



SUFFOLK
UNIVERSITY
BOSTON

COUNSELING, HEALTH
& WELLNESS SERVICES

CHW Doctoral Internship Training Manual

2026-2027

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Professional Standards for all CHW Training Programs

CHW MISSION STATEMENT

Counseling, Health & Wellness believes that health is multi-faceted and requires a holistic, culturally informed approach that attends to the unique needs of each student. Our mission is to provide integrated services that support the academic success and personal development of our students. Through counseling and medical services, wellness education, consultation, education, and community referrals, we support student and community well-being in a responsive, professional, and caring setting.

CHW COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION

CHW takes an active stance against oppression in all forms, seeking to provide an identity-affirming space where all students feel comfortable seeking care and support. CHW staff strive to recognize the impact of oppression and privilege based on identities including sex, gender identity and expression, race, ethnicity, nation of origin/immigration status, sexual/affectional orientation, age, physical and mental abilities, neurodiversity, body size, religious beliefs, socioeconomic class, health status, and many other forms of personal identity or background. As a department, we aspire to understand and promote equality, empowerment, and healing for students impacted by systemic oppressions such as racism and sexism, human-rights violations, violence, or other social justice concerns in the United States or within countries of origin for international students. CHW staff have a responsibility to identify and respond to prejudicial attitudes and practices within themselves and others, working to recognize bias when it appears and seeking its elimination. We invite students seeking a confidential and safe space to openly discuss concerns related to diversity, identity, or prejudice, including how these concerns impact their experience at Suffolk or within CHW.

CHW counseling and medical services attend to and support the range of intersecting sociocultural identities represented among Suffolk students. We work collaboratively with students to provide culturally-informed services designed to recognize the impact of privilege and/or oppression, provide identity-affirming treatment options, and support and empower students with a holistic approach to health. CHW also provides consultation and education to the entire Suffolk community to increase access to identity-affirming wellness resources and practices, develop community understanding of the connections between wellness, oppression, and privilege, and advocate for the resources needed for healing at individual and institutional levels. All CHW staff participate in in-service seminars, supervision, and continuing education opportunities related to culturally informed clinical practice skills, personal reflection and awareness regarding the impact of their own identities and unconscious bias, and understanding the impact of current events within the US and around the world.

SUFFOLK UNIVERSITY POLICIES

All CHW staff and trainees must abide by all Suffolk University policies, including:

Nondiscrimination Policy and Grievance Procedures

<https://www.suffolk.edu/student-life/student-services/student-handbook/university-policies-for-students-cas-sbs/nondiscrimination-policy-and-grievance-procedures>

How to Report a Hate Crime Incident

<https://www.suffolk.edu/about/mission-history/policies-procedures/hate-crimes/how-do-i-report-a-hate-crime-incident>

Title IX/Non-Discrimination Policy

<https://www.suffolk.edu/about/mission-history/policies-procedures/title-ix-at-suffolk>

CHW POLICIES AND PROCEDURES

Trainees and supervising staff must adhere to the CHW Staff Policies. Interns can access documents outlining center policies on the Shared drive. Summaries of relevant policies related to professional standards are provided below; the full policies should also be reviewed and are located in the Shared drive.

ETHICAL STANDARDS

CHW staff and trainees adhere to APA ethical principles, IACS standards of professional service delivery and accreditation, the Standards of Accreditation for APA-accredited Internships, and the legal standards required by the State of Massachusetts. In addition, in accordance with the Center's Commitment to Diversity, Equity, and Inclusion, CHW staff and trainees abide by multiple guidelines for service delivery for specific demographic populations. Please see the Ethical Standards section of the Staff Policies for more information.

DUAL RELATIONSHIPS

CHW staff and trainees abide by APA ethical guidelines regarding dual relationships between CHW providers and clients, between or among CHW providers, and between CHW staff and trainees. The Staff Policies provide guidance regarding multiple relationships for the protection of clients, trainees, and staff.

ELECTRONIC COMMUNICATION

All CHW staff and trainees must ensure responsible use of social media and email. The Staff Policies outlines expectations regarding the use of email and social media, including the prohibition of "friending" or "following" between CHW providers and clients/trainees in order to best protect confidentiality and the avoidance of dual relationships. See the relevant section of the CHW Staff Policies for more information.

CONFIDENTIALITY AND INFORMED CONSENT IN TRAINING

Informed Consent for Trainees

Clients are informed about the utilization of supervision and consultation among counseling colleagues in the *CHW Consent for Evaluation and Treatment*. This form is signed by the client prior to the beginning of counseling. All trainees must ensure clients are aware at the start of treatment that they are working with a counselor in training and the nature of supervision and confidentiality of client information within the trainee's supervisory relationships.

Recording and Observation of Sessions

Prior written consent using the *Consent for Observation and Recording* must be obtained from clients for audio or video recording sessions for purposes of supervision, training or research. Recordings of sessions are stored ONLY on CHW's secure server and never removed all or in part from CHW. Clients should be informed recordings are used only for the aforementioned purposes and only by the primary therapist and counseling colleagues in the Center. Audio and/or video recordings are never a part of the clinical record and are automatically deleted after 30 days except when needed for supervisory purposes. All recordings are deleted annually at the end of the training year.

Case Conference Presentations

Doctoral Interns complete a minimum of 2 Case Presentations each year. In spite of receiving prior approval from clients to discuss confidential information within CHW for purposes of training, every effort should be made to protect the confidentiality of clients in written and verbal communication during CHW case presentations (e.g. by use of pseudonyms, name codes, name erasures). Copies of case presentations shall be destroyed at the end of each presentation, with one copy maintained for inclusion in the Intern's confidential file.

Access to Training Programs

Suffolk University and CHW seek to provide an inclusive environment for students, staff, and faculty which provides equal, effective, and meaningful access. CHW Training Programs work to ensure trainees do not experience barriers to successful completion based on factors irrelevant to success.

The following resources and procedures are available to CHW trainees:

- As Suffolk employees, Doctoral Interns may submit an accommodation request through Suffolk's Human Resources Department at any time during their Internship.
- In addition, Interns may initiate a conversation about individual needs with the Training Director at any point during the training year to discuss options for support. In some cases, trainees may be asked to pursue accommodation requests through HR.
- Once a need is identified, the Training Director will work collaboratively with the appropriate entities to determine next steps, including (as relevant) Suffolk Human Resources, APPIC, the trainee's graduate program and/or office for disability support to determine next steps which include possibilities such as provision of resources (e.g. assistive technology or equipment), adjustments to training elements, or if needed a possible adjustment to the timeframe of completion of the training program.

Internship in Health Service Psychology

Accreditation Status, Memberships, and Contact Information

CHW's Internship in Health Service Psychology has been accredited by the American Psychological Association since 1996 and is currently accredited through 2027. Contact information for APA's Commission on Accreditation:

Office of Program Consultation and Accreditation
750 First St, NE
Washington, DC 20002-4242

Telephone: (202) 336-5979
TDD/TTY: (202) 336-6123
Fax: (202) 336-5978

The Program maintains membership in the Association of Psychology, Postdoctoral, and Internship Centers (APPIC) and follows all its requirements and procedures for application and selection through the national Match process as administered by National Matching Services, Inc. The APPIC Central Office is located in Houston, Texas. Staff can be reached through email or phone.

Web: www.appic.org

Email: appic@appic.org

Phone: 832.284.4080

Fax: 832.284.4079

National Matching Service, Inc. contact information:

National Matching Services Inc.
20 Holly Street, Suite 301
Toronto, Ontario
Canada, M4S 3B1

Web: www.natmatch.com

Phone: (800) 461-6322

Fax: (844) 977-0555

E-mail: psychint@natmatch.com

Program Description (also located on the APPIC directory listing)

The Counseling, Health, & Wellness Center (CHW) provides comprehensive counseling services within an integrated setting providing medical, counseling, and wellness education services to all Suffolk students. The Center maintains a focus on health rather than on pathology. Clients are regarded as functional individuals who have problems, with a strong emphasis placed on their resilience, strengths, and resources when resolving issues brought to the therapeutic relationship. This health perspective is representative of the manner in which interns are selected and trained.

CHW as a whole is committed to creating and maintaining a welcoming and supportive environment that affirms our multicultural community of students and staff. Every effort is made to hire staff and to select interns that represent various backgrounds and perspectives and to attend to the role of sociocultural identities and individual differences throughout all CHW activities (See CHW's Commitment to Diversity, Equity, and Inclusion).

The Doctoral Internship provides supervised experiences and training activities provided in an atmosphere of dynamic personal and professional growth. The training program is specifically designed to offer a wide variety of opportunities to help interns begin functioning as autonomous professional psychologists, including clinical service, consultation, outreach, training, supervision, and professional development. The Internship Program is rooted by three overarching Training Aims:

1. Prepare doctoral interns for entry-level practice in the provision of professional psychological services within integrated counseling and health centers in higher education.
2. Increase knowledge, skills, and awareness regarding multicultural competence, interpersonal sociocultural differences, and individual identity as they relate to all aspects of professional practice, with a focus on social justice.
3. Assist in the development of an integrated personal and professional identity based in the application of scientific knowledge, professional values and ethics, and with attention to the power of authenticity.

The Internship Program utilizes a Practitioner-Scholar model (Ellis, 1992), maintaining a commitment to developing interns as "local clinical scientists" (Stricker and Trierweiler, 1995). The "local" focus reinforces the importance of translating and applying empirical scientific work to specific contexts, in this case a university setting. Empirical and theoretical bases of assessment, intervention and consultation are taught via the Program's ongoing didactic seminars, and training staff place a high value on critical thinking skills in the evaluation and integration of new information by Doctoral Interns. The program utilizes a developmental approach to learning, a mentorship model of professional development, and a systemic understanding of psychology service delivery.

The developmental approach provides graduated learning opportunities whereby interns are expected to function with an increasingly higher level of autonomy, skill and responsibility across the year. Interns are supported by training and supervising staff through developmental transitions from student/learner in the classroom, to learner/practitioner in the field, and to entry-level professional psychologist. This process helps to foster the integration of skills with the underlying theory, research, and scientific content that leads to a high standard of professional practice.

Through mentorship, the program fosters a welcoming environment in which supportive and growth-fostering relationships are formed between senior staff and interns. Training staff uniformly believe that the establishment of authentic supervisory/mentorship relationships form the cornerstone from which interns can best expand their clinical, scientific, consultative, and professional knowledge, become socialized into the profession, and increase the depth and complexity of their thinking about clients, themselves, and relevant professional issues.

Training staff also continually examine issues with a multi-system perspective, with special attention to the role of sociocultural identities and social justice. Interns are encouraged to incorporate an understanding of how various sociocultural systems or identities may be influencing client needs, professional relationships, clinical interactions and decisions, or the role of psychologists within the larger local, national, and global context.

Ellis, H. C. "Graduate Education in Psychology: Past, Present, and Future," *American Psychologist*, April 1992, 570-576.

Stricker, G. and Trierweiler, St. "The Local Clinical Scientist: A Bridge between Science and Practice", *American Psychologist*, 1995, Vol. 50, No. 12, 995-1002

Physical Facilities and Resources

CHW is located at 73 Tremont Street, 5th Floor in downtown Boston, Massachusetts. The building is a large office tower; the 5th floor is accessible via elevator. Suffolk University is accessible by multiple forms of public transportation, including the subway, commuter rail, and bus lines. Parking lots are available nearby for daily or monthly fees.

All CHW facilities are ADA accessible. Interns are assigned to a specific office for the training year, which are equipped with furniture and décor appropriate for conducting therapy and completing administrative tasks such as documentation. Each Doctoral Intern is provided a personal laptop and office docking station as well as video- and audio-recording equipment. CHW Intern offices are located near each other in the heart of the Center. CHW facilities include single-stall gender neutral bathrooms, a small kitchen area for shared use, and a conference room.

CHW administrative coordinators provide scheduling and reception assistance to all CHW clinical staff, including Interns.

Remote Work Policy

During the academic year, CHW staff work on-site 5 days per week. During winter break, spring break, and summer months, Doctoral Interns who are in good standing with the program may work limited remote days with approval of the Training Director and Interim Director of Operations. A collaborative schedule is established to ensure minimum staffing is sustained for on-site services. Suffolk University at times converts all staff to remote work due to adverse weather. In this instances, CHW staff and trainees work remotely. All laptops provided by CHW staff are properly configured to support remote work. Remote work policies are outlined in detail in the CHW Staff Policies. (Additional remote work during the schoolyear may be considered on a case by case basis and depending upon center needs).

Required Hours, Leave Time, and Employee Benefits

Required Hours

- CHW's Internship in Health Service Psychology is a 40 hour per week Internship over 52 weeks.
- Interns must select their 40 hour per week schedule from the following choices, each of which includes a 1-hour period for lunch (schedule can change day by day (M-F), but hours must include 9am-5pm):
 - 8:30-5:30
 - 8am – 5pm
 - 9am – 6pm
- Daily working hours must be accurately noted in PnC
- Interns may not conduct clinical work without a licensed staff member available either on site or who is serving as an identified consultant during periods of remote work.
- CHW participates in Suffolk's summer compressed work-week program, allowing staff to work longer hours Mon-Thurs in order to close the office on certain summer Fridays. Exact schedules are determined at the start of the summer.

Suffolk's Internship in Health Service Psychology requires completion of 500 direct service hours, the vast majority of which must be clinical service delivery. In total, the Internship provides a total of 2000 hours of supervised experience based on a 40-hour work week.

Leave Time

Sick Leave

Each Intern receives 80 hours of paid sick leave (10 days) for the training year which is tracked in Workday. Interns may use this time for personal illness, doctor visits, or care for illness of a dependent. Interns requiring health absence in excess of 10 days should work with the Training Director to identify if there are any options or alternatives to facilitate successful completion of all hours for the Internship. Please note Interns are not subject to FLMA as Suffolk requires both 12 months of employment and 1250 working hours before eligibility.

Holiday Leave

Suffolk University observes 13 paid holidays and a week of paid leave in December for all employees.

Personal and Professional Development Leave

To assist Interns in meeting the requirements of Internship and ongoing academic work, the program provides 10 personal leave days. These days must be arranged in-advance with approval of the Training Director. Interns are strongly encouraged to utilize these days during periods of lower demand in the Center in order to ensure the accumulation of sufficient direct service hours.

Professional Development/Dissertation Release Time

The training program views dissertation completion and the job search process as important tasks for interns during their internship training year. Dissertation release time is granted on an as needed basis. Interns can expect to receive 2 to 4 days of dissertation release time throughout the year, dependent on need. Dissertation release time can be utilized for things such as data collection, data analysis, meetings with advisors or dissertation committee, dissertation writing, and dissertation defense. Efforts will be made to maintain fairness in dissertation release time between interns, and interns may be encouraged to take this time during slower clinical times. The program recognizes that each intern will have different needs related to dissertation and asks interns to understand that because of this, equality in terms of exact number of dissertation release days may not always be possible. Time away from work for the job search process, such as interviews and travel to interviews may be necessary. Just as with dissertation release time, this time is considered professional development time and is granted on an as needed basis. Requests for professional development or dissertation release time should be discussed in person with the Director of Training followed up with an email request for documentation purposes.

Parental Leave

Doctoral interns are not eligible for FMLA as Suffolk requires 12 months of employment and 1250 total working hours before eligibility. When the need for parental leave arises, CHW works proactively with the Doctoral Intern, their academic program, Suffolk's HR Department, APA, and/or APPIC to arrange agreed-upon alternatives whenever possible. Every effort will be made to facilitate the successful completion of Internship. Specific arrangements will depend on the needs of the Intern and the timing of maternity/paternity leave in the training year.

Employee Benefits

Suffolk University provides a variety of benefits to employees depending on employee status, hours, and duration of employment. Interns are eligible to enroll in one of Suffolk's employee health insurance options, including family coverage. Interns also have access to KGA, Suffolk's employee assistance program which provides extensive personal and professional benefits. Please visit <https://www.suffolk.edu/about/directory/human-resources-office/benefits> to learn more about costs including health insurance and voluntary retirement contributions. Accepted Interns should contact Human Resources with questions about benefits. This statement not a guarantee of current or future benefits. All policies of the University are subject to change.

Liability Coverage

The University provides "Limited Professional Liability Coverage" (Claims Made, Cost Inclusive Basis, \$1 million each claim/\$3 million aggregate) for interns during the course of their work in the CHW Center. The coverage is provided by the United Educators Insurance Risk Retention Group, Inc. Review of the policy, including exclusions to liability coverage, is available upon request from the Suffolk University Director of Risk Management.. Interns also have the option to purchase personal liability coverage either through American Association of Counseling and Development AACD) or the American Psychological Association (APA).

Suffolk Holidays & Closures

Suffolk University Holiday Closures include:

Labor Day

Fall Break

Thanksgiving (Wed-Fri)

Winter Break (week between the federal Christmas and New Year Holidays)

Martin Luther King Day

President's Day

Patriot's Day (Massachusetts state holiday)

Memorial Day

Juneteenth

July 4th

SUMMER FRIDAYS: Suffolk also often encourages a compressed work-week for certain designated weeks of the summer, allowing offices to close on Friday in exchange for working longer hours Monday-Thursday. This is an optional benefit; CHW announces a compressed work-week arrangement in the late spring each year.

Program Requirements

Weekly Hours and Training Activities

Suffolk's Internship in Health Service Psychology provides a wide range of training activities which facilitate professional growth and achievement of the Program's training goals. They include:

Category	Specific Activities	Hours Per Week
Didactic Seminars & Professional Development	Assessment and Ethics Psychotherapy Seminar OTC Supervision-of-Supervision DEI Training Case Presentations Interdisciplinary Training	4-5 hours/week
Supervision	Individual Supervision Group Supervision Peer Consultation Supervision-of-Supervision	6 hours/week
Staff Meetings	Crisis review, admin updates, case consult, didactic trainings	1 hour/week
Consultation and Outreach	Consultation Project in the Spring RA/RAM Supporter Training National Depression Screening Day Collaborative outreach project with CHW staff in the Fall Others as needed, time permitting	3-6/hours month
Clinical Hours	Consultation and Intake Appointments Individual Counseling Group Counseling Crisis Intervention	15-18/hours week (40-45% of total time)
Case Management	Documentation of clinical work	5 hours/week
Providing Supervision	Prepping and providing Individual Supervision with CHW's Practicum Student	2 hours/week
TOTAL WEEKLY HOURS		40/hours week

DIRECT SERVICE CONTACT HOURS:

**Interns need at least 500 face-to-face direct contact hours by the end of Internship, the vast majority of which will be clinical hours (defined in Massachusetts as face-to-face assessment and counseling hours). Interns will accrue sufficient hours in accordance with APPIC and Massachusetts state law regarding required clinical hours for licensure during Internship. Interns should consult state licensure requirements at the start of Internship for the states they plan to apply for licensure and discuss their needs with the Training Director as relevant.

Training Requirements

In order to successfully complete the Internship, interns are required to successfully complete the following training activities and responsibilities. These are included in the Training Contract Interns and Primary Supervisors complete at the start of internship and review again at the mid-point (January).

Participate fully in the August Intern orientation
Prepare and participate in all didactic seminars and professional development opportunities.
Attend and participate in all scheduled staff meetings which include interns.
Follow all CHW Policies & Procedures.
Adhere to existing state, local and national statutes governing the practice of psychology.
Adhere to established ethical standards and guidelines for the practice of psychology, including the <i>APA Ethical Principles of Psychologists, Standards for Providers of Psychological Services, Specialty Guidelines for the Delivery of Psychological Services, Accreditation Guidelines for University and College Counseling Services (IACS); APA Ethical Principles of Psychologists and Code of Conducts, APA Guidelines Services to Diverse Populations, APA Guidelines Psychotherapy to LGB Clients, Psychology Education and Training From Culture-Specific and Multiracial Perspectives (Collaboration of AAPA, NLPA, ABP, APA, SIP, SPSEMI), APA Guidelines on Multicultural Education, Training, Research, Practice & Organizational Change for Psychologists</i>
Maintain a client caseload of 18-20 clients each week
Be available to see new clients during scheduled Consult and Intake hours each week.
Notify clients of your status as an Intern and the requirements of supervision.
Inquire and obtain consent for video-taping of sessions as agreed to by the client.
Maintain comprehensive documentation of all client contacts (including phone calls and relevant emails) and all ROIs, third-party contact, consultations, or other case management activity in PnC.
Videotape all clients who consent to be taped: • A minimum of 8 different clients' sessions need to be reviewed in supervision each semester, at least 4 clients with the Primary Supervisor and 4 clients in Group Supervision. • Supervisors provided with at least one session to review by September 16th. • Supervisors, at their discretion, must have access to all video-taped sessions.
Prepare and present two (2) formal Case Presentations to the Counseling Staff. Both of the case presentations must focus on multicultural relationship issues, cross-cultural communication, and/or cultural assumptions about counseling. In addition, one must also include use of an objective assessment measure to inform conceptualization, diagnosis, or treatment.
Individual and Group Supervision Responsibilities • Attend and participate in all scheduled individual and group supervision sessions (Supervision sessions may be recorded) • Identify questions, concerns, or other content to be discussed with individual supervisors, group supervisors, and peers within group supervision. • Prepare video-clips for review within individual and group supervision. • Utilize the <i>Client Tracking Sheet</i> for all scheduled supervision sessions. This requires: • Adding all new clients to the sheet upon Intake or other first session. • Updating the sheet for each scheduled supervision session. • Bringing a paper copy to your supervisor each scheduled session or retaining an electronic copy in a secure manner during remote work.

- Participate in the evaluation process with your supervisors, including receipt of and provision of feedback regarding the supervision experience and relationship(s). This includes opportunities for self-reflection and practice of interpersonal skills associated with the practice of professional psychology.

OTC Responsibilities

- Prepare for and attend OTC Seminar meetings throughout the year
- Participate in RA/RAM Supporter Training in August and January in collaboration with CHW professional staff.
- Participate in National Depression Screening Day in collaboration with professional staff.
- Participate in at least one (1) OTC project in the Fall semester in collaboration with professional staff.
- Design and deliver one (1) OTC project during the Spring semester, collaborating with a selected CHW staff member and in consultation with a campus partner.
- Participate in other CHW events throughout the year, time permitting.

SOS Responsibilities

- Prepare for and participate in the SOS didactic seminar (Fall).
- Prepare for and participate in Supervision of Supervision (Spring).
- Provide individual supervision 1 hour weekly to a CHW Practicum student (Spring).
 - Review Practicum student video-tape prior to and during supervision sessions.
 - Video-tape all supervision sessions to share in Supervision of Supervision and to allow for additional support and feedback in supervisory skill development
 - Review, provide feedback, and sign Practicum student session notes prior to forwarding to SOS licensed supervisor.
 - Prepare in consultation with the SOS supervisor midyear and final evaluations of the Practicum Student utilizing the appropriate CHW forms.
 - Participate in the evaluation process with your supervisee, including receipt of and provision of feedback regarding the supervision experience and relationship(s).
 - Maintain a log of all supervision sessions to be utilized in SOS weekly and provided in total to the Practicum Training Coordinator at the end of the year.

Provide 500 hours of face-to-face direct contact hours, (clinical hours, provision of supervision through SOS, interdisciplinary or external consultation regarding clients and engagement in interactive outreach through OTC). Interns must provide clinical service hours in accordance with APPIC and Massachusetts state law regarding requiring clinical hours during Internship. Interns should consult state licensure requirements at the start of Internship for the states they plan to apply for licensure, and discuss their needs with the Training Director as relevant.

Complete all required Evaluations per the schedule below.

Maintain a record of all direct service non-clinical hours utilizing the *Hours Tracking Sheet* and forward to the Training Director weekly.

Complete 2000 total hours of supervised experience across the year. Interns successfully obtaining 500 face-to-face direct service hours (including clinical hours in accordance with APPIC requirements and MA state law). Time off must follow the approved leave designations as described in this manual.

Contact with Graduate Programs

The CHW Counseling Training program is committed to initiating and maintaining regular contact with interns' Graduate Programs. This contact occurs as follows:

PRE-INTERNSHIP

- **Internship Readiness Form** is completed by Directors of the interns' Graduate Programs as part of the Internship Application. (November)
- A copy of CHW's **Internship Offer Letter** is sent to interns' graduate programs following completion of the Internship Match process (February or March).

DURING INTERNSHIP

- Interns' **Training Contract** is completed and sent to graduate program Internship Directors (September).

The Training Contract includes a description of the Counseling Center's internship training requirements, supervised experiences, and the intern's personal learning goals. The intern and the primary supervisor collaboratively design the intern's learning goals for the year, which are then reviewed and approved by the CHW Training Director and sent to graduate programs. If the graduate program Internship Director wishes any modifications to these goals, changes are negotiated among the graduate program Internship Director, the primary supervisor, and the intern with final copies of the Training Contract provided to graduate programs.. At this time, an invitation is also extended to the graduate program Internship Director to make a site visit to the CHW, either during the Fall or the Spring semester.

- **Consultation** regarding Supervisory Intervention or Remediation Plans (as needed).

The CHW Training Director will consult with Interns' graduate program Internship Director or other relevant faculty when there is significant concern about Intern performance and learning needs. The purpose of this contact is to gather additional information about the Intern's historical learning needs and or effective support measures, as well as to inform graduate program Internship Directors of the need for intervention and/or remediation. Interns will be informed prior to the CHW Training Director contacting graduate program staff in these instances with a goal of collaboratively working to identify needed supports and/or learning resources to work toward successful completion of the Internship.

- **Mid-year Intern Evaluations** are sent to Interns' Graduate Programs (February).

Copies of mid-year evaluations completed by primary, group, and OTC supervisors are sent to graduate program Internship Directors. Where applicable, graduate programs' evaluation forms are completed by the intern's primary supervisor.

- **Final Intern Evaluations** are sent to Interns' Graduate Programs (August).

At the end of the training year copies of final evaluations from primary, group, OTC, and SOS supervisors are sent to the graduate programs Internship Directors with a copy of the Intern's completion certificate.

Required Competencies

The program provides training to support the achievement of nine competencies, with a focus on developing skills specific to servicing a university community. Competencies include: Assessment, Intervention, Consultation & Intraprofessional/Interdisciplinary Skills, Individual and Cultural Diversity, Supervision, Communication and Interpersonal Skills, Ethical and Legal Standards, Research, and Professional Values and Attitudes. The program maintains five areas of focus to support the achievement of all nine competencies:

1. Clinical services including assessment and intervention;
2. Consultation & intraprofessional/interdisciplinary skills;
3. Multicultural competence in working with diversity and identity;
4. Knowledge and skills in provision of clinical supervision; and
5. Legal, ethical, administrative, and professional role functioning.

These five areas of professional competency are briefly described below with reference to which of the 9 profession-wide competencies are included.

1. Clinical Services

The primary focus of supervised training is the development and improvement of skills in intake and assessment, case conceptualization, treatment planning, crisis intervention, use of the therapeutic relationship, and individual and group intervention. Profession-wide competencies included in this area are Assessment and Intervention.

Interns' assessment skills are enhanced through training in the CHW structured intake protocol which includes administration of the Counseling Center Assessment of Psychological Symptoms (CCAPS-34), completion of a verbal intake interview, a differential diagnosis process, and an option to administer additional assessment tools (e.g. Eating-Attitudes Test-26, Beck Inventories, and the Prodrome Questionnaire Brief Version – PQ-B) as relevant to the client's presenting issues. Interns also receive extensive training and practice focused on crisis assessment and management and are closely supervised as they provide at least 3 hours of weekly hours of crisis block coverage and provide services to students in need of crisis intervention such as hospitalization referrals.

Interns' case conceptualization and treatment planning skills are enhanced through regular application of assessment data to the decision making process regarding level of care required, short vs. long-term treatment goals, and selection of an appropriate empirically-based approaches to intervention. The preparation of two Case Presentations during the year provide Interns with an opportunity to demonstrate their increasingly autonomous formulation and treatment planning skills. Both of these Case Presentations focus on an aspect of individual identity, diversity, or interpersonal sociocultural differences. In addition, one Case Presentation also integrates the use of an objective assessment measure into the diagnostic, conceptualization, or treatment planning process.

Interns carry a weekly caseload of 18 to 20 individual clients who represent a broad range of presenting concerns and severity of problems. The vast majority of cases are short-term with the opportunity for training purposes to retain 5-7 clients for longer term work lasting across the Internship year. Opportunities for interns to develop group counseling skills by co-leading therapy groups vary each year depending on client availability. Although the Center promotes group counseling as a primary method of treatment for some clients, efforts to recruit participants is not always as successful as planned. The Center is committed to continue its efforts to expand the group program.

Interns acquire new knowledge and skills in service provision through participation in the Psychotherapy Seminar, Case Presentations, and weekly individual and group supervision. The aim of these training experiences is to develop professional skills in: selection and implementation of empirically and/or theoretically based clinical interventions; development and use of the therapeutic relationship; knowledge, awareness, and skills in addressing diversity and identity variables as they impact the client, the therapist, and their interaction; and finally, the effective management of the termination process.

Interns' provision of clinical services are assessed regularly by clinical supervisors and training staff involved in the Psychotherapy Seminar and Case Presentations. Verbal feedback is provided to interns via individual and group supervision on a regular basis. Formal reviews take place twice a year, resulting in written evaluations that interns and supervisors review together.

2. Consultation & interprofessional/interdisciplinary skills;

In helping interns develop professional skills and a professional identity, the staff of CHW believes that learning about and providing indirect and preventative services to the campus community is as important as learning about and providing direct clinical interventions. This area includes the profession-wide competency Consultation and Interprofessional/Interdisciplinary Skills and is addressed most directly through the OTC Seminar.

The OTC Seminar experience consists of three types of activities which are addressed didactically and experientially:

Outreach activities involve group presentations that describe the services of the Counseling Center and that acquaint members of these groups with Center staff. Outreach also may involve providing information to the campus community through the media and through general or specific flyers and brochures. Annual outreach events include tabling at new student orientation, student involvement fairs, and participating with other Counseling staff in National Depression Screening Day.

Training activities involve workshops and other psycho-educational programs that are topic-focused and provide prevention and developmental interventions either to the campus community at large or to specific groups, organizations, offices, or academic courses that request such a program. Training activities may be designed and delivered by Counseling, Health, & Wellness (CHW) staff or by a collaborative effort between the CHW and a sponsoring campus group. Interns generally participate in training Resident Assistant staff and RAM Supporters (student leaders) around mental health concerns and basic listening, responding, and referral skills in late August, as well as other opportunities that arise throughout the training year.

Consultation activities involve the formation of relationships with client systems on campus for the purpose of ongoing assistance in assessing needs, identifying goals, planning and completing projects, and solving problems related to student needs or development. These activities may result in direct or indirect interventions or collaboration by the CHW staff (i.e., offering a program, workshop, training, psychological perspective or expertise, targeted intervention for specific student leaders or creation of didactic/psychoeducational materials).

Throughout the year, each intern is given opportunities to shadow and observe senior staff involved in OTC activities. Interns also work with senior staff members in co-designing and co-delivering OTC services, where appropriate.

Additionally, each intern also completes OTC projects of their own as they develop and maintain a consulting relationship with a specific campus office. These projects are determined by the needs of the particular office and the students they serve, address the role of diversity and identity, and are commensurate with the skills and growth areas of the intern. The interns are supported in their OTC work by a bi-weekly OTC Seminar that is both didactic and supervisory and by formal and informal supervision of their projects by the seminar facilitator. For each project, interns will maintain records including a summary of the project and, when possible, evaluation feedback forms. Feedback from participants is discussed in supervision and retained with other records of the project (i.e. handouts) to inform the planning of future interventions.

Intern competencies involving OTC activities are assessed regularly by supervisors and by the staff member convening the Consultation Seminar. Each intern is observed by a senior staff member during the year as they facilitate at least one OTC program. In addition, participant reactions, mid-year and year-end Intern Evaluations provide information about interns' competencies, growth and development.

3. Multicultural Competence

The training staff believes that in clinical, consultative, teaching, supervision, programming and all other areas of service and training, psychologists have the responsibility for interacting effectively with an increasingly diverse population. Such effectiveness necessitates a commitment to continual training, self-monitoring, peer supervision, and research. The commitment to ongoing personal development regarding multicultural competence is necessary not only as psychologists, but also as members of the University and wider local and global community. This area includes the profession-wide competency Individual and Cultural Diversity.

Interns increase and develop new awareness, knowledge, and skills in working with diversity and identity across all training experiences. The Psychotherapy, OTC, and SOS Seminars provide didactic information, experiential knowledge, and self-reflective skills in working with diversity and identity as they relate to the professional function being taught. In addition, during individual and group supervision interns are encouraged to develop self-reflective practices regarding their provision of services to clients who hold identities different from their own, as well as to explore identity differences as relevant within therapeutic, supervisory or other professional relationships. All staff and trainees in CHW participate in recurring professional development related to DEI across the year in both large and small-group formats. These opportunities provide intentional opportunities for staff and interns to develop and maintain personal awareness, increase knowledge base, and practice a repertoire of communication and other skills related to multicultural competence as professionals. The Internship Program is committed to teaching and learning about diversity and multicultural competence in a positive, non-punitive, and supportive educational context.

Intern awareness, skills, and knowledge involving Multicultural Competence are assessed regularly by supervisors and by staff members. Interns receive formal evaluations on their practice of multicultural competence twice yearly via written feedback and discussion with their primary supervisors.

4. Supervision Skills and Services (SOS)

Interns are expected to become more knowledgeable regarding the professional, legal, and ethical issues related to the provision of supervision, as well as to begin developing identities as qualified and experienced supervisors. This area includes the profession-wide competency of Supervision. The Supervision-of-Supervision seminar includes a didactic component during the fall semester which transitions to a semester-long supervision group in the Spring semester. Topics addressed during training include: theory(ies) of individual and group supervision and supervision of group co-leaders/trainees, developmental stages and experience levels of supervisees, fostering trust and safety in supervisory relationships, issues of diversity in training and supervision, and legal/ethical issues which impact on the provision of supervision in clinical and academic settings. Interns apply knowledge gained from didactic and supervisory sessions while serving as supervisors in CHW's doctoral Practicum Training Program. Additionally, all supervision sessions are recorded to better support Interns' acquisition of supervisory skills.

Weekly group supervision-of-supervision occurs during the SOS seminar. Interns demonstrate the acquisition and use of supervisory skills by videotaping supervision sessions and sharing them in SOS seminar, writing formal evaluations and by providing both oral and written feedback to their supervisees. Verbal feedback by the seminar facilitator is provided on an ongoing basis and is supplemented by formal written evaluations of supervisory skills at the midyear and year-end evaluation periods.

5. Legal, Ethical, Administrative, and Professional Role Functioning

This area encompasses several profession-wide competencies (Ethical and Legal Standards, Professional Values and Behaviors, Communication and Interpersonal Skills, and Research) and relates most directly to the achievement of the Program's third training Aim. Interns review during Orientation the *APA Ethical Principles of*

Psychologists and Code of Conduct and applicable local and state regulations and are expected to follow these guidelines throughout Internship. Through case examples and discussion, Interns develop a strategy for ethical decision making and develop greater autonomy across the year in knowing when to consult regarding ethical or legal conflicts. In addition to APA Ethical standards, Interns are expected to be familiar with and attend to standards of practice for a diverse population of students in accordance with guidance from resources including: *APA Ethical Principles of Psychologists and Code of Conduct*, *APA Guidelines Services to Diverse Populations*, *APA Guidelines Psychotherapy to LGB Clients*, *Psychology Education and Training From Culture-Specific and Multiracial Perspectives (Collaboration of AAPA, NLPA, ABP, APA, SIP, SPSEMI)*, *APA Guidelines on Multicultural Education, Training, Research, Practice & Organizational Change for Psychologists*.

Throughout the Internship Program, interns are responsible for interacting with colleagues, peers, clients, supervisors, and other members of the CHW and wider University community with attention to appropriate demeanor, comportment, and professional communication standards. With support as needed from supervisors and mentors, Interns practice and develop interpersonal and communication skills related to diversity and identity, managing conflict, and development of healthy and productive professional relationships. In addition, interns are expected to model healthy self-care practices which support their ability to meet the training expectations as outlined below as well as maintain their emotional and intellectual engagement across the variety of training experiences.

Interns are also supported in their development of an ongoing personal commitment to the professional values, standards, growth necessary for competent psychologists. In line with the Scientist-Practitioner model, interns develop and maintain knowledge and skills related to use of empirically-based methods and scholarly inquiry to address clinical or consultative needs. Internship Seminars support the acquisition of new knowledge through didactic teaching and Interns have the opportunity to demonstrate their use of scholarly inquiry via the integration of theory and research into the bi-annual Intern Case Presentations.

Across all activities during the Internship, Interns are expected to demonstrate positive values associated with the psychology profession, most importantly concern for the welfare of others. In addition, Interns develop and increase skills in self-reflection to address clinical, consultative, interpersonal, and communication concerns, taking with them a well-developed sense of when and how to use self-reflection and consultation.

Interns are evaluated throughout the year regarding their legal, ethical, administrative and professional role functioning via verbal feedback from supervisory and other staff members. Formal written feedback and discussion is provided bi-annually by primary supervisors.

Training Elements

The Internship Program in Health Service Psychology is specifically designed to offer interns a wide variety of supervised training and learning activities to assist them in developing skills in the specific competency areas outlined above and to enhance and accelerate their professional development and identity as psychologists. Training activities and training seminars are described below.

Orientation

The interns begin their training year in mid-August, approximately 2-4 weeks prior to the beginning of the fall semester. The first week of orientation is designed to help interns acclimate to the working and learning environment in the Counseling, Health, & Wellness Center and to familiarize them with Suffolk University's urban campus and with the Beacon Hill/Boston area in which the University is located. The interns are given a campus and community tour and are introduced to key administrators and staff. They also meet with the Training Director to facilitate their transition to Suffolk University, to discuss the goals and requirements of the training program, and to begin to identify personalized learning goals.

During Orientation, Interns also meet with training staff in a variety of orientation/training sessions. Topics include a thorough review of CHW Policies and Procedures, applicable ethical guidelines including the *APA Ethical Principles for Psychologists and Code of Conduct*, training in CHW crisis assessment and intervention, intake assessment, and referral procedures, and the beginning of didactic training in the provision of clinical supervision via the SOS Seminar. Interns also begin Psychotherapy Seminar with the first few seminars focused on topics related to diversity and identity and trauma-informed work. Interns also meet with the training director to review the Intern Self-Assessment and to begin discussion of personalized training goals and objectives. Once supervisors are identified, training goals for each intern are incorporated into individual training contracts for the academic year.

In addition to the above, Interns work during Orientation with the OTC Supervisor and other CHW senior staff to prepare and provide training for Suffolk Resident Assistants and RAM Supporters addressing communication skills, relevant mental health concerns among college students, and referral skills to CHW for RAs and RAM Supporters working with distressed students. RA/RAM Supporter training provides an early opportunity for interns to become familiar with Suffolk student leaders, the varied issues common to college students, residence hall living, and the professional development needs of student employees working with students in distress. In addition, this experience facilitates the beginnings of a working relationship among the interns and between interns and senior staff.

At the conclusion of orientation, interns begin working directly with clients who seek services in CHW. They also begin providing crisis/emergency hours under close supervision of supervising staff.

Clinical Supervision

Interns participate in both individual and group supervision throughout the training year. All supervisory sessions may be video-taped to support supervisor and intern development. Each intern receives two hours of individual supervision and two hours of group supervision for a minimum of four hours of weekly clinical supervision. The goal of clinical supervision is to provide support and intentional guidance for the development of the interns' assessment, conceptualization, treatment planning, and intervention skills. Each intern is assigned a primary and secondary supervisor who each provide individual supervision 1 hour weekly (2 hours of supervision per intern across 2 supervisors). These relationship allows for a comprehensive evaluation of interns' clinical and professional development across the 5 competency areas throughout the course of their training experience.

Group supervision is led by a supervising psychologist with 2 years of licensed experience. Group supervision is structured with attention to the creation of a safe and supportive environment for case review and consultation.

Interns present video-taped session content at regular intervals and prepare questions of focus for consultation and discussion. Group supervision has occasionally incorporated the use of a text to develop specific conceptualization and intervention skills, such as Hannah Levenson's Time Limited Dynamic Psychotherapy.

In addition to case discussion, interns are required to present a minimum of eight videotapes of their clinical sessions per semester (4 in individual supervision and 4 in group supervision). These tapes are used in supervision to examine the therapeutic process, technique and case management issues, and the development of the helping relationship. Supervisors may also choose to review video-tapes outside of the supervisory hour to gain a fuller assessment of client or intern functioning. Intern video-tapes may also be used by Interns within their supervision of CHW's practicum student; tapes of intake and treatment sessions can be used to demonstrate selected counseling techniques.

Training Seminars, Dialogues, and Case Conferences

Multiple seminars and routine meetings provide didactic, supervisory, and administrative support for Interns. They are outlined below. Components of these experiences are sequenced and presented in such a way that they maximize learning opportunities for interns. After orientation to the topic area and how it fits the training and service goals of the Center, basic skills are reviewed and refined. This learning foundation is supported throughout the internship year by means of didactic information, experiential exercises and activities, and individual and/or group supervision of actual cases and clinical situations.

Psychotherapy Seminar

In weekly meetings throughout the Internship year, the Psychotherapy Seminar provides Interns with didactic opportunities to discuss and explore topics relevant to assessment and treatment. Content includes didactic training and discussion regarding empirically based treatment approaches (e.g. psychodynamic, CBT, Motivational Interviewing, Interpersonal Therapy, and Relational-Cultural Therapy); topics such as the impact of oppression, identity development, and consideration of individual differences and similarities in the therapeutic relationship; exposure to a variety of other topics relevant to a generalist clinical practice within a University setting such as complex trauma, diagnosis, and topics specific to student populations such as LGBTQIA+ or International Students. The seminar is intentionally structured so that Interns work to integrate new learning into existing knowledge and skills with the goal of expanding and deepening theoretical orientation, flexibility in intervention selection and application, and use of the therapeutic relationship to facilitate change. Interns' participation and engagement in the PT Seminar is included in overall evaluations by primary supervisors.

Outreach, Training, and Consultation (OTC)

Throughout the year, interns participate in an Outreach, Training, and Consultation seminar which is both didactic and supervisory. Didactic content includes modules that explore the theories and methods of outreach, training, and consultation. In addition, personal skills and goals, needs assessment strategies, the role of consultation in the development of professional psychologists, and the organizational issues of the campus community are also discussed. During the year, interns are required to participate in training activities (e.g., RA/RAM Supporter Training in August and January), as well as outreach activities (e.g., National Depression Screening Day, classroom visits, drop-in groups). Interns will collaborate with and be observed by a senior staff member in at least one activity and collaborate with senior staff in additional outreach, training, and consultation projects during the fall and as they arise during the year. In the spring semester, interns will work to develop and deliver one OTC project in collaboration with senior staff and a campus partner. These projects are determined by the needs of the campus, students, and CHW as well as the skills and interests of the intern and will consider the role of sociocultural identity throughout. Interns receive routine supervision and consultation from the OTC seminar facilitator, with additional formal and informal supervision regarding specific projects provided by collaborating staff members. Evaluations of OTC activities are completed by the OTC facilitator with input from collaborating staff as appropriate.

Supervision-of-Supervision

Throughout the academic year, the interns participate in the Supervision of Supervision (SOS) seminar that has both a didactic and supervisory function. The Fall includes a didactic seminar which focuses on teaching the developmental model of supervision used at CHW and orienting Interns to the art of Supervision including practicum student developmental stages, developing a trusting and safe supervisory relationship, as well as understanding the professional, legal, and ethical issues that relate to the provision of supervision. In the Spring, Interns are matched with one of CHW's doctoral Practicum Students to provide clinical supervision. Interns receive weekly group supervision of their supervision in the Spring, replacing the SOS seminar. Additional supervision and/or consultation regarding supervision is provided as needed, depending on the needs of the practicum student and the individual intern. The main focus of SOS is supporting identification of the Practicum Student's counseling skills, development as a clinician, and case conceptualization/treatment planning in order to inform the provision of supervision by Interns. To facilitate development of supervisory skills, all supervision sessions will be video-taped. Intern supervisors prepare and deliver formal written feedback regarding clinical skills to the Practicum student in collaboration with the Practicum Coordinator at the final evaluation period for Practicum Students in May. Interns are evaluated in May by the SOS supervisor and receive direct feedback from their supervisee regarding their provision of supervision.

Meetings with the Training Director

Interns meet with the Training Director monthly, or as needed, offering time for review of practical information related to the Internship including relevant policies and procedures associated with clinical service delivery or the Internship itself, time for identification and discussion of question or concerns from Interns related to any aspect of their training experience, and an opportunity to process cohort or center dynamics as needed. The Training Director provides regular feedback on interns' overall performance as members of the counseling staff, and interns in turn provide feedback on the training program.

DEI Small Groups

The DEI small groups provides trainees a directed opportunity to develop personal awareness, discuss social justice topics, practice developing skills, and to learn from each other regarding diversity and individual identity. The goals of these groups are to develop, use and expand awareness, knowledge, and skills regarding the provision of inclusive services in support of Suffolk's diverse student population. Small groups are led by CHW staff who participate in training and monthly meetings with the Director of Training and DEI to support their facilitation of these groups. Group curriculum is determined prior to the academic year and may involve the use of a book (e.g. *The Racial Healing Handbook*), articles, experiential activities or other types of resources to help guide staff reflection and discussion.

DEI Professional Development

The DEI Professional Development series are professional development trainings and small group work delivered by either an external speaker or CHW staff focusing on awareness, knowledge, and skills about a variety of topics related to inclusive service delivery and professional growth. This series is attended by all CHW staff from counseling, health, wellness, and administrative functions.

Case Presentations

Each intern is responsible for preparation and delivery of 2 case presentations, one in January and one in June. The *Case Presentation Worksheet* provides structure for the written portion which is evaluated by the Training Team and must be completed at the time of the verbal presentation. The verbal presentation is scheduled by the Training Director and all counseling staff are invited. Verbal presentations include 25 minutes of verbal summary of the case and discussion questions, followed by 25 minutes of discussion and consultation regarding the case. Both

Case Presentations must include the application of an empirically-based treatment modality and use of scholarly inquiry to assist with client conceptualization or address treatment concerns. Both presentations must incorporate research from empirical or theoretical literature which assists with conceptualization or treatment planning related to identity, power and privilege, or multicultural counseling approaches. In addition, one of the presentations must also use a clinical assessment tool including the summary of the results.

Case Presentations are facilitated by the Training Director and occur during clinical staff meetings, providing opportunities for interns to become familiar with the various supervisory styles and theoretical orientations of the senior staff. Members of the Counseling Staff complete evaluations of the Interns Case Presentations, which are provided to the Primary Supervisors for incorporation in summary form to the midpoint and final evaluations of Intern performance.

Peer Supervision

Interns meet bi-weekly for Peer Supervision to build an effective collegial cadre, provide opportunities for peer consultation and support, and provide time to discuss reactions and needs related to the training program. The format and meeting time for Peer Supervision is set collaboratively by each intern cohort at the start of year.

Staff Meetings and Other Professional Development

CHW promotes a culture of ongoing professional development for staff and trainees. Trainees are invited to join staff at routine staff meetings, administrative meetings, DEI and interdisciplinary meetings/trainings, occasional professional development opportunities, and staff retreats. These experiences include and/or are in addition to the professional development meetings outlined above. Trainees are expected to attend all meetings when invited.

Supervision Assignment and Responsibilities

Supervising Staff

All supervision is provided by licensed CHW staff. All primary supervisors are licensed psychologists with more than 2 years of practice as a licensed psychologist. Group Supervision and Supervision-of-Supervision (SOS) are conducted by a primary supervisor/psychologist with more than 2 years of practice as a licensed psychologist. OTC is facilitated by a member of the counseling staff. Peer Supervision is facilitated by the Interns as a group and offers an opportunity for connection and discussion of training experiences and case material as desired.

Primary Supervisor Assignment

Primary supervisors are assigned by the Training Director with input from Interns and members of the supervising staff. Self-assessments and intern preferences are used to assign supervisors. Not every intern will be assigned to their first choice primary supervisor. All interns will be assigned two supervisors. Primary supervisor designation reflects the supervisor responsible for co-creating internship goals, the final individual supervision evaluation and supporting any additional support or remediation efforts for each intern. Supervisory assignments will be reviewed at the midpoint of internship incorporating input from supervising staff and interns.

Issues or concerns about supervisory relationships should be raised within the relationship for discussion and problem-solving. The Training Director can provide consultation regarding the situation and is responsible for deciding if a re-assignment is necessary.

Intern and Supervisor Responsibilities

- Interns and primary supervisors must collaboratively complete a Training and Supervision Contract which reviews these responsibilities and includes identified training goals for the Intern. When telesupervision is utilized during instances when the University is operating remotely or with limited on-site staffing, this contract will include telehealth supervision procedures and expectations.
- Review of video-taped therapy sessions is a requirement of both individual and group supervision. Video-tape should be reviewed on a regular basis during the supervision session and/or prior to the supervision session by the supervisor. Supervisors retain the right to view any video-taped session at any time.
- Interns must prepare and bring copies of the *Client Tracking Sheet* to each supervision session. See Appendix.
- Interns and supervisors must engage in verbal discussion and feedback mid-way through each semester regarding the Intern's progression in the training program and experience in supervision.
- Interns and supervisors must engage in verbal discussion and a written evaluation of the Intern's progress, experience in supervision, and feedback to the supervisor in February and again at the end of the Internship year.

Primary and Group Supervisor Responsibilities

- Adhere to all requirements listed above.
- (Primary Supervisors only) Assist Interns in creating goals for their annual Training and Supervision Contract, ensuring that goals match self-assessments and fit within the Program's training goals and stated competencies.
- Provide a minimum of 1-2 hours of supervision, on a weekly basis.
- Routinely review video-taped sessions to inform case management and intern performance.
- During supervision, provide verbal feedback based on video tape review and case discussion that is designed to be growth enhancing.
- Offer unscheduled (informal) individual and/or group supervision, as needed or requested by intern(s).
- Monitor and review case notes in Point and Click as prepared by the supervisee. Provide written feedback on documents as needed.
- Ensure that all services provided by Interns are based in empirical knowledge, practice standards, and include treatment approaches appropriate for CHW's setting and population(s) served.
- Review and maintain a copy of the intern's Client Tracking Sheet in order to document supervision sessions

- Participate in Intern clinical case conference presentations and complete Case Presentation Feedback Forms.
- Attend and participate in weekly meetings of staff supervisors.
- Notify the Training Director as soon as possible should concerns arise regarding the competency of a supervisee in any of the required competency dimensions.
- Monitor and evaluate supervisee's collaboration with other professionals as part of the supervisee's case management.
- Assure that supervisee interactions and documentation are consistent with Center's policies and procedures and that they adhere to established standards for delivery of counseling services.
- Monitor and seek feedback from other supervising staff regarding supervisee's performance in other professional activities. Utilize this information in completion of the Interns' evaluations as appropriate
- Provide mid-semester verbal feedback to supervisees which (if needed) identifies performance areas of concern and provides specific behavioral changes needed to demonstrate competency in the area of concern
- Complete in writing the appropriate evaluation form during the midpoint and final evaluation periods
- Maintain knowledge of current standards of training competencies as well as standards for supervisors. Obtain continuing informal and formal education about the competencies for supervisors.

Supervision Procedures

Scheduling supervision

- Supervision sessions will be scheduled at the same time each week with the schedule set so that it supports the overall clinical schedule for staff and trainees. Individual supervision and peer supervision are set collaboratively by supervisors and Interns at the beginning of the year and revised as needed.
- Supervisors and Interns are expected to work together to arrange make up supervision should a session be missed unexpectedly. Coverage for extended absences (vacations, lengthy illness) by the supervisor should be discussed well in advance and coverage for supervision will be arranged by the Training Director.

Caseload requirements and limits

- Full-time interns are expected to have a caseload of 18-20 clients per week.
- One hour of supervision per week for approximately every 5 clients seen.
- Supervision for group counseling will be arranged as groups are formed.

Formal and informal supervision

- Formal supervision refers to ongoing structured meetings with your primary supervisor and group supervision with senior staff psychologists.
- Informal refers to consultations with any of the senior staff when needed and available.

Telesupervision

- During times when Suffolk University is operating remotely or with minimal onsite staffing, telesupervision will be utilized.
- Priority for onsite scheduling will be given to matching interns with supervisors on-site, when possible.
- Interns and supervisors engaging in telesupervision must follow the expectations outlined in this Training Manual.
- In addition, more specific information about telesupervision is included in the Training and Supervision Contract signed by Interns and Primary Supervisors at the start of the training year.

Evaluation Procedures

At the start of Internship, CHW primary supervisors staff work collaboratively with Interns to set, evaluate, and revise specific Training Goals to address identified training needs related to the competencies outlined above, the Intern's Self-Assessment, and additional desired training goals. These goals are shared with all training staff in order to best meet the identified needs of the Intern across training activities. The Training Goals are evaluated collaboratively by the Intern and Individual Supervisors at the mid-point of Internship, revised if needed in February, and reviewed again at the end of Internship.

To monitor Intern's professional functioning, provide necessary feedback, and identify any additional training goals, Interns are evaluated across all training activities throughout the year. Written evaluations occur at the midpoint and final evaluation periods and include the following forms:

- Comprehensive Evaluation of Intern Form (completed by Primary and Group Supervisors)
 - Primary Supervisor includes Case Presentation Feedback in this form
- SOS Evaluation of Intern Form (completed by SOS Supervisor, Spring only)
- OTC Evaluation of Intern Form (completed by OTC Supervisor)
- Practicum Evaluation of Intern as Supervisor (completed by the Practicum Student, Spring only)

Additionally, Interns complete the following evaluations at the midpoint and final evaluation periods regarding their training experience:

- Program Evaluations
- Intern Evaluation of Individual, Group, SOS (Spring only), and Group (when relevant) Supervisors
- Intern Evaluation of Seminars, including SOS (fall only) and OTC

Midpoint and final evaluations are discussed between the Intern and each evaluator to identify and address areas of disagreement or concern and to determine if revised training goals are needed. Interns are encouraged to complete self-evaluations using these forms in order to inform decisions about training goals or needs. Final evaluations are signed by both the supervisor(s) and the Intern.

In addition to the formal evaluation, staff members provide ongoing assessment and feedback to interns using the following means:

- Weekly supervision sessions
- Case Presentations
- Scheduled meetings with the Training Director
- Informal (unscheduled) individual supervisory meetings

In addition to the above evaluation processes, the Program is committed to responding in a timely fashion to feedback from interns regarding their training experiences. To facilitate this feedback, the following meetings and processes are also in place:

1. The Training Director and interns will meet as a group twice a year to review the results of the Program Evaluations. The focus of the discussions is to assess how well the training program meets the intern's learning goals. Recommended changes are discussed and implemented, as appropriate, for the remainder of the internship year and/or the following year.
2. Following review and discussion of Evaluations by each supervisor-intern dyad, the Training Director meets with each intern to review his/her evaluation of individual and group supervision experiences and provides appropriate feedback and recommendations to that supervisor. Where the Training Director is an individual or group supervisor, the Intern will be given the option to meet with the Interim Executive

Director. As the Interim Executive Director is not a counseling staff member, additional consultation with counseling staff may be warranted. The Training Director and Interim Executive Director review the outcomes of this meeting.

3. Interns are encouraged to provide ongoing feedback about their training experience in staff meetings and in monthly meetings with the Training Director

Minimal Levels of Achievement for Completion

As outlined above, the CHW Internship Program in Health Service Psychology is intentionally designed to facilitate the achievement of 5 areas of competency applicable to general practice with a focus on service to a college or university population within an integrated health and counseling center. The five areas of competency are:

1. Clinical services including assessment and intervention;
2. Consultation & interprofessional/interdisciplinary skills;
3. Multicultural competence in working with diversity and identity;
4. Knowledge and skills in provision of clinical supervision; and
5. Legal, ethical, administrative, and professional role functioning

These competency areas are comprised of 9 individual scales representing required profession-wide competencies for the practice of professional psychology. These scales include Assessment, Intervention, Consultation & Interprofessional/Interdisciplinary Skills, Individual and Cultural Diversity, Supervision, Communication and Interpersonal Skills, Ethical and Legal Standards, Research, and Professional Values and Attitudes. The rating scale used to evaluate performance on each of these scales is below. Please note that in keeping with the Internship Program's developmental model, a rating of "3" reflects achievement of an expected level of competency. Ratings of "3" on Fall and Spring evaluations may still indicate that progress was made across the year on individual items and overall competencies.

A rating of "3" or above on all individual items of the Comprehensive Evaluation of Intern form indicates the intern has demonstrated competence commensurate with what is expected at the time of the evaluation. Interns must achieve this level of competency at the end of Internship in order to successfully complete the Internship. If problematic behavior is noted, as defined by a rating of 2 or below on individual items, the area(s) identified will become a primary focus of supervision in order to support the Intern's achievement of competency in that area. If sufficient progress is not made on individual items rated a 2 or below with the additional supervisory focus, or if the intern receives a rating of 2 or below on 20% or more of the individual items within one of the 9 competency scales -- a remediation process will be initiated.

The rating scale for evaluation of intern performance is below, and will be applied to each item on the *Comprehensive Evaluation of Intern* form.

5	CONSISTENT PERFORMANCE ABOVE EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance is considered a <u>major strength</u> which means this skill/behavior is performed consistently, in a variety of situations at more advanced levels. Intern could teach it or serve as a model for others. Intern need minimal supervision on this, but knew when to consult when need.
4	PERFORMANCE FLUCTUATES ABOVE EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance considered above expected competence level for the amount of experience, knowledge, and academic training. Intern performed this skill/behavior effectively most of the time, and supervision has been focused on further refining and developing advanced performance and use.
3	PERFORMANCE AT EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance is considered at expected competence level for the amount of experience, knowledge, and academic training. Intern is “ <u>on target</u> ” for where he/she is expected to be, and meets the expected proficiency for that skill/behavior. Ongoing supervision and monitoring is focused on continued advancement, integration, and consistency. Intern demonstrates good judgement and expected level of consultation/supervision needs to meet performance demands.
2	PERFORMANCE FLUCTUATES AT TIMES BELOW EXPECTED COMPTENCE LEVEL OF AN INTERN: Performance considered below expected competence level for the amount of experience, knowledge, and academic training. Intern may only have an introductory knowledge of this skill, little experience, or still needing to develop these skills to be at expected level. A fair amount of supervision time is focused on this skill/behavior to gain more proficiency to meet expectations by the end of internship. <i>This could be a normal score at the end of the fall semester for some areas, but would not be an expected score at the end of internship, remediation needed if progress is not shown.</i>
1	CONSISTENTLY PERFORMS BELOW EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance is consistently below expected competence level for the amount of experience, knowledge, and academic training. Intern may have very little awareness, experience, knowledge or training with this skill/behavior and remediation is needed to work toward expected developmental level. Intern needs significant supervision, training, and/or guidance to gain more proficiency in this skill/behavior. A significant amount of supervision time is (was) focused on developmental of this skill/behavior; closer monitoring is (was) needed while carrying out this skill.
N/A	Not Applicable – skill unable to be assessed.

The training staff are committed to supportive, direct, and transparent communication with Interns regarding expectations, performance, and evaluation. The goal is always to identify early in the year if there are significant concerns about performance which need to be addressed. Please see CHW’s Policies and Procedures for information on the Program approach to concerns about competency, Due Process, and Grievances.

Due Process and Grievance Procedures

The following section outlines procedures for responding to Suffolk University Counseling Interns who experience conflicts that interfere with effective professional functioning during their training program. It also outlines the rights and responsibilities of interns in the unlikely event they file grievances against supervisors, staff members, or colleagues. This section delineates the due process rights of both the training program and the intern regarding evaluations of intern behavior and performance during the internship period. The procedure for invoking the rights and responsibilities of trainees when an intern believes that discriminatory, unethical, or unprofessional behaviors have been committed by professionals or other staff members is outlined in the Suffolk University Grievance Procedures for Support Staff and Administration (Personnel Policy Manual, Sections 600.10-600.15). In those cases involving allegations of sexual harassment, interns are protected by the Suffolk University Nondiscrimination Policy and Grievance Procedures located at <https://www.suffolk.edu/about/mission-history/policies-procedures/title-ix-at-suffolk/nondiscrimination-policy-and-grievance-procedures>

RIGHTS AND RESPONSIBILITIES

CHW Internship Program provides systematic evaluations of interns' progress throughout the training year, setting out clear guidelines for performance and sharing of regular feedback with interns. Interns and supervisors provide formal, written, and concurrent evaluations of their training and supervisory relationships at least twice during the course of the training year. In addition, Interns provide program-level feedback verbally and in writing at the mid-point of the year with an opportunity to discuss concerns about their training experience at any time. The evaluation markers for interns during their training year with CHW are listed below:

Internship Application and Orientation Procedure:

- Statement of Internship Readiness Form, completed by Director of Graduate Training Program.
- Training Contract, signed by Intern and Primary Supervisor.
- Self-Assessment, completed by Intern

Mid-Year Evaluations:

- Evaluations of Intern, Completed by each Supervisor and submitted to Director of Training of intern's Graduate Program.
- Internship Program Evaluation. Evaluation by intern includes an opportunity to assess the quality of individual and group supervision and components of the training program during the first half of the internship training year.
- Intern Evaluations of Supervisor(s). Evaluation by intern includes assessments of the quality of supervision provided by individual and group supervisors.
- Informal Group Evaluation meeting, at end of first semester of training experience.

Year-End Evaluations and Documents:

- Evaluations of Intern completed by Primary Supervisor. Submitted to intern's Graduate Program Training Director.
- Internship Program Evaluation.
- Intern Evaluations of Supervisor(s).
- Informal Group Evaluation meeting, at end of internship year.
- Completion of Annual Report to the American Psychological Association (APA)
- Certificate of Completion

The internship experience is specifically designed to mitigate the existence of problematic behaviors on the part of interns. Preventive measures include:

1. Extensive and ongoing orientation meetings.

2. Training activities individually tailored to specific training goals outlined by interns and by academic training departments.
3. Careful and frequent monitoring of workloads and performance, by supervisor(s) and Training Director with oversight by the Interim Director of Counseling Operations.
4. Regular assessments of the number of clients and severity of client problems managed by interns, by the Training Director in collaboration with the Interim Director of Counseling Operations.
5. Administrative flexibility and support for altering the structure and frequency of supervision, as needed.

INSUFFICIENT PROFESSIONAL COMPETENCE: DEFINITION AND CRITERIA

Lamb et al. (1985) defined lack of adequate performance as being reflected in one or more of the following ways: (1) an inability to acquire and integrate professional standards into one's repertoire of professional behavior, (2) an inability to acquire professional skills in order to reach an acceptable level of competency, and/or (3) an inability to control personal stress, psychological dysfunction, and/or excessive emotional reactions which interfere with professional functioning" (p.6).

The distinction between an intern who encounters a "problem" and one who persistently demonstrates inadequate performance is often hard to quantify, although most often made on the basis of whether the difficulty is one that is expected or common to a training experience. In making a similar distinction, Lamb et al. (1985) added the following criteria in outlining their definition of inadequate training performance:

1. Intern does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training.
3. The quality of services delivered by the intern is consistently negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel is required.
6. The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.
7. In addition to the criteria listed above, ratings received on the *Comprehensive Evaluation of Intern* Form are used to assess interns' levels of performance. A rating of "3" or above on all individual items of the *Comprehensive Evaluation of Intern* form indicates the intern has demonstrated competence commensurate with what is expected at the end of Internship. If problematic behavior is noted, as defined by a rating of 2 or below, the area(s) identified as a training deficiency will become a primary focus of supervision in order to support the Intern's achievement of competency in that area. If sufficient progress is not made on individual items rated a 2 or below with the additional supervisory focus, or if the intern receives a rating of 2 or below on 20% or more of the individual items within one of the subscales of the four identified competency areas -- a remediation process will be initiated.

In the event that an evaluation of an intern's performance raises concerns about competence or impairment according to the criteria above, the following guidelines and procedures will be instituted for purposes of remediation and to assure that the intern's due process rights are protected.

DUE PROCESS GUIDELINES

In its broadest sense, due process includes equitable methods of evaluating intern's performance while in training. Due process ensures that decisions and actions taken in response to concerns about performance are not arbitrary or personally biased. The specific procedures outlined below are applied to all trainee complaints, concerns, and appeals. General due process guidelines include:

1. During orientation and throughout the Internship, Interns will receive in writing training requirements and expectations. These are reviewed in person with the Training Director and the Primary Supervisors at the start of the Internship and included in the Training Contract.

2. During orientation and reviewed throughout the Internship, Interns will receive in writing the procedures for evaluation, including how they will be conducted, described, and shared with others.
3. During orientation and in writing Interns will receive procedures regarding decision-making related to problem behaviors, impairment, or concerns about a competence.
4. The Training Director will communicate early and often with the Interns Graduate Program about any suspected concerns that are interfering with Intern performance.
5. The Training Director will institute, when necessary, a remediation plan for identified inadequacies, including a timeframe for expected remediation and consequences of not rectifying the inadequacies.
6. The Intern will be provided with time to respond to any action taken by the program, as well as with information on how to submit an appeal, prior to the implementation of any action.
7. Information regarding the concerns, remediation plan, and timeline for re-evaluation will be provided to the Intern verbally and in writing.
8. The Training Director will document in writing and provide to all relevant parties, the actions taken by the program and the rationale for all actions. All remediation plans, revisions, and documentation of outcomes will be signed by the Intern, Training Director, and Primary Supervisor and kept in the Intern's permanent file.

DUE PROCESS PROCEDURES

Definition of Terms

Problem – The issues, concerns or behavior related to Intern performance

Training Team Meeting– Scheduled weekly meeting of all currently supervising staff.

Training Staff – all staff members currently participating in distinct parts of the training program (supervision, OTC, SOS, DEI Small Group)

Process

Problem Identified – Supervising staff or another staff member identifies a potential concern.

Problem Defined by Supervising Staff – The staff member identifying the potential concern discusses it with the Training Director and/or the Supervising Staff during the Supervisors Meeting. The Interim Executive Director will be informed of this discussion. Supervising Staff work together to specify the problem using behavioral indicators and clear, concrete language. The problem will be determined typical or atypical.

Typical Problem – Represents a problem which is believed to be modifiable to an acceptable level through appropriate intervention within existing supervisory relationships and structures. Examples of typical problems include coping with client emotions, adjustment to internship/personal coping needs, and awareness of policies and procedures.

Plan of Change – Generated between the Intern and the Primary Supervisor, who discuss the identified problem directly. The plan will also be discussed in Training Team to garner additional supervisory/clinical input. Additional staff may be involved in this conversation as necessary (e.g. the OTC supervisor or group therapy supervisor if the concern is about their relevant areas). Change plans may include alterations in the focus of supervision, additional supervision, a temporary adjustment to quantity or type of clients seen, etc. All plans and documentation of outcomes will be signed by the Intern, Training Director, and Primary Supervisor.

Implementation of Plan – The Primary Supervisor is responsible for executing the plan with the cooperation of the Intern. Communication regarding the problem is a focus of frequent and thorough discussion during supervision sessions.

Finding of Sufficient Change – The Primary Supervisor with consultation from other Supervising Staff as needed will determine if sufficient change has occurred.

Formal Evaluation – The Primary Supervisory includes identification of the problem, actions taken to address it, and progress toward resolution in the written evaluation following the identification of the issue (e.g. the Midpoint or Final Evaluations). These evaluations are signed by the Primary Supervisor and the Intern.

Communication with Graduate Program – A summary of the identified problem, action steps, and the resolution of this process are included in the mid-year communication with the graduate program in the context of the Intern's entire performance.

Finding of Insufficient Change – The Primary Supervisor with consultation from other Supervising Staff as needed will determine if sufficient change has not occurred. The problem is brought back to the Training Director and Supervising Staff for further definition, including whether or not the problem has become an atypical problem indicating possible impairment or professional incompetence requiring a remediation plan.

Atypical Problem – Problems related to Intern impairment or professional incompetence as defined above. May be identified after first Supervising Staff discussion or after an initial attempt to address the problem as a typical problem have not resulted in sufficient change. Problems determined to be atypical at the outset follow the procedures outlined below.

Once an atypical problem is identified, the following Due Process Procedures apply:

1. The issue or problem will be discussed among the Supervising Staff to identify the specific problem behaviors using clear and concrete language by the Supervising Staff.
2. A plan for remediation will be formulated in consultation with the Training team. The Interim Executive Director will be informed. The action options for remediation plans are outlined below.
3. One supervisor is identified as responsible for implementation of the remediation plan, most typically the Primary Supervisor.
4. Notification to the Intern will occur in the context of a meeting with the Intern, the Primary Supervisor or other identified staff, and the Training Director. The Intern is notified verbally and in writing of:
 - a. the specific problem
 - b. behaviors or actions necessary from the Intern to resolve the problem
 - c. specific remediation action steps
 - d. timeframe for further evaluation of progress
 - e. consequences of insufficient change, including possible sanctions
 - f. information regarding timeline for appeal of the action.
5. The Intern has three (3) working days to consider and submit an appeal of the recommended action. See below for appeal processes and timelines.
6. All remediation plans will be signed by the Intern, Training Director, and Primary Supervisor.
7. The Intern's Graduate Program is informed of the identified problem and the remediation plan. The Graduate Program is kept updated regarding actions associated with the remediation plan, including appeals, and is notified regarding the conclusion of the plan.
8. Once enacted, the identified Supervisor works with the Training Director to implement and monitor the plan. The identified supervisor will provide updates to the Supervising Staff during weekly meetings.
9. In accordance with the identified timeframe for subsequent evaluation, the Intern's progress will be assessed by the identified supervisor and shared with the Supervising Staff for a decision regarding whether or not sufficient progress has been made.
10. Sufficient progress will result in formal notification in writing that the problem has been resolved and all documentation of the problem, remediation plan, and record of demonstrated sufficient change will be kept in the Intern's File.
 - a. The support/remediation process will be recorded in the evaluation of the Intern by the Primary Supervisor and included in the letter to the Graduate Program in the context of the Interns' overall performance.
11. Insufficient progress will result in further action and/or sanctions as outlined in the original notification.
12. All written assessments of progress will be signed by the Intern, Training Director, and the Primary Supervisor.

ACTION STEPS FOR REMEDIATION PLANS AND SANCTIONS

Remediation Plans and possible sanctions should be carefully considered and implemented only after sufficient discussion and consultation between the Supervising Staff, Primary Supervisors, Training Director, and the Interim Executive Director. The severity of the problem or concern will dictate the level of remedial action and/or necessary sanctions. At all times, the needs of clients, the Intern, supervising staff, other Interns in the program at the time of the plan, and the Center will be taken into consideration. One or more of the following modifications or sanctions may be implemented at the same time, depending on the identified needs. The period of modification will be monitored closely by the Training Director and the Primary Supervisor according to the timeline outlined in the Remediation Plan.

Remediation Plan Modifications

Modifications include actions to support the acquisition of necessary skills, knowledge, or behaviors which would create sufficient change such that the Intern's performance would meet required standards of performance. These actions are considered remedial and are designed to provide the Intern with support that facilitates positive change. Examples of modifications include:

- Additional supervision hours with the same or different supervisors
- Changes to the focus, content, structure, or preparation necessary for supervision by the Intern
- Reductions in clinical hours or other workload for the Intern
- Requirement for specific coursework or other didactic learning by the Intern
- Recommendations for personal therapy. If this is recommended, how the Intern's participation in therapy will be used in the evaluation process will be discussed and agreed to.

Sanctions

In conjunction with the above options or as a result of lack of sufficient progress on a Remediation Plan, the following sanctions may also be applied:

Probation – A time-limited training period in which the Intern's performance is closely monitored by the Training Director in conjunction with the Primary Supervisor to determine the degree of progress made on identified problems.

Suspension of Direct Service Activities – Used when there are concerns that the Intern's emotional health, behavior, or professional functioning has been impacted such that the welfare of clients and/or campus community members could be compromised. The period of suspension will be outlined in writing with an evaluation by the Training Director and the Primary Supervisor to determine when the Intern has returned to a level of functioning such that Direct Service activities can be resumed.

Administrative Leave – Suspension of all activities associated with the Internship, effective upon notice to the Intern. The Intern will be informed if the Administrative Leave will have an impact on salary/benefits or the successful accrual of hours related to completion of the Internship. The Intern's Graduate Program will be notified.

Dismissal – Dismissal from the Internship is a permanent termination of all activities associated with the Internship and results in a lack of completion. Invoked following violations of the APA Code of Ethics, when an Intern is unable to rectify the impact of their emotional health on their professional functioning, or when their skills are not able to reach the level of basic competency.

INTERN APPEAL PROCESS

At any stage, the intern may appeal the performance assessment, recommendations, action plans, or decisions of the Supervising Staff. The following procedures guide the appeals process:

1. The Intern has 3 working days to submit a written appeal to the Interim Executive Director. Appeals should include all information, documentation, and other information in support of the appeal.
2. The Interim Executive Director has 3 working days to convene an Appeals Panel which will consider the appeal. Panel members will be psychologists chosen by the Interim Executive Director, taking into account preferences specified by the Intern and the Staff Member who reported the original problem. Members of the appeal panel should not include the staff member involved in the evaluation of concern for the Intern.
3. The Interim Executive Director will appoint a chair of the Review Panel.
4. The Review Panel may conduct interviews and gather relevant documents or other data to inform their decision.
5. With 5 working days of convening, the Panel Chair will provide a written summary of findings and a recommendation to the Interim Executive Director regarding the appeal.
6. The Interim Executive Director has 3 working days to respond to the appeal by acceptance, rejection, or referral back to the Appeals Panel for more assessment.
7. The final decision regarding appeals rests with the Interim Executive Director.
8. Written notification of the decision is communicated to the Intern and to the Intern's Graduate Program.

GRIEVANCE PROCEDURES: DUE PROCESS GUIDELINES FOR FILING OF COMPLAINTS BY INTERNS

Every effort is made to respond to interns in a supportive and respectful manner, particularly in cases where professional performance, personal welfare, and the quality of training may be impacted. In addition to the University policies that can be used to protect employment rights, interns should be guided by the American Psychological Association's Ethical Principles for Psychologists, which also recommends that professionals concerned about any possible ethical violations "...should attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved" (APA, 2002).

In situations where interns may have complaints regarding a CHW staff member or fellow intern, initial attempts should be made to discuss concerns and reactions with the identified staff member and/or fellow intern directly. Should initial discussion and consultation efforts fail to resolve the problem, interns are encouraged to discuss ongoing employment/training difficulties with their Primary Supervisor, the Training Director, or Interim Executive Director (if not subjects of the complaint), or the Director of Human Resources as follows:

- In cases where concerns are related to a fellow intern, the intern should consult with his/her Primary Supervisor. The Primary Supervisor will provide consultation and take action as necessary to assist the Intern.
- In cases where the problem is with the Primary Supervisor, the Training Director should be notified who will provide consultation and take action to resolve the problem or concern.
- If the concern relates to the Training Director, the intern should address his/her concerns with the Interim Executive Director who will provide consultation and take action as needed.
- If the problem concerns the Interim Executive Director, the intern should either contact the Training Director for advice or consult informally and confidentially with the University's Director of Human Resources for information on how to institute a formal complaint. As outlined in the University's Personnel Policy for Staff and Administration, any administrator or staff member can file a formal complaint with the Director of Human Resources, with the guarantee of a "...speedy, fair, and expeditious" review of their allegations (Personnel Policy Manual, Page 600.11, Section D.3.).

RECORD-KEEPING OF INTERN COMPLAINTS/GRIEVANCES

Any materials related to formal complaints filed by interns will be kept in a locked and secure filing cabinet in the Training Director's office. The log of complaints and potential grievances will include the nature and date(s) of the complaint, the staff involved in resolution of the complaint, a complete timeline of events associated with the complaint, and the outcome of the grievance. The materials will be clearly marked and will be accessible only to the Interim Executive Director and the CHW Training Director.

REMOTE WORK, TELEHEALTH, AND TELESUPERVISION

Interns are responsible for following remote work and public health requirements as outlined in the CHW Counseling Policies and Procedures. Below are specific policies related to trainee engagement in remote work, telehealth, or telesupervision.

Telesupervision: Expectations of Trainees and Supervisors

All trainees and supervisors engaging in telesupervision must review and sign an agreement for telesupervision, located in the Training and Supervision Contract. This document includes the following procedures and requirements for telesupervision.

Telesupervision Agreement

CHW will offer in-person supervision unless significant barriers to in-person supervision exist. In these cases, telesupervision will be used for supervision when needed to ensure trainees continue to receive the support and training required to complete their program as well as monitor and ensure quality of client care. All aspects of in-person supervisor and supervisee responsibilities and supervision procedures outlined in the CHW Doctoral Internship Manual apply to telesupervision. The following provides additional guidance regarding telesupervision. It is understood that for both in-person and telesupervision, the supervisee is practicing under the license of the supervisor, who is liable for the work.

Expectations of Supervisors and Supervisees

- Supervisors and Supervisees are expected to practice within the bounds of Massachusetts laws and regulations, the policies and procedures of Suffolk University, CHW, the CHW Doctoral Internship, and within the bounds of the APA Ethical Principles of Psychologists and Code of Conduct.
- Supervisors and supervisees will review the following within the first 3 telesupervisory sessions when telesupervision is expected to be utilized for all or a portion of the supervisory period: the synchronous video software utilized (e.g. Zoom Health), frequency, content, expectations/roles of supervisor and supervisee regarding telesupervision and remote work, management of client emergency situations in telesupervision, and availability of immediate consultation and supervision if needed during clinical sessions. All other expectations outlined in the Doctoral Intern Manual must also be reviewed and agreed to.
- Supervisors utilizing telesupervision must maintain an ongoing awareness of all clients who comprise a supervisee's caseload as they would during in-person supervision. Supervisors and supervisees must agree on a strategy for how the *Client Tracking Sheet* will be used for this purpose that retains tracking sheets in a confidential manner utilizing Suffolk owned hardware or the confidential S:drive. Plans for retention of supervisory notes taken by the supervisor when the supervisor is working remotely should include means of joining those notes at regular intervals with the *Client Tracking Sheet* by date for retention in CHW locked drawers in accordance with Massachusetts regulations regarding supervisory practice.
- Supervisors are responsible for scheduling Zoom Health meetings for each supervision session, sharing the link with supervisees and utilizing privacy/confidentiality precautions available (e.g. Zoom Health waiting room and passwords, not using personal meeting rooms).

Format

- Telesupervision will be conducted in a confidential manner using HIPPA Compliant Zoom Health. Telephone or other methods of electronic communication (phone, text, etc) may also be utilized upon occasion if there are temporary barriers to accessing Zoom Health. Both the supervisor and the supervisee should make every effort to maintain video as the primary means of communication during telesupervision.
- Telesupervision will be conducted in private locations for both the supervisee and supervisor, who are both responsible for ensuring use of private space and identifying and confronting any unanticipated breaches of privacy during telesupervision.
- Supervisees and supervisors will use their own or University owned devices for telesupervision. Telesupervision on public devices is prohibited.

- Internet networks utilized for telesupervision must be secured. Public networks are not permitted for telesupervision.
- All mental health treatment that is being telesupervised must take place in Massachusetts. Consultation work supervised utilizing telesupervision may occur in accordance with CHW Policies and Procedures.

Audio/Video Recording and Observation of Telehealth and Supervision

- Students who agree to recording must sign and return the *Consent for Recording and Observation* via the Student Health Portal prior to any initiation of recording.
- Supervisors and Supervisees are responsible for utilizing Zoom Health for all recording of therapy sessions. Recording MUST occur on a Suffolk University laptop that has been loaded with appropriate software for confidential recording.
- No personal or public computers may be used to record sessions.
- Recordings MUST be viewed on Suffolk owned laptops and never on personal devices.
- Recordings are never to be transferred to other formats, devices, external drives, third-party software, or other means of video storage or retrieval aside from Suffolk owned equipment or the CHW secure S:drive.
- Supervisors are expected to review audio/video recordings on a regular basis in accordance with guidance located in the Internship Program Manual.

Evaluation and Feedback

- Forms, timelines, and discussion of two-way evaluations of supervisors and supervisees will proceed as outlined in the Doctoral Internship Manual utilizing telesupervision as the modality for discussion of evaluations.
- Signatures on evaluations will be sought in-person during on-site time in the office whenever possible. Dates may reflect delay in signature timeframes and do not indicate a delay in the evaluation itself which is noted at the top of the evaluation. In the case of fully remote operations, signatures obtained via electronic means (i.e. Adobe PDF) will be accepted when emailed as an attached from the signer's email address with an indication of agreement.

Program Records and Alumni Contact

Alumni Survey

Doctoral Interns who successfully complete the program are considered Alumni. Alumni are asked to provide contact information to the Training Director at the end of the Internship year to be used for program communications including contact with graduate programs as needed. In addition, the Training Director is responsible for contacting Alumni at regular intervals to assess Program outcomes for up to 10 years following completion. At the time of completion, one year following completion, and three years following completion the Training Director will send an outcome survey to Alumni. These surveys ask Alumni to rate perceptions of competencies and training aims achieved during Internship as well as provide information about employment and licensure status. Subsequent surveys may be sent three or more years after completion of the Internship as needed. The results of these surveys are aggregated at the cohort level and utilized for program improvement and required reporting to APA as the Program's accrediting body. Alumni surveys are not considered a part of the Interns' formal record and data is shared only at the cohort level. In addition, annual update emails will be sent asking for previous interns' current employment location and setting and licensure status.

Program Records

Accurate record keeping is a key function of the Internship Program, providing documentation of each Intern's progress and/or successful completion of the Internship. Recent records (2009-2010 and beyond) are kept in a locked filing cabinet inside a locked office, and include: copies of all evaluations completed by and about the Intern; the Intern's APPIC application; copies of Case Presentations; supervisory assignments and hours; any remediation documentation; contact with graduate programs; and finally, certified written documentation of attained clinical and total supervised hours. Older records (prior to 2009-2010) contain the same information and are kept in a secure electronic format. Intern records are kept indefinitely and referred to when completing local or state licensure paperwork.

Appendix

Suffolk University
Counseling, Health, and Wellness
Internship in Health Service Psychology

Case Presentation Requirements

Summary

Case presentations are designed to assist Interns with the development of skills in case conceptualization, treatment planning, application of scientific literature, ongoing assessment and revision of treatment goals, self-reflection, and consultation. These experiences also provide opportunities for interns to become familiar with the various supervisory styles and theoretical orientations of the senior counseling staff. Each intern is responsible for a minimum of two clinical case presentations throughout the academic year, the first in the Fall semester and the second in the Spring. Case Presentations are facilitated and scheduled by the Training Director. Feedback regarding Case Presentations are included in Primary Supervision.

Requirements

Confidentiality -- Care should be taken in the write up to conceal identifying information about the client.

Theoretical Approach and Citation – Both Case Presentations must include a citation in support of your selection and application of an empirically or theoretically supported theory of psychotherapy. The citation must be from a peer reviewed article or published manual that thoroughly presents the treatment model. Your explanation of the theory should be approximately 1 substantive paragraph in length which addresses 1) conceptualization; 2) interventions; 3) role of the therapist; and 4) expected outcomes of treatment. It is expected that several paragraphs will be necessary to apply your theory to the specific case you have selected in the Conceptualization section. If the same theory is being utilized in the second Case Presentation, Interns should demonstrate a deepening of ability in use of the chosen theory, either through an integrated approach or more complex application. Each Case Presentations must include:

- Research Related to Identity or Multicultural Counseling – Application (and citation) of research from the empirical or theoretical literature which assists with conceptualization or treatment planning related to identity, power and privilege, or multicultural counseling approaches.

In addition, one case presentation must also include:

- Use of an Empirically Derived Clinical Assessment – Use of a clinical assessment tool including summary of results.

Client Selection

Interns should consider possible cases for Case Presentation. Long-term clients allow for more complex and interesting Case Presentations.

Written Preparation

Interns prepare their written Case Presentations using the *Case Presentation Worksheet*. Interns should consult with the supervisor of the case when preparing their Case Presentation, and many Interns benefit from providing a draft of Case Presentations to Supervisors prior to presenting. The case written report should be a maximum of 8pages.

Verbal Presentation Format

The Training Director facilitates the Case Presentation, which is 50 minutes in length. Presenting Interns will verbally present the case for approximately 20-25 minutes. No additional presentation materials are expected in addition to the write-up. Interns should focus their verbal presentation of the case on information in the write-up which assists staff to most effectively address the selected consultation questions. Discussion with supervisors regarding what information to focus on during the verbal presentation is encouraged.

Written Materials

Interns should come to the presentation with enough printed copies of their Case Presentation for staff to review. At the end of the Case Presentation, Interns should collect and shred any written copies. The written Case Presentation should be emailed to the Training Director and is kept in a confidential file associated with Internship Training records.

Evaluation

Training staff attending the Presentation will be asked to complete a feedback form which is provided to Primary Supervisors. Interns will receive feedback verbally from Primary Supervisors with written feedback included in either or both the MidPoint or Final evaluation periods, depending on when Case Presentations are scheduled.

Suffolk University
Counseling, Health, and Wellness
Internship in Health Service Psychology

Case Presentation Worksheet

Clinician	
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Date of Presentation	
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Client (not real name)	
Total # Sessions	
Long or Short Term Client	

Identifying Demographic Information

Include known sociocultural identities, academic program and year, residential or off campus residence, and other information as relevant.

Initial Presenting Concerns

Discuss both initial and current presenting concerns, noting differences as relevant.

Discuss how client has attempted to address concerns in the past.

Include High Risk Factors such as substance use, self-harm/suicidality, and trauma history

Relevant Background

Include mental health/psychiatric family history, family structure and significant events, interpersonal/social relationships, impact or role of sociocultural identities and related experiences, and academic/vocational history.

Diagnosis

Include upon what data you based your diagnosis.

Theoretical Approach to Case

Provide citation and overview of the theory (see Case Presentation requirements).

Explain rationale for selection of this theory for this case.

Research Related to Identity or Multicultural Counseling

Which identity/identities do you think impact your conceptualization of the client's presenting concerns, treatment planning, interventions and/or therapeutic alliance?

How might power, privilege, oppression, and context impact the client?

Provide citation and review of the literature related to this identity and its impact on treatment

Use of an Empirically Derived Clinical Assessment (if applicable for this presentation)

Which clinical assessment(s) did you use?

Provide brief background on the assessment tool

Provide results, interpretation and how it relates to the client's treatment

Conceptualization and Treatment Goals

Apply your selected theory including 1) application of the theory to explaining the client's presenting concerns and/or treatment needs; 2) what interventions from the theory will address the client's needs; and 3) what short or long-term treatment goals do you have for this client?

Course of Treatment Thus Far (this should be summary with selected details that inform the audience, not a session-by-session outline of the therapeutic work)

Describe the quality of your therapeutic relationship with the client. Identify and discuss relevant transference, counter-transference, and/or significant moments in the treatment relationship.

How has the client responded to your selected interventions?

How would you describe the client's progress toward identified short or long-term goals?

Share your thoughts about the client's needs related to termination and/or referral, as appropriate.

Consultation Questions

Provide 2-3 specific consultation questions for discussion. Good consultation questions help focus your verbal presentation and provide a shared discussion goal. Reviewing the selection of consultation questions with your supervisor is recommended.

Suffolk University
Counseling, Health, and Wellness
Internship in Health Service Psychology

Case Presentation Feedback Form

Intern: _____

Date: _____

Evaluator: _____

You are asked to evaluate the intern's case presentation in several areas listed below. Your evaluation should be based on the skill level typical of interns at a comparable stage of training. Please return to The Training Director for inclusion in feedback to the Intern.

Please use the following scale in your evaluation:

- (5) Consistently above expected level of competency
- (4) Fluctuates above expected level of competency
- (3) At expected level of competency or better
- (2) Needs improvement
- (1) Below expected level of competency

Quality of written materials (i.e., overall clarity of ideas, length, clinical language)	1	2	3	4	5
Integration of diversity and identity factors throughout	1	2	3	4	5
Communication of theoretical approach and conceptualization of client in both written materials and oral presentation	1	2	3	4	5
Effective use of empirically derived assessment tools to inform counseling goals and diagnostic impressions (<i>can be N/A</i>)	1	2	3	4	5
Handling of ethical principles and legal standards as relevant	1	2	3	4	5
Ability to self-reflect and respond to feedback	1	2	3	4	5

Please comment on the following areas:

- Particular strengths:
- Areas for further development:
- Overall impression and comments:

Clinical Supervision Record
Supervision-of-Supervision
Suffolk University
Counseling, Health & Wellness

Practicum Student:		Intern Supervisor:	
Training Year:		Licensed Supervisor:	

Date of Supervision	Video Review? (Full or Partial)	Summary
<i>09/25/20</i>	<i>Partial</i>	<i>Client A: Discussed case conceptualization; provided education to supervisee about automatic thoughts and client's cognitive triad. Identified and made plan for future interventions. Discussed termination needs of client.</i>

SUPERVISION CLIENT TRACKING SHEET

INTERN:
SUPERVISION TYPE (*group or ind*):

		Current # individual clients / # group clients					
DATE:						SUPERVISOR(s):	
Initials	Relevant Demos (socio-cultural ID, age, yr in school)	Date of 1st session	Number of Sessions	Date of Last Session	Started Term or Referral (Y/N)	Presenting Concerns Treatment Focus	Update or Supervision Questions

Suffolk University
Counseling, Health, and Wellness
Internship in Health Service Psychology

Comprehensive Evaluation of Intern by Primary Supervisors
 (does not Group Therapy, SOS or OTC; does include Case Presentation)

Intern		Evaluation Timeframe <i>(midpoint or final)</i>	
		Date of Evaluation	
Supervisor/ Rater		<i>NOTE: Primary and Group Supervisors complete all items except Primary Supervisor form includes summary Case Presentation feedback. OTC and SOS Supervisors complete OTC and SOS Evaluation of Intern forms. Supervisors of Group Therapy complete Group Therapy Evaluation of Intern forms.</i> <i>NOTE: Evaluations must be based on one or more: Individual or Group Supervision, Live Observation, Video-tape Review, Consult with Other Supervisors, Feedback from Practicum Student or Consultee, etc.</i>	
Role (Primary, or Group)			
Evaluation Based On			

Evaluation Method

The CHW Internship Program in Health Service Psychology is intentionally designed to facilitate the achievement of 5 areas of competency applicable to general practice with a focus on service to a college or university population within an integrated health and counseling center. The five areas of competency are:

6. Clinical services including assessment and intervention;
7. Consultation & Interprofessional/Interdisciplinary Skills;
8. Multicultural competence in working with diversity and identity;
9. Knowledge and skills in provision of clinical supervision; and
10. Legal, ethical, administrative, and professional role functioning

These competency areas are comprised of 9 individual scales representing required profession-wide competencies for the practice of professional psychology. These scales include Assessment, Intervention, Consultation & Interprofessional/Interdisciplinary Skills, Individual and Cultural Diversity, Supervision, Communication and Interpersonal Skills, Ethical and Legal Standards, Research, and Professional Values and Attitudes. The rating scale used to evaluate performance on each of these scales is below. Please note that in keeping with the Internship Program's developmental model, a rating of "3" reflects achievement of an expected level of competency. Ratings of "3" on Fall and Spring evaluations may still indicate that progress was made across the year on individual items and overall competencies.

A rating of "3" or above on all individual items of the *Comprehensive Evaluation of Intern* form indicates the intern has demonstrated competence commensurate with what is expected at the time of the evaluation. Interns must achieve this level of competency at the end of Internship in order to successfully complete the Internship. If problematic behavior is noted, as defined by a rating of 2 or below on individual items, the area(s) identified will become a primary focus of supervision in order to support the Intern's achievement of competency in that area. If sufficient progress is not made on individual items rated a 2 or below with the additional supervisory focus, or if the intern receives a rating of 2 or below on 20% or more of the individual items within one of the 9 competency scales a remediation process will be initiated.

The training staff are committed to supportive, direct, and transparent communication with Interns regarding expectations, performance, and evaluation. The goal is always to identify early in the year if there are significant concerns about performance which need to be addressed. Please see CHW's Policies and Procedures for information on the Program approach to concerns about competency, Due Process, and Grievances.

The rating scale for evaluation of intern performance is below.

5	CONSISTENT PERFORMANCE ABOVE EXPECTED COMPETENCE LEVEL OF AN INTERN:
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	Performance is considered a <u>major strength</u> which means this skill/behavior is performed consistently, in a variety of situations at more advanced levels. Intern could teach it or serve as a model for others. Intern need minimal supervision on this, but knew when to consult when need.
4	PERFORMANCE FLUCTUATES ABOVE EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance considered above expected competence level for the amount of experience, knowledge, and academic training. Intern performed this skill/behavior effectively most of the time, and supervision has been focused on further refining and developing advanced performance and use.
3	PERFORMANCE AT EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance is considered at expected competence level for the amount of experience, knowledge, and academic training. Intern is “ <u>on target</u> ” for where he/she is expected to be, and meets the expected proficiency for that skill/behavior. Ongoing supervision and monitoring is focused on continued advancement, integration, and consistency. Intern demonstrates good judgement and expected level of consultation/supervision needs to meet performance demands.
2	PERFORMANCE FLUCTUATES AT TIMES BELOW EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance considered below expected competence level for the amount of experience, knowledge, and academic training. Intern may only have an introductory knowledge of this skill, little experience, or still needing to develop these skills to be at expected level. A fair amount of supervision time is focused on this skill/behavior to gain more proficiency to meet expectations by the end of internship. <i>This could be a normal score at the end of the fall semester for some areas, but would not be an expected score at the end of internship, remediation needed if progress is not shown.</i>
1	CONSISTENTLY PERFORMS BELOW EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance is consistently below expected competence level for the amount of experience, knowledge, and academic training. Intern may have very little awareness, experience, knowledge or training with this skill/behavior and remediation is needed to work toward expected developmental level. Intern needs significant supervision, training, and/or guidance to gain more proficiency in this skill/behavior. A significant amount of supervision time is (was) focused on developmental of this skill/behavior; closer monitoring is (was) needed while carrying out this skill.
N/A	Not Applicable – skill unable to be assessed.

1. Clinical Services

Assessment

Intake	
	Attends to all relevant dimensions of CHW's intake interview and protocol
	Discusses videotaping and addresses client concerns about videotaping effectively
	Demonstrates empathy and builds rapport during the intake
	Identifies and asks relevant follow up questions when more information is needed
	Integrates knowledge of individual sociocultural identities and considers contextual family, social, or societal factors in formulating questions
	Attends to relevant differences in identity between therapist and client
	Utilizes CCAPS assessment to inform questions and clarifies any discrepant information between CCAPS and verbal reports
	Considers and documents appropriately institutional contextual information, including reason for referral, referral source, and eligibility for services
	Routinely identifies client psychological resources and strengths
	Selects appropriate additional assessments to administer based on intake information
	Communicates conceptualization and treatment recommendations clearly to client and in documentation
Diagnosis	
	Screens effectively for possible medical, organic, or psychotic disorders
	Selects appropriate diagnosis and demonstrates that criteria has been met utilizing current diagnostic classification systems
	Aware of bias in diagnosis based on diversity or identity and uses this knowledge to inform diagnostic impressions
	Utilizes rule-out processes during diagnostic assessment as appropriate
	Provides clear diagnostic feedback to clients and in documentation

Clinical Impressions and Treatment Planning	
	Integrates psychometric and interview data, relevant sociocultural identit(ies), developmental factors, medical concerns, contextual factors, and behavioral/clinical impressions into case conceptualization
	Treatment goals are relevant to conceptualization and integrate a coherent theoretical and/or empirically based approach to change
	Treatment goals clearly articulated verbally to clients and in written documentation
	Identifies and distinguishes brief vs. long-term treatment needs verbally to the client in documentation
Risk Assessment	
	Identify situations requiring immediate intervention or assessment (e.g. suicide, homicide, ED, self-injury, SA, trauma)
	Thoroughly and accurately assesses relevant behaviors, thoughts, and emotions associated with risk
	Reconciles discrepant information regarding risk assessment information verbally with clients
	Consults with supervising staff regarding risk assessments as needed
	Provides clear rationale for conclusion of risk assessment based on empirically derived risk and protective factors
	Thoroughly and accurately documents risk assessment using the <i>Suicide Assessment/Management</i> form, including timely entry in PnC
	Effectively utilizes the Crisis Management Contract with clients who do not meet criteria for hospitalization
Total:	

Intervention

Therapeutic Relationship Skills	
	Establishes and maintains supportive therapeutic relationships with clients
	Establishes and maintains appropriate boundaries with clients
	Intentionally elicits client affect as appropriate
	Demonstrates accurate empathic attention and reflections
	Effectively recognizes and utilizes transference and countertransference
	Addresses individual differences within the therapeutic relationship
	Elicits in-the-moment feedback from clients to deepen understanding of client's needs
Counseling Interventions	
	Collaboratively establishes and refines appropriate treatment goals with clients
	Connects selected interventions to treatment goals
	Communicates diagnostic and psychoeducational information to clients in effective manner
	Demonstrates flexibility in selecting and applying a variety of interventions depending on client needs
	Applies empirically based short-term treatment interventions as appropriate, (i.e. CBT, Mindfulness, ACT, MI, or others)
	Interventions are well-timed, effective, and consistently applied
	Able to utilize in session and teach skills in affect management, distress tolerance, and symptom reduction
	Utilizes identity development models in understanding client concerns and therapeutic relational needs
	Aware of the impact of oppression and assists clients in identifying, understanding, and/or coping with experiences of bias

	Addresses diversity and identity concerns as they relate to the client's experiences, needs, and treatment goals
	Fosters client awareness of treatment progress, therapeutic gains, and identification of remaining concerns or issues
	Facilitates termination effectively, taking into account relational factors and/or the selected treatment approach
Group Therapy Intervention Skills**	
	<i>Items included when relevant in Group Therapy Evaluation Form, completed by supervisor for Group Therapy</i>
Referral Skills	
	Informs and helps connect clients to (non-treatment) campus and community resources as relevant
	Communicates clearly with clients regarding referral options, process, and timelines
	Facilitates referrals in a supportive and therapeutic manner
	Collaborates with CHW's Case Manager
	Identifies and provides community and other resources related to diversity and identity as appropriate
Total:	

**CHW is committed to expanding group therapy services to students, and when available, groups are co-led by Interns and a senior staff member. Due to the unreliability of group therapy as a treatment modality provided by CHW, these items are completed only when an Intern has co-led a therapy group.

Narrative Comments

2. OTC evaluated utilizing OTC Evaluation of Intern form.

3. Multicultural Competence (corresponds to Individual and Cultural Diversity competency)

Macro-Skills	
	Sees self and others as shaped by individual identities and background, including ways perspectives and biases have been shaped by that background and/or identity
	Articulates and monitors self in a thoughtful manner regarding impact of own identities and background
	Sees the interaction of different identities as an important variable in professional and clinical relationships
	Uses language, orally and written, that is respectful and consistent with how clients or others self-identify
	Critically evaluates feedback and seeks consultation about self, others and interactions when uncertain
	Recognizes when more information is needed and seeks out information independently
	Aware of power, privilege and discrimination across all professional activities

Micro-Skills (items below are rated already within other competency scales and apply only to the total assessment of this competency)	
<i>Intervention</i>	
	<i>Addresses individual differences within the therapeutic relationship</i>
	<i>Utilizes identity development models in understanding client concerns and therapeutic relational needs</i>
	<i>Aware of the impact of oppression and assists clients in identifying, understanding, and/or coping with experiences of bias</i>
	<i>Addresses diversity and identity concerns as they relate to the client's experiences, needs, and treatment goals</i>
	<i>Identifies and provides community and other resources related to diversity and identity as appropriate</i>
<i>Supervision</i>	
	<i>Identifies the multicultural competence training needs of the supervisee in an effective and supportive manner</i>
	<i>Role models effective communication and relational skills regarding individual differences</i>
	<i>Role models self-awareness practices with regard to multicultural competence</i>
	<i>Attends to impact of diversity and identity on the supervising and therapeutic dyads</i>
<i>Assessment</i>	
	<i>Aware of bias in diagnosis based on diversity or identity and uses this knowledge to inform diagnostic impressions</i>
	<i>Integrates knowledge of individual and identity characteristics in formulating questions and selecting tools</i>
	<i>Attends to relevant differences in identity between therapist and client</i>
<i>Professional Values</i>	
	<i>Demonstrates willingness to take responsibility for own biases and perspectives as shaped by cultural and other personal identity variables</i>
	<i>Demonstrates compassion across individuals and contexts, diversity/identity differences, and value differences</i>
	<i>Open to exploring personal identities and background in supervision as they relate to work with clients or the supervisory relationship</i>
<i>Research</i>	
	<i>Sensitive to issues of cultural and individual diversity related to scholarly inquiry (i.e. generalizability of findings)</i>
<i>Outreach, Consultation, and Training</i>	
	<i>Assesses needs of consultee and students serviced regarding impact of diversity and identity on the consulting activity</i>
	<i>Incorporates awareness and knowledge of diversity and identity when planning and implementing all OTC activities</i>
Total:	

5. Legal, Ethical, Administrative, and Professional Role Functioning

Communication and Interpersonal Skills

Interpersonal Skills	
	Forms and maintains collaborative and appropriately boundaried relationships with colleagues, peers, and related professionals
	Aware and articulate about own internal emotional experience
	Demonstrates tolerance for strong affect
	Responds to conflicting viewpoints by seeking clarification before reacting
	Effectively negotiates conflict
	Effectively negotiates complex relationships, including those that are interaction of diversity and identity variables
	Provides constructive and effective feedback to peers and colleagues in group supervision, peer consultation, and case conferences
	Acknowledges own role in interpersonal interactions across all professional relationships
	Accepts, evaluates, and implements feedback regarding interpersonal behaviors from others non-defensively
Communication Skills (items below are rated already within other competency scales and apply only to the total assessment of this competency)	
Intervention	
	<i>Demonstrates accurate empathic attention and reflections</i>
	<i>Communicates clearly with clients regarding referral options, process, and timelines</i>
Supervision	
	<i>Communicates clear expectations regarding supervisor and supervisee responsibilities</i>
	<i>Models and provides clear instruction regarding professional behavior including interpersonal and communication skills to supervisees</i>
	<i>Communicates feedback in a clear manner including behavioral instruction consistent with supervisee developmental level</i>
Assessment	
	<i>Identifies and distinguishes brief vs. long-term treatment needs verbally to the client in documentation</i>
	<i>Provides clear diagnostic feedback to clients and in documentation</i>
	<i>Discusses videotaping and addresses client concerns about videotaping effectively</i>
	<i>Communicates conceptualization and treatment recommendations clearly to client and in documentation</i>
Professional Values	
	<i>Maintains accurate, sufficient, concise, and timely documentation of all clinical activities</i>
	<i>Discusses, and addresses lapses in adherence to policies, deadlines, values, or commitments</i>
	<i>Utilizes appropriate language, demeanor, and communication skills in professional situations</i>
Ethics	
	<i>Communicates ethical obligations to clients and non-psychologists</i>
Multicultural Competence	
	<i>Uses language, orally and written, that is respectful and consistent with how clients or others self-identify</i>
Research	
	<i>Articulates scientific knowledge to others in accessible language</i>
Total:	

Ethical and Legal Standards

	Demonstrates knowledge of existing <i>APA Ethical Guidelines and Code of Conduct</i> and other relevant professional guidelines
	Spontaneously and consistently recognizes ethical dilemmas when they arise
	Aware and explores complexities of ethical situations
	Demonstrates knowledge and application of a sound ethical decision making model
	Seeks consultation appropriately regarding ethical concerns
	Communicates ethical obligations to clients and non-psychologists
	Successfully assesses personal levels of competency across all professional activities
	Demonstrates commitment to active and ongoing professional development activities
Total:	

Research

	Seeks scientific knowledge to enhance understanding, skills, and professional role functioning
	Demonstrates ability to independently evaluate scientific research
	Sensitive to issues of cultural and individual diversity related to scholarly inquiry (i.e. generalizability of findings)
	Integrates scientific research with clinical expertise in the context of patient characteristics, culture, and preferences when selecting assessment and treatment modalities and interventions
	Articulates scientific knowledge to others in accessible and effective language
Total:	

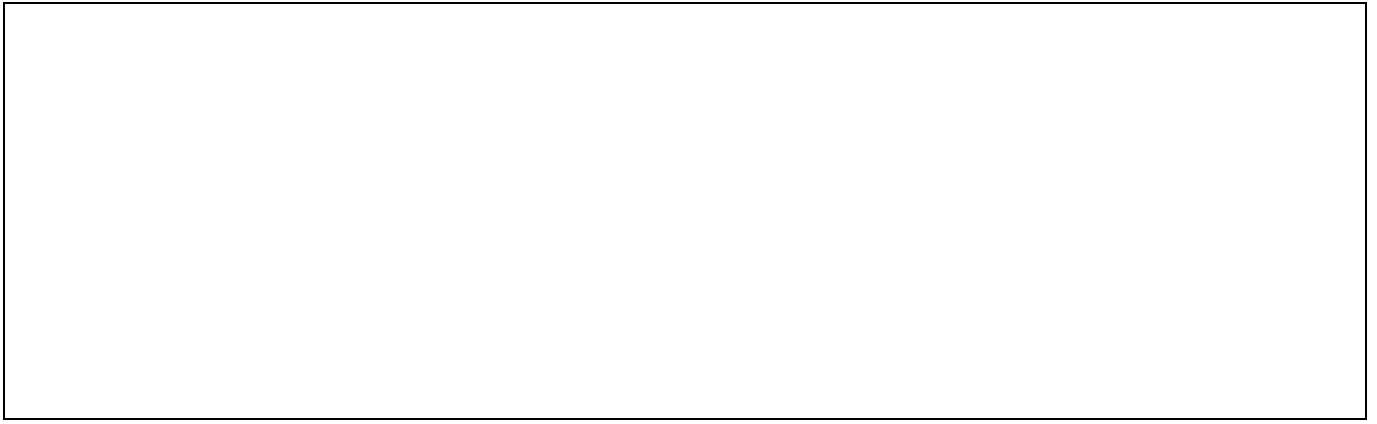
Values, Attitudes, and Behaviors

Values and Behaviors	
	Follows all CHW And Suffolk University Policies and Procedures
	Adheres to time boundaries (timely arrival to work, timely start/end sessions)
	Maintains accurate, sufficient, concise, and timely documentation of all clinical activities
	Discusses, and addresses lapses in adherence to policies, deadlines, values, or commitments
	Prioritizes various tasks and deadlines efficiently and independently
	Participation in staff meetings is appropriate, effective, and contributory
	Effective and collaborative team member
	Respectful of colleagues, clients, and others even when there is disagreement
	Utilizes appropriate language, demeanor, and communication skills in professional situations
	Aware of impact own behavior has on others (e.g. clients, colleagues, CHW, Suffolk University, the public, and the profession)
	Demonstrates willingness to take responsibility for own biases and perspectives as shaped by cultural and other personal identity variables
	Demonstrates honesty, sincerity, and a commitment to professional values throughout all activities
	Demonstrates compassion across individuals and contexts, diversity/identity differences, and value differences
	Professional actions and choices are made with concern for the welfare of others
	Maintains appropriate level of confidence in clinical abilities
	Maintains appropriate level of autonomy and self-initiative
	Demonstrates commitment to active and ongoing continuing education and professional development activities
Use of Supervision	

	Establishes and maintains effective working relationships with supervisors
	Establishes and maintains professional boundaries with supervisor
	Prepares for supervision, including preparation of the Client Tracking Sheet
	Incorporates supervisory input into clinical and other professional tasks
	Establishes framework for integrating feedback in ways that enhance professional identity
	Systematically reviews own professional performance, including review of video in supervision
	Open to exploring personal identities and background in supervision as they relate to work with clients or the supervisory relationship
	Demonstrates openness to discuss relational dynamics in the supervisory relationship
	Demonstrates willingness to provide honest feedback to supervisors
	Demonstrates an ability to assess personal levels of competency across all professional roles
	Exercises good and reliable judgement in seeking consultation
Total:	

Case Presentation Feedback

The comments below include summary feedback from staff feedback forms and the evaluation of the primary supervisor. Case Presentation feedback is incorporated into ratings of evaluation items within the competency scales of this Comprehensive Evaluation of Intern as appropriate. Copies of staff feedback forms should be made available to Interns during the evaluation discussion of their case presentation if desired.



Overall Evaluation Summary Narrative Comments	

Signatures:

Intern

Date _____

Supervisor

Date _____

Supervisor Role (Primary or Group)

Suffolk University
Counseling, Health, and Wellness
Internship in Health Service Psychology

Comprehensive Evaluation of Intern by Group Supervisor
 (does not include Case Presentation feedback, Group Therapy, SOS or OTC)

Intern		Evaluation Timeframe <i>(midpoint or final)</i>	
		Date of Evaluation	
Supervisor/ Rater		<i>NOTE: Primary and Group Supervisors complete all items except Primary Supervisor form includes summary Case Presentation feedback. OTC and SOS Supervisors complete OTC and SOS Evaluation of Intern forms. Supervisors of Group Therapy complete Group Therapy Evaluation of Intern forms.</i> <i>NOTE: Evaluations must be based on one or more: Individual or Group Supervision, Live Observation, Video-tape Review, Consult with Other Supervisors, Feedback from Practicum Student or Consultee, etc.</i>	
Role (Primary or Group Supervisor)			
Evaluation Based On			

Evaluation Method

The CHW Internship Program in Health Service Psychology is intentionally designed to facilitate the achievement of 5 areas of competency applicable to general practice with a focus on service to a college or university population within an integrated health and counseling center. The five areas of competency are:

11. Clinical services including assessment and intervention;
12. Consultation & Interprofessional/Interdisciplinary Skills;
13. Multicultural competence in working with diversity and identity;
14. Knowledge and skills in provision of clinical supervision; and
15. Legal, ethical, administrative, and professional role functioning

These competency areas are comprised of 9 individual scales representing required profession-wide competencies for the practice of professional psychology. These scales include Assessment, Intervention, Consultation & Interprofessional/Interdisciplinary Skills, Individual and Cultural Diversity, Supervision, Communication and Interpersonal Skills, Ethical and Legal Standards, Research, and Professional Values and Attitudes. The rating scale used to evaluate performance on each of these scales is below. Please note that in keeping with the Internship Program's developmental model, a rating of "3" reflects achievement of an expected level of competency. Ratings of "3" on Fall and Spring evaluations may still indicate that progress was made across the year on individual items and overall competencies.

A rating of "3" or above on all individual items of the *Comprehensive Evaluation of Intern* form indicates the intern has demonstrated competence commensurate with what is expected at the time of the evaluation. Interns must achieve this level of competency at the end of Internship in order to successfully complete the Internship. If problematic behavior is noted, as defined by a rating of 2 or below on individual items, the area(s) identified will become a primary focus of supervision in order to support the Intern's achievement of competency in that area. If sufficient progress is not made on individual items rated a 2 or below with the additional supervisory focus, or if the intern receives a rating of 2 or below on 20% or more of the individual items within one of the 9 competency scales a remediation process will be initiated.

The training staff are committed to supportive, direct, and transparent communication with Interns regarding expectations, performance, and evaluation. The goal is always to identify early in the year if there are significant concerns about performance which need to be addressed. Please see CHW's Policies and Procedures for information on the Program approach to concerns about competency, Due Process, and Grievances.

The rating scale for evaluation of intern performance is below.

5	CONSISTENT PERFORMANCE ABOVE EXPECTED COMPETENCE LEVEL OF AN INTERN:
---	--

	Performance is considered a <u>major strength</u> which means this skill/behavior is performed consistently, in a variety of situations at more advanced levels. Intern could teach it or serve as a model for others. Intern need minimal supervision on this, but knew when to consult when need.
4	PERFORMANCE FLUCTUATES ABOVE EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance considered above expected competence level for the amount of experience, knowledge, and academic training. Intern performed this skill/behavior effectively most of the time, and supervision has been focused on further refining and developing advanced performance and use.
3	PERFORMANCE AT EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance is considered at expected competence level for the amount of experience, knowledge, and academic training. Intern is “ <u>on target</u> ” for where he/she is expected to be, and meets the expected proficiency for that skill/behavior. Ongoing supervision and monitoring is focused on continued advancement, integration, and consistency. Intern demonstrates good judgement and expected level of consultation/supervision needs to meet performance demands.
2	PERFORMANCE FLUCTUATES AT TIMES BELOW EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance considered below expected competence level for the amount of experience, knowledge, and academic training. Intern may only have an introductory knowledge of this skill, little experience, or still needing to develop these skills to be at expected level. A fair amount of supervision time is focused on this skill/behavior to gain more proficiency to meet expectations by the end of internship. <i>This could be a normal score at the end of the fall semester for some areas, but would not be an expected score at the end of internship, remediation needed if progress is not shown.</i>
1	CONSISTENTLY PERFORMS BELOW EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance is consistently below expected competence level for the amount of experience, knowledge, and academic training. Intern may have very little awareness, experience, knowledge or training with this skill/behavior and remediation is needed to work toward expected developmental level. Intern needs significant supervision, training, and/or guidance to gain more proficiency in this skill/behavior. A significant amount of supervision time is (was) focused on developmental of this skill/behavior; closer monitoring is (was) needed while carrying out this skill.
N/A	Not Applicable – skill unable to be assessed.

3. Clinical Services

Assessment

Intake	
	Attends to all relevant dimensions of CHW's intake interview and protocol
	Discusses videotaping and addresses client concerns about videotaping effectively
	Demonstrates empathy and builds rapport during the intake
	Identifies and asks relevant follow up questions when more information is needed
	Integrates knowledge of individual sociocultural identities and considers contextual family, social, or societal factors in formulating questions
	Attends to relevant differences in identity between therapist and client
	Utilizes CCAPS assessment to inform questions and clarifies any discrepant information between CCAPS and verbal reports
	Considers and documents appropriately institutional contextual information, including reason for referral, referral source, and eligibility for services
	Routinely identifies client psychological resources and strengths
	Selects appropriate additional assessments to administer based on intake information
	Communicates conceptualization and treatment recommendations clearly to client and in documentation
Diagnosis	
	Screens effectively for possible medical, organic, or psychotic disorders
	Selects appropriate diagnosis and demonstrates that criteria has been met utilizing current diagnostic classification systems
	Aware of bias in diagnosis based on diversity or identity and uses this knowledge to inform diagnostic impressions
	Utilizes rule-out processes during diagnostic assessment as appropriate
	Provides clear diagnostic feedback to clients and in documentation
Clinical Impressions and Treatment Planning	

	Integrates psychometric and interview data, relevant sociocultural identit(ies), developmental factors, medical concerns, contextual factors, and behavioral/clinical impressions into case conceptualization
	Treatment goals are relevant to conceptualization and integrate a coherent theoretical and/or empirically based approach to change
	Treatment goals clearly articulated verbally to clients and in written documentation
	Identifies and distinguishes brief vs. long-term treatment needs verbally to the client in documentation
Risk Assessment	
	Identify situations requiring immediate intervention or assessment (e.g. suicide, homicide, ED, self-injury, SA, trauma)
	Thoroughly and accurately assesses relevant behaviors, thoughts, and emotions associated with risk
	Reconciles discrepant information regarding risk assessment information verbally with clients
	Consults with supervising staff regarding risk assessments as needed
	Provides clear rationale for conclusion of risk assessment based on empirically derived risk and protective factors
	Thoroughly and accurately documents risk assessment using the <i>Suicide Assessment/Management</i> form, including timely entry Medicat
	Effectively utilizes the Crisis Management Contract with clients who do not meet criteria for hospitalization
Total:	

Intervention

Therapeutic Relationship Skills	
	Establishes and maintains supportive therapeutic relationships with clients
	Establishes and maintains appropriate boundaries with clients
	Intentionally elicits client affect as appropriate
	Demonstrates accurate empathic attention and reflections
	Effectively recognizes and utilizes transference and countertransference
	Addresses individual differences within the therapeutic relationship
	Elicits in-the-moment feedback from clients to deepen understanding of client's needs
Counseling Interventions	
	Collaboratively establishes and refines appropriate treatment goals with clients
	Connects selected interventions to treatment goals
	Communicates diagnostic and psychoeducational information to clients in effective manner
	Demonstrates flexibility in selecting and applying a variety of interventions depending on client needs
	Applies empirically based short-term treatment interventions as appropriate, (i.e. CBT, Mindfulness, ACT, MI, or others)
	Interventions are well-timed, effective, and consistently applied
	Able to utilize in session and teach skills in affect management, distress tolerance, and symptom reduction
	Utilizes identity development models in understanding client concerns and therapeutic relational needs
	Aware of the impact of oppression and assists clients in identifying, understanding, and/or coping with experiences of bias

	Addresses diversity and identity concerns as they relate to the client's experiences, needs, and treatment goals
	Fosters client awareness of treatment progress, therapeutic gains, and identification of remaining concerns or issues
	Facilitates termination effectively, taking into account relational factors and/or the selected treatment approach
Group Therapy Intervention Skills**	
	<i>Items included when relevant in Group Therapy Evaluation Form, completed by supervisor for Group Therapy</i>
Referral Skills	
	Informs and helps connect clients to (non-treatment) campus and community resources as relevant
	Communicates clearly with clients regarding referral options, process, and timelines
	Facilitates referrals in a supportive and therapeutic manner
	Collaborates with CHW's Case Manager
	Identifies and provides community and other resources related to diversity and identity as appropriate
Total:	

**CHW is committed to expanding group therapy services to students, and when available, groups are co-led by Interns and a senior staff member. Due to the unreliability of group therapy as a treatment modality provided by CHW, these items are completed only when an Intern has co-led a therapy group.

Narrative Comments

4. OTC evaluated utilizing OTC Evaluation of Intern form.

3. Multicultural Competence (corresponds to Individual and Cultural Diversity competency)

Macro-Skills	
	Sees self and others as shaped by individual identities and background, including ways perspectives and biases have been shaped by that background and/or identity
	Articulates and monitors self in a thoughtful manner regarding impact of own identities and background
	Sees the interaction of different identities as an important variable in professional and clinical relationships
	Uses language, orally and written, that is respectful and consistent with how clients or others self-identify
	Critically evaluates feedback and seeks consultation about self, others and interactions when uncertain
	Recognizes when more information is needed and seeks out information independently

	Aware of power, privilege and discrimination across all professional activities
Micro-Skills (items below are rated already within other competency scales and apply only to the total assessment of this competency)	
<i>Intervention</i>	
	<i>Addresses individual differences within the therapeutic relationship</i>
	<i>Utilizes identity development models in understanding client concerns and therapeutic relational needs</i>
	<i>Aware of the impact of oppression and assists clients in identifying, understanding, and/or coping with experiences of bias</i>
	<i>Addresses diversity and identity concerns as they relate to the client's experiences, needs, and treatment goals</i>
	<i>Identifies and provides community and other resources related to diversity and identity as appropriate</i>
<i>Supervision</i>	
	<i>Identifies the multicultural competence training needs of the supervisee in an effective and supportive manner</i>
	<i>Role models effective communication and relational skills regarding individual differences</i>
	<i>Role models self-awareness practices with regard to multicultural competence</i>
	<i>Attends to impact of diversity and identity on the supervising and therapeutic dyads</i>
<i>Assessment</i>	
	<i>Aware of bias in diagnosis based on diversity or identity and uses this knowledge to inform diagnostic impressions</i>
	<i>Integrates knowledge of individual and identity characteristics in formulating questions and selecting tools</i>
	<i>Attends to relevant differences in identity between therapist and client</i>
<i>Professional Values</i>	
	<i>Demonstrates willingness to take responsibility for own biases and perspectives as shaped by cultural and other personal identity variables</i>
	<i>Demonstrates compassion across individuals and contexts, diversity/identity differences, and value differences</i>
	<i>Open to exploring personal identities and background in supervision as they relate to work with clients or the supervisory relationship</i>
<i>Research</i>	
	<i>Sensitive to issues of cultural and individual diversity related to scholarly inquiry (i.e. generalizability of findings)</i>
<i>Outreach, Consultation, and Training</i>	
	<i>Assesses needs of consultee and students serviced regarding impact of diversity and identity on the consulting activity</i>
	<i>Incorporates awareness and knowledge of diversity and identity when planning and implementing all OTC activities</i>
Total:	

4. Supervision evaluated using SOS Evaluation of Intern form.

5. Legal, Ethical, Administrative, and Professional Role Functioning

Communication and Interpersonal Skills

Interpersonal Skills	
	Forms and maintains collaborative and appropriately boundaried relationships with colleagues, peers, and related professionals
	Aware and articulate about own internal emotional experience
	Demonstrates tolerance for strong affect
	Responds to conflicting viewpoints by seeking clarification before reacting
	Effectively negotiates conflict
	Effectively negotiates complex relationships, including those that are interaction of diversity and identity variables
	Provides constructive and effective feedback to peers and colleagues in group supervision, peer consultation, and case conferences
	Acknowledges own role in interpersonal interactions across all professional relationships
	Accepts, evaluates, and implements feedback regarding interpersonal behaviors from others non-defensively
Communication Skills (items below are rated already within other competency scales and apply only to the total assessment of this competency)	
Intervention	
	<i>Demonstrates accurate empathic attention and reflections</i>
	<i>Communicates clearly with clients regarding referral options, process, and timelines</i>
Supervision	
	<i>Communicates clear expectations regarding supervisor and supervisee responsibilities</i>
	<i>Models and provides clear instruction regarding professional behavior including interpersonal and communication skills to supervisees</i>
	<i>Communicates feedback in a clear manner including behavioral instruction consistent with supervisee developmental level</i>
Assessment	
	<i>Identifies and distinguishes brief vs. long-term treatment needs verbally to the client in documentation</i>
	<i>Provides clear diagnostic feedback to clients and in documentation</i>
	<i>Discusses videotaping and addresses client concerns about videotaping effectively</i>
	<i>Communicates conceptualization and treatment recommendations clearly to client and in documentation</i>
Professional Values	
	<i>Maintains accurate, sufficient, concise, and timely documentation of all clinical activities</i>
	<i>Discusses, and addresses lapses in adherence to policies, deadlines, values, or commitments</i>
	<i>Utilizes appropriate language, demeanor, and communication skills in professional situations</i>
Ethics	
	<i>Communicates ethical obligations to clients and non-psychologists</i>
Multicultural Competence	
	<i>Uses language, orally and written, that is respectful and consistent with how clients or others self-identify</i>
Research	
	<i>Articulates scientific knowledge to others in accessible language</i>
Total:	

Ethical and Legal Standards

	Demonstrates knowledge of existing <i>APA Ethical Guidelines and Code of Conduct</i> and other relevant professional guidelines
	Spontaneously and consistently recognizes ethical dilemmas when they arise
	Aware and explores complexities of ethical situations
	Demonstrates knowledge and application of a sound ethical decision making model
	Seeks consultation appropriately regarding ethical concerns
	Communicates ethical obligations to clients and non-psychologists
	Successfully assesses personal levels of competency across all professional activities
	Demonstrates commitment to active and ongoing professional development activities

Research

	Seeks scientific knowledge to enhance understanding, skills, and professional role functioning
	Demonstrates ability to independently evaluate scientific research
	Sensitive to issues of cultural and individual diversity related to scholarly inquiry (i.e. generalizability of findings)
	Integrates scientific research with clinical expertise in the context of patient characteristics, culture, and preferences when selecting assessment and treatment modalities and interventions
	Articulates scientific knowledge to others in accessible and effective language

Total:

Values, Attitudes, and Behaviors

Values and Behaviors	
	Follows all CHW And Suffolk University Policies and Procedures
	Adheres to time boundaries (timely arrival to work, timely start/end sessions)
	Maintains accurate, sufficient, concise, and timely documentation of all clinical activities
	Discusses, and addresses lapses in adherence to policies, deadlines, values, or commitments
	Prioritizes various tasks and deadlines efficiently and independently
	Participation in staff meetings is appropriate, effective, and contributory
	Effective and collaborative team member
	Respectful of colleagues, clients, and others even when there is disagreement
	Utilizes appropriate language, demeanor, and communication skills in professional situations
	Aware of impact own behavior has on others (e.g. clients, colleagues, CHW, Suffolk University, the public, and the profession)
	Demonstrates willingness to take responsibility for own biases and perspectives as shaped by cultural and other personal identity variables
	Demonstrates honesty, sincerity, and a commitment to professional values throughout all activities
	Demonstrates compassion across individuals and contexts, diversity/identity differences, and value differences
	Professional actions and choices are made with concern for the welfare of others
	Maintains appropriate level of confidence in clinical abilities
	Maintains appropriate level of autonomy and self-initiative
	Demonstrates commitment to active and ongoing continuing education and professional development activities

Use of Supervision	
	Establishes and maintains effective working relationships with supervisors
	Establishes and maintains professional boundaries with supervisor
	Prepares for supervision, including preparation of the Client Tracking Sheet
	Incorporates supervisory input into clinical and other professional tasks
	Establishes framework for integrating feedback in ways that enhance professional identity
	Systematically reviews own professional performance, including review of video in supervision
	Open to exploring personal identities and background in supervision as they relate to work with clients or the supervisory relationship
	Demonstrates openness to discuss relational dynamics in the supervisory relationship
	Demonstrates willingness to provide honest feedback to supervisors
	Demonstrates an ability to assess personal levels of competency across all professional roles
	Exercises good and reliable judgement in seeking consultation
Total:	

Narrative Comments

Overall Summary Narrative Comments

Signatures:

Intern

Date

Supervisor

Date

Supervisor Role (Primary or Group)

Suffolk University
Counseling, Health, and Wellness
Internship in Health Service Psychology

OTC Evaluation of Intern

Intern		Evaluation Timeframe <i>(midpoint or final)</i>	
		Date of Evaluation	
Supervisor/ Rater		<i>NOTE: OTC and SOS Supervisors complete OTC and SOS Evaluation of Intern forms. Supervisors of Group Therapy complete Group Therapy Evaluation of Intern forms. Primary and Group Supervisors complete all items except for Group Therapy Intervention items and SOS and OTC scales. Primary Supervisors receive copies of all evaluations and add comments as relevant.</i> <i>NOTE: Evaluations must be based on one or more: Individual or Group Supervision, Live Observation, Video-tape Review, Consult with Other Supervisors, Feedback from Practicum Student or Consultee, etc.</i>	
Role (Primary, Group, OTC, SOS)			
Evaluation Based On			

Evaluation Method

The CHW Internship Program in Health Service Psychology is intentionally designed to facilitate the achievement of 5 areas of competency applicable to general practice with a focus on service to a college or university population within an integrated health and counseling center. The five areas of competency are:

1. Clinical services including assessment and intervention;
2. Consultation & Interprofessional/Interdisciplinary Skills;
3. Multicultural competence in working with diversity and identity;
4. Knowledge and skills in provision of clinical supervision; and
5. Legal, ethical, administrative, and professional role functioning

These competency areas are comprised of 9 individual scales representing required profession-wide competencies for the practice of professional psychology. These scales include Assessment, Intervention, Consultation & Interprofessional/Interdisciplinary Skills, Individual and Cultural Diversity, Supervision, Communication and Interpersonal Skills, Ethical and Legal Standards, Research, and Professional Values and Attitudes. The rating scale used to evaluate performance on each of these scales is below. Please note that in keeping with the Internship Program's developmental model, a rating of "3" reflects achievement of an expected level of competency. Ratings of "3" on Fall and Spring evaluations may still indicate that progress was made across the year on individual items and overall competencies.

A rating of "3" or above on all individual items of the *Comprehensive Evaluation of Intern* form indicates the intern has demonstrated competence commensurate with what is expected at the time of the evaluation. Interns must achieve this level of competency at the end of Internship in order to successfully complete the Internship. If problematic behavior is noted, as defined by a rating of 2 or below on individual items, the area(s) identified will become a primary focus of supervision in order to support the Intern's achievement of competency in that area. If sufficient progress is not made on individual items rated a 2 or below with the additional supervisory focus, or if the intern receives a rating of 2 or below on 20% or more of the individual items within one of the 9 competency scales a remediation process will be initiated.

The training staff are committed to supportive, direct, and transparent communication with Interns regarding expectations, performance, and evaluation. The goal is always to identify early in the year if there are significant concerns about performance which need to be addressed. Please see CHW's Policies and Procedures for information on the Program approach to concerns about competency, Due Process, and Grievances.

The rating scale for evaluation of intern performance is below.

5	CONSISTENT PERFORMANCE ABOVE EXPECTED COMPETENCE LEVEL OF AN INTERN:
---	--

	Performance is considered a <u>major strength</u> which means this skill/behavior is performed consistently, in a variety of situations at more advanced levels. Intern could teach it or serve as a model for others. Intern need minimal supervision on this, but knew when to consult when need.
4	PERFORMANCE FLUCTUATES ABOVE EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance considered above expected competence level for the amount of experience, knowledge, and academic training. Intern performed this skill/behavior effectively most of the time, and supervision has been focused on further refining and developing advanced performance and use.
3	PERFORMANCE AT EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance is considered at expected competence level for the amount of experience, knowledge, and academic training. Intern is “ <u>on target</u> ” for where he/she is expected to be, and meets the expected proficiency for that skill/behavior. Ongoing supervision and monitoring is focused on continued advancement, integration, and consistency. Intern demonstrates good judgement and expected level of consultation/supervision needs to meet performance demands.
2	PERFORMANCE FLUCTUATES AT TIMES BELOW EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance considered below expected competence level for the amount of experience, knowledge, and academic training. Intern may only have an introductory knowledge of this skill, little experience, or still needing to develop these skills to be at expected level. A fair amount of supervision time is focused on this skill/behavior to gain more proficiency to meet expectations by the end of internship. <i>This could be a normal score at the end of the fall semester for some areas, but would not be an expected score at the end of internship, remediation needed if progress is not shown.</i>
1	CONSISTENTLY PERFORMS BELOW EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance is consistently below expected competence level for the amount of experience, knowledge, and academic training. Intern may have very little awareness, experience, knowledge or training with this skill/behavior and remediation is needed to work toward expected developmental level. Intern needs significant supervision, training, and/or guidance to gain more proficiency in this skill/behavior. A significant amount of supervision time is (was) focused on developmental of this skill/behavior; closer monitoring is (was) needed while carrying out this skill.
N/A	Not Applicable – skill unable to be assessed.

2. Consultation & Interprofessional/Interdisciplinary Skills

OTC Seminar and Associated Skills (Completed by OTC Facilitator, see <i>OTC Evaluation of Intern</i>)	
	Demonstrates and articulates an understanding of the basic theories, models, strategies, and interventions related to outreach, training, and consultation
	Establishes and maintains appropriate relationships with individuals and offices outside CHW
	Demonstrates understanding of intern vs. professional roles and takes action to assist accordingly
	Incorporates awareness and knowledge of diversity and identity when planning and implementing all OTC activities
	Completes all assigned activities
	Communicates clearly with consultees verbally and in writing
	Assesses needs of consultees using systematic data collection and clarification of goals
	Understands and articulates the ethics of confidentiality in consultative relationships
	Assesses needs of consultee and students serviced regarding impact of diversity and identity on the consulting activity
	Integrates current scholarly literature and research
	Presents information in a clear and understandable manner
	Utilizes flexible and creative approach in presenting style, location, language, content, etc.
	Utilizes both experiential and didactic methods
	Integrates feedback from program evaluations into future planning
	Maintains clear and thorough records of OTC activities
	Incorporates elements of awareness and knowledge of diversity and identity in the collaborative process with staff and students
	Brings questions, concerns, and drafts of projects to the OTC seminar group
Total:	

Narrative Comments by OTC Facilitator
--

Signatures:

Intern

Date

Supervisor

Date

Suffolk University
Counseling, Health, and Wellness
Internship in Health Service Psychology

SOS Evaluation of Intern

Intern		Evaluation Timeframe <i>(midpoint or final)</i>	
		Date of Evaluation	
Supervisor/ Rater		<i>NOTE: OTC and SOS Supervisors complete OTC and SOS Evaluation of Intern forms. Supervisors of Group Therapy complete Group Therapy Evaluation of Intern forms. Primary and Group Supervisors complete all items except for Group Therapy Intervention items and SOS and OTC scales. Primary Supervisors receive copies of all evaluations and add comments as relevant.</i> <i>NOTE: Evaluations must be based on one or more: Individual or Group Supervision, Live Observation, Video-tape Review, Consult with Other Supervisors, Feedback from Practicum Student or Consultee, etc.</i>	
Role (Primary, Group, OTC, SOS)			
Evaluation Based On			

Evaluation Method

The CHW Internship Program in Health Service Psychology is intentionally designed to facilitate the achievement of 5 areas of competency applicable to general practice with a focus on service to a college or university population within an integrated health and counseling center. The five areas of competency are:

1. Clinical services including assessment and intervention;
2. Consultation & Interprofessional/Interdisciplinary Skills;
3. Multicultural competence in working with diversity and identity;
4. Knowledge and skills in provision of clinical supervision; and
5. Legal, ethical, administrative, and professional role functioning

These competency areas are comprised of 9 individual scales representing required profession-wide competencies for the practice of professional psychology. These scales include Assessment, Intervention, Consultation & Interprofessional/Interdisciplinary Skills, Individual and Cultural Diversity, Supervision, Communication and Interpersonal Skills, Ethical and Legal Standards, Research, and Professional Values and Attitudes. The rating scale used to evaluate performance on each of these scales is below. Please note that in keeping with the Internship Program's developmental model, a rating of "3" reflects achievement of an expected level of competency. Ratings of "3" on Fall and Spring evaluations may still indicate that progress was made across the year on individual items and overall competencies.

A rating of "3" or above on all individual items of the *Comprehensive Evaluation of Intern* form indicates the intern has demonstrated competence commensurate with what is expected at the time of the evaluation. Interns must achieve this level of competency at the end of Internship in order to successfully complete the Internship. If problematic behavior is noted, as defined by a rating of 2 or below on individual items, the area(s) identified will become a primary focus of supervision in order to support the Intern's achievement of competency in that area. If sufficient progress is not made on individual items rated a 2 or below with the additional supervisory focus, or if the intern receives a rating of 2 or below on 20% or more of the individual items within one of the 9 competency scales a remediation process will be initiated.

The training staff are committed to supportive, direct, and transparent communication with Interns regarding expectations, performance, and evaluation. The goal is always to identify early in the year if there are significant concerns about performance which need to be addressed. Please see CHW's Policies and Procedures for information on the Program approach to concerns about competency, Due Process, and Grievances.

The rating scale for evaluation of intern performance is below.

5	CONSISTENT PERFORMANCE ABOVE EXPECTED COMPETENCE LEVEL OF AN INTERN:
---	--

	Performance is considered a <u>major strength</u> which means this skill/behavior is performed consistently, in a variety of situations at more advanced levels. Intern could teach it or serve as a model for others. Intern need minimal supervision on this, but knew when to consult when need.
4	PERFORMANCE FLUCTUATES ABOVE EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance considered above expected competence level for the amount of experience, knowledge, and academic training. Intern performed this skill/behavior effectively most of the time, and supervision has been focused on further refining and developing advanced performance and use.
3	PERFORMANCE AT EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance is considered at expected competence level for the amount of experience, knowledge, and academic training. Intern is “ <u>on target</u> ” for where he/she is expected to be, and meets the expected proficiency for that skill/behavior. Ongoing supervision and monitoring is focused on continued advancement, integration, and consistency. Intern demonstrates good judgement and expected level of consultation/supervision needs to meet performance demands.
2	PERFORMANCE FLUCTUATES AT TIMES BELOW EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance considered below expected competence level for the amount of experience, knowledge, and academic training. Intern may only have an introductory knowledge of this skill, little experience, or still needing to develop these skills to be at expected level. A fair amount of supervision time is focused on this skill/behavior to gain more proficiency to meet expectations by the end of internship. <i>This could be a normal score at the end of the fall semester for some areas, but would not be an expected score at the end of internship, remediation needed if progress is not shown.</i>
1	CONSISTENTLY PERFORMS BELOW EXPECTED COMPETENCE LEVEL OF AN INTERN: Performance is consistently below expected competence level for the amount of experience, knowledge, and academic training. Intern may have very little awareness, experience, knowledge or training with this skill/behavior and remediation is needed to work toward expected developmental level. Intern needs significant supervision, training, and/or guidance to gain more proficiency in this skill/behavior. A significant amount of supervision time is (was) focused on developmental of this skill/behavior; closer monitoring is (was) needed while carrying out this skill.
N/A	Not Applicable – skill unable to be assessed.

4. Supervision

SOS Seminar and Skills in Provision of Supervision (completed by SOS Supervisor, see <i>SOS Evaluation of Intern</i>)	
	Demonstrates awareness of legal, ethical, and contextual issues in supervision
	Articulates and implements model or philosophy of supervision
	Prepares supervision contract and supervision goals collaboratively with supervisee
	Communicates clear expectations regarding supervisor and supervisee responsibilities
	Models and provides clear instruction regarding professional behavior including interpersonal and communication skills to supervisees
	Seeks information via scholarly inquiry or consultation when unsure of how to proceed
	Develops collaborative and growth-fostering relationships with supervisees
	Watches video recordings and provides frequent and balanced feedback sensitive to supervisee need for support
	Supervisory input is based in evidence-based or other theoretical practice models
	Communicates feedback in a clear manner including behavioral instruction consistent with supervisee developmental level
	Attends to parallel processes between the supervising and therapeutic dyads
	Attends to impact of diversity and identity on the supervising and therapeutic dyads
	Role models effective communication and relational skills regarding individual differences
	Identifies the multicultural competence training needs of the supervisee in an effective and supportive manner
	Role models self-awareness practices with regard to multicultural competence
	Facilitates a safe atmosphere for eliciting authentic supervisee feedback and discussion of the supervisory relationship
	Collaborates and coordinates supervision with other supervisors within the SOS supervision group
Total:	

Narrative Comments by SOS Supervisor	

Signatures:

Intern

Date _____

SOS Supervisor

Date _____

**Suffolk University
Counseling, Health, and Wellness
Internship in Health Service Psychology**

Program Evaluation, 2026-2027

NAME:		Timeframe <i>(mid-point or final):</i>	
DATE:			

Please use the following scale to rate your experience of the Internship Program.

1	2	3	4	5	N/A
Not at all	Slightly	Moderately	Very	Extremely	Not applicable

Development of Required Competencies:

Clinical services including assessment and intervention	
	How effective were activities associated with this competency in facilitating your overall personal and professional growth as a clinician?
	How well were the expectations and requirements of this competency communicated?
	How prepared and/or supported did you feel in meeting the expectations and requirements of this competency?

Please provide any additional comments/feedback:

Consultation and Interprofessional/Interdisciplinary Skills (OTC)	
	How effective were activities associated with this competency in facilitating your overall personal and professional growth as a clinician?
	How well were the expectations and requirements of this competency communicated?
	How prepared and/or supported did you feel in meeting the expectations and requirements of this competency?

Please provide any additional comments/feedback:

Multicultural competence in working with diversity and identity
--

	How effective were activities associated with this competency in facilitating your overall personal and professional growth as a clinician?
	How well were the expectations and requirements of this competency communicated?
	How prepared and/or supported did you feel in meeting the expectations and requirements of this competency?

Please provide any additional comments/feedback:

Knowledge and skills in provision of clinical supervision	
	How effective were activities associated with this competency in facilitating your overall personal and professional growth as a clinician?
	How well were the expectations and requirements of this competency communicated?
	How prepared and/or supported did you feel in meeting the expectations and requirements of this competency?

Please provide any additional comments/feedback:

Legal, ethical, administrative, and professional role functioning	
	How effective were activities associated with this competency in facilitating your overall personal and professional growth as a clinician?
	How well were the expectations and requirements of this competency communicated?
	How prepared and/or supported did you feel in meeting the expectations and requirements of this competency?

Please provide any additional comments/feedback:

Achievement of Training Aims

Aim #1: Prepare doctoral interns for entry-level practice in the provision of professional psychological services within integrated counseling and health centers in higher education.	
	How effective were training activities in developing skills and knowledge related to this Aim?
	How well-prepared are program staff to address this Aim?
	How prepared and/or supported did you feel in facilitating your growth toward achievement of this Aim?
Aim #2: Increase knowledge, skills, and awareness regarding multicultural competence, interpersonal sociocultural differences, and individual identity as they relate to all aspects of professional practice, with a focus on social justice.	
	How effective were training activities in developing skills and knowledge related to this Aim?
	How well-prepared are program staff to address this Aim?
	How prepared and/or supported did you feel in facilitating your growth toward achievement of this Aim?
Aim #3: Assist in the development of an integrated personal and professional identity based in the application of scientific knowledge, professional values and ethics, and with attention to the power of authenticity.	
	How effective were training activities in developing skills and knowledge related to this Aim?
	How well-prepared are program staff to address this Aim?
	How prepared and/or supported did you feel in facilitating your growth toward achievement of this Aim?

Please provide any additional comments/feedback:

Overall Effectiveness of Training Elements

Please use the scale on the first page to indicate how effective, overall, each of the following training elements was in developing your professional skills and competencies.	
	Individual Supervision
	Group Supervision
	SOS Seminar and Supervision
	OTC Seminar
	PT Seminar
	Peer Supervision/Consultation
	DEI Small Group

	Case Presentations
	Staff Meetings
	Training Director Meetings
	Orientation
	CHW DEI Training

Additional Narrative Comments

What were the most effective, helpful, or relevant portions of your training this semester?

What were the least effective, helpful, or relevant portions of your training experience?

Please comment on your perception of the climate at CHW for addressing issues related to sociocultural identity. Think about application to your clinical and outreach work, but also to how the training program and training staff has responded to your own sociocultural identities, multicultural training needs and experiences, and management or response to current events related to diversity and identity.

Other Feedback/Comments regarding your training experience:

Signature of Intern

Date

Suffolk University
Counseling, Health, and Wellness
Clinical Training Programs

Evaluation of Supervisor(s)

Name		Evaluation Timeframe <i>(Fall/Spring/Summer YYYY)</i>	
Supervisor(s)		Supervisor Title	
Role <i>(Practicum, Primary, Group, SOS)</i>			

Evaluation Method

Below is the rating scale used for this evaluation. Please mark the continuum at the appropriate place. Indicate "NB" (No Basis) if you have insufficient information to make a rating.

5	Consistently above expectations
4	Fluctuates above expectations
3	Consistent with expectations
2	Fluctuates at times below expectations
1	Consistently below expectations
NB	No Basis to provide rating

*Determine ratings for **each** item below using the number scale and organize comments based on areas and details found under each category.*

I. Supervisory Relationship:

- _____ Values supervision and aids in establishing and maintaining the focus of supervision
- _____ Provides consultation when needed outside the regular supervisory time.
- _____ Notifies supervisee in advance when unable to keep scheduled supervisory sessions.
- _____ Places high priority on scheduled supervisory sessions.
- _____ Acknowledges and respects supervisee's concerns.
- _____ Provides advocacy for supervisee with colleagues, consultants, and other University personnel.
- _____ Shares own experiences and is appropriately self-disclosing during supervisory sessions.
- _____ Establishes a climate which fosters an honest and candid exchange of feelings and ideas.
- _____ Resolves conflicts between us/self and supervisee in ways which enhance professional growth and development.

II. Training and Teaching:

- _____ Uses appropriate and timely didactic materials, when needed.

- ____ Provides useful assistance in helping to conceptualize cases.
- ____ Discusses and offers practical examples of the application of ethical principles.
- ____ Explores the appropriate use of a variety of counseling process and interventions.
- ____ Knowledgeable regarding identity development and the psychological impact of identity and experiences with oppression.
- ____ Demonstrates knowledge regarding a variety of assessment methods and/or interventions to address the needs of clients presenting with marginalized or under-represented identities.
- ____ Communicates ideas clearly and checks for understanding.
- ____ Uses knowledge of campus and community resources to assist in making effective referrals.
- ____ Demonstrates effective use of audio- and video-taping to enhance development of counseling skills and knowledge.
- ____ Conveys a comprehensive conceptual understanding of college-age clients and their problems.
- ____ Models self-awareness regarding impact of supervisor's identity on professional functioning, including role as a supervisor, therapist, and colleague.
- ____ Offers constructive and practical recommendation in areas of client management and support.
- ____ Helps build on multicultural competency by increasing awareness of how multicultural issues impact therapeutic work.
- ____ Models recognition of own therapeutic limitations and makes appropriate referrals when necessary.

III. Communication Skills:

- ____ Collaborates in setting clear goals and outcome expectations for supervisory relationship.
- ____ Provides continuous and constructive feedback and support.
- ____ Utilizes respectful language and is open to learning regarding preferred terms or language related to diversity and identity.
- ____ Encourages intern to share professional and personal concerns and responds in a constructive manner.
- ____ Examines supervisor/ supervisee relationship in open and supportive manner.
- ____ Facilitates useful discussion regarding individual identity differences between supervisor and supervisee.
- ____ Acknowledges supervisee's competencies and provides positive reinforcement/ constructive criticism.
- ____ Encourages and supports independent thinking and action.
- ____ Discuss supervisee's limitations and shortcomings in helpful and productive manner.
- ____ Encourages the use of supervisee's own orientations to counseling without imposing his/her own approach/preferences.
- ____ Responds with sensitivity to supervisee's emotional/ experiential/ professional stages of development.
- ____ Helps supervisee to select appropriate professional/training goals, tasks, and experiences.

IV. OVERALL RATING (circle one):

5	Consistently above expectations
4	Fluctuates above expectations
3	Consistent with expectations
2	Fluctuates at times below expectations
1	Consistently below expectations
NB	No Basis to provide rating

NARRATIVE COMMENTS AND RECOMMENDATIONS

*Add your comments to explain and clarify the ratings on the previous page. Use as much space as you need. Consider all the categories rated above. **Please be sure to comment on strengths, limitations, and style of supervision.** Additional comments are welcome.*

Signatures:

Supervisee

Date

Supervisor

Date

Suffolk University
Counseling, Health, and Wellness
Internship in Health Service Psychology

TRAINING AND SUPERVISION CONTRACT

Doctoral Intern		Training Year	
Primary Supervisor		Primary Supervisor Title	

The Counseling, Health, & Wellness Center and its Internship Program in Health Service Psychology maintains a focus on health rather than pathology. In meeting the goal of helping clients function more effectively within the University environment, it is assumed that growth is an ongoing process and that many changes occur outside of the therapeutic relationship. The counseling process is viewed within the larger context of a person's total life experience. Clients are regarded as functional individuals who have problems, with a strong emphasis placed on their resilience, strengths, and resources when resolving issues brought to the therapeutic relationship.

The training staff encourages critical thinking, diversity of opinion, and mutual respect. It is believed that a collaborative and challenging, yet safe, environment is essential to Interns' personal and professional development. A developmental/systems/mentoring perspective is central to the training program and provision of all counseling and consultative services. The staff uses a developmental perspective to assist interns in moving from interdependent students and younger colleagues to independent mental health practitioners. A systems perspective is used to enhance interns' developing sense of self as independent practitioners and to fix that growth in an interpersonal and multi-cultural sphere. The staff's role as mentors helps interns to move from being supported and encouraged as trainees to developing expertise and experience as mentors.

PROGRAM AIMS

The Training Program is designed to develop, broaden, and consolidate interns' perspectives and skills as psychologists. The Program is organized to provide an open and stimulating learning environment for achievement of the Program's 3 overall aims:

1. Prepare doctoral interns for entry-level practice in the provision of professional psychological services within integrated counseling and health centers in higher education.
2. Increase knowledge, skills, and awareness regarding multicultural competence, interpersonal sociocultural differences, and individual identity as they relate to all aspects of professional practice, with a focus on social justice.
3. Assist in the development of an integrated personal and professional identity based in the application of scientific knowledge, professional values and ethics, and with attention to the power of authenticity.

TRAINING GOALS & COMPETENCIES

Competencies

The goal of the training program is to promote the development of professional-wide skills and competencies required for entry-level professional practice as generalist psychologists, with a focus on developing skills specific to servicing a university community. The training program is designed to develop the following five areas of profession-wide competencies.

1. **Clinical Services:** Interns will be able to plan and deliver high quality direct and indirect clinical services in a university setting.
2. **Consultation & interprofessional/interdisciplinary skills:** Interns will be able to plan and deliver high quality outreach, training and consultation services to a University community.
3. **Multicultural Competence:** Interns will be able to function effectively in the delivery of comprehensive psychological services to a diverse college student population.
4. **Supervision Skills and Services:** Interns are able to provide high quality clinical supervision.
5. **Legal, Ethical, Administrative, and Professional Role Functioning:** Develop an authentic professional identity which incorporates and maintains: (1) ability to identify and address legal and ethical obligations and conflicts; (2) ability to function effectively interpersonally and professionally within a department, institution, and profession; and (3) a personal commitment to professional values and standards regarding ongoing professional development, use of scholarly inquiry, commitment to empirically based knowledge, and self-reflection practices which enhance service delivery.

These competency areas are comprised of 9 individual evaluation scales included in the *Comprehensive Evaluation of Intern Form*. These scales include Assessment, Intervention, Consultation & Interprofessional/Interdisciplinary Skills, Individual and Cultural Diversity, Supervision, Communication and Interpersonal Skills, Ethical and Legal Standards, Research, and Professional Values and Attitudes. Primary Supervisors, Group Supervisors, OTC Facilitators, and SOS Facilitators/Supervisors complete all or portions of this form as appropriate. Feedback from OTC and SOS is provided to Primary Supervisors for inclusion into midyear and final evaluations.

Training Requirements

In order to successfully complete the Internship, interns agree to complete all training activities and responsibilities as outlined in the program materials. 2000 hours over 52 weeks are required. 500 Direct Service hours are required. Individual Training Goals are agreed upon in August and updated as needed at the mid-point of Internship.

Caseload requirements and limits

- Full-time interns are expected to have a caseload of 18-20 clients per week.
- Interns are also expected to participate in providing initial and/or urgent visits each week.

Supervision

Intern and Supervisor Responsibilities

- Interns and primary supervisors must collaboratively complete this Training and Supervision Contract.
- Supervisors and Supervisees agree to follow all expectations as described in the CHW Doctoral Internship Training Manual.
- Review of video-taped therapy sessions is a requirement of both individual and group supervision. Video-tape should be reviewed on a regular basis during the supervision session and/or prior to the supervision session by the supervisor. Supervisors retain the right to view any video-taped session at any time. 8 videos (4 in Primary, 4 in Group) must be reviewed each semester.
- Interns and supervisors must engage in verbal discussion and feedback mid-way through each semester regarding the Intern's progression in the training program and experience in supervision. This discussion will provide specific information regarding development needs of the Intern prior to the next formal evaluation period.
- Interns and supervisors must engage in the formal, written 2-way evaluation process at CHW utilizing the identified evaluation forms of both Intern and Supervisor at the midpoint and again at the end of the Internship year. A specific supervision meeting should be scheduled for this purpose at each evaluation period.
- Routine Supervision sessions will be scheduled at the same time each week. SOS, OTC, and Group Supervision sessions are scheduled by individual facilitators at the start of the year in collaboration with the Interim Director of Counseling Operations who manages the counseling clinical schedule. Primary

individual supervision and peer supervision are set collaboratively by supervisors and Interns at the beginning of the year and revised as needed.

- Supervisors and Interns are expected to work together to arrange make up supervision should a session be missed unexpectedly. Coverage for extended absences (vacations, lengthy illness) by the supervisor should be discussed well in advance and coverage for supervision will be arranged by the Training Director.
- Supervisors agree to:
 - Provide formal (2 hours per week) primary or group supervision.
 - Routinely review video-tape and documentation of clinical cases.
 - Provide and receive feedback regarding supervision and the supervisory relationship.
 - Provide both formal and informal supervision as needed.
- Interns agree to:
 - Update and provide copies of the *Client Tracking Sheet* to each supervision session.
 - Come to supervision prepared with questions regarding clinical cases under the supervisor's license (distinguishing primary from group clients).
 - Be willing to engage in self-reflection, integrate feedback in positive ways, and remain open to exploring DEI related content during supervision.

Telesupervision

It is understood that for both in-person and telesupervision, the supervisee is practicing under the license of the supervisor, who is liable for the work.

Expectations of Supervisors and Supervisees During Telesupervision.

- Supervisors and supervisees will review the following within the first 3 telesupervisory sessions when telesupervision is expected to be utilized for all or a portion of the supervisory period: the synchronous video software utilized (e.g. Zoom Health), frequency, content, expectations/roles of supervisor and supervisee regarding telesupervision and remote work, management of client emergency situations in telesupervision, and availability of immediate consultation and supervision if needed during clinical sessions. All other expectations outlined in the Doctoral Intern and Practicum training manuals must also be reviewed and agreed to.
- Supervisors utilizing telesupervision must maintain an ongoing awareness of all clients who comprise a supervisee's caseload. Supervisors and supervisees must agree on a strategy for how the *Client Tracking Sheet* will be used for this purpose that retains tracking sheets in a confidential manner utilizing Suffolk owned hardware or the confidential S:drive. Plans for retention of supervisory notes taken by the supervisor when the supervisor is working remotely should include means of joining those notes at regular intervals with the *Client Tracking Sheet* by date for retention in CHW locked drawers in accordance with Massachusetts regulations regarding supervisory practice.
- Supervisors are responsible for scheduling Zoom meetings for each supervision session, sharing the link with supervisees and utilizing privacy/confidentiality precautions available (e.g. Zoom Health waiting room and passwords, not using personal meeting rooms).

Telesupervision Format

- Telesupervision will be conducted in a confidential manner using HIPPA Compliant Zoom Health. Telephone or other methods of electronic communication (phone, text, etc) may also be utilized upon occasion if there are temporary barriers to accessing Zoom Health. Both the supervisor and the supervisee should make every effort to maintain video as the primary means of communication during telesupervision.

- Telesupervision will be conducted in private locations for both the supervisee and supervisor, who are both responsible for ensuring use of private space and identifying and confronting any unanticipated breaches of privacy during telesupervision.
- Supervisees and supervisors will use University owned devices for telesupervision. Telesupervision on public or personal devices is prohibited.
- Internet networks utilized for telesupervision must be secured. Public networks are not permitted for telesupervision.
- All mental health treatment that is being telesupervised must take place in Massachusetts. Consultation work supervised utilizing telesupervision may occur in accordance with CHW Policies and Procedures.

Audio/Video Recording and Observation

- Students who agree to recording must sign and return the *Consent for Recording and Observation* via the Student Health Portal prior to any initiation of recording.
- Supervisors and Supervisees are responsible for utilizing Zoom Health for all recording of therapy sessions. Recording MUST occur on a Suffolk University laptop that has been loaded with appropriate software for confidential recording.
- No personal or public computers may be used to record sessions.
- Recordings MUST be viewed on Suffolk owned laptops and never on personal devices.
- Recordings are never to be transferred to other formats, devices, external drives, third-party software, or other means of video storage or retrieval aside from Suffolk owned equipment or the CHW secure S:drive.

Confidentiality

- Supervisor and supervisees are responsible for following procedures and requirements related to confidentiality as outlined in the *Counseling Services Policies and Procedures Part I: Guidelines for Remote Work* and *Part II: Counseling Services*.

Evaluation and Feedback

- Forms, timelines, and discussion of two-way evaluations of supervisors and supervisees will proceed as outlined in the Doctoral Internship Manual
- Signatures on evaluations will be sought in-person during on-site time in the office whenever possible. Dates may reflect delay in signature timeframes and do not indicate a delay in the evaluation itself which is noted at the top of the evaluation. In the case of fully remote operations, signatures obtained via electronic means (i.e. Adobe PDF) will be accepted when emailed as an attached from the signer's email address with an indication of agreement.

Training Goals During Internship

- 1.
- 2.
- 3.
- 4.

Signatures:

<i>Intern Initials</i>	
	I have reviewed all of the training activities and requirements as outlined in the Doctoral Internship Training Manual and understand I must complete all of these requirements during my Internship year.
	I have discussed my learning goals with my primary supervisor and been given an opportunity to revise and refine them according to my self-assessment and desired learning outcomes.
	I have reviewed the <i>Comprehensive Evaluation of Intern</i> Form and understand the criteria that will be used to evaluate my performance.
	I have reviewed and understand the Due Process and Grievance policies and procedures for the Internship Program.
	I have read, understand, and agree to this Training and Supervision Contract.

INTERN _____ DATE _____

PRIMARY SUPERVISOR _____ DATE _____

TRAINING DIRECTOR _____ DATE _____

Typical Problem Plan

Date

Intern

Year

Typical Problem Definition

Comprehensive Evaluation of Intern – Items corresponding to Typical Problem

Supervisory Interventions

Outcomes Demonstrating Sufficient Change

Problem Identified and Defined by Supervising Staff

Training Team Meeting, Date

Staff Present:

Determination of Typical vs. Atypical Problem

Plan of Change

Implementation

Finding of Sufficient Change

Competency Remediation Plan

Date of Competency Remediation Plan Meeting:

Name of Trainee:

Primary Supervisor/Advisor:

Names of All Persons Present at the Meeting: All Additional Pertinent Supervisors/Faculty:

Date for Follow-up Meeting(s):

Circle all competency domains in which the trainee's performance does not meet the benchmark:

Five areas of competency:

- 1) Clinical services including assessment and intervention
- 2) Consultation & Interprofessional/Interdisciplinary Skills
- 3) Multicultural competence in working with diversity and identity
- 4) Knowledge and skills in provision of clinical supervision
- 5) Legal, ethical, administrative, and professional role functioning

Functional Competencies: Assessment, Intervention, Consultation & Interprofessional/Interdisciplinary Skills, Individual and Cultural Diversity, Supervision, Communication and Interpersonal Skills, Ethical and Legal Standards, Research, and Professional Values & Attitudes.

Description of the problem(s) in each competency domain circled above:

Date(s) the problem(s) was brought to the trainee's attention and by whom:

Steps already taken by the trainee to rectify the problem(s) that was identified:

Steps already taken by the supervisor(s)/faculty to address the problem(s):

Plan of Change

Implementation

Competency Remediation Plan

<u>Competency Domain/ Essential Components</u>	<u>Problem Behaviors</u>	<u>Expectations for Acceptable Performance</u>	<u>Trainee's Responsibilities/ Actions</u>	<u>Supervisors'/ Faculty Responsibilities/ Actions</u>	<u>Timeframe for Acceptable Performance</u>	<u>Assessment Methods</u>	<u>Dates of Evaluation</u>	<u>Consequences for Unsuccessful Remediation</u>

I, _____, have reviewed the above competency remediation plan with my primary supervisor/advisor, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (*PLEASE NOTE: If trainee disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED*).

_____	_____	_____	_____
Trainee Name	Date	Training Director	Date

Trainee's comments (Feel free to use additional pages):

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

Competency Remediation Plan Continued

SUMMATIVE EVALUATION OF COMPETENCY REMEDIATION PLAN

Follow-up Meeting(s):

Date (s):

In Attendance:

<u>Competency Domain/ Essential Components</u>	<u>Expectations for Acceptable Performance</u>	<u>Outcomes Related to Expected Benchmarks</u> <u>(met, partially met, not met)</u>	<u>Next Steps</u> <u>(e.g., remediation concluded, remediation continued and plan modified, next stage in Due Process Procedures)</u>	<u>Next Evaluation Date (if needed)</u>

I, _____, have reviewed the above summative evaluation of my competency remediation plan with my primary supervisor(s)/faculty, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above outcome assessments and next steps (please circle one). My comments, if any, are below. *(PLEASE NOTE: If trainee disagrees with the outcomes and next steps, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED).*

Trainee Date

Training Director

Date

Trainee's comments (Feel free to use additional pages):

