Self-harm risk assessment during orientation
- Assessment tools used at CAPS during orientation
- DSM 5 TR: Cultural considerations with diagnosis
- DSM 5 TR: Considerations when working with a university population
- Dissociative disorders/complex trauma and case formulation
- Psychosis assessment
- Mania assessment
- Substance use assessment
- Disordered eating assessment

### Interventions with University Populations Mini Course

- Interventions: Working with student athletes
- Interventions: Building an Independent Practice
- TBD based on interest

### Professional Values, Attitudes, and Behaviors Mini Course

- Preparing for licensure and practice as an early career professional: discussion 1
- Preparing for licensure and practice as an early career professional: discussion 2

Intern Group Supervision  
Mondays at 3pm  
2025-2026 Training Year

Objectives: Through the group supervision, interns will:

1. Strengthen psychotherapy case formulation skills
2. Incorporate cultural considerations when developing case formulation and treatment planning
3. Practice case presentation skills
4. Provide and receive constructive feedback

Date	Topic/Presenter	Facilitator
Week of August 18, 2025	Welcome to group supervision; review of syllabus and supervisory agreement form; discussion of hopes, fears, goals; co-creating the space	Allie
Week of August 25, 2025	Discussion about orienting to clinical work at CAPS: ebbs and flows of university counseling center work, managing caseloads and treatment	Allie
Week of September 1, 2025	Conceptualizing the training year (articles listed below)	Allie
Week of September 8, 2025	Open case discussion about start of semester	Allie
Week of September 15, 2025	Professional Development: professional goals	Allie
Week of September 22, 2025	Professional Development: postdoc or not?	Allie
Week of September 29, 2025	Assessment consultation	
Week of October 6, 2025	Case consultation: Han	Allie
Week of October 13, 2025	Case consultation: Tali	Allie
Week of October 20, 2025	Case consultation: Zahraa	Allie
Week of October 27, 2025	Case consultation: Allie	Allie
Week of November 3, 2025	Professional Development: application considerations (CVs, cover letters, references)	Allie
Week of November 10, 2025	Open case consultation	Allie
Week of November 17, 2025	Job talk practice: Han	Allie
Week of November 24, 2025	Job talk practice: Tali	Allie
Week of December 1, 2025	Job talk practice: Zahraa	Allie
Week of December 8, 2025	Open case consultation and termination vs abandonment	Allie



Week of December 15, 2025	Open case consultation	Allie
Week of January 5, 2026	Professional Development: interviews	Allie
Week of January 12, 2026	Preparing for the spring 2026 semester	Allie
Week of January 19, 2026	Open case consultation	Allie
Week of January 26, 2026	Professional Development: post-internship positions general check-in	Allie
Week of February 2, 2026	Open case consultation	Allie
Week of February 9, 2026	Case consultation: Han	Allie
Week of February 16, 2026	Case consultation: Tali	Allie
Week of February 23, 2026	Case consultation: Zahraa	Allie
Week of March 3, 2026	Case consultation: Allie	Allie
Week of March 9, 2026	Open case consultation	Allie
Week of March 16, 2026	Professional Development: post-internship positions general check-in	Allie
Week of March 23, 2026	Open case consultation	Allie
Week of March 30, 2026	Open case consultation	Allie
Week of April 6, 2026	Open case consultation	Allie
Week of April 13, 2026	Case consultation: Han	Allie
Week of April 20, 2026	Case consultation: Tali	Allie
Week of April 27, 2026	Case consultation: Zahraa	Allie
Week of May 4, 2026	Case consultation: Allie	Allie
Week of May 11, 2026	Check-in about termination sessions	Allie
Week of May 18, 2026	Check-in about termination sessions	Allie
Week of May 25, 2026	Open case consultation of topics in clinical work: TBD based on intern interest	Allie
Week of June 1, 2026	Open case consultation of topics in clinical work: TBD based on intern interest	Allie
Week of June 8, 2026	Open case consultation of topics in clinical work: TBD based on intern interest	Allie
Week of June 15, 2026	Open case consultation of topics in clinical work: TBD based on intern interest	Allie

Week of June 22, 2026	Open case consultation of topics in clinical work: TBD based on intern interest	Allie
Week of June 29, 2026	Professional development: preparing for transition to early professional	Allie
Week of July 6, 2026	Professional development: preparing for transition to early professional	Allie
Week of July 13, 2026	Final meeting	Allie

*The first order of presenters was determined by alphabetical order by first name and then rotates throughout with the Training Director sharing last each time.*

The case consultations serve as an opportunity for you to gain practice discussing your clinical work in a supportive and informal environment. Interns will rotate sharing their clinical work through the case consultation for up to 15 minutes, which may also include sharing video of their clinical work. All members will then engage in a discussion about the questions posed by the intern and reflect on the clinical information shared. We will use resources to inform our discussion, such as the DSM 5 TR and psychotherapy case formulation texts.

*The prepared information should include:*

- Demographic information
- Presenting concerns
- Brief overview of relevant history (include any history of SI/HI/SIB, disordered eating, substance use/abuse, trauma)
- Diagnostic impressions
- Working conceptualization, including cultural considerations
- Potential transference and/or countertransference
- Discussion questions

The weeks labeled job talk practice are intended to provide interns with the opportunity to practice presenting a case as if it were part of a presentation for a clinical position interview. This opportunity is intended to support the interns in having practice with this type of presentation prior to their formal job talk presentations at the end of the fall semester and provide the experience and opportunity for feedback in the event of an upcoming interview.

The weeks labeled open case consultation are for open discussion about work with clients about which interns would like feedback from the group. Interns may discuss work with clients with whom they have shared in the group supervision space before or may discuss clients they have not previously shared. These consultations do not require the same details as outlined for the prepared consultations.

## References

- Eells, T. D. (2015). *Psychotherapy case formulation*. American Psychological Association: Washington, DC.
- Lamb, D. H., Baker, J. B., Jennings, M. L., Yarris, E. (1982). Passages of an internship in professional psychology. *Professional Psychology*, 13, 661-669.
- Guinee, J. P. (1998). Erikson's life span theory: A metaphor for conceptualizing the internship year. *Professional Psychology: Research and Practice*, 29, 615-620.

## Supervision of Supervision 2025-2026 Training Year

After a period of onboarding, the majority of supervision of supervision meetings will be individual to allow sufficient time for reviewing of tape and discussion of extern cases. Individual meetings are usually scheduled as follows: Thursday at 9am Han, Thursday 10am Zahraa, and Friday 9am Tali. Group meetings are scheduled will usually occur in Room C. Individual meetings will occur in Allie's office, room 3111. Check Titanium as location and time may occasionally change due to schedule conflicts.

Further, to help preserve the pre-existing relationship between an intern and an extern, they are not scheduled to work together in a supervisory capacity. When we meet as a group, we will also avoid discussing evaluative information about the externs or any information that would negatively impact the extern's experience or the pre-existing relationship. Therefore, specifics about extern performance will be exclusively discussed during the individual meetings.

The overarching aim of this component of the training year is:

Interns will demonstrate knowledge and skill in the theory and practice of ethical, culturally-relevant clinical supervision such that they contribute to the positive development of future generations of psychologists.

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

1. Provide supervision to a Psychology Extern
2. Apply ethical and cultural considerations in supervision
3. Provide developmentally appropriate, strengths based, and culturally attuned feedback to supervisees
4. Provide and receive constructive feedback to/from their peers

Date and Format	Topic	Associated Readings
Week of July 28, 2025 Group	Welcome to supervision of supervision; fears, hopes, expectations	
Week of August 4, 2025	Welcome to supervision: the externship program	Extern Training Manual, Extern Supervisor Guide
Week of August 11, 2025 Group	Cultural and ethical considerations in supervision; telesupervision considerations	See below; APA Guidelines for Clinical Supervision in Health Service Psychology
Week of August 18, 2025 Group	Planning for a first supervision session Building a supervisory relationship and navigating conflict	Supervision agreement form
Week of August 25, 2025	<i>*extern meetings begin this week*</i> Planning for a first supervision session Building a supervisory relationship and navigating conflict	n/a

Week of September 1, 2025	Check in about first supervision sessions Supervisory orientations and methods/techniques; reviewing documentation and supervisor preferences Supervision informed by best practices	n/a
Week of September 8, 2025	Individual meetings	n/a
Week of September 15, 2025	Individual meetings	n/a
Week of September 22, 2025	Individual meetings	n/a
Week of September 29, 2025	Individual meetings	n/a
Week of October 6, 2025	Individual meetings	n/a
Week of October 13, 2025	Individual meetings	n/a
Week of October 20, 2025	Individual meetings	n/a
Week of October 27, 2025	Individual meetings	n/a
Week of November 3, 2025	Individual meetings	n/a
Week of November 10, 2025	Individual meetings	n/a
Week of November 17, 2025	Individual meetings	n/a
Week of November 24, 2025 Group	No meetings due to holiday week	n/a
Week of December 1, 2025	Individual meetings	n/a
Week of December 8, 2025	Individual meetings	n/a
Week of December 15, 2025 Group	Review of end of semester	n/a
Week of January 5, 2026 Group	Debrief of lessons learned during first semester of supervision	n/a
Week of January 12, 2026 Group	Debrief of overall experience in fall and hopes for spring semester	n/a
Week of January 19, 2026 <i>*externs return for spring semester*</i>	Individual discussions - revisiting first supervision session norms and preparing for the spring semester	n/a

Week of January 26, 2026	Individual discussions	n/a
Week of February 2, 2026	Individual discussions	n/a
Week of February 9, 2026	Individual discussions	n/a
Week of February 16, 2026	Individual discussions	n/a
Week of February 23, 2026	Individual discussions	n/a
Week of March 2, 2026	Individual discussions	n/a
Week of March 9, 2026	Individual discussions	n/a
Week of March 16, 2026 <i>*spring break week*</i>	Individual discussions	n/a
Week of March 23, 2026	Individual discussions	n/a
Week of March 30, 2026	Individual discussions	n/a
Week of April 6, 2026	Individual discussions	n/a
Week of April 13, 2026	Individual discussions	n/a
Week of April 20, 2026	Individual discussions	n/a
Week of April 27, 2026	Individual discussions	n/a
Week of May 4, 2026 Group	Group check-in about start of supervision and reflections about role as supervisor	n/a
Week of May 11, 2026	Individual discussions: end of year items; review of end of year evaluation; preparing for final meetings with supervisees	n/a
Week of May 18, 2026 Group	Group check-in about start of supervision and reflections about role as supervisor	n/a
Week of May 25, 2026 Group	Review of termination experience and process, prepare for supervision of supervision presentations	n/a

### Important deadlines:

#### Fall

Supervision Agreement signed and submitted	TBD
Draft of midsemester evaluations due to supervisor of supervision	mid-October
Draft of CAPS end-of-semester evaluations due to supervisor of supervision	early December

#### Spring

Supervision Agreement signed and submitted to training director	TBD
Draft of midsemester evaluations due to supervisor of supervision	mid-March

All interns will be scheduled for a formal presentation with 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

#### *Telesupervision considerations*

- 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. *Counseling 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
- Online article: <https://www.psychotherapynetworker.org/magazine/article/2565/the-myth-of-infallibility/f576ab48-e662-46f0-b122-06ab19d35e28/OIM>

#### *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](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-2: SEMINAR EVALUATION FORM

### 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-1: ADVOCACY PROJECT: DESCRIPTION**

### **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. Of note, interns are not responsible for building relationships with campus partners through this project; rather, they can support the collaborations that already exist. 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.

*Examples of past groups with whom interns have collaborated for this project:*

Examples of past groups with whom interns have collaborated for this project: MENA/SWANA students (office formerly known as Office of Diversity, Inclusion and Multicultural Education), LGBTQ+ students (LGBTQ+ Resources Center), military students (Office of Military Services), Jewish students (Hillel), survivors of violence (Student Support and Advocacy Center), student parents (Student Parent Working Group), BIPOC, international, queer, and trans student athletes (Athletics Department), first generation students (First Gen+ Center), international students (Office of International Programs and Services), Graduate Student Services

*Below is a list of possible offices with whom interns may collaborate:*

Center for Leadership and Intercultural Engagement

First Gen+ Center

LGBTQ Resource Center

Student Support and Advocacy Center

Women and Gender Studies

Student Health Services

Disability Services

Career Services

Athletics

Center for the Advancement of Well-Being

Contemporary Student Services

Early Identification Program

Graduate Student Life

Housing and Residence Life  
International Programs and Services  
New Student and Family Program  
Student Involvement

### **Process and Timeline**

Interns will learn about some offices on campus during orientation. Starting in orientation and throughout the year, interns will meet with the Assistant Director, Outreach Services to learn about the advocacy project and 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. All advocacy topic proposals must be approved by the Assistant Director, Outreach Services and the Associate Director, Training Services.

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

- By September 26, 2025, interns will identify a topic, mentor, and campus partner. Once they identify a mentor and project, interns and mentors will complete a mentorship agreement form to be submitted to the Assistant Director, Outreach Services and the Associate Director, Training Services.
  - Mentors and interns will meet regularly during the year to discuss the project. A recommended frequency is monthly during key points of project work during the training year.
  - Interns will contact a representative from the campus organization to discuss working together on the advocacy project with guidance about the approach and building the working relationship from their mentor.
- By the end of fall semester (December 19, 2025), interns will meet with their campus partner to identify a research question, complete a needs assessment, and propose programming dates for the spring/summer (if relevant to their project).
  - Notes regarding the needs assessment: Interns will evaluate the needs of the campus partner and collect/analyze relevant data. 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. Interns may complete this needs assessment through:
    - Discussions with campus partners and/or students;
    - A survey;
    - Another relevant approach based on the campus partner need;
    - A combination of the options listed above.
- A few notes to consider:
  - Depending on the intended data collection and plans for use, interns may need approval from the Institutional Review Board at George Mason University. Please consult with your mentor accordingly to ensure it does not delay your project.
  - If you plan to offer a program, successful completion of the advocacy project will not depend on student attendance at the program offered.
  - We strongly recommend that interns avoid offering solely CAPS-sponsored support spaces for their advocacy project given that they do not typically have

strong attendance. We recommend that interns offer an outreach program connected to an outreach that their campus partner is offering to increase attendance.

- If you are creating a product, please be sure to following Mason's relevant guidelines in the following policies:  
<https://universitypolicy.gmu.edu/policies/employees-electronic-communications/>; <https://universitypolicy.gmu.edu/policies/copyright-in-university-works/>; <https://universitypolicy.gmu.edu/policies/use-and-reproduction-of-copyrighted-materials/>. Specifically, as the project's creator, you will retain copyright of the material you produce. The university will have access to reproduce the work for educational and research purposes.
- If you are using a platform that requires registration, interns must use their Mason email address to establish the account. Their mentor should also have access to the account if questions about the project emerge after their internship training year.
- By January 20, 2026, interns will create a one-page outline of their proposal for their advocacy project.
  - The proposal should include information for relevant research that is informing their proposal. The research should help explain the importance/relevance of this topic to the population at Mason.
  - It should also include notes about their planned product.
  - The outline does not have to be written in paragraph form as it is intended to serve as a point of discussion for the intern to review with their mentor and campus partner.
  - Interns should submit this proposal to their mentor; the Assistant Director, Outreach Services; and Associate Director, Training Services
- By the end of the training year (July 2026), interns will have a product associated with their advocacy project. The product will be defined by the needs assessment and campus partner goals; it could include an educational presentation to CAPS staff (separate from the final project), an outreach program to a population on campus, data for the campus partner, or another product as defined collaboratively with the campus partner and project mentor.
- Interns will provide final feedback and any final product discussed to their campus partner. Interns can either create a one-page summary of the research question, relevant literature, findings, and implications to provide to their campus partner or create a separate way to share final feedback that aligns with their project.
- Interns will present the full project to CAPS staff (separate from an educational training that may be the project product) at the end of the training year (presentation date to be determined for early July 2026). The presentation will serve as the final write-up for the project. 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, reflections about the experience, recommendations to the center, and any final product produced for the campus partner. Interns will review their presentation with their mentor before presenting it to staff. The presentation will consist of a visual aid (a PowerPoint or other aid to guide the discussion) and will be scheduled for 50 minutes, with the first 35 minutes for the

intern to present and the final 15 minutes for group discussion about the project and ways that the counseling center can implement lessons learned.

### **Evaluation**

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

The project mentor will complete the Advocacy Project Feedback form 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 Associate Director, Training Services for inclusion in the intern file.

## **APPENDIX C-2: ADVOCACY PROJECT: MENTORSHIP AGREEMENT FORM**

This document outlines a mentorship agreement between mentor and Psychology Intern 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.

### ***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. Some additional specifics include:

- Actively update mentor about progress with project and reach out for consultation as needed.
- Schedule regular meetings with mentor. Monthly meetings are recommended at critical times during project development.
- Contact campus partner regularly about the project and seek consultation and guidance about how best to support the student population identified.
- Complete the components of the project, including the research question, needs assessment, outline of project, product, end of year summary to campus partner, and presentation to CAPS staff.
- Regularly review Training Manual for deadlines and to ensure that project fulfills requirements.

### ***Expectations of Advocacy Project Mentor***

Advocacy project mentors will be expected to provide professional and educational guidance and support to interns throughout the project experience. Advocacy project

mentors will serve as the first point of contact for questions that arise for interns as part of their advocacy project. Some additional specifics include:

- Consult about the development of the research question, methodology, and implementation.
- Assist in developing a positive working relationship with the campus partner.
- Attend first meeting with campus partner and subsequent meetings if requested.
- Support intern in developing details of the product, including identifying **reasonable** goals, developing a product that aligns with the needs of the campus community, and ensuring that the project meets the requirements of the internship program.
- Consult and support intern in navigating any conflicts that emerge.
- Assist in identifying and obtaining other needed support, such as from Assistant Director, Outreach Services or Associate Director, Training Services.
- Support intern in completing end of year presentation.
- Assist intern in identifying how to communicate feedback and outcome of project to campus partner.
- Project regular feedback on project work in a timely manner, including informal feedback throughout the year and formal feedback at midyear and end of year.

### ***Expectations of Assistant Director, Outreach Services***

The Assistant Director, Outreach Services will meet with interns regularly, and during those meetings, will check-in about the status of their advocacy projects. The Assistant Director, Outreach Services will also serve as a consultant and support to both the mentor and intern regarding logistics of the product as needed, such as room reservations and marketing materials, as well as challenges with campus partners.

### ***Expectations of Associate Director, Training Services***

The Associate Director, Training Services meet with interns regularly, and during those meetings, will check-in about the status of their advocacy projects. The Associate Director, Training Services will also serve as a consultant and source of support regarding issues arising as intern is completing the project that may impact fulfilling the requirements of internship within the training year.

### ***The research question that I would like to pursue is:***

Parties concurring with this agreement:	Print Name	Sign	Date
Intern:			
Project Mentor:			
Assistant Director, Outreach Services			
Associate Director, Training Services:			



## APPENDIX C-3: ADVOCACY PROJECT: FEEDBACK FORM [MENTOR]

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: \_\_\_\_\_

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

<b>5</b>	Highly Proficient	Above expected developmental level of an intern, and at level expected for an early career professional.
<b>4</b>	Proficient and Autonomous	Intermediate to advanced competency level with substantial independent ability.
<b>3</b>	Satisfactorily Proficient	At the expected developmental level for an intern; Demonstrated awareness and uses this awareness to inform their work.
<b>2</b>	Minimally Proficient	Falls below expected developmental level of entering intern; Demonstrates marginal competence
<b>1</b>	Not Proficient	Performance is below expected developmental level for an intern; Demonstrates inadequate competence.
<b>N/A</b>	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 campus partner	
Intern effectively implemented study methodology	
Intern effectively evaluated program needs when planning the advocacy project	
Intern demonstrated knowledge of recent research in the area of the consultation project	
Intern effectively described the project results	
Intern effectively presented the proposal or final project	



Intern effectively incorporated multicultural principles into the proposal and final project	
Intern communicated effectively during written and verbal presentations (e.g., logical, clear, organized, conceptually accurate)	
<p style="text-align: right;"><b>Average *:</b></p> <p>* All items must be a 3 or above at the end of year. 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 C-4: ADVOCACY PROJECT: FEEDBACK FORM [CAPS STAFF]

(Please return form to Please return form to Associate Director, Training Services)

**Name of Intern:** \_\_\_\_\_

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

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

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

<b>5</b>	Highly Proficient	Above expected developmental level of an intern, and at level expected for an early career professional.
<b>4</b>	Proficient and Autonomous	Intermediate to advanced competency level with substantial independent ability.
<b>3</b>	Satisfactorily Proficient	At the expected developmental level for an intern; Demonstrated awareness and uses this awareness to inform their work.
<b>2</b>	Minimally Proficient	Falls below expected developmental level of entering intern; Demonstrates marginal competence
<b>1</b>	Not Proficient	Performance is below expected developmental level for an intern; Demonstrates inadequate competence.
<b>N/A</b>	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 cultural considerations into the advocacy project	
Intern communicated effectively during written and verbal presentations (e.g., logical, clear, organized, conceptually accurate)	
<b>Average *:</b> * All items must be a 3 or above at the end of year. If not, then intern has the option of revising advocacy project presentation in order to meet minimum competency levels.	

Comments:



## APPENDIX D-1: PRESENTATION: CLINICAL CASE GUIDELINES

**Frequency: twice/year (fall, summer)**

**Overview:** Interns will present their clinical work to supervisory staff members at the center. 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 job search 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.

### **Fall Case Presentation Key Notes and Format:**

#### **Key notes:**

- Exact dates for the presentations will be determined during the training year. The format (virtual or in-person) will also be determined at that time in response to the ongoing COVID-19 pandemic.
- Given that the presentation will mirror your experience providing a job talk, please be sure to remove all identifying information.
- It is expected that you will review and discuss your case presentation with your supervisor prior to the formal presentation with clinical staff. Case presentations must be given to individual supervisors at least **one week** before presentations to allow time for review and feedback. In preparing for the presentation, interns are also invited to discuss the case during group supervision.
- 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.
- Include discussion of diagnostic considerations.
- All documents in preparation for this presentation should be saved on your external hard drive. If working on the presentation beyond business hours or without access to the external hard drive, interns are expected to exclusively work on their internship tasks from their university-assigned laptop and should de-identify the presentation. The presentation should also be fully de-identified given that it is a job talk and could be presented to clinicians who do not work at the counseling center. For example, interns should avoid documenting obviously identifying information such as name and birth date or G number or other potentially identifying information. Potentially identifying information could include a student's involvement on campus or particular identities and involvement in co-curricular activities that could identify the student. For example, a student who holds a role on campus or a student who holds a particular identity that is not highly represented in a major. Interns may ask themselves if the student's best friend were in the audience if they would know that the presentation were about their friend as a guide. These presentations should be saved on the intern's computer desktop since the Shared drive is not secure and password protected.

- A PowerPoint is expected. Be sure to give yourself enough time to prepare so the presentation can begin on time.
- A copy of your presentation should be printed for your file and given to the Associate Director, Training Services. Please do not email the presentation given the confidential nature of the work.

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. **Psychosocial history:** Relevant and brief 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 TR, 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**. Indicate the treatment goals collaboratively decided with the client.
- 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**: staff will engage in a discussion with you about the case, which may include questions and reflections, 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:** 50 minutes total: approximately 25 minutes for formal presentation; approximately 15 minutes for discussion; and approximately 10 minutes for debrief and feedback.

## Summer Case Presentation Key Notes and Format:

### Key notes:

- Exact dates for the presentations will be determined during the training year. The format (virtual or in-person) will also be determined at that time in response to the ongoing COVID-19 pandemic.
- It is expected that you will review and discuss your case presentation with your supervisor prior to the formal presentation with clinical staff. Case presentations must be given to individual supervisors at least **one week** before presentations to allow time for review and feedback. In preparing for the presentation, interns are also invited to discuss the case during group supervision.
- 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.
- Include discussion of diagnostic considerations.
- All documents in preparation for this presentation should be saved on your external hard drive. If working on the presentation beyond business hours or without access to the external hard drive, interns are expected to exclusively work on their internship tasks from their university-assigned laptop since the Shared drive is not secure. The presentations should also be password protected.
- Interns may include identifying information in this presentation given that it is presented to clinicians who work at the counseling center.
- A PowerPoint is expected. Be sure to give yourself enough time to prepare so the presentation can begin on time.
- A copy of your presentation should be printed for your file and given to the Associate Director, Training Services. Please do not email the presentation given the confidential nature of the work.

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. **Psychosocial history:** Relevant and brief 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 TR, 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**. Indicate the treatment goals collaboratively decided with the client.
- 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. **Questions**: pose questions for the group to consider based on your presentation and work with the client.
- J. **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:** 50 minutes total: approximately 25 minutes for formal presentation and 25 for discussion of both questions posed, questions raised by staff, and self-reflection shared by intern.

## APPENDIX D-2: PRESENTATION: CLINICAL CASE EVALUATION FORM

### CLINICAL CASE PRESENTATION FEEDBACK FORM

(Please return form to Associate Director, Training Services)

George Mason University Counseling and Psychological Services

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

Staff member providing feedback: \_\_\_\_\_

Please rate using the five-point scale outlined below:

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

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

<b>CLINICAL CASE PRESENTATION</b>	<b>RATING</b>
<b>Framing of Clinical Work</b>	
Intern discussed theoretical foundation of clinical work	
Intern provided a cohesive overview of presenting problem, treatment goals, and overview of work to date	
Intern integrated assessment from intake assessment as well as CCAPS data into presentation	
Intern described diagnostic impressions, including supporting evidence and rule outs	
Intern provided conceptualization of client concerns that included cultural considerations and client strengths grounded in their theoretical foundation	
<b>Cultural Competency and Self-Reflection</b>	
Intern discussed multicultural considerations related to their work with the client	
Intern addressed any personal challenges in working with the client (i.e., countertransference issues)	
Intern demonstrated self-reflection about their own identity variables and dynamics in the therapeutic relationship	
<b>Implementation and Critical Thinking</b>	

Intern discussed rationale for interventions	
Intern described client progress toward treatment goals	
Intern identified and integrated scholarly reading that connects to the client case	
Intern discussed ethical considerations and applied ethical decision-making model in response to any ethical dilemmas that arose	
<b>Preparedness and Organization</b>	
Intern presented information clearly and conceptually accurate	
Intern asked relevant questions that elicited group discussion about the case	
Intern engaged in staff discussion	
<b>Average * :</b>	
*All items must be a 3 or above at the end of year. If not, then intern has the option of revising case presentation in order to meet minimum competency levels.	

**Comments** (use back if needed):

## APPENDIX D-3: PRESENTATION: SUPERVISION CASE GUIDELINES

**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. The format (virtual or in-person) will also be determined at that time in response to the ongoing COVID-19 pandemic.
- Provide a copy of the presentation at least one week in advance to the supervisor of Supervision of Supervision to allow time 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 working on the presentation beyond business hours or without access to the external hard drive, interns are expected to exclusively work on their internship tasks from their university-assigned laptop since the Shared drive is not secure. The presentations should also be password protected. Any references to clients should be abbreviated and exclusively used to discuss the supervision provided.
- A PowerPoint is expected. Be sure to give yourself enough time to prepare so the presentation can begin on time.
- A copy of your presentation should be printed for your file and given to the Associate Director, Training Services. Please do not email the presentation given the confidential nature of the work.

The presentation should have the following components:

- L. **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.
- M. **Structure of Supervision and Supervisory Style:** Describe your supervisory style, using an established supervision model to illustrate your approach.

Incorporate a scholarly reading to inform this discussion. 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.

N. **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. Consider the impact of feedback and evaluation on the supervisory process.

O. **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.

P. **Questions:** Pose questions for feedback and discussion based on your experience of providing supervision and lessons learned.

Q. **Discussion:** Following the PowerPoint, you and staff who attend your presentation will have a question and answer time.

Presentation Time: 50 minutes total; approximately 30 minutes for presentation and remaining time for discussion.

## APPENDIX D-4: PRESENTATION: SUPERVISION CASE EVALUATION FORM

### SUPERVISION CASE PRESENTATION EVALUATION FORM

Please return form to Associate Director, Training Services

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

Staff member providing feedback: \_\_\_\_\_

**Please rate using the five-point scale outlined below:**

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

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

<b>SUPERVISION CASE PRESENTATION</b>	<b>RATING</b>
1. Provided sufficient contextual information about supervisor and supervisee identity variables and incorporated cultural considerations throughout the supervision presentation.	
2. Clearly described supervisory style, informed by relevant literature and in a way that exhibits knowledge in theory and practice of clinical supervision.	
3. Provided sufficient and summative information regarding supervisory process to provide an overview of work together.	
4. Described supervisee's strengths and growth edges in a developmental, multicultural, and interpersonal context.	
5. Conceptualized supervisory relationship, including strategies used to establish relationship, ways repaired any ruptures, and examples of support provided.	
6. Attended to client needs, provided supervision such that client welfare is ensured, and attended to ethical issues.	
7. Evidenced self-reflection and growth through discussion of development as supervisor.	
8. Posed relevant questions for staff discussion.	

9. Engaged in staff discussion.	
<p style="text-align: right;"><b>Average *:</b></p> <p>* All items must be a 3 or above at the end of year. If not, then intern has the option of revising case presentation in order to meet minimum competency levels.</p>	

## APPENDIX E-1: EVALUATION: SELF ASSESSMENT

### 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 sense of self 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. ***Note: It is important to remember that you are not expected to have mastery in any of these skills, otherwise what would be the point of internship!***

This assessment is used by the Training Director in planning purposes. You will also share with your supervisor to identify hopes and goals for the year and are encouraged to share with the facilitators for the Multicultural Lab, Coordinator of Group Therapy Services, and Assistant Director, Outreach Services. 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

COMPETENCY #1: RESEARCH		
1.1	Uses research to inform clinical decision making	
1.2	Applies ethical principles in the evaluation and dissemination of research (e.g., through presentations and advocacy project)	
1.3	Demonstrates knowledge and skill to critically evaluate research, with attention to diversity and contextual variables (e.g., through presentations and advocacy project)	
1.4	Applies findings from research and other scholarly activities (e.g., through clinical work, presentations, and advocacy project)	
	Average Score	

COMPETENCY #2: ETHICAL AND LEGAL STANDARDS		
2.1	Demonstrates knowledge of ethical/professional codes, professional standards, and APA policies and guidelines	



2.2	Demonstrates knowledge of relevant laws, statutes, and regulations for clinical practice in the Commonwealth of Virginia	
2.3	Seeks supervision as needed to promote client welfare*	
2.4	Follows center guidelines related to maintaining client confidentiality*	
2.5	Recognizes ethical dilemmas when they arise and seeks appropriate consultation*	
2.6	Minimizes the potential for dual relationships with clients and discusses such relationships in supervision	
Average Score		

### **COMPETENCY #3: INDIVIDUAL AND CULTURAL DIVERSITY**

3.1	Engages in self-exploration related to own cultural identities, socialization processes, stereotypes, biases, and areas of oppression and privilege	
3.2	Recognizes when own cultural biases affect client treatment and discusses in supervision	
3.3	Applies theoretical and empirical knowledge about cultural considerations in clinical work	
3.4	Demonstrates an understanding of social justice principles as it applies to university counseling center work	
3.5	Contributes to forming working alliances with a client population with diverse identities and presenting concerns	
3.6	Acknowledges and incorporates clients' lived experiences and intersecting identities when engaging in treatment planning and conceptualizing concerns	
3.7	Contributes to forming working alliances with a diverse group of professionals, including peers, CAPS and George Mason staff, and supervisees	
Average Score		

### **COMPETENCY #4: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIOR**

4.1	Demonstrates concern for and investment in the well-being of clients	
4.2	Demonstrates openness and non-defensiveness to feedback	
4.3	Engages in self-reflective practice	
4.4	Changes behavior based on self-monitoring and/or feedback received	
4.5	Accurately assesses own strengths and areas for growth	

4.6	Demonstrates an awareness of and openness to processing countertransference/own affective reactions	
4.7	Engages in adequate self-care and stress management behaviors	
4.8	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*	
4.9	Uses supervision as collaboratively defined with supervisor (e.g., being prepared, reviewing tape, engaging in supervisory process, completing necessary paperwork)	
4.10	Effectively manages disagreements or conflict in relationships and/or seeks support when power dynamics contribute to challenges in the process	
4.11	Actively engages during meetings, seminars, and supervisions	
4.12	Completes documentation and other internship tasks within assigned deadlines	
4.13	Arrives to and concludes scheduled meetings and clinical appointments within time norms of the center	
	Average Score	

### **COMPETENCY #5: COMMUNICATION AND INTERPERSONAL SKILLS**

5.1	Communicates effectively during presentations verbally and in writing (e.g., clear, understandable, logical, organized, conceptually accurate)	
5.2	Communicates information in writing (e.g., clinical documentation) effectively (e.g., clear, understandable, logical, organized, conceptually accurate)	
5.3	When seeking consultation, can state the reason for the consultation and provides clinically relevant information in an organized manner	
5.4	Demonstrates openness to engage in discussions about relationships with clients to enhance therapeutic relationship	
5.5	Demonstrates openness to engage in discussions about relationships with peers and supervisors to enhance working relationship	
5.6	Communicates planned and unplanned absences per discussed guidelines and identifies a plan to make-up missed clinical, training, and administrative tasks	
5.7	Communicates personal and professional needs relevant to training year to supervisor and other training staff	
5.8	Provides direct and respectful feedback to peers, supervisees, and other CAPS staff	
	Average Score	

**COMPETENCY #6: ASSESSMENT***Assessment (risk/crisis assessment)*

6.1.1	Demonstrates the ability to conduct accurate and culturally-informed lethality assessments regarding potential danger to self and others and makes clinical decisions that reflect the client's level of need*	
6.1.2	Therapeutically provides support for clients in crisis through empathic listening, validation, safety planning, and accurately consulting around issues of risk	
6.1.3	Creates or modifies treatment plans for clients in crisis, including those with lethality concerns such as suicidal or homicidal ideation	
6.1.4	Is aware of referral and treatment options and effectively uses options when responding to crisis situations	
6.1.5	Maintains an appropriate professional demeanor and calming presence in the face of crisis situations	

*Assessment (intake/brief screening)*

6.2.1	Thoroughly reviews available clinical information and incorporates that information into the assessment of the client	
6.2.2	Assesses relevant cultural context when completing intake assessment	
6.2.3	Assesses the need for medical and or psychiatric evaluation and refers to provider when appropriate	
6.2.4	Structures intakes and makes appropriate decisions regarding disposition that matches the client's level of clinical need	

*Assessment (other methods)*

6.3.1	Engages in ongoing assessment of relevant concerns during treatment (e.g., risk, substance use, disordered eating, mandated reporting)	
6.3.2	Considers individual and cultural diversity in all assessment activities	
6.3.3	Demonstrates knowledge of current version of DSM diagnostic framework and applies in culturally-informed manner	
6.3.4	Integrates relevant history and assessment measures (e.g. CCAPS) into clinical documentation	
6.3.5	Utilizes CCAPS data in an ongoing manner to inform treatment	
6.3.6	Appropriately identifies clients with whom to use assessment or other screening tools to inform treatment	
6.3.7	Uses information obtained from the assessments to make culturally-informed treatment recommendations	

**COMPETENCY #7: INTERVENTION***Intervention (individual therapy, case management)*

7.1.1	Develops appropriate treatment goals in collaboration with the client and seeks client feedback regarding progress toward goals	
7.1.2	Develops treatment/intervention plans specific to the treatment goals using culturally-relevant interventions	
7.1.3	Develops treatment/intervention plans specific to the treatment goals using evidence-based principles interventions	
7.1.4	Develops case conceptualizations using relevant theory, research, and evidence-based practices	
7.1.5	Demonstrates attunement and empathic understanding of clients, as evidenced by the utilization of skills such as reflection, paraphrasing, summarizing, and open-ended questions	
7.1.6	Implements interventions informed by a holistic conceptualization of the client that consider risk factors, developmental level, symptoms/presenting concerns, and cultural considerations	
7.1.7	Implements interventions that are grounded in theoretical orientation appropriate to client concern and evidence-based practice and that are within own/supervisor scope of competence	
7.1.8	Recognizes and attends to potential ruptures in the therapeutic alliance by inviting dialogue and non-defensively processing the ruptures	
7.1.9	Demonstrates the ability to seek and apply relevant research to inform clinical decision-making	
7.1.10	Appropriately provides referrals to other university and community resources when clients' needs are best met through other settings/providers	
<i>Intervention (group therapy)</i>		
7.2.1	Conducts group screening appointments to determine clients' appropriateness for group	
7.2.2	Addresses client concerns about confidentiality in group	
7.2.3	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)	
7.2.4	Structures and manages group sessions as evidenced by managing time and noticing individual group members' participation	

7.2.5	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)	
7.2.6	Demonstrates ability to integrate cultural considerations into their conceptualization, treatment planning, and interventions in group	
7.2.7	Contributes to working relationship with group therapy co-facilitator	
7.2.8	Prepares group members for termination by reviewing progress, discussing the upcoming termination, and engaging in future treatment planning	
7.2.9	Writes clear, concise, and objective group notes	
<i>Intervention (outreach)</i>		
7.3.1	Demonstrates ability to plan and implement outreach programs tailored to the needs of the target audiences	
7.3.2	Incorporates cultural considerations in developing and implementing programs	
7.3.3	Uses appropriate presentation style to engage audience	
7.3.4	Evaluates outreach programs and incorporates feedback from evaluations to improve service delivery	
	Average Score	

<b>COMPETENCY #8: SUPERVISION</b>		
8.1.1	Demonstrates knowledge and application of supervision literature and relevant research	
8.1.2	Adheres to ethical practices in all supervisory activities	
8.1.3	Considers individual and cultural diversity in all supervisory activities	
8.1.4	Builds supervisory relationship/alliance with extern supervisees	
8.1.5	Recognizes when own cultural biases and personal values impact the supervisory relationship	
8.1.6	Structures supervision to allow for appropriate monitoring of client welfare	
8.1.7	Ensures supervisee provides effective service to clients using theoretically grounded and evidence-based practices	
8.1.8	Provides accurate and specific feedback to supervisees that recognizes their strengths and growth edges	
8.1.9	Provides timely feedback that contributes to the professional growth of supervisees	

8.1.10	Attends to both process and content in both counselor-client and supervisor-supervisee relationships	
<i>Peer Supervision</i>		
8.2.1	Builds supervisory relationship/alliance with peers in group supervision spaces	
8.2.2	Provides strength-based and culturally attuned feedback to peers regarding provision of effective service	
8.2.3	Provides feedback that contributes to the professional growth of peers	
	Average Score	

## **COMPETENCY #9: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS**

9.1	Consults appropriately with other health care professionals who may be involved in a client's treatment (e.g., psychiatrists, primary care providers, other therapists)	
9.2	Consults appropriately with others (e.g., parents, faculty, staff, students, other stakeholders) to disseminate information regarding CAPS services and to make recommendations (e.g., during outreach programs)	
9.3	Considers individual and cultural diversity in all consultation activities	
9.4	Adheres to ethical practices in all consultation activities	
9.5	Demonstrates appreciation for the different roles of other professionals in comprehensive care of clients and in university systems	
9.6	Builds and manages effective consultative relationships with individuals, offices, and agencies outside of CAPS (e.g., advocacy project campus partner)	
9.7	When in a formal consulting role, assesses needs of consultees effectively and in a timely manner (e.g., advocacy project campus partner)	
	Average Score	

### **I. 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:

### *Diversity and Inclusion*

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 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 Assistant Director, Outreach Services.

- 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 the Coordinator of Group Therapy Services during future seminars and 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 E-2: EVALUATION: MIDSEMESTER EVALUATION OF INTERN**

### **George Mason University Counseling and Psychological Services**

#### **Evaluation Form for Profession Wide Competencies for Doctoral Interns in Health Service Psychology Mid-semester**

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

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

**Individual supervisor:** \_\_\_\_\_

This brief evaluation is based on the primary aims of the 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 is as follows: to develop knowledge and professional practices that assure adherence to the ethical standards for psychologists; to develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as emerging psychologists; effectively use assessment skills and tools to provide accurate and culturally-informed treatment considerations and recommendations; develop skills to collaborate and consult with other individuals or groups to address a problem, seek or share knowledge, and/or promote effectiveness in professional activities in an ethical and culturally-informed manner; demonstrate knowledge and skill in the theory and practice of ethical, culturally-relevant clinical supervision such that they contribute to the positive development of future generations of psychologists; develop research-informed knowledge, skills, and cultural humility to engage in psychological practice with diverse populations and engage in ongoing self-reflection in this area; integrate foundational values of a psychologist and demonstrate behaviors and practices that are consistent with the professional identity of a psychologist; engage in self-reflection and apply insights to professional relationships and communications; and demonstrate knowledge and skill to critically evaluate and use existing knowledge to make recommendations and to apply current research to professional practice.

Please indicate the trainee's strengths, growth edges, and areas of concern (if applicable) related to each Profession-Wide Competency.

#### **COMPETENCY # 1: RESEARCH**

Strengths:

Areas of growth:

Areas of concern, if applicable:

## COMPETENCY # 2: ETHICAL AND LEGAL STANDARDS

Strengths:

Areas of growth:

Areas of concern, if applicable:

## COMPETENCY # 3: INDIVIDUAL AND CULTURAL DIVERSITY

Strengths:

Areas of growth:

Areas of concern, if applicable:

## COMPETENCY # 4: PROFESSIONAL VALUES ATTITUDES AND BEHAVIORS

Strengths:

Areas of growth:

Areas of concern, if applicable:

## COMPETENCY # 5: COMMUNICATION AND INTERPERSONAL SKILLS

Strengths:

Areas of growth:

Areas of concern, if applicable:

## COMPETENCY # 6: ASSESSMENT

Strengths:

Areas of growth:

Areas of concern, if applicable:

## COMPETENCY # 7: INTERVENTION

Strengths:

Areas of growth:

Areas of concern, if applicable:

## COMPETENCY # 8: SUPERVISION

Strengths:

Areas of growth:

Areas of concern, if applicable:

COMPETENCY # 9: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Strengths:

Areas of growth:

Areas of concern, if applicable:

Signatures:

\_\_\_\_\_  
Individual supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Director, Training Services

\_\_\_\_\_  
Date

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

## APPENDIX E-3: EVALUATION: END OF SEMESTER/YEAR EVALUATION OF INTERN

### Evaluation Form for Profession Wide Competencies for Doctoral Interns in Health Service Psychology

<b>Intern:</b>	_____	<b>Date:</b>	_____
<b>Primary Supervisor:</b>	_____	<b>Semester:</b>	_____
<b>Additional Supervisors:</b>	_____	<b>Supervisory Role:</b>	_____
	_____		_____
	_____		_____
	_____		_____

#### 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. Intern performance is expected to be an average score of 3 in each competency at midyear. The average score acknowledges strengthening skills and possible fluctuating performance as interns are continuing to receive close supervision for their work during the first portion of internship. To successfully complete the internship, all items must be a 4 or above at the end of internship.

Supervisors: Please indicate the level at which the trainee is functioning in each competency area using the scale below. Please average the scores for each section and provide an overall average score for the evaluation. Supervisors are permitted to use whole or half numbers on the evaluation to most accurately reflect intern performance relative to each evaluation item.

*Note: Clinical services are being provided via a hybrid model, through both in person services and telemental health platforms. This evaluation form reflects the hybrid clinical services being provided by the intern.*

#### Rating Scale

6	Advanced Proficiency: Intern consistently performs at skill level of advanced licensed psychologist/professional.
5	Proficient: Intern demonstrates advanced knowledge and skill in this area for an entry-level professional. Intern can apply existing knowledge and skills to novel and complex experiences. Intern takes more autonomy and agency while consulting when needed.
4	Strengthening Proficiency: Intern demonstrates solidified knowledge and skill consistent with entry-level professional in this area which may also include ongoing areas of development. Intern can apply existing knowledge and skills to novel experiences. Intern accurately assesses own strengths and ongoing areas for growth. Intern seeks consultation and utilizes supervision to strengthen skills as appropriate.
3	Solidifying Competence: Intern typically performs skill adequately. Intern may still need close supervision for more complex/novel situations or to strengthen skill. Intern is growing in ability to monitor and accurately assess own performance.
2	Developing Competence: Performance fluctuates at times below minimum developmental level for an intern. Intern expresses understanding of the importance of the skill, though skill performance is inconsistent. Intern requires close supervision and monitoring in performing tasks in this area. A score of 2 on any critical item may result in remediation plan to support development. Remediation will likely be necessary later in the year if the intern does not make progress in this area. Consistent performance at or below this level after completion of a remediation plan may result in dismissal from the internship.
1	Insufficient Competence: Intern consistently performs below minimum developmental level for an intern. Intern may demonstrate lack of insight into importance of skill. A score of 1 on any item will likely result in immediate remediation to support development. Consistent performance at this level after completion of the remediation plan may result in dismissal from the internship.
N/A	Not applicable and/or not able to assess.

The information below provides some additional context for supervisors to inform their evaluation processes:

***Behaviors associated with Minimum Level of Achievement (MLA) at midyear:*** At midyear, our expectation is that interns are integrated into the clinical system and consulting to learn more about their clinical work and themselves as emerging psychologists. Some examples include: foundational awareness of the importance of incorporating cultural considerations into conceptualization of and interventions used with clients; receptivity to engagement in self-reflection and building self-awareness as an emerging psychologist; transparency in supervision regarding needs that may influence work at the center as well as with clients; working toward building effective working relationships with supervisors, members of cohort, and the team at CAPS; engagement in meetings (may be verbal or nonverbal); demonstrated knowledge of the ethics code and aspirational guidelines for working with clients; recognition of ethical dilemmas and appropriate consultation; receptivity to and incorporation of feedback; generalization of feedback provided.

Some areas for concern that may lead to an intern not reaching the level of Solidifying Competence in certain competencies include: not consulting regarding client lethality or ethical dilemmas that arise, not thoroughly completing risk assessment when working with clients, unresponsiveness to supervisor or staff feedback, ignoring client context or identities when developing interventions and treatment plans, implementing inappropriate interventions or interventions beyond the scope of competence of trainee/supervisor, being consistently distracted during meetings, not completing notes within timeline

established at CAPS, including inaccurate or incomplete information in documentation, not making appropriate progress on internship projects such as advocacy project and outreach program requirements, not tracking clients on their caseload and following up with clients as needed, not responding to other administrative tasks within timeline requested.

***Behaviors associated with Minimum Level of Achievement (MLA) at end of year:*** At the end of the training year, interns' performance should be at the developmental level of an emerging psychologist ready for independent practice. Interns will continue to self-assess when to seek additional supports through consultation or supervision, though they will also evidence increased autonomy. Interns will also evidence an ability to generalize lessons learned to novel situations. Some examples include: consistent incorporation of cultural considerations into clinical work as well as working relationships with individuals at the counseling center; investment in ongoing learning and self-reflection related to lifelong growth; strong sense of self as an emerging psychologist; investment in ongoing learning of self and research that informs clinical work; openness in supervision to strengthen growth as emerging psychologist; management of disagreements directly or seeking support for managing disagreements when power dynamics/relationships built with some staff prevent direct feedback; creation of effective working relationships with campus partners and following through on assignments/tasks; valuing of and consistent application of ethics code through consultations; sharing of perspective and thought process during consultation; management of unexpected or challenging situations by applying ethical decision making models and previous experiences; able to generalize consultations to new circumstances; minimal feedback required on documentation and clinical work; able to independently establish conceptualization, diagnostic considerations, treatment plan, and recommendations for clients; management of time and schedule to ensure completion of tasks within timeframes allotted. Working with clients; recognition of ethical dilemmas and appropriate consultation; receptivity to and incorporation of feedback; generalization of feedback provided.

<b>COMPETENCY #1: RESEARCH</b>		
1.1	Uses research to inform clinical decision making	
1.2	Applies ethical principles in the evaluation and dissemination of research (e.g., through presentations and advocacy project)	
1.3	Demonstrates knowledge and skill to critically evaluate research, with attention to diversity and contextual variables (e.g., through presentations and advocacy project)	
1.4	Applies findings from research and other scholarly activities (e.g., through clinical work, presentations, and advocacy project)	
	Average Score	
	<b>Strengths/Areas for Growth/Comments:</b>	

<b>COMPETENCY #2: ETHICAL AND LEGAL STANDARDS</b>		
2.1	Demonstrates knowledge of ethical/professional codes, professional standards, and APA policies and guidelines	
2.2	Demonstrates knowledge of relevant laws, statutes, and regulations for clinical practice in the Commonwealth of Virginia	
2.3	Seeks supervision as needed to promote client welfare*	
2.4	Follows center guidelines related to maintaining client confidentiality*	
2.5	Recognizes ethical dilemmas when they arise and seeks appropriate consultation*	
2.6	Minimizes the potential for dual relationships with clients and discusses such relationships in supervision	
	Average Score	
	<b>Strengths/Areas for Growth/Comments:</b>	

<b>COMPETENCY #3: INDIVIDUAL AND CULTURAL DIVERSITY</b>		
3.1	Engages in self-exploration related to own cultural identities, socialization processes, stereotypes, biases, and areas of oppression and privilege	
3.2	Recognizes when own cultural biases affect client treatment and discusses in supervision	

3.3	Applies theoretical and empirical knowledge about cultural considerations in clinical work	
3.4	Demonstrates an understanding of social justice principles as it applies to university counseling center work	
3.5	Contributes to forming working alliances with a client population with diverse identities and presenting concerns	
3.6	Acknowledges and incorporates clients' lived experiences and intersecting identities when engaging in treatment planning and conceptualizing concerns	
3.7	Contributes to forming working alliances with a diverse group of professionals, including peers, CAPS and George Mason staff, and supervisees	
	Average Score	
	<b>Strengths/Areas for Growth/Comments:</b>	

<b>COMPETENCY #4: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIOR</b>		
4.1	Demonstrates concern for and investment in the well-being of clients	
4.2	Demonstrates openness and non-defensiveness to feedback	
4.3	Engages in self-reflective practice	
4.4	Changes behavior based on self-monitoring and/or feedback received	
4.5	Accurately assesses own strengths and areas for growth	
4.6	Demonstrates an awareness of and openness to processing countertransference/own affective reactions	
4.7	Engages in adequate self-care and stress management behaviors	
4.8	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*	
4.9	Uses supervision as collaboratively defined with supervisor (e.g., being prepared, reviewing tape, engaging in supervisory process, completing necessary paperwork)	
4.10	Effectively manages disagreements or conflict in relationships and/or seeks support when power dynamics contribute to challenges in the process	



4.11	Actively engages during meetings, seminars, and supervisions	
4.12	Completes documentation and other internship tasks within assigned deadlines	
4.13	Arrives to and concludes scheduled meetings and clinical appointments within time norms of the center	
	Average Score	
	<b>Strengths/Areas for Growth/Comments:</b>	

<b>COMPETENCY #5: COMMUNICATION AND INTERPERSONAL SKILLS</b>		
5.1	Communicates effectively during presentations verbally and in writing (e.g., clear, understandable, logical, organized, conceptually accurate)	
5.2	Communicates information in writing (e.g., clinical documentation) effectively (e.g., clear, understandable, logical, organized, conceptually accurate)	
5.3	When seeking consultation, can state the reason for the consultation and provides clinically relevant information in an organized manner	
5.4	Demonstrates openness to engage in discussions about relationships with clients to enhance therapeutic relationship	
5.5	Demonstrates openness to engage in discussions about relationships with peers and supervisors to enhance working relationship	
5.6	Communicates planned and unplanned absences per discussed guidelines and identifies a plan to make-up missed clinical, training, and administrative tasks	
5.7	Communicates personal and professional needs relevant to training year to supervisor and other training staff	
5.8	Provides direct and respectful feedback to peers, supervisees, and other CAPS staff	
	Average Score	
	<b>Strengths/Areas for Growth/Comments:</b>	

<b>COMPETENCY #6: ASSESSMENT</b>		
<i>Assessment (risk/crisis assessment)</i>		
6.1.1	Demonstrates the ability to conduct accurate and culturally-informed lethality assessments regarding potential danger to self and others and makes clinical decisions that reflect the client's level of need*	
6.1.2	Therapeutically provides support for clients in crisis through empathic listening, validation, safety planning, and accurately consulting around issues of risk	
6.1.3	Creates or modifies treatment plans for clients in crisis, including those with lethality concerns such as suicidal or homicidal ideation	
6.1.4	Is aware of referral and treatment options and effectively uses options when responding to crisis situations	
6.1.5	Maintains an appropriate professional demeanor and calming presence in the face of crisis situations	
<i>Assessment (intake/brief screening)</i>		
6.2.1	Thoroughly reviews available clinical information and incorporates that information into the assessment of the client	
6.2.2	Assesses relevant cultural context when completing intake assessment	
6.2.3	Assesses the need for medical and or psychiatric evaluation and refers to provider when appropriate	
6.2.4	Structures intakes and makes appropriate decisions regarding disposition that matches the client's level of clinical need	
<i>Assessment (other methods)</i>		
6.3.1	Engages in ongoing assessment of relevant concerns during treatment (e.g., risk, substance use, disordered eating, mandated reporting)	
6.3.2	Considers individual and cultural diversity in all assessment activities	
6.3.3	Demonstrates knowledge of current version of DSM diagnostic framework and applies in culturally-informed manner	
6.3.4	Integrates relevant history and assessment measures (e.g. CCAPS) into clinical documentation	

6.3.5	Utilizes CCAPS data in an ongoing manner to inform treatment	
6.3.6	Appropriately identifies clients with whom to use assessment or other screening tools to inform treatment	
6.3.7	Uses information obtained from the assessments to make culturally-informed treatment recommendations	
	Average Score	
	<b>Strengths/Areas for Growth/Comments:</b>	

<b>COMPETENCY #7: INTERVENTION</b>		
<i>Intervention (individual therapy, case management)</i>		
7.1.1	Develops appropriate treatment goals in collaboration with the client and seeks client feedback regarding progress toward goals	
7.1.2	Develops treatment/intervention plans specific to the treatment goals using culturally-relevant interventions	
7.1.3	Develops treatment/intervention plans specific to the treatment goals using evidence-based principles interventions	
7.1.4	Develops case conceptualizations using relevant theory, research, and evidence-based practices	
7.1.5	Demonstrates attunement and empathic understanding of clients, as evidenced by the utilization of skills such as reflection, paraphrasing, summarizing, and open-ended questions	
7.1.6	Implements interventions informed by a holistic conceptualization of the client that consider risk factors, developmental level, symptoms/presenting concerns, and cultural considerations	
7.1.7	Implements interventions that are grounded in theoretical orientation appropriate to client concern and evidence-based practice and that are within own/supervisor scope of competence	
7.1.8	Recognizes and attends to potential ruptures in the therapeutic alliance by inviting dialogue and non-defensively processing the ruptures	
7.1.9	Demonstrates the ability to seek and apply relevant research to inform clinical decision-making	

7.1.10	Appropriately provides referrals to other university and community resources when clients' needs are best met through other settings/providers	
<i>Intervention (group therapy)</i>		
7.2.1	Conducts group screening appointments to determine clients' appropriateness for group	
7.2.2	Addresses client concerns about confidentiality in group	
7.2.3	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)	
7.2.4	Structures and manages group sessions as evidenced by managing time and noticing individual group members' participation	
7.2.5	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)	
7.2.6	Demonstrates ability to integrate cultural considerations into their conceptualization, treatment planning, and interventions in group	
7.2.7	Contributes to working relationship with group therapy co-facilitator	
7.2.8	Prepares group members for termination by reviewing progress, discussing the upcoming termination, and engaging in future treatment planning	
7.2.9	Writes clear, concise, and objective group notes	
<i>Intervention (outreach)</i>		
7.3.1	Demonstrates ability to plan and implement outreach programs tailored to the needs of the target audiences	
7.3.2	Incorporates cultural considerations in developing and implementing programs	
7.3.3	Uses appropriate presentation style to engage audience	
7.3.4	Evaluates outreach programs and incorporates feedback from evaluations to improve service delivery	
	Average Score	
	<b>Strengths/Areas for Growth/Comments:</b>	

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<b>COMPETENCY #8: SUPERVISION</b>		
8.1.1	Demonstrates knowledge and application of supervision literature and relevant research	
8.1.2	Adheres to ethical practices in all supervisory activities	
8.1.3	Considers individual and cultural diversity in all supervisory activities	
8.1.4	Builds supervisory relationship/alliance with extern supervisees	
8.1.5	Recognizes when own cultural biases and personal values impact the supervisory relationship	
8.1.6	Structures supervision to allow for appropriate monitoring of client welfare	
8.1.7	Ensures supervisee provides effective service to clients using theoretically grounded and evidence-based practices	
8.1.8	Provides accurate and specific feedback to supervisees that recognizes their strengths and growth edges	
8.1.9	Provides timely feedback that contributes to the professional growth of supervisees	
8.1.10	Attends to both process and content in both counselor-client and supervisor-supervisee relationships	
<i>Peer Supervision</i>		
8.2.1	Builds supervisory relationship/alliance with peers in group supervision spaces	
8.2.2	Provides strength-based and culturally attuned feedback to peers regarding provision of effective service	
8.2.3	Provides feedback that contributes to the professional growth of peers	
	Average Score	
	<b>Strengths/Areas for Growth/Comments:</b>	

<b>COMPETENCY #9: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS</b>
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9.1	Consults appropriately with other health care professionals who may be involved in a client's treatment (e.g., psychiatrists, primary care providers, other therapists)	
9.2	Consults appropriately with others (e.g., parents, faculty, staff, students, other stakeholders) to disseminate information regarding CAPS services and to make recommendations (e.g., during outreach programs)	
9.3	Considers individual and cultural diversity in all consultation activities	
9.4	Adheres to ethical practices in all consultation activities	
9.5	Demonstrates appreciation for the different roles of other professionals in comprehensive care of clients and in university systems	
9.6	Builds and manages effective consultative relationships with individuals, offices, and agencies outside of CAPS (e.g., advocacy project campus partner)	
9.7	When in a formal consulting role, assesses needs of consultees effectively and in a timely manner (e.g., advocacy project campus partner)	
	Average Score	
	<b>Strengths/Areas for Growth/Comments:</b>	

<b>Total Evaluation Average Score:</b>		
<b>Additional Comments or recommendations:</b>		
<b>Signatures:</b>		
Individual supervisor		Date
Group therapy supervisor		Date
Intern group supervisor		Date
Sup of sup supervisor		Date
Trainee		Date
Training Director		Date

Note: Additional supervisors beyond the individual supervisor sign this form in acknowledgement of the information they contribute. These supervisors may not review the entire evaluation and may not necessarily agree with all content in it beyond their contribution.

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

*Given that evaluations are being completed and reviewed remotely at this time in given shifts in center procedures in response to the COVID-19 pandemic, physical signatures may not be possible. Any electronic signatures on this form reflect the acknowledgment of the individual who wrote it as if it were a physical signature.*

## APPENDIX E-4: EVALUATION: BEHAVIORAL CHANGE PLAN

### Counseling and Psychological Services Behavioral Change Plan

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

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: \_\_\_\_\_

Associate Director, Training Services: \_\_\_\_\_ Date: \_\_\_\_\_



## APPENDIX E-5: EVALUATION: FORMAL REMEDIATION PLAN

### Counseling and Psychological Services Formal Remediation Plan

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

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: \_\_\_\_\_

Associate Director, Training Services: \_\_\_\_\_ Date: \_\_\_\_\_

Cc: Academic program Director of Clinical Training  
CAPS Director

## SUMMATIVE EVALUATION OF REMEDIATION PLAN

DATE:     xxxxx

TO:        XXXXXXX, Doctoral Psychology Intern

FROM:     Associate Director, Training Services

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>
<b>Intern Responsibilities as Outlined by the Remediation Plan and Not Captured by Above Objectives (if applicable):</b>				

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 \_\_\_\_\_

**Associate Director, Training Services:**

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

Printed Name \_\_\_\_\_

Trainee's comments (If applicable):

## APPENDIX F-1: FEEDBACK: EVALUATION OF SUPERVISOR

### INTERN EVALUATION OF SUPERVISOR FORM

**Intern:** \_\_\_\_\_ **Individual supervisor:** \_\_\_\_\_

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

This evaluation is intended to provide interns with an opportunity to share feedback with their supervisor in a more formalized format. The training program's goal is for this written evaluation to facilitate a meaningful and collaborative discussion about aspects of supervision that are going well and areas for improvement. At the completion of the evaluation process, the supervisor's evaluation form will be shared with the Associate Director, Training Services who will include it in the intern's file. The intern and supervisor are asked to keep a copy for their own records.

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.	
	<b>Supervisory environment average score:</b>	
	<b>Supervisory environment additional comments:</b>	

<b>II. Supervision</b>		
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.	
	<b>Supervision average score:</b>	
<b>Supervision additional comments:</b>		

<b>III. Communication</b>		
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 recordings and/or live observation 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 their 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.	
	<b>Communication average score:</b>	
<b>Communication additional comments:</b>		

### 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 F-2: FEEDBACK: EVALUATION OF TRAINING DIRECTOR

### Trainee Evaluation of Associate Director, Training Services Counseling & Psychological Services

Please type responses and print your anonymous. Please place it in the Associate Director, Training Services mailbox with evaluations from other members of the cohort so it remains anonymous.

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**Please Rate:**

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

---

<b>A. Did the Associate Director, Training Services</b>	<b>RATINGS</b>
1. Establish good rapport with you	_____
2. Provide 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 challenging experiences 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 balanced and ethical 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 feedback about strengths of the Associate Director, Training Services and aspects that should be continued:**

**C. Please provide feedback about growth edges of the Associate Director, Training Services and changes that should be made:**

**C. Please provide any additional comments:**

Thank you for taking the time to share your feedback!

## APPENDIX F-3: FEEDBACK: 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 profession-wide competencies of our program. Your feedback is important to us, and it 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. Building caseload and transition from orientation:**

**1      2      3      4      5      6      7**

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

**4. Supervision received throughout the training year:**

**1      2      3      4      5      6      7**

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

**5. Physical space and technology:**

**1      2      3      4      5      6      7**

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

**6. "Mini-course" seminars:**

**1      2      3      4      5      6      7**

<i>Positives / Strengths</i>						
----------------------------------	--	--	--	--	--	--

<i>Negatives / Challenges</i>	
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**7. Multicultural Lab:**

**1      2      3      4      5      6      7**

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

- For the next categories, please circle the number that corresponds to the extent to which you found the training that you received related to each profession-wide competency helpful as you prepare for entry level practice:

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Not at all helpful	Not so helpful	Moderately helpful	Very helpful	Extremely helpful

- Enter your comments in the appropriate boxes below.

**1. Individual and cultural diversity:**

**0      1      2      3      4**

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

**2. Ethical behavior and practice:**

**0      1      2      3      4**

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

**3. Professional values, attitudes, and behaviors (development of a professional identity):**

**0      1      2      3      4**

Positives / Strengths	
Negatives / Challenges	

**4. Research, including your ability to critically evaluate research, application of research findings to psychological services, and presenting information to others):**

**0      1      2      3      4**

Positives / Strengths	
Negatives / Challenges	

**5. Consultation and interprofessional/interdisciplinary skills:**

**0      1      2      3      4**

Positives / Strengths	
Negatives / Challenges	

**6. Providing clinical supervision:**

**0      1      2      3      4**

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

**7. Communication and interpersonal skills:**

**0      1      2      3      4**

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

**8. Assessment: crisis assessment and evaluation:**

**0      1      2      3      4**

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

**9. Assessment: brief screening and intake assessment:**

**0      1      2      3      4**

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

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**10. Assessment: ability to provide diagnosis according to most updated DSM:**

**0      1      2      3      4**

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

**11. Assessment: incorporation of assessment into clinical work, such as CCAPS and Cultural Formulation Interview:**

**0      1      2      3      4**

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

**12. Intervention: individual therapy:**

**0      1      2      3      4**

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

**13. Intervention: case management:**

**0      1      2      3      4**

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

**14. Intervention: group therapy:**

**0      1      2      3      4**

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

**15. Intervention: outreach programming:**

**0      1      2      3      4**

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

**Overall Experience (circle one):**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Extremely dissatisfied	Moderately dissatisfied	Slightly dissatisfied	Neutral	Slightly satisfied	Moderately satisfied	Extremely satisfied

**Other Comments:**



**THANK YOU!**

## **APPENDIX G: REFLECTIONS FOR INTERNSHIP YEAR**

(Borrowed heavily from the counseling center at the University of Pennsylvania)

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 for modeling.
  - 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 screening, 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 a significant amount of time each week.
  - d. You may have recently transitioned to this area and you may be feeling a bit lonely or isolated.
  - e. You do not 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 any clinical services as needed;
  - d. Informing appropriate people if you are going to be late or absent (i.e. Support Staff; Associate Director, Training Services, and supervisor).
2. Be on time 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 both challenges and joys/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 following center, legal, and ethical guidelines.
7. Know 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. Be responsive to CAPS staff and campus colleagues. Be mindful of only agreeing to participate with what you can handle.
3. Be on time for seminars and meetings.
4. 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, clothing can create a distracting or sexualized environment for your clients. If you have specific concerns or questions, we encourage you to ask the Associate Director, Training Services or your supervisor.
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 8:30am-5pm workday.

### **Responsibility toward learning:**

1. You have each been selected because of our perceived sense of your alignment 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 ranked 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 shared 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 does not 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 cohort connection time. 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 has not?
  - 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; Associate Director, Training Services, 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 Associate Director, Training Services 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 open positions at CAPS if they become available during the internship year:

- i. We are thrilled to have matched with you for the internship. We think you will thrive here, and we have entered into a committed relationship for the internship. The job selection 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. 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 affects 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 avoids complicating dynamics, they will not become your friends.
3. Policy: 7007 Training and Multiple Relationships
  - "CAPS staff members should avoid, as much as reasonably possible, entering into any supervisory or training role with a trainee where such a role could create an unethical or problematic dual relationship.
  - 1. Clinical staff members who provide clinical services to graduate students in Psychology should discuss with the client, when appropriate to do so, the issues involved and act to reduce the likelihood of future problematic multiple relationships (e.g., via referrals).
  - 2. Trainers and trainees should disclose to the Training Director the existence of a prior relationship (e.g., friendship, dating relationship, neighbors, former therapist), without disclosing the nature of the relationship, that would preclude that Trainer and Trainee from engaging in training or supervisory activities together. In this situation, the Training Director will ensure, as much as reasonably possible, that the Trainer will not be assigned any training or supervisory role in relationship to the trainee. In the event that the Training Director is not able to fully remove the Trainer from all training and supervisory roles with the Trainee, the Training Director will work with the Trainer and Trainee to implement procedures to safeguard the welfare of the Trainee.
  - 3. Students who are CAPS trainees may not be simultaneously receiving clinical services from CAPS. Students who accept a CAPS training position must agree to terminate with all current CAPS clinicians before their training experience begins. Upon conclusion of the training year, the student may seek clinical services from CAPS,

but only if doing so would not create a problematic multiple relationship.

- 4. CAPS Trainees who are George Mason University students may request that their clinical record be designated as a "Special Chart," which affords greater protection from routine access."

4. Policy: 7005 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 H: SOCIAL MEDIA POLICY**

### **Mason CAPS Doctoral Intern Social Media Policy**

#### **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. CAPS staff have responsibility for thoughtfully managing conversations with psychology interns about connecting on social media given power dynamics.

#### **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 Associate Director, Training Services 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.gmu.edu/policies/university-affiliated-social-media-sites/>

- Commonwealth of Virginia Policy: 1.75 Use of Electronic Communication/Social Media  
<https://hr.dmas.virginia.gov/media/1226/19-dhrm-policy-175-use-of-electronic-communications-and-social-media-031711.pdf>

## APPENDIX I: DUAL AND/OR MULTIPLE RELATIONSHIPS POLICY

### Mason CAPS Doctoral Intern Dual and/or Multiple Relationships Policy

#### 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 staff (including CAPS administrative 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 Associate Director, Training Services 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 administrative 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. Please see Policies 7005 (Romantic Relationships and Training) and 7007 (Training and Multiple Relationships) from the center Policy and Procedure Manual for additional information governing this training policy.



**Other relevant 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/>

## **APPENDIX J: VIRGINIA 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 K: 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>

Interns are also encouraged to review the nondiscrimination policies at the university, available at the following locations:

Non-Discrimination Policy:

<https://universitypolicy.gmu.edu/policies/non-discrimination-policy/>

Sexual and Gender-Based Misconduct and Other Forms of Interpersonal Violence:

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

Non-Discrimination and Reasonable Accommodation on the Basis of Disability:

<https://universitypolicy.gmu.edu/policies/non-discrimination-and-reasonable-accommodation-on-the-basis-of-disability/>

## **APPENDIX L: ACKNOWLEDGEMENT OF HAVING REVIEWED THE TRAINING MANUAL**

### **George Mason University Counseling and Psychological Services**

I have reviewed, understanding, and agree with the clinical and training requirements outlined in the Training Manual. I have been given the opportunity to raise any questions I might have with the Training Director and other supervisors and have questions answered. I understand that it is my responsibility to ensure I meet all the clinical and training requirements for successful completion of the training program.

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Intern name (print)

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Intern signature

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Date