## TRAINING MANUAL (2011-2012) INDEX

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Introduction

Welcome to the Pre-Doctoral Internship in Psychology at University Counseling Services (UCS), California State University, Northridge (CSUN). We strive to make our training program the very best training experience we can, and encourage you to take full advantage of the wide range of opportunities offered in this multi-disciplinary training setting. This training manual is a very important document and represents your first encounter with UCS and the training program. Please take the time to read over the materials presented here as they will serve as a guide for you during the entire training year.

The University

California State University, Northridge (CSUN), is a member of the 23-campus California State University system. During the 2008-09 academic year, CSUN celebrated its 50th anniversary and “50 years of life-changing opportunity.” Founded in 1958, California State University, Northridge is a vibrant, diverse university community, located on 356-acres in the heart of Los Angeles’ San Fernando Valley. CSUN, which is among the nation’s largest single-campus universities, encourages students to combine academic pursuits with hands-on experience. It also serves as the intellectual, economic and cultural heart of the Valley and beyond. Alumni include past state Teachers of the Year, Grammy Award winners, public officials including a current state governor, nationally-known newscasters, and a space shuttle astronaut. Their success reflects the hard work of Cal State Northridge's students and the commitment of faculty and staff to helping students fulfill their goals.

CSUN is a very diverse urban campus and has been officially designated a Hispanic-Serving Institution and Minority-Serving Institution. The student body of approximately 36,000 students is comprised of: 31% Hispanic, 29% White, 12% Asian/Pacific Islander, 8% African-American, 6% International, <1% American Indian/Alaskan Native, and 13% Race/Ethnicity Not Reported. Approximately one-third of CSUN’s entering freshman class are first-generation college students. The average age of CSUN undergraduate students is 23.0 and the average age of graduate students is 32.4. CSUN ranks first among public universities in California in preparing students to obtain teaching credentials and offers 28 teaching credential programs. In 2007, the U.S. News and World Report ranked CSUN's College of Engineering and Computer Science among the nation’s best undergraduate engineering programs. Cal State Northridge is among the top 10 universities in the country for conferring both bachelor’s and master’s degrees to Hispanic students. CSUN has the second largest deaf and hard of hearing population in the country and is home to the National Center on Deafness (NCOD).

California State University, Northridge, exists to enable students to realize their educational goals. The University’s first priority is to promote the welfare and intellectual progress of students. To fulfill this mission, CSUN designs programs and activities to help students develop the academic competencies, professional skills, critical and creative abilities, and ethical values of learned persons who live in a democratic society, an interdependent world, and a technological age. The University seeks to foster a rigorous and contemporary understanding of the liberal arts, sciences, and professional disciplines, and believes in the following:
Values of the University

1. Commitment to Teaching, Scholarship, and Active Learning
   We demonstrate excellence in teaching. We honor and reward high performance in learning, teaching, scholarship, research, service, and creative activity. Because the quality of our academic programs is central to our mission, we encourage intellectual curiosity and protect the multiple expressions of academic freedom.

2. Commitment to Excellence
   We set the highest standards for ourselves in all of our actions and activities and support the professional development of faculty, staff and administrators. We assess our performance so that every area of University life will be continually improved and renewed. We recognize and reward our efforts of greatest distinction and through them provide state and national leadership.

3. Respect for All People
   We aspire to behave as an inclusive, cooperative community. Our behaviors, policies, and programs affirm the worth and personal dignity of every member of the University community and contribute to a campus climate of civility, collegiality, tolerance, and reasoned debate.

4. Alliances with the Community
   We seek partnerships with local schools, community colleges, businesses, government and social agencies, to advance the educational, intellectual, artistic, civic, cultural, and economic aspirations of our surrounding communities.

5. Encouragement of Innovation, Experimentation, and Creativity
   We seek to provide an environment conducive to innovation, experimentation, and creativity. We encourage all members of our community to take intellectual and creative risks and to embrace changes that will enhance the fulfillment of the University’s mission.

Division of Student Affairs

The Division of Student Affairs mission is to advance student learning, enhance personal development and responsible citizenship, and ensure well-being and success through engaging individuals and communities in educationally purposeful activities, creating opportunities for access, delivering support services, and accessing and advocating for student needs and aspirations. The Division is grounded in the values of excellence, optimism, inquiry, diversity, integrity, compassion, balance, creativity, respect, accountability, collaboration, and pride.

The Division is integral to the accomplishment of the University’s mission and is guided by the following beliefs:

- Development of the whole student is central to our purpose.
- Each student admitted to the University arrives with the potential to succeed.
- Each student deserves equal opportunity and respect.
• Diversity enhances the quality of the educational experience.
• An environment of civility promotes student learning and respect for all people.
• Individual rights must be balanced with individual responsibility.
• The co-curriculum intentionally combined with the curriculum contributes to individual transformation and social change.
• The collective good must be balanced with individual needs.
• We help students overcome barriers to their success.
• Our interactions with students should positively impact their learning.
• Each member of our learning community is a student, a learner, and a role model.
• Conflict and controversy can be tools for student learning.
• Ultimately, everyone is responsible for his/her own learning.

**Student Affairs Leadership Staff**

**William Watkins**  
Vice President for Student Affairs and Dean of Students

**Mary Ann Cummins Prager**  
Associate Vice President of Student Access and Support

**Debra Hammond**  
Interim Assistant Vice President for Student Affairs

**Mark Stevens**  
Director, University Counseling Services

**Ann Morey**  
Director, The Career Center

**Associated Students**  
Board of Directors

**University Student Union**  
Board of Directors

**Linda Reid Chassiakos**  
Director, Student Health Center

**Jodi Johnson**  
Director, Disability Resources and Educational Services

**David Crandall**  
General Manager, Associated Students, Inc.

**Debra Hammond**  
Executive Director, University Student Union

**Paul Schantz**  
Director, Student Affairs Information Technology

**Cecille Avila Robison**  
Student Affairs Finance and Personnel Services
Lili Vidal
Director, Financial Aid

Tim Trevan
Director, Residential Life & Conference Services

Jerry De Felice
Director, Student Affairs Development

Rosyln "Roz" Rosen
Director, National Center on Deafness

Tom Piernik
Director, Student Development & International Programs

Dwayne Cantrell
Director, Student Outreach and Recruitment Services

Sam Lingrosso
Coordinator of Judicial Affairs
Campus Resources

The following is a list of campus resources for students. There may be times during our work with students that we may wish to refer them to another department on campus for assistance or services.

**Academic Support Services for Student Athletes**
Bayramian Hall, Room 220
(818) 677-4781
Addresses the academic and athletic needs of student-athletes through academic advisement, tutoring, mentoring, and other academic support services.

**Associated Students, Incorporated (A.S.)**
University Student Union 100
[www.csunas.org](http://www.csunas.org)
(818) 677-2477
Associated Students is the official seat of student governance for the campus. The Student Government division represents the student body, advocates for their needs, and defends their interests in dealings with faculty, campus administrators, and government officials.

A.S. Recreation Sports offers recreational opportunities for the student body, faculty, and staff, including The Fitness Centre, Sports Clubs, Intramural Sports, and Open Gym.
A.S. Children’s Center offers childcare for children of CSUN students both on campus and in a network of licensed family child care homes near the CSUN campus.
A.S. Ticket Office offers ticketing services for nearly all on-campus arts and athletics events as well as discounted tickets to the movies, Universal Studios, Magic Mountain, MTA passes, and much more.
A.S. Recycling services offers a variety of collection and educational programs.
A.S. SPACE provides concerts, cultural events, lectures, and special events for the CSUN campus.

**The Career Center**
University Hall, Room 105
[www.csun.edu/career](http://www.csun.edu/career)
(818) 677-2878
The Career Center assists students in making career decisions, choosing an academic major, and setting career goals. The Center provides opportunities for self exploration, vocational testing, skill building, research, and networking with employers. Career Counselors offer guidance, information, and support during the career planning and job search processes, as well as workshops on a variety of topics. Services include access to part and full-time job listings, on-campus interviews, internships, and volunteer experiences. The Career Library contains resources on careers, resume writing, interviewing, preparation, labor trends, and employers.
Department of Public Safety – University Police Department
Located at the corner of Darby and Prairie Street
www.-admns.csu.edu/police
(818) 677-2111 (24-hour police dispatch)
(818) 677-7922 (Crime Prevention & Community Relations)
(818) 677-2266 (General Information/Receptionist)

The Department of Public Safety building houses the University Police Department, Crime Prevention & Community Relations Unit, Parking and Transportation Services, the Matador Patrol, LiveScan Fingerprinting Services, and the Records Division. The University Police Department provides law enforcement and security services to the University community and is open 24 hours a day/seven days a week. All reports of criminal activity, fire, injury, or hazards should be reported to the department immediately. University police officers are sworn law enforcement officers whose police authority on state university property extends throughout the state, including concurrent jurisdiction with the Los Angeles Police Department on the adjacent streets and community. All state laws, codes, and regulations, are enforced.

Matador Patrol (818) 677-5042 or (818) 677-5048
Night time personal safety escorts operate on demand; access by calling.

Rape Crisis Advocate (Christina Villalobos): (818) 677-7922

Rape Aggression Defense (R.A.D.) (818) 677-7922
A course of realistic self-defense tactics and techniques for women. The R.A.D. system is a comprehensive, women-only course that begins with awareness, prevention, risk reduction, and risk awareness, while progressing on to the basics of hand-on defense training.

Disability Resources & Education Services (DRES)
Bayramian Hall, Room 110
www.csun.edu/cod
(818) 677-2684

The Disability Resources & Education Services are dedicated to supporting the academic, personal, and career success of students with disabilities. Their program staff consist of professionals and specialists who work collaboratively with students who have learning, mental health, visual, mobility, and chronic health disabilities. The Disability Resources & Education Services provides a variety of support services to empower students, foster independence, promote achievement of a realistic career, and educational goals, and assist students in discovering, developing, and demonstrating their full potential. Some of the accommodations and services provided include: early registration appointments, note taking, adjustable tables/chairs in classrooms, books in electronic formats, peer mentoring, extra time on exams, and career exploration and placement.

Financial Aid and Scholarship Department
Bayramian Hall, 1st Floor Lobby, Rooms 103 and 140
www.csun.edu/finaid
The primary purpose of the Financial Aid and Scholarship Department is to provide funds to students in a timely fashion allowing them to focus on their educational goals. The department administers grants, scholarships, work-study, and loans funded by Federal, State, University, and private sources. Additionally, the department provides individual and group counseling on financial aid, scholarships, employment opportunities, budgeting, and student loans.

**Klotz Student Health Center**
Addie L. Klotz Building,
South of the USU & East of the Bookstore
www.csun.edu/studenthealthcenter
(818) 677-3666

The Student Health Center is designed to help students stay healthy and provide support for achieving academic goals. Physicians, nurse practitioners, health educators, and other specialists including a chiropractor, dermatologist, ENT, gynecologist, orthopedist, podiatrist, sports medicine, and urologist are dedicated to the highest quality care for the diverse CSUN community. Other services include laboratory and x-ray; pharmacy; wellness care; reproductive and sexual health; smoking cessation; travel clinic; optometry; physical therapy; and nutrition counseling. Services are no cost/low cost to currently enrolled students.

Common Referrals:  
Ellen Bauersfeld (x6638): Nutritionist  
Janis Martin (x3685): Health and Wellness Coach (smoking cessation, alcohol and substance abuse)  
Living Well Lounge (x2622): Massage, peer nutrition counseling

**Learning Resources Center (LRC)**
Bayramian Hall, Room 408
www.csun.edu/lrc
(818) 677-2967

The Learning Resource Center enables students to improve their academic performance through a variety of learning programs. Learning programs and resources include: workshops, one on one and group tutoring, supplemental instruction classes, interactive subject area computer programs and videos, writing lab, and virtual writing center.

**National Center on Deafness**
Chisholm Hall
www.csun.edu/ncod
TTY/V (818) 677-2054

CSUN is committed to ensuring that deaf and hard of hearing students benefit from quality education and equal access to all possible educational experiences through the dedication and efforts of the National Center on Deafness (NCOD). As a national leader in providing a quality education to deaf and hard of hearing students, NCOD services include accommodating the deaf
and hard of hearing students integrating into regular University classes and programs. Such provisions involve an extensive range of personal and academic services including interpreting, note taking, real time captioning, tutoring, academic advisement and personal counseling, career development and job placement services with barrier-free communication access. CSUN is the largest mainstream institution of higher learning for the Deaf and Hard of Hearing entering students.

**Office of Veterans Affairs**
Bayramian Hall 150
Veterans Coordinator: Eloisa C. Smith
veteransmail@csun.edu
Phone: (818) 677-5928
Fax: (818) 677-6248

Our primary mission is to help veterans, reservists and dependents of disabled or deceased veterans to receive educational benefits.

**Veteran Services:**
California Department of Veteran Affairs - California’s website designed for California Veterans. There is much information on this site relating to benefits, programs and pending legislation.

U.S. Department of Veteran Affairs - Ascertain eligibility under the various assistance programs. Also, veterans may verify enrollment every month online using WAVE, or by telephone you may call (877) 823-2378.

Veterans News and Information Service - Non-profit service for military veterans.
California Association of County Veterans Service Officers, Inc. - College Fee Waiver, Veterans License Plates, VA News, and much more.

**Student Development and International Programs**
University Student Union on Lindley Southwest Building 113
www.csun.edu/~sdip
(818) 677-2393 (Student Development)
(818) 677-3053 (International Programs)

The SD&IP Office coordinates a number of University-wide programs including University Orientation and the Honors Convocation and Commencement Programs. Staff promotes student participation in over 200 clubs and leadership development and group activity programming, featuring DIG LA (Discover, Inquire, and Grow in Los Angeles) as well as the student documentation for the Student Development Transcript Program is open to all students. This office is also responsible for the recruitment of and service provision for the International Student Community providing for a mentoring program and the S.P.I.C.E. program (Student Panels for an International Curriculum and Education). The National Student Exchange and participation in the International Programs conducted through the Chancellor’s Office is also coordinated through SD&IP.
Student Housing and Conference Services  
17950 Lassen St.  
Rosecrown Hall, Building 14  
www.housing@csun.edu  
(818) 677-2160

Our residential community is specifically designed to assist students as they explore the many questions and face the myriad issues that encompass one's college education. Whether it's attending some of the hundreds of programs and events sponsored in the residence halls or becoming more actively involved in one of many leadership opportunities, residents have many avenues to interact with a wide variety of people and ideas which will both support and challenge their social and academic development. Plus, the community is designed, developed, and administered with active input and collaboration with students. Our community is a place that is not only systematically geared to be responsive to student needs but also where students are actively involved in self-governance.

Student Outreach and Recruitment Services (SOARS)  
Bayramian Hall, Room 190  
www.csun.edu/outreach  
(818) 677-2967

SOARS provides a service that attracts and recruits qualified new students to CSUN. It is committed to educational opportunity and access by providing potential students, their families, and members of the community with informational/motivational outreach, pre-college enrichment programs, recruitment, admissions, and pre-enrollment services. The department offer campus tours throughout the year guided by their University Ambassadors. They serve as the clearinghouse for University information and inquiries stemming from prospective students. SOARS also serves as the location for the University’s Transfer Service Center. They also collaborate on local and statewide parent college awareness initiatives. In addition, there are many volunteer and internship opportunities for CSUN students housed in this department.

Testing Center  
Bayramian Hall, Room 225  
www.csun.edu/testing  
(818) 677-2369

The CSUN Testing Center meets the testing needs of the students, faculty, and members of the community. These needs include placement in classes, proving skill competency, and providing graduate and undergraduate admission qualification certification. They also provide information and registration materials, and serve as a testing site for several national, statewide, and institutional testing programs.

The Testing Center staff members are available to provide information regarding the university's testing requirements and assist with:

- registration and administration of CSU-mandated academic tests
- provision of registration materials for a variety of tests
- information on standardized-test programs
• notification of testing dates
• interpretation of university testing policies
• arrangement for special-needs testing
• verification of student EPT, ELM, MPT, CPT and UDWPE scores
• referral to resources for test preparation

Testing Center staff members, including room supervisors and proctors who administer the Saturday testing programs, are committed to providing an environment where all examinees have the opportunity to succeed and to perform to the best of their ability regardless of age, ethnicity, culture, academic experience, economic circumstances, or disability.

**University Student Union, Inc.**
California State University, Northridge
[www.usu.csun.edu](http://www.usu.csun.edu)
(818) 677-2251

A non-profit, student fee-based corporation, the University Student Union, Inc., is the largest in the California State University system. The USU and SSU provide a relaxed and diverse atmosphere designed to add to the total University experience through multicultural programs and high quality services. The USU also offers students a variety of part time employment and volunteer opportunities designed to develop leadership skills. The USU is governed by the Board of Directors (BOD), a diverse representation of the University community. Through various committees, the BOD facilitates programs, adopts policies, maintains facilities, and oversees financial matters for the USU and the SSU. The Board strives to act in the best interest of the students, and operate within the policies set forth by the Trustees of the California State University and CSUN. Students may run for positions on the Board annually.
Introduction to the Pre-Doctoral Internship

Pre-Doctoral Internship in Psychology

University Counseling Services (UCS) has been providing training for graduate students in psychology since the Fall of 1968. The training program became CAPIC (California Psychology Internship Council)-Approved in 2000 to provide a half-time pre-doctoral internship (24 hours per week) for graduate students in counseling and clinical psychology from doctoral granting institutions. In 2009, the training program received CAPIC-Approval to provide a full-time (40 hours per week) pre-doctoral internship. Shortly thereafter, the program gained APPIC (Association of Psychology Postdoctoral and Internship Centers) membership (beginning with the 2009-2010 pre-doctoral intern class) and has participated in the APPIC Match for the last two years. The training program recently submitted the initial self-study to APA (American Psychological Association) and has been approved for a site visit in the Fall 2011 cycle.

University Counseling Services

University Counseling Services (UCS) serves as the community mental health center for the approximately 36,000 students at California State University, Northridge (CSUN). The staff at UCS is multidisciplinary with psychologists, counselors, a social worker, psychiatrist, psychiatric residents, pre-doctoral psychology interns, graduate assistants, and administrative support staff working in a team setting. Services offered at UCS include intake/clinical assessment, individual therapy, conjoint therapy, group therapy and workshops, psychiatric consultation, urgent care assistance, outreach, and consultation.

UCS is an active participant in implementing CSUN’s overall philosophy of being a learning-centered university. As such, our mission is to support student learning, development, and success, through the delivery of high quality psychological services, academic counseling, psychiatric services, outreach and consultation, and training. We strive to help our diverse population of students learn skills to improve their overall mental health, academic performance, and quality of life. We accomplish our mission by practicing our knowledge of the science of human behavior as we make bio-psycho-social interventions, teach, mentor, and consult with our students, faculty, staff, and other contributors to student success. We further accomplish our mission by evaluating the effectiveness of our services as it relates to student success.

UCS provides services to a diverse and complex population of students, both residential and commuter. Students seeking our services present with a wide range of presenting concerns ranging from normative developmental issues (e.g., transitional struggles, individuation, relationships, identity development and cultural adjustment) to more serious or longstanding issues (e.g., depression, anxiety, eating disorders, trauma, family history issues). UCS is the primary campus resource for short-term individual therapy as well as group therapy for enrolled students. UCS is also an important campus resource providing quality psycho-educational outreach/prevention.
programming and consultation to students, faculty, and staff. UCS staff provide presentations and workshops to various classes, departments, and groups.

UCS provides quality training through a variety of programs for pre-doctoral psychology interns, psychiatric residents, graduate assistants, and paraprofessionals. These include the Pre-Doctoral Internship in Psychology for pre-doctoral psychology interns, the Psychiatry Residency Program (which provides a fourth-year rotation for psychiatric residents in the UCLA/San Fernando Valley residency program), and various student peer education programs. In the Pre-Doctoral Internship in Psychology, pre-doctoral psychology interns function as professionals in training and provide the same types of clinical, outreach, and consultative services offered by our clinical staff at UCS.

**Training Model and Goals, Objectives, & Competencies**

The pre-doctoral internship year is viewed as an opportunity for professional growth and integration. The primary goal of the internship at UCS is to provide an optimum learning environment that allows interns to develop the clinical and ethical competence, multicultural competence, and professionalism, necessary to transition from graduate psychology students into entry-level psychologists. Our internship subscribes to a Developmental-Practitioner Model in which intern learning is viewed as a developmental process that occurs through the practice of professional psychology activities. Vital to this learning process are clinical staff members who promote intern learning through observational and experiential learning opportunities, supervision and training, serving as role models and mentors, and offering challenge, feedback, and support.

We recognize that interns enter our training program with a foundation of clinical knowledge and skills from their academic programs and practica experiences, and progress developmentally over the course of the training year. The training program provides interns with an opportunity to build on existing knowledge and strengths, develop and implement new clinical competencies, and utilize and integrate these skills in varied and creative ways. Experiential learning (and the practice of professional psychology activities) is informed by the theory and science of psychology, which is integrated into supervision and didactic training seminars.

At UCS, interns collaborate within a multidisciplinary setting which provides them with rich opportunities for professional socialization. Interns are able to observe, interact with, and learn from our clinical staff from a variety of disciplines, theoretical orientations, professional interests and specializations, and backgrounds. Interns have the opportunity to develop the skills to work effectively within a team and to collaborate with their peers and other professionals as a means to optimize client care. Furthermore, training in a university environment affords interns a unique opportunity to learn and work within a broader community.

The training year provides interns with ample opportunities to develop clinical competence, multicultural competence, and professionalism, working with the diverse student population at California State University, Northridge, and alongside our multidisciplinary clinical staff. Supervision provides critical didactic and experiential opportunities for interns to learn and refine skills, become more confident in their role, ensure competency in the delivery of services, and consolidate a stronger sense of professional identity. The evaluation process plays an essential role.
in facilitating the professional and personal growth of interns and assessing their competencies in the goals and objectives identified by our training program.

The Pre-Doctoral Internship in Psychology at UCS expects interns to develop competencies by the end of the internship year as outlined in the following goals and objectives:

**Goal #1**: Interns will develop knowledge and the ability to apply psychological knowledge and skills in preparation for entry-level psychologist positions

**Objective A**: Interns will develop and demonstrate competence in clinical assessment

  **Competency 1**: Interns will develop and demonstrate competence in intake/clinical assessment, diagnostic, and case conceptualization skills

**Objective B**: Interns will develop and demonstrate competence in individual intervention skills

  **Competency 2**: Interns will develop and demonstrate competence in individual therapy (with an emphasis on short-term therapy)

  **Competency 3**: Interns will develop and demonstrate competence in the provision of crisis intervention and management

**Objective C**: Interns will develop and demonstrate competence in the provision of group therapy

  **Competency 4**: Interns will develop and demonstrate competence in the provision of therapy/process groups and structured/psycho-educational groups

**Objective D**: Interns will develop and demonstrate knowledge of providing outreach, consultation, and supervision

  **Competency 5**: Interns will demonstrate the ability to engage in effective consultation

  **Competency 6**: Interns will demonstrate the ability to develop and facilitate psycho-educational programs and/or presentations

  **Competency 7**: Interns will obtain knowledge of theories and methods of supervision

**Goal #2**: Interns will develop professionalism, including knowledge, skills, behavior, and relationships, in preparation for entry-level psychologist positions

**Objective E**: Interns will demonstrate knowledge and practice of ethical and legal guidelines

  **Competency 8**: Interns will develop and demonstrate ethical decision making and knowledge of and adherence to the laws and regulations in California

**Objective F**: Interns will develop and demonstrate multicultural competence
Competency 9: Interns will develop and demonstrate multicultural competence in psychological knowledge and skills, across all clinical competency areas, and within interpersonal interactions

Objective G: Interns will demonstrate the ability to integrate scholarly inquiry into professional practice

Competency 10: Interns will demonstrate the ability to integrate theory and science of psychology into their professional work and practice

Objective H: Interns will demonstrate appropriate and effective professional interpersonal relationships

Competency 11: Interns will develop and maintain effective professional relationships and collaborations with clients, colleagues, and members of the campus community

Objective I: Interns will demonstrate personal and professional self-awareness and reflection

Competency 12: Interns will demonstrate the ability to engage in self-awareness and self-reflection that leads to accurate self-assessment

Objective J: Interns will engage in supervision and training experiences in a meaningful way

Competency 13: Interns will demonstrate an openness to learning and feedback in training and supervision activities

Objective K: Interns will demonstrate integrity and accountability for professional activities

Competency 14: Interns will fulfill professional expectations and responsibilities with honesty, personal responsibility, and adherence to professional values

Facilities, Equipment, and Administrative Support

The training program operates within the University Counseling Services (UCS) at California State University, Northridge (CSUN). All of UCS staff and faculty are housed in one location on the CSUN campus on the 5th floor of Bayramian Hall (Suite 520). UCS has individual offices for all clinical staff and shared office space for psychiatric residents. The Director has his own suite (Suite 510), which is internally connected to UCS. UCS has a spacious reception area for clients, two group rooms, a Conference/Training room, and a Relaxation Room that are utilized for meetings, training activities, group therapy, and workshops. A large screen television is located in our Conference/Training room that is utilized for viewing digital recordings in weekly Video Group/Group Supervision and for PowerPoint and related videos/DVD’s for Professional Seminars and Training Modules. UCS has a Peer Education room that provides workspace for the three Peer Education Programs offered through the Center and a professional Resources Library located in the Relaxation room. There are several storage/supply rooms that house Xerox and fax machines, mailboxes, supplies, and outreach/consultation materials.
All interns have private offices located together within a mutual hallway, which allows for easy interaction among the cohort. Intern offices are well-furnished with a desk, chairs, side table, bookshelf, and white-noise machine. Interns are able to personally decorate their offices to reflect a professional atmosphere. Each intern office is equipped with a phone and voicemail, audio-tape equipment, a Webcam for digital recording system (Logitech), a computer, and a printer. Interns have access to the electronic scheduling and record-keeping program used by UCS (Point and Click), the university network system, the Internet, and electronic mail privileges. Interns have signs with their names on their individual office doors and business cards. Interns have mailboxes located in the same location as staff/faculty mailboxes and have access to various office machines (e.g., photocopier, fax, shredder, etc.) as well as office supplies.

We have an “open door” policy at UCS. The layout of UCS helps facilitate this as all of our offices are located on the same floor. Interns are able to observe and interact with clinical staff for consultation, as needed, and in a more informal manner on a daily basis. Clinical staff members provide role modeling and support that aids interns in the development and integration of their professional and personal selves as they learn to balance multiple professional roles and demands.

UCS has two support staff positions and one administrative assistant/Assistant to the Director. All of our administrative staff work with and support the interns. Administrative staff participate in training interns during August Orientation on agency policies and procedures; phone and voicemail; scheduling system; and digital recording system. Throughout the internship year, administrative staff assist and support interns by scheduling intakes, providing client charts, and various other tasks and responsibilities. Technical/computer assistance is provided by CSUN Information Technology.
CSUN: 2011 – 2012 Academic Calendar

Fall 2011 Semester
August 24, 2011    Wednesday    Fall 2011 Officially Begins, Department Mtgs
August 25 – 26    Thursday - Friday Department Meetings / Registration Continues
August 27        Saturday        Saturday Classes begin
August 29        Monday          Weekday Classes begin
September 3 - 5  Saturday - Monday Labor Day Holiday; Campus Closed
November 11      Friday          Veterans’ Day Holiday; Campus Closed
November 24 - 25 Thursday - Friday Thanksgiving Recess; Campus Closed
November 26      Saturday        No Instruction
December 9       Friday          Last day of formal instruction
December 12 - 17 Monday – Saturday Final & Common Final examinations
December 19 - 21 Monday – Wednesday Department meetings and conferences
December 22      Thursday        Evaluation Day
December 23      Friday          Instructors’ grades due
December 23      Friday          Last day of the Fall 2011 semester
December 26 – January 2, 2012 Monday – Monday Campus Closed
January 2, 2012

Spring 2012 Semester
January 16, 2012 Monday        Martin Luther King, Jr. Day; Campus Closed
January 19 - 20  Thursday - Friday Spring 2012 Officially Begins, Department Mtgs
January 21       Saturday        Saturday Classes begin
January 23       Monday          Weekday Classes begin
March 30         Friday          Cesar Chavez Holiday Observed; Campus Closed
April 2 - 7      Monday - Saturday Spring Recess; no instruction
May 11          Friday          Last day of formal instruction
May 14 - 19     Monday - Saturday Final & Common Final examinations
May 21          Monday          Honors Convocation
May 22 - 24     Tuesday – Thursday Commencements
May 25          Friday          Instructors’ grades due
May 25          Friday          Last day of 2011-2012 academic year
May 28          Monday          Memorial Day Holiday; Campus Closed

University Holiday Schedule
Labor Day - Monday, September 5, 2011 August 27
Veterans' Day Observed - Friday, November 11, 2011
Thanksgiving Day - Thursday, November 24, 2011
Admission Day Observed - Friday, November 25, 2011
Christmas Day Observed - Monday, December 26, 2011
Lincoln's Birthday Observed - Tuesday, December 27, 2011
Washington's Birthday Observed - Wednesday, December 28, 2011
Columbus Day Observed - Thursday, December 29, 2011
* Friday, December 30, 2011
New Year’s Day Observed- Monday, January 2, 2012
Martin Luther King, Jr. Day - Monday, January 16, 2012
Cesar Chavez Day Observed- Friday, March 30, 2012
Memorial Day - Monday, May 28, 2012

- *No Holiday available to cover closure on Friday, December 30, 2011.
- Calendar is subject to change based on policy or state regulations.
Orientation

Beginning an internship can be a stressful event for interns with transitions to a new environment and new roles. The UCS Orientation has a number of distinctive features that address and help facilitate this transition. The Orientation is a structured four week program that begins when interns arrive at UCS at the beginning of August. Orientation is intended to provide interns with an extensive introduction to UCS and the University. Interns meet staff and faculty, acclimate to a new environment, and begin to develop relationships with the intern cohort and the staff. Interns are provided with a copy of the Pre-Doctoral Internship Training Manual to help acquaint them with their roles and responsibilities during internship. The Training Manual includes a copy of the California Board of Psychology-required pamphlet, *Professional Therapy Never Includes Sex*, as well as a copy of the APA Ethics Code, and references to numerous other Board of Psychology- and APA- documents. Throughout Orientation there is significant time dedicated to discussing issues related to the interns’ transition into the internship, stressors they may anticipate, and attention to self-care. Orientation provides an opportunity for the interns to interact, socialize, and begin to develop meaningful relationships with one another, and UCS staff, which often serve as important sources of support throughout the training year.

Orientation includes a variety of team building exercises, meetings, trainings, tours, seminars, experiential multicultural seminars, and social events. Meetings, trainings, and tours provide interns with information about general policies and procedures, campus resources, relevant documents and forms, and UCS technology. Orientation activities also familiarize interns with some of the realities of working in a University counseling center and within a large and complex educational institution and campus community. The seminars included in Orientation serve as an introduction to the goals and objectives of our training program. Social events during Orientation include a mini-welcome breakfast on the first day of internship, a welcoming event and lunch with the entire staff, lunch at an on-campus eatery, and lunch off-campus with the Coordinator of Training.

During Orientation, interns also participate in a supervision matching process, complete an initial Self-Assessment, and set goals for the training year. The Self-Assessment is reviewed with the Coordinator of Training and used in conjunction with the interns’ supervisors to identify initial intern training goals and modify them as the training year progresses. The Orientation is followed throughout the training year by a developmental progression of didactic and clinical activities with increased challenge and complexity throughout the internship year.

Sample meetings, trainings, tours, and Professional Seminars during Orientation include:

- **Tours of CSUN campus, Klotz Student Health Center, Career Center, & Disability Resources & Education Services**
- **Professional Seminars:**
  - Developmental Transitions & Stressors; Professionalism; Self-Care
  - Law & Ethics in a Campus Counseling Center
  - Intake/Clinical Assessment; Risk Assessment & Management
  - Short-Term Therapy; Cognitive Behavioral Treatment; Group Therapy
  - Experiential Multicultural Training
  - Outreach & Consultation
  - ExCEL (Academic Counseling)
Responsibilities & Requirements of the Internship

General Responsibilities of the Pre-Doctoral Internship in Psychology

The overall goals of the internship are to assist interns in developing a variety of clinical competencies, multicultural competency, and development of a professional identity. The training program is committed to promoting a supportive and challenging learning environment in which interns can thrive and prosper in building on existing knowledge, solidifying strengths, taking risks, and developing and implementing new clinical competencies. The training program also strives to provide a learning environment that allows interns to meaningfully explore personal issues (e.g., knowledge, values, self-awareness, etc.) which relate to his/her clinical functioning and professional development. The training program will:

1. provide interns with necessary policies and procedures as well as professional standards and administrative requirements to ensure interns’ understanding of expectations;
2. provide interns with an appropriate environment to learn and practice, including offices and training settings; equipment, supplies, and technology; and administrative, technical, and collegial support;
3. provide training and supervision by clinical staff who are accessible; serve as role models and mentors; and who behave in accordance with the APA ethical guidelines and regulations/laws from the State of California Board of Psychology;
4. treat interns with courtesy, professional respect, and with the recognition of the training and experience interns brings with them;
5. provide interns with reasonably sufficient and measured opportunities for learning in supervised practice and related seminars, to enable them to develop and refine their clinical competencies appropriate to their level of training and advancing over the course of the training year;
6. delineate the general criteria and procedures by which the performance of interns are to be evaluated, and the means by which an evaluation can be appealed;
7. provide formal written evaluations of the interns’ progress at set intervals throughout the training year to facilitate their professional development;
8. provide interns with the right to due process, if informal resolution has failed;
9. communicate with the intern’s academic program to verify satisfactory performance or coordinate recommendations, as needed, for improvement or remediation in areas of concern;
10. solicit formal feedback from interns regarding all major aspects of training, both at the midpoint of the training year and at its conclusion, in order to implement corrective adjustments where indicated in the areas of supervision, seminars, or provision of direct services; and
11. provide a certificate for interns who successfully complete the internship.
Expected Levels of Performance & Exit Standards

The Pre-Doctoral Internship in Psychology makes every effort to provide the highest quality training experience for interns. The training program has general expectations of all interns regarding their performance, professional character and demeanor, and behavior. These expectations are deemed as necessary components for interns transitioning from graduate student to professional status, and correlate to the training program’s identified goals and objectives.

The training program has identified expected levels of performance necessary to successfully complete the internship:

- At mid-year, if an intern obtains a mean rating of less than 3.0 on any section of the Intern Evaluation forms, evaluation forms will be completed by supervisors on a monthly basis. The ratings from both Primary and Secondary Supervisors are used to determine whether the intern has met the identified minimum threshold for achievement. Specifically, interns must obtain a mean rating of 3.0 from both Primary and Secondary Supervisors on all sections/competencies of the Intern Evaluation form.

- At year-end, in order for an intern to successfully complete the internship program, the intern must obtain a mean rating of greater than or equal to 3.0 on every section of the Intern Evaluation forms (by both Primary and Secondary Supervisors) with no ratings of (1) (with ratings of 1 indicating that skills/competencies are assessed as significantly below average for an intern developmental level).

In addition, there are other expectations and requirements necessary to successfully complete the internship, which are noted below. If the requirements outlined in this section of the training manual (Responsibilities and Requirements of the Internship) are not accomplished, the intern completes the program without certification.

Professionalism/Ethics

Interns are expected to:

1. read, understand, clarify (as necessary), and implement, the Pre-Doctoral Internship Training Manual; the Policies, Procedures, and Guidelines of UCS; and General Responsibilities of Interns;

2. read, understand, clarify (as necessary), and abide by the Intern Service Responsibilities and Requirements;

3. read, understand, clarify (as necessary), sign, and abide by the Pre-Doctoral Internship Training Contract;

4. be cognizant and abide by the APA Ethical Principles of Psychologists and Code of Conduct, APA Standards for Providers or Psychological Services, and any APA specialty guidelines or other relevant professional documents or standards which address psychologists’ ethical, personal and/or legal responsibilities

5. be cognizant and abide by the laws and regulations governing the practice of psychology as included in appropriate legal documents such as the California State Board of Licensure for
Psychologists (e.g., mandates in reporting child, elderly, and dependent adult abuse and neglect);

6. conduct oneself in a professionally appropriate manner that is congruent with the standards and expectations of UCS and the CSUN community, to integrate these standards as a professional clinician into one’s repertoire of behaviors, and to be aware of the impact of one’s behaviors upon colleagues;

7. actively participate in supervision, training, service delivery, administrative meetings, and other activities of UCS through such behaviors as arriving on time, being prepared, completing paperwork in a timely fashion, and taking full advantage of learning opportunities;

8. take responsibility for and maintain an openness to learning including the ability to accept and use constructive feedback effectively from supervisors, professional staff, and other agency personnel;

9. develop an awareness of one’s identities and personal dynamics;

10. demonstrate a commitment to the development of multicultural competency;

11. establish and sustain collegial relationships, including recognizing one’s impact on others and providing professionally appropriate feedback to peers and training staff;

12. keep their supervisors fully informed in a timely manner of all significant and current clinical activities and consistently work within the directives of their supervisors;

13. manage personal stress, which includes tending to personal needs and seeking personal and/or professional help, if necessary; and

14. conduct oneself in a professionally appropriate manner if due process is initiated.

It is recognized by the training program that mere knowledge of or exposure to the above expectations are not always sufficient. Interns need to also demonstrate the ability to incorporate appropriate principles and values into their own repertoire of professional and personal behavior. Interns should seek appropriate supervision and consultation, when needed, and endeavor to attain the highest professional quality throughout their work.

**Clinical Competency**

Interns are expected to make adequate progress in areas deemed important by the training program. In preparation for entry-level psychologist positions, interns are expected to demonstrate appropriate levels of competency by the conclusion of the training year in the following:

1. clinical assessment and diagnosis, crisis intervention and management, and case management, as required with intakes, ongoing clients, and other emergency situations;

2. conceptualize cases according to a stated theoretical model and integrate culturally-relevant information into case conceptualization and treatment planning;

3. individual psychotherapy (with an emphasis on short-term therapy), including quantity, diversity, and complexity of their caseloads;
4. group therapy;
5. outreach and consultation; and
6. multicultural competency.

**Personal and Interpersonal Functioning**

The training program recognizes that an intern’s personal functioning impacts the effectiveness of his/her professional functioning. Professional functioning includes an intern’s effectiveness in interpersonal working relationships with peers, supervisors, and staff, as well as his/her general proficiency as a professional psychologist-in-training, the latter of which is exemplified in the utilization of training and the delivery of services in UCS.

Cognitive, emotional, and/or situational complications may interfere with the quality of an intern’s performance and/or behavior. Such problems include but are not limited to a) educational deficits or learning difficulties; b) characterological issues; c) dysfunctional management of affect and stress; d) inadequate or distorted levels of understanding of self or others; e) disregard of training and service responsibilities; f) conflictual, insensitive, or disrespectful patterns of interaction with clients, peers, or staff; and g) inappropriate use of or response to supervision.

When one’s personal and interpersonal functioning appears to compromise clinical efficacy and potential for growth, the training concerns will be formally conveyed to the intern in writing by the Coordinator of Training, following consultation with the intern’s supervisors. The Coordinator of Training and the intern’s supervisors will attempt to formulate with the intern strategies and procedures to remediate the concerns. If such efforts do not result in an improved and acceptable level of performance within a set, reasonable period of time, more formal procedures and/or consequences, up to and including termination from the training program, may result following due process.

**Intern Service Responsibilities and Requirements**

**Time, Scheduling, and Required Hours**

2. Interns must accumulate 2000 total internship hours and are responsible to complete the Weekly Summary of Internship Hours on a weekly basis. Interns must submit the completed monthly summary to the Coordinator of Training for review and signature at the end of each month to document hours on-site at the internship.
3. Interns must accumulate a minimum of 25% of their total internship hours in direct service delivery. Based on a 2000 hour internship, interns need to accumulate a minimum of 500 hours of direct service delivery throughout the internship. Direct service hours include intake/clinical assessment, and individual, conjoint, and group therapy.
4. Interns must be on site a minimum of 40 hours per week, Monday through Friday, 8:00 a.m. to 5:00 p.m. A “normal” 8-hour (12:00 – 1:00 p.m.) work day is from 8:00 a.m. – 5:00 p.m. with an hour for lunch.

5. Attendance is required by interns at all meetings, supervisions, and training activities unless absence is due to illness, emergency, or pre-arranged with the Coordinator of Training.

6. Interns must attend all training and supervision activities including Professional Seminars, Training Modules, Video Group, Intake/Case Disposition Meetings, and Staff Meetings, as well as supervision with Primary Supervisors, Secondary Supervisors, Supervisors of Groups, and Supervisors of Consultation and Outreach.

7. Interns must be on-site at UCS during their designated working hours. If an intern is to be out of the building (not including lunch), it is the intern’s responsibility to notify the support staff of his/her destination and anticipated time of return.

8. Interns are responsible to maintain their schedules in the computer scheduling program (Point and Click). This is expected to be updated and kept current.

Clinical and Consultation Services

1. Interns are expected to schedule three intakes per week. If an intern needs to miss an intake time, s/he is expected to give the support staff another time that week to schedule an intake. Interns may be expected to provide additional intakes at the beginning of the Fall and Spring semesters (while they are building their caseloads), during peak times of the Fall and Spring semesters, during the Summer, and/or at the discretion of their supervisors or the Coordinator of Training.

2. Interns are expected to have approximately 13 -15 individual or conjoint client contact hours per week but tend to carry more than 20 active clients at a given time due to some of these clients being seen on a biweekly basis.

3. Interns are expected to follow UCS guidelines for short-term therapy (maximum of 8 sessions for the academic year); extensions of session limits must be approved by the intern's supervisor.

4. Interns are expected to work with two clients on an extended basis (more than 8 sessions). These clients will be chosen for open-ended therapy through consultation with the intern's supervisors.

5. Interns are expected to co-facilitate a minimum of one process/therapy group and one structured group each semester.

6. Interns will not schedule client appointments during the 4:00 p.m. hour, except under extraordinary circumstances and must be approved by the intern’s supervisors and/or the Coordinator of Training. Interns may, however, participate in the co-facilitation of a group that is scheduled through the 4:00 p.m. hour if the group is co-facilitated with a staff member.

7. Interns are expected to seek immediate supervision in high risk cases which include, but are not limited to cases that involve: suicidal or homicidal risk; grave disability; child, elderly,
or dependent adult abuse; breaches of confidentiality; or any other serious, ethical/legal issues.

8. Interns are expected to leave an out-of-office/vacation message on their voicemail and e-mail when they have a planned absence. They are also expected to notify all affected staff and clients of their upcoming absence.

9. During the termination process, interns must inform their clients that they will be leaving UCS and must make arrangements for continuing care (when needed) which could include referral or transfer within the agency. The client should be instructed to contact our administrative support staff if additional assistance is needed at any point in the future.

10. Interns are expected to contribute to the outreach and consultation services that are requested of UCS. Interns are required to provide a minimum of eight outreach programs (defined as presentations to a group; does not include tabling at events) over the course of the training year, two of which they must develop originally and implement. Interns are required to provide a copy of their outreach presentations to the UCS outreach database for potential future use. Please note that, like all our staff, interns have intermittent evening and weekend outreach duties.

11. Interns are provided with seven hours per week of prep time/documentation/scholarly activities. Interns are expected to keep timely documentation of the clinical services they provide in our electronic record keeping system (Point and Click):

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake Write-Up</td>
<td>Before intake meeting on Wednesdays</td>
</tr>
<tr>
<td>Progress Notes</td>
<td>End of working day</td>
</tr>
<tr>
<td>Case Management Notes</td>
<td>End of working day</td>
</tr>
<tr>
<td>Triage/Emergency Notes</td>
<td>As soon as possible; no later than end of working day</td>
</tr>
<tr>
<td>Group Notes</td>
<td>Before next group</td>
</tr>
<tr>
<td>Termination Summary</td>
<td>End of semester in which treatment was terminated</td>
</tr>
</tbody>
</table>

Please note that the intern’s supervisor must co-sign all intake write-up’s, case notes, termination summaries, letters authored by an intern, and any other professional documents.

12. Interns are expected to be prepared for the various meetings, trainings, and supervisions they attend. This includes, but is not limited to: being prepared to discuss clients and the disposition of cases in the weekly Intake/Case Disposition meeting; providing audio- and/or digital recordings to their supervisors in a timely manner; providing a case report and digital recording of their clinical work for Video Group/Group Supervision; and completion of required readings prior to Professional Seminars and/or Training Modules.

13. Interns are expected to attend and participate in all Continuing Education programs offered at UCS throughout the training year.

14. When giving clients a referral off-campus, the intern is expected to provide the client with at least three referral sources and document such referrals in the student’s electronic chart.

15. Interns are required to provide work samples to the Coordinator of Training by the end of the internship year. The Coordinator of Training requests that interns provide copies of a Video Group Presentation, Formal Case Presentation, and Professional Seminar.
Duration, Stipend, and Benefits


2. The internship appointment is a 12-month position with a stipend of $21,500 for the 2011-2012 training year. Interns are eligible for Medical, Dental, and Vision benefits. For each qualifying pay period, interns accrue vacation and sick leave benefits. These leave times are earned at a rate based on their time base. Please contact the Office of Human Resources for detailed information about all health benefits. In order to meet the requirements for direct service hours, interns are expected to utilize their vacation time during the breaks in the academic schedule.

   Winter Break: CSUN campus is closed from Monday, December 26, 2011, through Monday, January 2, 2012. University Holidays cover the following days: Monday, December 26, 2011 (Christmas Day Observed); Tuesday, December 27, 2011 (Lincoln’s Birthday Observed); Wednesday, December 28, 2011 (Washington’s Birthday Observed); Thursday, December 29, 2011 (Columbus Day Observed); and Monday, January 2, 2012 (New Years’ Day Observed).

   *Employees of CSUN (including interns) are required to utilize 8 hours of vacation time for Friday, December 30, 2011, during the campus closure; no holiday available to cover closure.

   Spring Break: Monday, April 2, 2012, through Friday, April 6, 2012.

3. All interns are provided with the following University Holidays during the internship year:
   - Labor Day Holiday: Monday, September 5, 2011
   - Veterans’ Day Holiday: Friday, November 11, 2011
   - Thanksgiving Recess: Thursday & Friday, November 24-25, 2011
   - Christmas Day Observed: Monday, December 26, 2011
   - Lincoln’s Birthday Observed: Tuesday, December 27, 2011
   - Columbus Day Observed: Thursday, December 29, 2011
   - New Year’s Day Observed: Monday, January 2, 2012
   - Martin Luther King, Jr. Day: Monday, January 16, 2012
   - Cesar Chavez Day: Friday, March 30, 2012
   - Memorial Day: Monday, May 28, 2012

4. In case of absence due to illness or emergency, interns should inform the support staff and have the support staff notify the Coordinator of Training and their supervisors (may need to consult about decisions regarding scheduled clients and other scheduled obligations).

5. Interns may request up to seven days of Professional Leave Time. Professional Leave Time is intended to provide interns with time to attend professional conferences/workshops, post-doc/job interviews, defend their dissertations, attend graduation, etc. Professional Leave Time is intended to cover the amount of time interns are away from UCS engaging in professional activities. Requests for Professional Leave Time must be submitted a minimum of two weeks in advance to the Coordinator of Training who works
in conjunction with the Director in approving such requests. Please note that the cost of any conferences, workshops, or travel is the responsibility of the intern.

6. All requests to be absent from the University during expected work hours need to be submitted in writing to the Coordinator of Training a minimum of two weeks in advance. Once the request is approved, arrangements for client coverage should be discussed with your supervisors. Please note that excessive absences that interfere with your ability to fulfill the internship requirements may result in your not being able to successfully complete the internship. The determination of successful completion will be at the discretion of the Coordinator of Training, in consultation with the intern’s supervisors and the Director.

7. If you are out for an extended period of time (more than 3 days), a letter from your physician will be requested. Whenever there is a prolonged absence, a meeting with your supervisors and the Coordinator of Training will be scheduled to discuss the impact on your training, caseload, and accumulation of internship hours. Your academic program will be informed of any issues arising from a prolonged absence of any nature which may impact your capacity to complete this internship in a timely manner.

8. As CSUN employees, interns are able to purchase a parking permit and will need to do so in order to park in faculty/staff lots on campus.

9. Interns have library privileges and, therefore, are able to utilize library facilities on the CSUN campus.

10. Interns are able to purchase a membership at the Fitness Center (in the University Student Union) for the faculty fee per semester.
Sample Weekly Schedule

Although the exact time spent in each category may vary, a sample schedule and a range of time committed to each area is provided below:

**Direct Service**
- Intake/Clinical Assessment: 3 hours
- Individual & Conjoint Therapy: 13 – 15 hours
- Group Therapy: 2.5 – 3 hours
- Walk-in Emergency/Triage Session (Spring semester): 1 hour
- Outreach & Consultation (average per week): 20.5 – 23 hours

**Training (Supervision & Didactic Activities)**
- Individual Supervision
  - Primary Supervisor: 2 hours
  - Secondary Supervisor: 1 hour
- Supervision of Group Therapy: 1 hour
- Supervision of Outreach & Consultation: as needed
- Video Group/Group Supervision: 2 hours
- Professional Seminar Series: 2 hours
- Training Modules: 1 hour
  - Clinical Assessment & Diagnosis
  - Crisis Intervention & Management
  - Short-Term Therapy
  - Group Therapy
  - Outreach, Consultation, & Supervision
- Intake/Case Disposition Meeting: 1 hour
- Case Conference (monthly): 1 hour
  10 - 12 hours

**Administrative**
- Staff Meeting: 1 hour
- Documentation/Prep Time/Scholarly Activities: 7 hours
  8 hours

**Grand Total:** 40 hours
Due Process and Formal Grievance Procedures

If an intern’s professional development or behavior during the internship becomes a concern, this information will be directed to the Coordinator of Training for discussion with the intern regarding necessary action. If discussion of the concern with the intern is sufficient, and potential action(s) can be agreed upon, no further procedures are needed. If, upon discussion with the intern, it is decided that additional feedback or action is needed, a meeting of the intern, the Coordinator of Training, and the intern’s supervisors will be arranged. The Director will be apprised of such circumstances and the plan of action reviewed with him. Agreement with the intern on an action may include further training in a specific area, referral to personal therapy, or an agreement regarding a specific behavior. If the concern is of sufficient gravity, the intern’s academic program will be informed. In order to ensure fair and predictable resolution of disputed issues, the following Due Process and Formal Grievance Procedures are agreed upon between all interns and professional staff.

I. Definitions of Inadequate Performance and/or Problematic Behavior

Inadequate performance and/or problematic behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness 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 adequately manage personal stress, psychological difficulties, emotional reactions, and/or interpersonal professional relations, which interfere with personal and/or professional functioning. Criteria that link this definition of inadequate performance and/or problematic behavior are incorporated into the competency-based evaluation forms that are completed by supervisors at regular intervals during the training year.

It is a matter of supervisory judgment, with the concurrence of the Coordinator of Training, as to when difficulties in an intern's behavior reaches the threshold of inadequate rather than representing less serious but problematic issues. For purposes of this document, a problem distinct from being inadequate refers to aspects of an intern’s behaviors, attitudes, or character which, while of concern and requiring remediation, are perceived to be not unexpected or excessive for professionals in training. Inadequate performance and/or problematic behavior typically become identified when it includes one or more of the following characteristics:

1. the 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 that can be rectified by academic or didactic training;
3. the quality of services delivered by the intern is sufficiently negatively affected;
4. the quality of professional relationships of the intern is seriously and adversely affected;
5. the problem is not restricted to one or more minor areas of professional functioning;
6. a disproportionate amount of attention by training personnel is required to attempt to ameliorate the consequences;
7. the intern is unable/unwilling to carry out expected training program responsibilities; and/or
8. the intern's behavior does not change as a function of feedback, remediation efforts, or other corrective experiences over time.

II. Due Process: General Guidelines

Due Process ensures that decisions made by the training program regarding interns are not arbitrary, subjectively biased, or otherwise unfair. It requires that the training program establish evaluative procedures which are applied equally to all interns and provide clear procedures to appeal the training program’s actions. General Due Process guidelines include:

1. Presenting in writing at the outset of the training year the general rights, responsibilities, service, and performance requirements for interns as outlined in the Pre-Doctoral Internship Training Manual.
2. Implementing formal written means of evaluation at standard interim and final points in the training sequence, with provisions for intern response.
3. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance and/or behavior.
4. Delineating the procedures and guidelines involved in making decisions regarding inadequate performance and/or problematic behavior.
5. Coordinating all actions taken in response to major identified deficits through the Coordinator of Training, with review by the Director.
6. Communicating with academic programs about any major concerns of interns and coordinating with them how to address such issues.
7. Instituting, when appropriate, a plan for remediation of identified inadequacies, including a time frame for required changes and consequences of not rectifying the inadequacies.
8. Providing a written procedure to the intern which describes how the intern may appeal the program's action. Such procedures are included in the training program’s training manual, are made available to the intern at the outset of the internship, and require the intern to sign a statement indicating that he/she has been given a copy of, read, and understands the Due Process and Formal Grievance Procedures.
9. Ensuring that interns have sufficient time to respond to any action taken by the training program.
10. Documenting, in writing to all relevant parties, the actions taken by the training program and its rationale, with review by the Director.
III. Procedures Related to Inadequate Performance and/or Problematic Behavior

If a supervisor or clinical staff member identifies an intern's performance and/or behavior as problematic at any time during the training year, or if an intern receives a rating of “Serious Concern” from any of his/her clinical supervisors on the formal Intern Evaluation, the following procedures will be initiated:

1. The supervisor or clinical staff member will consult with the Coordinator of Training to determine if there is reason to proceed and/or if the behavior in question is being rectified.

2. If the clinical staff member who brings the concern to the Coordinator of Training is not one of the intern's supervisors, the Coordinator of Training will discuss the concern with the intern's supervisors.

3. If the Coordinator of Training and supervisors determine that the alleged performance and/or behavior in the complaint, if proven, would constitute a serious concern or violation, the Coordinator of Training will inform the staff member who initially brought the concern. The Coordinator of Training will also inform the intern that she has met with the supervisors, action is being discussed, and that he/she will be kept apprised of such action.

4. The Coordinator of Training will meet with the Supervisory Committee to discuss the performance rating or the concern.

5. The Coordinator of Training will meet with the Director to discuss the concerns and possible courses of action to be taken to address the issues.

6. The Coordinator of Training, supervisors, and Director may meet to discuss possible course of actions.

7. Whenever a decision has been made by the Coordinator of Training or Director about an intern's status in the training program or agency, the Coordinator of Training will inform the intern in writing and will meet with the intern to review the decision. Decisions are based on the professional judgment of the Coordinator of Training, the clinical staff member who initially brought the concern, and the intern’s supervisors. The meeting with the intern may include the intern’s supervisors. If the intern accepts the decision, any formal action taken by the training program will be communicated in writing to the intern's academic program. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.

8. The intern may choose to accept the conditions or may choose to file an appeal.

IV. Remediation Considerations

It is important to establish appropriate means to identify and address an intern’s inadequate performance and/or problematic behavior. All discussions regarding intern performance and behavior begin in the supervisory meetings. It is the responsibility of the intern’s supervisors to 1) bring to the intern’s attention skill deficits, behaviors, or other actions that are evaluated as
inadequate or problematic and 2) discuss strategies for remediation of perceived deficits in clinical skills and other areas of professional functioning. In consultation with the Coordinator of Training, recommended courses of intervention for an intern may include:

1. increasing the amount of supervision, either with the same or other supervisors;
2. change in the format, emphasis, and/or focus of supervision;
3. recommending personal therapy with a practitioner not affiliated with UCS;
4. modifying the intern's clinical or other workload;
5. requiring specific academic coursework or other formal training; and/or
6. recommending, when appropriate, a leave of absence, a second internship, and/or termination without fault from the training program.

The intern’s response to the above interventions will be discussed with the Supervisory Committee. If the above interventions do not, after a reasonable time period, rectify the inadequate performance and/or when the intern seems unable or unwilling to alter his/her behavior, the training program will institute more formal procedures, as discussed below.

V. Due Process: Formal Procedures

If an intern’s performance and/or behavior do not improve despite an appropriate attempt at remediation, the intern, the intern’s supervisors, and the Coordinator of Training will meet to discuss the situation and persisting problem(s). However, if the intern’s performance and/or behavior is determined to be of a more serious nature, more formal procedures may be initiated. In the meeting with the Coordinator of Training, the intern and the supervisors will be afforded the opportunity to present, orally and in writing, their opinions and positions. The Coordinator of Training will review the situation with each of the parties, consult with other staff regarding their perceptions of the intern (if necessary), and then determine what subsequent action, if any, should be taken to address the matter. The intern will be notified by the Coordinator of Training’s decision in writing. Formal options include, but may or may not follow in the order specified below:

1. Issuance of an Acknowledgment Notice
   
   This notice formally recognizes, in writing, that the:
   
   a) training program is aware of and concerned with the intern’s performance rating;
   
   b) intern has been formally notified of the concern;
   
   c) Coordinator of Training and relevant training staff will work with the intern to attempt to rectify the skill deficit(s) or problem(s); 
   
   d) behavior(s) associated with the rating is not significant enough to warrant more serious action; and
   
   e) the notice goes into the intern’s file.
2. **Issuance of a Probation Notice**

This notice formally establishes a process for a set period of time during which the Coordinator of Training will systematically monitor, through the intern’s supervisors, the intern’s efforts to address and improve identified area(s) of inadequate performance and/or problematic behavior. The Probation Notice will include:

a) the specific behavior(s) associated with the inadequate rating;

b) recommendations for rectifying the matter;

c) the time frame for the probation during which the problem must be appropriately rectified;

d) the procedures designed to ascertain whether the problem has been appropriately rectified; and

e) what action will be taken if the problem is not corrected.

The Coordinator of Training will meet with the intern and the intern’s supervisors to review the probationary conditions. The intern may then accept the conditions or appeal the action. The training staff and the intern’s academic program will be informed when a Probation Notice is issued. The written notification to the academic program will indicate the nature of the problem, the actions taken by the training program, and the rationale for these actions. The intern shall receive a copy of any letter sent to the academic program.

If, following the set period of time, the Coordinator of Training (in consultation with the intern’s supervisors and training staff) determines that the concerns have been rectified satisfactorily, the intern, the training staff, and the academic program will be informed, and no further action will be taken. If, however, it is determined that there has not been sufficient improvement in the intern's performance and/or behavior to remove the probation, then the Coordinator of Training will discuss with the intern’s supervisors and the Director possible courses of action to be taken. The Coordinator of Training will communicate, in writing, to the intern that the conditions for revoking the probation have not been met. This notice will include the course of action the Coordinator of Training has decided to implement. These may include continuation of the probation for another specified time period or implementation of another alternative. The training staff and the intern’s academic program will be apprised of the intern’s ongoing progress and status. Additionally, the Coordinator of Training will communicate to the Director that if the intern's performance and/or behavior does not change, the intern will not successfully complete the internship.

3. **Issuance of a Temporary Suspension Notice**

This notice may be utilized if it has been determined that the welfare of the intern's client has been jeopardized and/or the intern has violated the APA Code of Ethics. Upon such notice, the intern will be temporarily suspended from engaging in any direct service activities; such suspensions can be administered by either the Coordinator of Training or the Director. All temporary suspensions become effective
immediately upon notifying the intern of the suspension, either orally or in writing. The written notification of, and the reasons for, the suspension will be delivered to the intern within three working days. If the intern’s behavior that jeopardized the welfare of the client or the ethical/legal breach is one that can be remediated, a specific program will be developed and a meeting date set to evaluate the intern’s progress toward remediation of the violation. If remediation seems an inappropriate response due to the nature or severity of the intern’s actions, the intern’s training experience/internship at UCS may be terminated. The intern’s academic program will be informed when a Temporary Suspension Notice is issued, and the notification will indicate the nature of the behavior, the actions taken by the training program, and the rationale for these actions. The intern shall receive a copy of any letter sent to the academic program.

4. **Dismissal from the Internship**

When specific interventions do not, after a reasonable time period, rectify the inadequate performance and/or problematic behavior and the intern seems unable or unwilling to alter her/his behavior, the Coordinator of Training will discuss with the Director the possibility of termination from the training program and dismissal from the agency. Dismissal from the internship involves the permanent withdrawal of all UCS responsibilities and privileges. Administrative leave or dismissal would be invoked in the following cases:

a) severe violations of the APA Code of Ethics;
b) when imminent physical or psychological harm to a client is a major factor; and/or
c) the intern is unable to complete the internship due to physical, mental or emotional illness.

When an intern has been dismissed, the Coordinator of Training will communicate to the intern's academic program that the intern has not successfully completed the internship.

Each of the foregoing formal procedures will be documented in writing, according to the specific requirements of a given situation, with copies provided to the intern, the Coordinator of Training, the Director, and the academic program (when appropriate). Within five working days of the receipt of the Coordinator of Training’s decision, the intern must respond in writing by either accepting the formal action imposed or appealing the action. If the intern agrees to the decision, the action and its requirements will be implemented. A lack of response by the intern will be interpreted as an acceptance of the decision.

If the intern decides to appeal the decision, the intern must provide the Coordinator of Training with a document indicating the intent to seek an appeal and explaining the reasons that the action imposed on him/her is unwarranted. If the intern has been issued a Temporary Suspension Notice or Dismissal from the Internship, and chooses to appeal, he/she will not be permitted to provide any direct service until the appeal is resolved. The procedures outlined in the “Due Process: Grievance Procedures” section below will be implemented if the intern chooses to
appeal the decision. The intern’s academic program will be informed of the Due Process appeal and of its results. Consultation with University Counsel at any point in the process may also be sought by the Coordinator of Training with the concurrence of the Director.

VI. Due Process: Grievance Procedures

The basic meaning of Due Process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the Coordinator of Training and intern or staff member, the steps to be taken are listed below:

A. Grievance Procedures

There are two situations in which Grievance Procedures can be initiated:

1. In the event an intern encounters any difficulties or problems (e.g. inadequate supervision, evaluations perceived as unfair, denial of Due Process to the intern, workload issues, personality clashes, other staff conflict) during his/her training experiences, an intern can:
   a) Discuss the issue with the clinical staff member(s) involved.
   b) If the issue cannot be resolved informally, the intern should discuss the concern with the Coordinator of Training.
   c) If the Coordinator of Training cannot resolve the issue, the intern can formally challenge/appeal any action or decision taken by the Coordinator of Training, the intern’s supervisors, or any member of the training staff by following this procedure:
      1) The intern should file an appeal of formal complaint, in writing, and all supporting documents, with the Coordinator of Training. If the intern is challenging a formal evaluation or issuance of a formal procedure, the intern must do so within five working days of receipt of the evaluation or decision.
      2) Within three working days of an appeal or formal complaint, the Coordinator of Training must consult with the Director and implement Review Panel Procedures as described below.

2. If a clinical staff member has a specific concern about an intern, the clinical staff member should:
   a) Discuss the issue with the intern(s) involved.
   b) Consult with the Coordinator of Training.
   c) If the issue is not resolved informally, the clinical staff member may seek resolution of the concern by written request, with all supporting documents, to the Coordinator of Training for a review of the situation. When this occurs:
      1) Within three days of a formal complaint, the Coordinator of Training must consult with the Director and implement Review Panel Procedures as described below.
B. **Review Panel Procedures**

The Coordinator of Training will select a Review Panel composed of three clinical staff and she will appoint a Chair (none of whom are functioning in a supervisory role for the intern). If the dispute is with the Coordinator of Training, the responsibility to appoint the Review Panel will be delegated to the Director. If the dispute is with the Director, the responsibility to appoint the Review Panel will remain with the Coordinator of Training. All materials relevant to the dispute will be submitted to the Chair and members of the panel. The Review Panel will meet separately with the intern and any other parties involved and provide them with an opportunity to present their case. Within ten working days upon receiving the materials, the Review Panel will render a decision in writing to the Coordinator of Training or Director (if the dispute was with the Coordinator of Training). The Coordinator of Training or Director (if the dispute was with the Coordinator of Training) will then meet with the intern to discuss the Review Panel’s decision, which is final.
Internship Activities

The training curriculum of the Pre-Doctoral Internship in Psychology is designed to provide a planned, programmed sequence of training that is developmental in nature with increased challenge and complexity throughout the internship year. We begin the training year providing information, structure, role modeling, and observational learning before interns engage in experiential learning and assume more autonomy throughout the year. For example, interns participate in our Intake Training Process which allows them to transition from observing a professional role model/supervisor/clinical staff member, to being observed by their Primary Supervisor, to autonomously conducting intakes.

UCS attempts to foster an optimal learning environment which allows interns to develop clinical competencies congruent with the goals and objectives of the training program. Interns work closely throughout the internship year with their supervisors and the Coordinator of Training to develop a balanced clinical caseload (e.g., clinical interests, training needs, diversity) and a variety of experiences. Interns are exposed to and participate in the many functions and service delivery areas common to university counseling center settings. CSUN’s diverse student population provides interns with the opportunity to work clinically with a wide variety of clients with diverse DSM diagnoses and the opportunity to engage them in other modalities (e.g., outreach, consultation).

The training program strives to provide a learning environment that allows interns to meaningfully explore both professional and personal issues (e.g., knowledge, values, self-awareness, etc.) which relate to their clinical functioning and professional development. We also strive to provide a learning environment that allows interns to thrive and prosper in building on their existing knowledge, solidifying strengths, taking risks, and developing and implementing new competencies. With support, challenge, role modeling, and mentoring, we expect interns to grow into competent professional practitioners who will be well-prepared to practice within a university or college counseling center or generalize their skills to other practice settings.

There are informal and formal evaluations to assess interns’ varying developmental levels and to accommodate their changing needs over the course of the training year.

Service

Intake/Clinical Assessment

Intake/Clinical Assessment is generally the first appointment a student has with a clinical staff member or intern at UCS. UCS considers assessment and diagnosis of incoming clients to be a key part of the first stage of treatment with clients. During these appointments, interns meet with clients to develop an initial assessment that clarifies the presenting problem(s), assesses the severity of the problem(s), and determines the need for timely interventions. Intake assessment is expected to lead to the development of a working DSM-IV-TR multi-axial diagnosis, discussion of disposition and treatment options with the client (e.g., determination of client appropriateness for short-term treatment model, group therapy, workshops, psychiatric referral, other referrals, etc.), and treatment planning.
Interns are expected to tape their intakes/clinical assessments, as instructed by their supervisors, and may continue to do so throughout the training year depending on their assessed skill level. Interns will review intake/clinical assessments with their supervisors to determine case disposition. Interns will continue to review intake/clinical assessments with their supervisors until supervisors have assessed the intern’s preparedness to make such clinical dispositions autonomously. Interns generally integrate the students they see for intake into their own caseload (unless contraindicated) but may transfer clients to other clinical staff members or interns depending on various factors (e.g., scheduling conflict, client preference for a male/female therapist, etc.). They may also refer students who may benefit from longer term, more specialized treatment, and/or adjunctive treatment to other referral sources (e.g., off campus treatment agency or private practice psychologist; physician, nutritionist, or Wellness Coach at Klotz Student Health Center; 12-step group, etc.).

Interns receive specific training during Orientation on intake/clinical assessment, psychiatric services available at UCS, UCS policies and procedures related to direct clinical services, and referrals on- and off-campus. They also receive continued training throughout the year in one of the Training Modules -- Clinical Assessment and Diagnosis. Interns must complete our training program’s Intake/Clinical Assessment Training Process (see pages 39-40) and be cleared by their supervisor(s) to conduct intakes/clinical assessments independently. Interns are expected to schedule three, 50-minute intakes per week and complete a formal, written, intake write-up, for each new client.

Interns are expected to provide additional intakes at the beginning of the fall and spring semesters (while they are building their caseloads), during peak times of the fall and spring semesters, during the summer, and/or at the discretion of their supervisors or the Coordinator of Training.

**Individual and Conjoint Therapy**

Short-term therapy is the primary means of service delivery at UCS. Interns provide predominantly individual therapy to students within a short-term treatment model; interns have the opportunity to work with a few couples in couples therapy. Based on the initial intake/clinical assessment, students may be eligible for up to eight individual or conjoint therapy sessions per academic year. Students seeking therapy services present with a wide range of presenting concerns ranging from normative developmental issues (e.g., transitional struggles, relationships, identity development and cultural adjustment) to more serious/longstanding issues (e.g., depression, anxiety, substance abuse, eating disorders, etc.) that may be interfering with their academic work and/or personal lives.

Individual therapy constitutes a major portion of the intern’s direct service responsibility. Interns initially receive training in several short-term treatment models during Orientation and continued training throughout the year in one of the Training Modules – Short-Term Therapy. Interns have approximately 13-15 individual/conjoint client contact hours per week, however they tend to carry more than 20 active clients at a given time due to many clients being seen on a bi-weekly basis. Interns are required to follow UCS guidelines for short-term therapy. Interns also have the opportunity to work with two clients for more extensive long-term therapy. These clients will be
chosen for open-ended therapy through consultation with the intern's supervisor(s). Interns select their clients primarily from their intake/clinical assessments, manage their caseload, and strive to develop a balanced caseload (e.g., clinical interests, training needs, diversity) in consultation with their supervisors.

**Groups and Workshops**

Interns work with UCS clinical staff members to provide many different types of therapy groups as well as psycho-educational workshops designed to improve students’ personal growth, interpersonal relationships, learning, and/or academic success. These groups include general therapy, structured, and theme groups on a variety of topics. Examples of groups include: Graduate Students, Relationships, Building Self-Esteem, Latina/o Support, UJIMA African American/Black Student, LGBTQ Support, Women’s Support, and Men’s Support. Examples of psycho-educational groups/workshops include: Anxiety Management, Relaxation, Overcoming Procrastination, and Saying Goodbye to Shy.

Interns receive training in group therapy during Orientation and continued training throughout the year in one of the Training Modules – Group Therapy. Interns are required to participate as co-facilitators with a clinical staff member in one process/therapy group and one structured group during the Fall semester. Group therapy is supervised by the clinical staff member who co-facilitates the treatment groups with the interns. Interns work closely with their supervisors to develop their knowledge of group therapy, screen potential group clients, work together in co-facilitating a group, and develop competency in providing group therapy. As the training year progresses, interns assume increased responsibility. They are similarly expected to co-facilitate one process/therapy group and one structured group during the Spring semester. As they become more proficient and confident in their group therapy skills, interns may screen group clients and lead group on their own or with another intern. In the latter circumstance, a designated clinical staff member would serve as the Supervisor of Group and meet weekly with the interns for supervision of group.

Groups are assigned based on intern preference, training needs, schedules, and special circumstances (e.g., establishing a balanced co-facilitation team, considering semester or academic year length of commitment to the group, etc.). Group topics and availability vary each semester depending on student needs and interest.

**Crisis Intervention and Management**

Interns work with students in crisis in a variety of ways at UCS. These include crises presented during an initial intake/clinical assessment, crises with ongoing clients, or crises during walk-in emergency or triage sessions. Upon completion of our Walk-In Emergency/Triage Training Process, interns provide walk-in emergency/triage assistance in which they respond to clinically urgent and/or complex client situations (e.g., suicidal or homicidal risk, trauma, acute psychotic decompensation, etc.). Rather than immediately providing this service at the start of the internship, this process allows interns the opportunity to obtain necessary knowledge and training, adjust to their new professional roles, the counseling service, the University, and the larger community.

Interns receive specific training, beginning during Orientation, on risk assessment and responding to crisis emergency situations as well as UCS policies and procedures related to consultation and
hospitalization. They also receive continued training throughout the year in one of the Training Modules – Crisis Intervention and Management. Interns are expected to complete our Walk-In Emergency/Triage Training Process (see pages 40-41). Once they complete this process, interns are cleared to begin providing walk-in emergency/triage appointments independently one hour per week (during the Spring semester). Supervisory backup and consultation is always available to interns as they engage in providing these services.

**Outreach and Consultation**

Outreach is viewed as meeting multiple needs of our campus community including providing prevention efforts, identifying students who may benefit from UCS services, de-stigmatizing counseling services, and reaching underrepresented client populations. UCS offers a variety of educational presentations on academic, mental health, interpersonal, and wellness topics as well as general information about the services provided to students.

There are multiple ways in which interns become involved in outreach and consultation activities. Interns may identify diverse student groups (e.g., Latino/a students, African-American students, GLBT students, international students, etc.), particular campus departments or groups (e.g., Residential Life, athletic department, peer mentoring programs), or special areas of interest (e.g., health promotion, rape prevention, eating disorders) around which they want to develop consultative relationships and/or outreach programs. Interns are also made aware of ongoing departmental presentation/workshop requests from faculty, staff, student organizations, residence hall staff, and members of the CSUN community. Topics frequently requested by campus constituents include stress management, relaxation, academic stress, ExCEL, procrastination, and presentations on UCS services. In addition to presentations and workshops, interns are often involved in passive programming for larger campus-wide events such as providing table displays, brochures and handouts, and interaction with students.

Interns receive specific outreach and consultation training beginning in Orientation and throughout the training year through one of our Training Modules – Outreach, Consultation, and Supervision. Interns initially participate in UCS outreach and consultation in an apprenticeship role. They initially observe clinical staff presenting outreach programs. As they increase their knowledge and skills, interns generally conduct outreach in conjunction with a clinical staff member and/or in an intern dyad before presenting independently. Similarly, interns initially work with the facilitator of their Outreach and Consultation Training Module to develop an original program (e.g., brainstorming, researching the literature, creating a PowerPoint presentation, conducting a “dry-run” of the presentation) and over the course of the training year are expected to do so independently.

Interns are required to provide a minimum of eight outreach programs over the course of the training year, two of which they must develop originally and implement. Interns must receive supervision for all consultation and/or outreach programs from either their supervisor(s), the facilitator of the Outreach, Consultation, and Supervision Training Module, or another clinical staff member. Interns must clear all requests for outreach and consultation before accepting an invitation to present.
Summer Outreach & Consultation Project

In the summer months, interns have the opportunity for more intensive outreach and consultation experiences with other University departments (e.g., Housing and Residential Life, Disability Resources and Education Services, etc.). At mid-year, interns propose a plan to the Coordinator of Training to develop an outreach/consultation project with another department on campus. Once their proposal is approved and they obtain a clinical staff member to serve as the supervisor for this project, interns develop the plan during the Spring semester, and implement it during the summer sessions.

Training

Assignment of Clinical Cases and Groups

Initially, interns are assigned clinical cases that have already been screened by clinical staff who have determined that the case is suitable for work with an intern. These clients may be available to be picked up during the Intake/Case Disposition Meeting or referred directly to an intern by their supervisor. In order for an intern to pick up a client, they must first obtain the approval of their supervisor(s).

The interns participate in an Intake/Clinical Assessment Training Process (discussed directly below, pages 39-40), after which a determination is made about the intern’s readiness to be assigned independent intake sessions. Once the intern is cleared to independently conduct intake sessions, the intake sessions are reviewed with the intern’s supervisor(s) and clients are either assigned to the intern, brought to the Intake/Case Disposition Meeting for assignment to a clinical staff member or another intern, or referred for longer term or more specialized treatment to other resources or adjunct treatment sources. Once interns are cleared to conduct intakes independently, they will primarily be filling their caseload with their own intakes.

Assignment of group co-facilitation is done on an interest and availability basis by the Coordinator of Training. During Orientation, the Coordinator of Training meets with the interns to discuss the groups being offered and the opportunities available to co-facilitate. After discussion of these groups and any special circumstances (e.g., process vs. structured group, length of group/commitment, gender considerations, etc.), the Coordinator of Training asks the interns to speak with the co-facilitator(s) of the group(s) they have interest in co-facilitating. Interns are asked to rate their preferences, and after consideration of clinical staff co-facilitator input, the Coordinator of Training assigns interns to groups.

Intake/Clinical Assessment Training Process

UCS considers intake/clinical assessment to be a key part of the first stage of treatment with clients. Therefore, interns are provided with a breadth of training in intake/clinical assessment that allows them to develop an initial assessment of a client that is thorough, responsive to the client’s concerns, leads to the development of a DSM-IV-TR multi-axial diagnosis, and an appropriate disposition (e.g., determination of client appropriateness for short-term treatment model, treatment plan, referral, etc.).
Interns are provided with specific didactic and experiential training in conducting intake interviews/clinical assessments as well as continued training throughout the year in one of our Training Modules – Clinical Assessment and Diagnosis. The training process follows a developmental and apprenticeship model and allows interns to progress through a graduated series of learning steps, as follows:

1. Interns receive training in conducting a thorough bio-psycho-social assessment, risk assessment/management, referrals to psychiatry, referrals on- and off-campus, multicultural and diversity, and law and ethics, as well as continued training throughout the year in the Clinical Assessment and Diagnosis Training Module. These trainings are provided to prepare interns to conduct intakes/clinical assessments, thoroughly assess suicidality and dangerousness, provide crisis intervention and management, utilize appropriate consultation and supervision in this process, as well as make appropriate disposition/referrals.

2. Interns are required to observe a minimum of two intake sessions, one conducted by their Primary Supervisor, the second conducted by their Secondary Supervisor. Interns may observe additional clinical staff members conduct intakes/clinical assessments, as time and availability permit.

3. Once interns have completed their two observations, they are scheduled to conduct one intake observed by their Primary Supervisor. They are formally evaluated by their Primary Supervisor using the Intern Intake Evaluation (see Appendix Section, pages 71-73).

4. The Primary Supervisor determines (based on the Intern Intake Evaluation) whether the intern is ready to conduct intakes independently.
   a. If the intern is cleared to conduct intakes independently, he/she is assigned to the intake schedule. Interns designate three intake times for the support staff to schedule new clients each week.
   b. If the intern is not cleared to conduct independent intakes, s/he will be required to complete additional observed intake(s) by their supervisor to address recommended area(s) for improvement. The supervisor will complete additional Intern Intake Evaluation forms and review them with the intern for every observed intake.
   c. This process continues until it is determined by the supervisor that the intern is ready to conduct intakes independently.

5. Interns’ intakes/clinical assessments are reviewed throughout the training year by their supervisors, who offer ongoing evaluation and feedback.

6. Supervisors, clinical staff, and administrators are available for consultation, as needed, regarding intakes/clinical assessments.

Interns enter the internship at UCS with varying degrees of knowledge and experience in conducting intakes/clinical assessments. Therefore, some interns may be cleared to conduct intakes independently earlier in the semester, while others may be required to participate in further training.

**Walk-In Emergency/Triage Training Process**

All interns are provided with didactic training in risk assessment as well as crisis intervention and management, and participate in providing walk-in emergency/triage appointments for
students during the Spring semester. This training follows a developmental model and allows interns to progress through a graduated series of learning steps, as follows:

1. Interns are provided with a variety of training components and opportunities to expand their knowledge, application, and overall competency in crisis assessment, intervention, and management. These trainings are provided to prepare interns to thoroughly assess suicidality and dangerousness, provide crisis intervention and management, utilize appropriate consultation and supervision in this process, as well as make appropriate disposition/referrals.
   a. Interns receive training in Risk Assessment and Management during Orientation in August.
   b. Throughout the training year, interns receive ongoing training through the Crisis Intervention and Management Training Module. The Module utilizes more complex and high-risk case material as the training year progresses.
   c. Interns receive more intensive, weekly training during the January intersession. The material presented is of greater complexity over time, culminating in intern role plays of various walk-in/triage scenarios with the Training Module facilitator in January. Once they have completed this training, interns are scheduled to begin providing weekly walk-in/triage appointments throughout the Spring semester and summer sessions.
2. Interns attend weekly Intake/Case Disposition Meetings with the entire clinical staff during which a variety of cases are discussed (e.g., crisis cases, ethical/legal concerns, multicultural/diversity considerations, treatment plans, disposition, etc.).
3. Interns’ walk-in emergency/triage appointments are supervised closely by their supervisors, who offer ongoing evaluation and feedback. Supervisors, clinical staff, and administrators are available for consultation regarding walk-in emergency/triage appointments.

**Training/Didactic Activities**

**Video Group/Group Supervision**

The Video Group meets weekly for two hours and is facilitated by the Coordinator of Training. This group offers an opportunity for interns to share their clinical work and view the work of others, in a supportive, growth-oriented atmosphere. Digital recordings of intern’s sessions are presented on a rotating basis and discussed with the intention of providing constructive and useful feedback. Interns provide a written case presentation to the group (see Appendix Section, Video Group: Case Presentation Form, page 59) in addition to providing 30-40 minutes of digital recording of their clinical work (from one or more sessions) to be viewed. Video Group is intended to provide a forum for interns to explore the process of psychotherapy, their roles as therapists, how they may use themselves more effectively, address any ethical or legal issues, and offer feedback/peer supervision to one another. Interns are encouraged to be curious and take risks by presenting cases that are challenging to them in some way (e.g., cultural differences, complex presenting concerns, countertransference, etc.) as well as present cases from non-majority populations (e.g., ethnic, international, disabled, GLBT, deaf or hard of hearing, etc.).
Video Group also provides time to discuss training issues and address transitional and developmental issues of the interns individually and as a group throughout the internship year. It provides the Coordinator of Training the opportunity to gain knowledge of the interns’ clinical work, developmental and professional issues, as well as group dynamics.

**Professional Seminars**

The Professional Seminars (Pro-Sem) meet weekly for two hours and are organized by the Coordinator of Training. These seminars are didactic and provide lecture, discussion of professional literature and experiences, and experiential activities on a variety of topics related to the counseling services, specifically, as well as the field of professional psychology. These seminars are primarily provided by in-house clinical staff which gives the interns opportunities to have exposure to and interact with a variety of clinical staff members; some outside professionals are invited to present on areas of their particular expertise. The specific topics of the Pro-Sems are selected to provide training in the core component areas of our program as well as other topics of interest (e.g., issues of counter-transference, eating disorders, substance abuse, working with survivors of trauma, working with students with Autism Spectrum Disorders).

Interns are required to each present one Professional Seminar during the Spring semester or summer session. This allows interns an opportunity to engage in scholarly inquiry on a topic relevant to the services provided at UCS, develop and present an original professional seminar, and receive formal written feedback from clinical staff and colleagues (see Appendix Section, Professional Seminar Evaluation form, pages 92-93).

**Multicultural Competence Seminars**

The Multicultural Competence Seminars are a 6-part, 18-hour series of didactic and experiential trainings focused on developing multicultural counseling competencies. Lectures and interactive-experiential exercises are focused on increasing interns’ awareness of values and attitudes, skills for assessment and intervention, and knowledge of multiple intersecting cultural identities. Topics include, but are not limited to: race/ethnicity and racism; class/socioeconomic status and classism; gender and sexism; sexual identity and heterosexism; spirituality and religion and religious oppression; abilities and ableism; and age and ageism. Overall, these seminars address the clinical implications of differential privileges and access to resources, through an ecological perspective.

Additional monthly Professional Seminars include a variety of topics on serving diverse populations and specific multicultural topics such as First Generation College Students, Working with Latina/o Students, African Americans and Mental Health, Working with LGBTQ Students, Men’s Issues, and Multiracial Identities, among others.

**Training Modules**

The Training Modules are an additional weekly didactic activity for interns. There are five (5) rotating topics, which correspond to our clinical competency areas offered for one hour each week:

1. Clinical Assessment & Diagnosis
2. Crisis Intervention & Management
3. Short-Term Therapy
4. Group Therapy
5. Outreach, Consultation, & Supervision

Intake/Case Disposition Meeting

The Intake/Case Disposition Meeting is a weekly multidisciplinary meeting with the entire clinical staff during which interns and clinical staff members present intake cases needing to be assigned for treatment at UCS as well as present cases for consultation and/or referral (e.g., crisis cases, ethical/legal concerns, multicultural/diversity considerations, treatment plans, disposition, etc.). The UCS staff psychiatrist attends this meeting, which provides interns with opportunities for collaboration.

Case Conference

The Case Conference is a monthly meeting throughout the academic year with the full clinical staff. During this time, clinical staff members provide formal case presentations. Case conference is intended as a means of: allowing interns to observe clinical staff members present formal cases; exposing them to different styles of presentation, theoretical orientations, professional interests, and specialization; and providing interns the opportunity to participate in interactive scholarly discussion on relevant clinical topics. During the month of February (Spring semester), case conferences are offered weekly, thereby giving each intern the opportunity to present one formal case presentation to the entire clinical staff. This provides an opportunity for interns to engage in scholarly inquiry, practice presenting clinical material in a clear and meaningful way, and receive feedback, in preparation for upcoming job interviews.

Staff Development

Interns attend all staff development programs sponsored by UCS. Recent programs have included Law & Ethics for California Mental Health Professionals, Assessing Risk to Self or Others in University Students, and Career Counseling. Interns also attend events featuring Student Affairs invited speakers on campus and attend the Southern California Training Director and Intern Conference with the Coordinator of Training.

Administrative

Staff Meeting

Interns attend weekly full clinical staff meetings, which address the administrative business of UCS.

Prep Time/Documentation/Scholarly Activities

Interns are provided with administrative time each week for client documentation, preparation for supervision, scholarly activities (such as work on dissertation or doctoral project, work on outreach/consultation projects, review existing literature, prepare formal case presentation, prepare Professional Seminar, etc.), and journaling. Preparation for supervision may include reviewing audio- and/or digital recording of sessions, preparing questions, consultation, and/or reading. Interns are provided with seven hours per week to complete these activities.
Professionalism

The Training Program considers the development of an interns’ professionalism critical for the transition from graduate psychology student into an entry-level psychologist. Professionalism includes elements such as self-awareness, knowledge, integrity, accountability, responsibility, effective communication with clients and colleagues, and collegial and collaborative professional relationships. It also includes personal maturity and emotional stability, the ability to balance multiple professional roles and responsibilities, multicultural competency, competency for sound and ethical practice as a psychologist, as well as the integration of professional practice and scholarly inquiry.

We assist interns’ in the development of their professionalism through role modeling, mentoring relationships, supervision, co-facilitation and co-presentation opportunities, and didactic, observational, and experiential training. Interns are encouraged to engage in reflective practice and gain experience in self-assessment throughout the year. They are expected to demonstrate the ability to monitor internal states and behaviors, reflect on their strengths and areas of growth, and attend to self-care. The structure of the Training Program encourages increasing levels of autonomy over the course of the internship, allowing interns to work more independently as their capabilities expand.

Supervision

Quality supervision is considered a central component of the training program and we make every effort to match supervisors and interns as to interest, orientation, and compatibility. Throughout the training year, the Coordinator of Training meets weekly with the supervisors to monitor interns’ progress, address training issues and/or concerns, and discuss the supervisory process. The training program attempts to foster a structure and process of supervision that provides interns with the context, security, and reassurance necessary for self-examination and open presentation of their work, while also stimulating the acquisition of new understanding, techniques, and perspectives. The general objectives of supervision are to present critical didactic and experiential opportunities for interns to learn and refine skills, become more confident in their role, ensure competency in the delivery of services, and consolidate a stronger sense of professional identity.

Supervision Matches

A “Supervision Round Robin” is conducted in order to facilitate the assignment of supervision matches. Interns are provided with a formal opportunity to meet with each Primary and Secondary Supervisor. This is a time for interns and supervisors to ask questions and discuss expectations, theoretical orientations, styles of supervision, and goals for the training year, as well as get a sense of potential compatibility. Interns and supervisors are provided with a rating sheet and asked to rate each other on a 4-point rating scale:

1. Excellent match
2. Good match
3. Acceptable match
4. Will not work
The ratings provided by both the interns and supervisors are given, in writing, to the Coordinator of Training and are confidential. Supervision matches are primarily made based on the highest numerical matches between interns and supervisors and every attempt is made to honor the top ratings of the interns. It is expected that no supervision matches will be made using a “4.”

**Individual Clinical Supervision**

Interns receive three hours per week of one-to-one individual clinical supervision. Supervision is intended to facilitate the professional and personal growth of interns, the development of competencies in the goals and objectives identified by the training program, and accurate self-assessment. Supervisors strive to provide a safe and trusting environment in which they provide support and challenge interns’ “growth edges.” Supervisors are expected to utilize audio- and digital recordings to enhance their ability to evaluate intern skills and enhance the overall supervision process.

Supervisors are responsible to review and sign off on intake reports, progress notes, and termination summaries. Letters or any other written correspondence pertaining to clients/clinical information should be reviewed and co-signed by the intern’s supervisor (Primary or Secondary Supervisor) before being sent out of the agency. If the Primary or Secondary Supervisor is not available, and it is urgent that the communication occur rapidly, the intern can seek out the review and signature of another clinical staff member in the following order: Coordinator of Training, On-Call Counselor, Licensed Clinical Staff Member, or Director.

**Primary Supervisor**

Interns receive two hours per week of individual supervision from their Primary Supervisor, who is a licensed psychologist in California. Interns and Primary Supervisors develop a written Supervision Agreement that establishes the expectations of the supervisor and supervisee, identifies goals, and addresses legal and ethical issues.

**Secondary Supervisor**

Interns also receive one hour per week of individual supervision from a Secondary Supervisor.

**Supervision of Groups**

Supervision of groups is provided in weekly one-half hour meetings with the intern’s co-facilitators/clinical staff members. Interns are required to co-facilitate a minimum of one therapy/process group and one structured/psycho-educational group each semester. They generally co-facilitate groups with clinical staff members, however, may also have the opportunity to lead a group independently or co-facilitate a group with another intern. If an intern leads a group independently or with another intern, the intern(s) will arrange weekly supervision with a designated clinical staff Group Supervisor.

**Video Group/Group Supervision**

Interns participate in Video Group for two hours per week. This supervision group is facilitated by the Coordinator of Training, a licensed psychologist in California, and is intended to provide a forum for interns to explore the process of psychotherapy, their roles as therapists, how they
may use themselves more effectively, address any ethical or legal issues, and offer feedback/peer supervision to one another. Further discussion of Video Group is provided under the section Training/Didactic Activities (pages 41-42).

**Supervision of Outreach and Consultation**

Interns are provided with various outreach and consultation opportunities throughout the training year. Interns must obtain approval from their supervisor(s) or the facilitator of the Outreach, Consultation, and Supervision Training Module before accepting an invitation to present and are required to obtain supervision for all outreach programs and/or consultation. In addition, interns must select a clinical staff member who is agreeable to supervise their Summer Outreach and Consultation Project.

**Intern Self-Disclosure**

Given our training program’s goal to prepare interns for entry-level psychologist positions with clinical competencies, multicultural competency, and professionalism, opportunities for personal exploration and reflection occur throughout the year. When appropriate, interns are encouraged, but not required, to explore historical influences and personal data which may affect subsequent clinical practice. The protection from being required to share information is in accordance with the American Psychological Association's 2002 Ethical Standard 7.04 (Student Disclosure of Personal Information) as contained in the Revised Ethical Principles of Psychologists and Code of Conduct (APA, 2002).

An intern’s willingness to address personal issues that affect the provision of professional services can be very helpful in resolving difficulties and in promoting professional growth. Among other things, interns are expected to engage in self-reflection, demonstrate awareness of self, develop effective professional relationships, and manage personal stress and emotional responses. We want interns to recognize, improve, and employ personal qualities that will assist in forming effective working relationships with clients, peers, clinical staff, support staff, and other members of the university community. A positive working alliance is essential for effective counseling or supervision and those require effective use of self by the intern.

Interns make choices about how much to share in supervision and/or other training-related activities. They are not penalized for choosing not to share personal information that does not directly impact their work with clients. We expect that supervisory relationships will be characterized by safety, trust, and respect. Any exploration of intern’s personal qualities and history must focus on enhancing the intern's effectiveness in a helping relationship, as opposed to attempting to conduct therapy or for some other inappropriate purpose.

Self-disclosure in supervision may occur in a variety of different ways. The following are offered as example situations that illustrate this concept in action:

- The interns, with awareness that their professional activities may be impacted by personal experiences, may choose to disclose such experiences. Interns are welcome and encouraged to share personal information they determine may have bearing on their professional functioning.
• A supervisor may notice single significant incidents or patterns in behavior that suggest that an intern’s professional behavior may be influenced by personal issues. The supervisor may ask the trainee to reflect on this in the context of encouraging professional growth.

• An intern may manifest difficulties that have a severe enough impact on competent professional functioning to cause the initiation of the formal due process procedures. As part of remediation, therapy may be recommended.

Within the context of these examples, intern self-disclosure in supervision would be for the purpose of providing the best possible services to clients as well as fostering the intern’s development as a counselor. As such, these behaviors are consistent with the responsible and ethical practice of psychology.

**Open Door Policy**

We have an established “Open Door” culture at UCS. We encourage interns to interact with clinical staff members who function in a variety of roles such as role model, mentor, supervisor, co-facilitator, teacher, consultant, and administrator. In addition, clinical staff members are available to interns for immediate consultation and/or supervision when their supervisor(s) or the Coordinator of Training is not available.

**Audio-Taping and Digital Recording**

Interns are responsible to audio-tape and/or digitally record sessions, as requested by their supervisors, and to provide these to their supervisors in a timely manner. Interns are required to present digital recordings of their clinical work during Video Group throughout the training year. Interns must always obtain informed consent from their clients to provide treatment and to record sessions (see Appendix Section, Informed Consent Form, page 105). Interns are responsible to ensure that their audio-tape and digital recording equipment are working effectively. It is imperative to the supervision process to have audio-tapes and digital recordings that can be heard and/or seen clearly.

**Evaluation Process**

The training program is responsible to informally and formally assess the progress of each intern throughout the year. The primary purpose of evaluation is to facilitate the professional and personal growth of interns and assess their competencies in the goals and objectives identified by our training program. During Orientation, interns familiarize themselves with the Pre-Doctoral Internship Training Manual, which includes copies of the various evaluation forms.

Evaluation is intended to be a collaborative process with interns and supervisors completing evaluations of one another and providing feedback simultaneously. The feedback provided is intended to be timely, objective, constructive, comprehensive, and ongoing. Evaluations include assessment of intern’s strengths and demonstrated competencies, areas of further growth/development, and areas of concern. Intern competencies are measured in multiple ways (e.g., direct observation of their work, co-therapy with clinical staff, utilization of audio-tape and
digital recordings, review of written reports and progress notes, formal case presentations, collaborative efforts in outreach and consultation, collegial relationships, etc.).

The training program expects interns to make developmental changes over the course of the training year. We make every effort to provide supervision, didactic activities, and an environment to promote this developmental change/growth, accompanied by appropriate support, guidance, and challenge. UCS understands that in any supervisory relationship trust and safety have to be developed and nurtured over time. The cultivation of a safe and supportive environment makes the evaluative process meaningful and growth producing. Therefore, the inherent objective of the evaluative process is to provide ongoing feedback with regard to intern growth, development, and affirmation of strengths.

The training program has identified expected levels of performance on written evaluations that are necessary to successfully complete the internship:

- At mid-year, if an intern obtains a mean rating of less than 3.0 on any section of the Intern Evaluation forms, evaluation forms will be completed by supervisors on a monthly basis. The ratings from both Primary and Secondary Supervisors are used to determine whether the intern has met the identified minimum threshold for achievement. Specifically, interns must obtain a mean rating of 3.0 from both Primary and Secondary Supervisors on all sections/competencies of the Intern Evaluation form.
- At year-end, in order for an intern to successfully complete the internship program, the intern must obtain a mean rating of greater than or equal to 3.0 on every section of the Intern Evaluation forms (by both Primary and Secondary Supervisors) with no ratings of (2) (with ratings of 1 indicating that skills/competencies are assessed as significantly below average for an intern developmental level).

**Evaluation of Interns**

**Intern Self-Assessment**

Interns are required at the outset, the midpoint, and the conclusion of the training year to complete a Self-Assessment (see Appendix Section, pages 68-70). This is intended to be one of several means through which training goals are identified and modified, as needed, throughout the internship year. It is also intended to provide interns with an opportunity to self-reflect and learn to accurately assess their own performance, including strengths and areas of growth.

**Intern Intake Evaluation**

All interns participate in our formal Intake Training Process at the beginning of the training year. As part of this process, interns are observed conducting intakes and are evaluated by their supervisors (see Appendix Section, pages 71-73). This evaluation is intended to provide feedback to the intern and to determine when an intern is cleared to begin conducting intakes independently.
**Mid-Semester Progress Review Meetings**

At mid-semester (Fall and Spring), the Primary and Secondary Supervisors meet with their mutual interns to provide verbal feedback about their strengths, progress, and areas of growth. These mid-semester three-way meetings help interns stay on track with regard to their progress, help supervisors provide regular and current feedback to interns, and allow the supervision teams to work collaboratively toward intern goals and success. The Coordinator of Training also meets mid-semester with each intern individually to review their progress, obtain feedback from the intern about their experiences, and provide feedback regarding performance and professional development.

**Intern Evaluations by Supervisors**

At the midpoint and conclusion of the training year, each clinical supervisor (Primary Supervisor, Secondary Supervisor, and Supervisors of Groups) provides a formal, written, evaluation of the intern. The purpose of the evaluation is to provide feedback to the intern, identify areas of competency, areas needing growth, and areas of concern, as well as to discuss progress on identified learning goals. The evaluations are expected to involve open communication and two-way feedback that is focused on learning and growth as an on-going process of developing competencies over the course of the training year.

The intern and each clinical supervisor discuss the evaluation, how the intern is progressing clinically, the supervisory relationship, and his/her overall training experience. The intern has the opportunity to discuss his/her reactions to the feedback, and offer critiques of the evaluation and/or the training program, either informally in the discussion or more formally in written response to the evaluation. Supervisors and interns are encouraged to communicate openly with each other throughout the training year regarding the intern’s progress and the supervisory relationship. Therefore, it is intended that the feedback provided to the intern in the formal, written evaluation, has already been conveyed throughout the supervision process in an ongoing and timely manner as the issues in question arose.

The evaluation form completed by the Primary and Secondary Supervisors is included in the Appendix Section (pages 74-81). The evaluation form completed by the Supervisors of Groups is included in the Appendix Section (pages 82-84). After reviewing the evaluation forms, the intern has the opportunity to append his/her comments before countersigning. Original evaluations should be given to the Coordinator of Training and copies provided to the intern and the supervisor completing the evaluation. A copy of the Primary Supervisor’s evaluation will be sent to the academic program’s Training Director with a brief cover letter. If an academic program requires its own evaluation form as well, the Primary Supervisor will complete the evaluation and review it with the intern. Copies will be provided to the intern, the Primary Supervisor, and the Coordinator of Training.

The Coordinator of Training reviews all evaluation forms by clinical supervisors. Modifications of the training program may be arranged to address particular needs and recommendations for an intern’s development. At times, this may include re-assignment of the supervisory responsibilities for an intern. Discrepancies between a supervisor’s evaluation and that of an intern should be addressed and where possible, resolved. Procedures for addressing unresolved differences are described in the Due Process and Formal Grievance Procedures section (pages
27-34). If an intern receives an overall rating of “Serious Concern” from any of his/her clinical supervisors, remediation or formal procedures of due process will be instituted.

**Intern Evaluations of Observed Outreach**
The clinical staff members providing supervision of interns’ Summer Outreach and Consultation Projects observe at least one outreach presentation and complete the Intern Evaluation Form: Observed Outreach (Appendix Section, pages 85-86).

**Progress Review Meetings**
At the midpoint and conclusion of the training year, the Coordinator of Training meets with the intern, the Primary Supervisor, and the Secondary Supervisor, to discuss the intern’s progress and experiences in the training program. Prior to this meeting, the Coordinator of Training gathers information and feedback from the Supervisors of Groups as well as the entire clinical staff, which is presented to the intern during the Progress Review Meeting.

**Intern Formal Case Presentation Evaluation**
Interns present a formal case presentation to the clinical staff during the month of February. All clinical staff complete an evaluation form (see Appendix Section, pages 96-97) and summarized feedback is provided to the interns. The presentation and feedback from evaluations are intended to provide an opportunity for interns to develop and present a formal case presentation to a clinical staff for their professional growth and in preparation for upcoming job interviews.

**Intern Professional Seminar Evaluation**
Interns present a Professional Seminar to the clinical staff during the Spring or Summer. This allows interns an opportunity to engage in scholarly inquiry on a topic relevant to clinical work at UCS and to develop and present an original professional seminar. All clinical staff complete an evaluation form (see Appendix Section, pages 92-93) and summarized feedback is provided to the interns.

**Evaluation of the Pre-Doctoral Internship in Psychology**
The training program is committed to providing an optimal learning environment to promote interns’ developmental changes and growth over the course of the training year. While we regularly and formally assess the progress of our interns, we also regularly and formally assess the components of, and the comprehensive nature of, our training program. We attempt to elicit information and feedback from interns that allows us to adequately assess our training program and ensure that we are providing the necessary opportunities to develop the clinical competency, multicultural competency, and professionalism necessary to transition from graduate psychology students into entry level psychologists.

**Evaluation of Orientation**
At the completion of Orientation, interns are asked to complete the Evaluation of Intern Orientation (see Appendix Section, pages 62-67) which provides feedback about Orientation to the Coordinator of Training. This feedback is utilized by the Coordinator of Training in planning
future Orientations and includes information about the highlights and/or most helpful aspects of Orientation, suggestions for improvement, and any other feedback the interns are willing to provide.

**Evaluation of Supervisors**

At the midpoint and conclusion of the training year, interns are asked to provide formal, written evaluations of each of their clinical supervisors (Primary Supervisor, Secondary Supervisor, and Supervisors of Groups), which parallel the evaluations provided to the interns over the course of the year. The training program has an ongoing commitment to evaluating and seeking to improve our work. The evaluations of supervisors are expected to involve open communication and two-way feedback that is candid and specific regarding interns’ supervisory experiences (e.g., the supervisory relationship, the facilitation of their development of clinical competencies, multicultural competency, and professional identity, etc.).

The evaluation form completed by the intern for each of his/her clinical supervisors is included in the Appendix Section (pages 87-91). After reviewing the evaluations, any areas of disagreement between an intern and a supervisor should be addressed and, where possible, resolved. After each evaluation is countersigned by the intern and supervisor, the original evaluation should be provided to the Coordinator of Training and copies to the intern and the supervisor being evaluated. The Coordinator of Training reviews all evaluation forms completed by interns for their supervisors. The evaluation process provides, if necessary, an opportunity to refine and/or modify any aspects of the supervision experience to address particular needs and recommendations for an intern’s development. At times, this may include re-assignment of the supervisory responsibilities for an intern.

**Evaluation of Professional Seminars**

Interns are asked to provide written evaluations of each Professional Seminar (see Appendix Section, pages 92-93). The information in the evaluations is reviewed by the Coordinator of Training and a summary of the feedback is given to each individual presenter. The feedback may be used by the Coordinator of Training and/or the presenter in future planning/presentation (e.g., feedback that it would be beneficial to have the seminar longer in duration).

**Evaluation of Training Modules**

Interns are asked to provide written evaluations (see Appendix Section, pages 94-95) for each of the five Training Modules at the midpoint and conclusion of the training year. The information in the evaluations is reviewed by the Coordinator of Training and a summary of the feedback is given to each Training Module presenter. The feedback may be used by the Coordinator of Training and/or the presenter in future planning/presentation.

**Evaluations of the Pre-Doctoral Internship in Psychology**

Interns are asked to provide feedback regarding the training program at the midpoint and conclusion of the training year (see Appendix Section, pages 98-104). Feedback includes all aspects of the training program such as the general work environment, supervision and didactic activities (e.g., Professional Seminars, Video Group, Training Modules, etc.), training program
coordination and leadership. The Coordinator of Training solicits informal feedback from the interns throughout the training year regarding the training program.

**Exit Interview with the Coordinator of Training**

All interns participate in an exit interview with the Coordinator of Training during the last week of their internship. This provides an additional opportunity for interns to provide feedback regarding their experiences in the training program.
Intern Selection

Internship Matching Program

As an APPIC-member, UCS participates in the APPIC Internship Matching Program. Applicants must obtain an Applicant Agreement Package from the National Matching Service and register for the Match in order to be eligible to match to our program. Applicants can request an Applicant Agreement package from NMS through the Matching Program web site at www.natmatch.com/psychint.

Application Materials

UCS utilizes the uniform psychology internship application (AAPI Online) developed by the Association of Postdoctoral and Psychology Internship Centers (APPIC) and only accepts applications submitted electronically via the APPIC AAPI Online. Applicants can access the AAPI Online through the APPIC website at www.appic.org.

A complete application for our internship program includes the following materials (please note that the AAPI Online includes all of these materials):

- Cover letter (please explain why you believe you would be a good fit with our internship program; be specific about your goals for the internship year and how you believe our training program would help you meet your goals)
- A current and complete Curriculum Vitae (including descriptions of experience and content, location and hours of clinical training)
- Copies of transcripts of all graduate work
- Three letters of recommendation from professionals, *at least two of whom are supervisors familiar with your clinical skills*

Eligibility and Selection Criteria

Applicants must meet the following *minimum requirements*:

- Enrollment in a doctoral program in counseling or clinical psychology that requires internship training
- Completion of all required coursework and supervised practicum prior to the starting date of internship
- Successful completion of comprehensive examinations prior to the ranking deadline for the APPIC Match
- Completion of 500 clinical/direct contact practicum hours
- Certified as ready for internship by their doctoral programs
Beyond these minimum requirements, the Intern Selection Committee takes into consideration preferred qualifications for applicants. These qualifications include:

- APA or CPA accredited doctoral program in counseling or clinical psychology
- Completion of 1000 total practicum hours
- Interest in and experience working in a university/college counseling center setting
- Interest in and experience providing individual short-term therapy, group therapy, outreach and consultation
- Interest in and experience providing crisis intervention and management
- Strong interest in and commitment to multiculturalism/diversity as well as experience in working with diverse clients
- Strong interpersonal skills and ability to work collaboratively

**Selection Procedures**

The Intern Selection Committee consists of at least two clinical staff members, at least one intern, and the Coordinator of Training. The selection procedures are as follows:

**Step 1:** The Coordinator of Training reviews all applications to identify applications that meet minimum requirements.

**Step 2:** Two members of the Intern Selection Committee review every completed application identified by the Coordinator of Training to meet minimum requirements (utilizing the Evaluation of Intern Applicant Materials form).

**Step 3:** Upon review of all eligible applications, the Intern Selection Committee discusses applicants and determines which to invite for an interview. In accordance with APPIC policies, we notify all applicants who submitted a complete application of their interview status.

**Step 4:** Applicants selected to be interviewed are contacted by telephone and/or e-mail to schedule an interview. Both on-site and telephone interviews are available and are conducted during the month of January. Current UCS interns often have informal contact with applicants seeking additional information about the internship.

**Step 5:** Clinical staff members available during the interview period (January) participate in the interviews of applicants. Each interview is conducted by two clinical staff members who both complete the Applicant Screening Protocol: Structured Interview and Applicant Screening Protocol: Role Play forms. A current UCS intern participates in the role play portion of the interview as a “client.” The Coordinator of Training solicits feedback from the intern at the conclusion of the interview. The interview is approximately 90 minutes and includes a structured interview and a role play based on a case vignette. It also includes time provided for applicant questions.
Step 6: In a meeting of the clinical staff, ranking of applicants is done through a process of discussion and consensus. Decisions about which applicants to eliminate from the ranking list are also made. The Coordinator of Training, in consultation with the Director, finalizes the ranking list.

Step 7: The Coordinator of Training submits the Rank Order List to the APPIC Computer Matching Program.

UCS follows all guidelines and deadlines of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and abides by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

In addition, California State University, Northridge, is an Equal Opportunity Employer and, therefore, does not discriminate against persons on the basis of age, disability, disabled veteran or Vietnam-era veteran status, gender, marital status, national origin, race, religion, or sexual orientation.
Appendix Section:
University Counseling Services  
California State University, Northridge  
Pre-Doctoral Internship in Psychology

Training Contract – Pre-Doctoral Internship in Psychology

University Counseling Services’ Pre-Doctoral Internship in Psychology has a longstanding commitment to providing quality pre-doctoral internship training. We make every effort to provide a complete and meaningful training experience that enables interns to develop the competencies outlined in our goals and objectives by the end of the internship year. This contract summarizes your responsibilities and should be signed only after careful reading and consideration.

I, __________________________________, have been provided with a copy of University Counseling Services Pre-Doctoral Internship Training Manual and related Policies, Procedures and Guidelines of UCS. After careful consideration of these materials, I agree to fulfill this contract throughout my training year.

1. I accept as my responsibility the quality of my training experience. I accept as my responsibility the reporting of any dissatisfaction with the training program, my supervisors, the training groups, or UCS in general, verbally and/or in writing to the Coordinator of Training.

2. I will attend and participate in all meetings scheduled by the training program. I recognize that attendance alone is not sufficient for success and agree to actively participate in such meetings, seminars, and supervisions, as required (e.g., preparing case reports and digital recordings for Video Group, etc.).

3. I understand and agree with the training philosophy of UCS that a central part of clinical training is sharing, and supervision of, my work. To this end, I agree to share my work both with my supervisors and the training group, consistent with confidentiality requirements. I understand that this sharing may take the form of live viewing of my work, audio-taping and/or digital recording and sharing of sessions, and other training strategies. I agree to work with these strategies of training in as open and cooperative a manner as possible.

4. I understand and agree that my Supervised Professional Experience (SPE) is designed to prepare me for the work of an entry level psychologist. Part of the training is learning to participate as a member of a team, recognizing that my behavior reflects upon UCS and my profession. I, therefore, agree to work with my clients, colleagues, and others in an open, respectful and professional manner, consistent with the highest expectations of the field.

5. I agree to complete all forms, evaluations, logs, and other paperwork, required by UCS, my academic program, and licensure boards as necessary and in a timely manner.

6. I agree to read and abide by the APA Ethical Guidelines, the state of California legal guidelines, UCS policies and procedures, and the expectations of the training program. I will discuss any questions I have in any of these areas with my supervisor, the Coordinator of Training, and/or the Director of UCS, in that order.
7. I agree to devote a minimum of 40 hours per week as a Pre-doctoral Psychology Intern and to provide the required clinical and outreach/consultation services as outlined in the UCS Pre-Doctoral Internship Training Manual.

8. I agree to be on-site at UCS during my designated working hours.

9. I agree to notify support staff in case of absence due to illness and/or emergency. I agree to consult with my supervisor(s) or the Coordinator of Training about decisions regarding scheduled clients and other scheduled obligations during this absence.

10. I agree to complete a minimum of 2000 total hours over the course of the internship year, from August 1, 2011, through July 27, 2012. If any medical or emergency situations arise during the internship year and jeopardize my ability to complete the minimum hours by the end date of the internship, I will speak immediately with the Coordinator of Training.

11. I understand that I must accumulate a minimum of 25% of my total internship hours in direct service delivery. I agree to accumulate a minimum of 500 hours of direct service delivery throughout the training year.

12. I have been given a copy of, read, and understand the Due Process and Formal Grievance Procedures contained in the Pre-Doctoral Internship Training Manual. I have been given the opportunity to ask any questions for clarification.

16. I understand that should I be unwilling or unable to abide by the terms of this contract, in spirit and/or letter, I will voluntarily withdraw from the program. If my supervisor(s) and/or the Coordinator of Training do not believe I am fulfilling the terms of this contract, I recognize that, after due process, I may be asked to leave the training program. Any violation of this agreement may be reported to the appropriate agencies and/or institutions.

__________________________________________________________________________
Intern Signature                                                                
Date

__________________________________________________________________________
Coordinator of Training Signature                                               
Date
University Counseling Services
California State University, Northridge
Pre-Doctoral Internship in Psychology

Video Group: Case Presentation Format

1. **Identifying Information**: (e.g., age, gender, race/culture, sexual orientation, relationship status, university classification, major, living situation, appearance, dress, and general self-presentation, etc.)

2. **Presenting Problems/Concerns**: (e.g., include a listing of the presenting problems/concerns from the client’s perspective as well as information about any precipitating events, duration of problems, and any prior history of such problems)

3. **Relevant Background Information**: (e.g., developmental, family, social, academic, etc.)

4. **Formulation or Conceptualization of the Problem**: (e.g., intern’s perception or understanding of the problem; may include a theory of choice)

5. **Multicultural Considerations**: (e.g., specific to the client’s presenting problems, conceptualization, and therapy approach)

6. **DSM-IV-TR Multiaxial Diagnosis**:

7. **Treatment History and Progression**: (e.g., number of contacts/sessions with you, any other UCS services, prior history of treatment/hospitalization, progression of treatment with you including barriers/challenges)

8. **Legal/Ethical/Risk Factors** (if any):

9. **Personal Challenges this Case Presents for the Intern**:

10. **Questions for the Group**: (e.g., what specific questions do you have or would you like feedback from the group about)

There are no restrictions on the kinds of questions you can ask the group. Some examples of questions for the group include:

- What do you see happening between me and the client?
- What might I be missing?
- How could I work differently with this client?
- How can I use myself more effectively with this particular client?
- What multicultural issues may be impacting my work with this client?
University Counseling Services
California State University, Northridge
Pre-Doctoral Internship in Psychology

**Formal Case Presentation**

1. **Identifying Information**: age, gender, race/culture, sexual orientation, relationship status, university classification, major, living situation, appearance, dress, and general self-presentation

2. **Presenting Problems/Concerns**: include a listing of the presenting problems/concerns from the client’s perspective as well as information about any precipitating events, duration of problems, and any prior history of such problems

3. **Relevant Background/Historical Information**: developmental, family, social, academic, medical, mental health, treatment, etc.

4. **Formulation or Conceptualization of the Problem**: perception or understanding of the problem; may include a theory of choice

5. **Multicultural Considerations**: specific to the client’s presenting problems, case conceptualization, and therapy approach

6. **DSM-IV-TR Multiaxial Diagnosis**: 

7. **Treatment Plan**: plan to address the client’s presenting problems/concerns utilizing an identified theoretical orientation

8. **Therapy Process to Date**: number of contacts/sessions with you, any other UCS services, therapeutic relationship, progression of treatment with you including goals, themes, and critical moments; how has the therapy been for you

9. **Legal/Ethical/Risk Factors** (if any):

10. **Questions for the Group**: what specific questions do you have or would you like feedback from the group about
Evaluations
California State University, Northridge
University Counseling Services
Pre-Doctoral Internship in Psychology

Evaluation of Intern Orientation: 2011-2012

In order to evaluate and improve the Intern Orientation, please rate and comment on your experience on the following items. Sections one, two, and three ask you to use the rating scale as well as comments to evaluate various meetings, trainings, tours, Professional Seminars, and social events. The items in section four are questions seeking your comments. Your individual responses to this evaluation are confidential and anonymous.

Rating Scale:
1 Poor
2 Fair
3 Satisfactory
4 Very Good
5 Outstanding

I. Section One: Meetings, Trainings, Tours, Etc.

1. Greeting & introduction to Orientation
   1  2  3  4  5
2. Overview of CSUN & UCS
   1  2  3  4  5
3. Introduction to training program including review of training manual
   1  2  3  4  5
4. Team building exercises
   1  2  3  4  5
5. Introduction to clinical services at UCS
   1  2  3  4  5
6. Front office procedures, phone/voicemail and Logitech training
   1  2  3  4  5
7. Point and Click/scheduling and record-keeping training
   1  2  3  4  5
8. Referrals on- and off-campus
   1  2  3  4  5
9. Tour of CSUN campus
   1  2  3  4  5
10. Tour of Klotz Student Health Center
   1  2  3  4  5
11. Tour of Northridge
    1  2  3  4  5
12. Tour of Disability Resources & Education Services (DRES)
    1  2  3  4  5
13. Tour of Career Center
    1  2  3  4  5
14. Round Robin: Supervision Matching Process
    1  2  3  4  5
15. Supervision & group assignments
    1  2  3  4  5
16. Calendar management
    1  2  3  4  5
17. Referrals to Psychiatry
    1  2  3  4  5
18. Intern Self-Assessment
    1  2  3  4  5
19. Intern Goals
    1  2  3  4  5
20. Meeting with Julie regarding self-assessment and intern goals
    1  2  3  4  5
21. Meetings with clinical staff members
    1  2  3  4  5
22. Role play of Intakes/Clinical Assessments
    1  2  3  4  5
23. Observation of supervisor/clinical staff intakes
    1  2  3  4  5
24. Attend TAKE Skit
    1  2  3  4  5
25. Overall quality of Orientation activities
    1  2  3  4  5

Comments (please attach additional paper, if necessary):
II. **Section Two: Professional Seminars**

1. Developmental Transitions and Stressors
   1  2  3  4  5

2. Professionalism
   1  2  3  4  5

3. Law & Ethics in a Campus Counseling Center, Part I
   1  2  3  4  5

4. Risk Assessment/Management, Part I
   1  2  3  4  5

5. Risk Assessment/Management, Part II
   1  2  3  4  5

6. Intake/Clinical Assessment, Part I
   1  2  3  4  5

7. Intake/Clinical Assessment, Part II
   1  2  3  4  5

8. Psychologist Self-Care: Heal the Healer
   1  2  3  4  5

9. Cognitive-Behavioral Treatment
   1  2  3  4  5

10. Cognitive-Behavioral Treatment of Anxiety
    1  2  3  4  5

11. Cognitive-Behavioral Treatment of Depression
    1  2  3  4  5

12. Short-Term Dynamic Psychotherapy, Part I
    1  2  3  4  5

13. Short-Term Dynamic Psychotherapy, Part II
    1  2  3  4  5

14. ExCEL
    1  2  3  4  5

15. Relaxation & Guided Imagery
    1  2  3  4  5

16. Group Psychotherapy, Part I
    1  2  3  4  5

17. Group Psychotherapy, Part II
    1  2  3  4  5

**Comments** (please attach additional paper, if necessary):
III. Section Three: Outreach

1. Introduction to Outreach & Consultation at UCS
   1  2  3  4  5

2. Training in developing Residential Life outreach of Basic Counseling Skills
   1  2  3  4  5

3. Outreach for Residential Life (Basic Counseling Skills)
   1  2  3  4  5

4. Outreach for Residential Life (Behind Closed Doors)
   1  2  3  4  5

5. Observation of outreach presentation (ExCEL at Residential Life)
   1  2  3  4  5

6. Tabling at Freshman/New Student Orientation(s)
   1  2  3  4  5

Comments (please attach additional paper, if necessary):

IV. Section Four: Social Events

1. Mini “Welcome” on first day of internship
   1  2  3  4  5

2. Lunch with Julie off-campus
   1  2  3  4  5

3. Lunch at on-campus eatery with Judy
   1  2  3  4  5

4. Full Staff Welcome Event and Lunch
   1  2  3  4  5

Comments (please attach additional paper, if necessary):
IV. **Section Five:**

1. As you think back about the Orientation weeks, what are the highlights? What did you find most helpful?

2. How did the overall schedule feel in terms of flow, amount of down time, training topics, etc.?

3. How did you feel about the Round Robin supervision matching process?
4. What suggestions do you have for improvements we can make for the Orientation?

5. Any feedback for Julie regarding her Coordinator of Training roles, such as organization and coordination of Orientation schedule, support, helping you feeling integrated into UCS, etc.?

6. Anything else you want to share?

THANK YOU VERY MUCH FOR YOUR FEEDBACK!
California State University, Northridge  
University Counseling Services  
Pre-Doctoral Internship in Psychology

Intern Self-Assessment: 2011-2012

Date: ______________________

Intern: ____________________________________________

Primary Supervisor: __________________________________

Secondary Supervisor: __________________________________

<table>
<thead>
<tr>
<th></th>
<th>Beginning of Year</th>
<th>Mid-Year</th>
<th>End of Year</th>
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<tbody>
<tr>
<td>Self-Assessment</td>
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You are asked to evaluate a variety of your skills/competencies. Your evaluation should be based on the skill/competency level typical of interns at a comparable developmental level. Please use the following scale to rate yourself on the items below and include any narrative you wish to provide:

1. Skills/competencies are considered to be significantly below average for an intern developmental level
2. Skills/competencies are considered to be below average for an intern developmental level
3. Skills/competencies are assessed to be at the average level for an intern developmental level
4. Skills/competencies are assessed to be above average for an intern developmental level
5. Skills/competencies are very developed and intern’s performance is exceptional/well above the expected level for an intern developmental level

(NB) No basis for evaluation

After completing this evaluation, please return to the Coordinator of Training.

Rating

1. Clinical assessment and diagnostic skills. _____

2. Provision of individual therapy. _____

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<table>
<thead>
<tr>
<th>Rating</th>
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<tbody>
<tr>
<td>4. Understanding of my impact on my clients and the therapeutic process.</td>
</tr>
<tr>
<td>5. Conceptualization of cases according to a stated theoretical model.</td>
</tr>
<tr>
<td>6. Formulation of a treatment plan, including goals for therapy.</td>
</tr>
<tr>
<td>7. Integration of culturally-relevant information into case conceptualization and treatment planning.</td>
</tr>
<tr>
<td>8. Assessment of client risk.</td>
</tr>
<tr>
<td>10. Case management skills.</td>
</tr>
<tr>
<td>11. Co-facilitation of process groups.</td>
</tr>
<tr>
<td>12. Provision of psycho-education and/or structured groups.</td>
</tr>
<tr>
<td>14. Design and implementation of outreach.</td>
</tr>
<tr>
<td>16. Incorporation of ethical, legal, and professional guidelines in all aspects of practice.</td>
</tr>
</tbody>
</table>
17. Working knowledge and skills in providing multi-culturally competent services.

18. Understanding of one’s worldview and awareness of one’s identities (e.g., race, SES, sexual orientation, ability, gender, religion/spirituality, etc.) within a social context.

19. Integration of professional practice and scholarly inquiry.


21. Ability to work and collaborate with others in a professional manner.

22. Ability to develop and maintain effective professional relationships (e.g., with clients, colleagues, members of community, etc.).

23. Personal and professional awareness.

24. Openness to learning and feedback in training and supervision.

25. Ability to fulfill professional expectations and responsibilities.

_________________________________________________________________________
Intern

_________________________________________________________________________
Date
You are asked to evaluate the intern’s demonstrated skills in intake evaluation/clinical assessment. Your evaluation should be based on the skill/competency level expected of an intern at a comparable developmental level. Please use the following scale to rate the intern on the items below:

1. Skills/competencies are considered to be significantly below average for an intern developmental level
2. Skills/competencies are considered to be below average for an intern developmental level
3. Skills/competencies are assessed to be at the average level for an intern developmental level
4. Skills/competencies are assessed to be above average for an intern developmental level
5. Skills/competencies are very developed and intern’s performance is exceptional/well above the expected level for an intern developmental level

(NB) No basis for evaluation

After completing this evaluation, please review it with the intern and provide a copy to the intern and the Coordinator of Training.

Section I

1. Presents self in a professional manner (e.g., punctual, attire, greeting).

2. Manner of reviewing confidentiality, obtaining informed consent, and informing clients of intern status.
3. Effectiveness in developing rapport.

4. Ability to accurately identify client presenting problem(s) and obtain relevant information.

5. Ability to assess mental status and level of functioning of client.

6. Demonstration of awareness and sensitivity to multi-cultural issues.

7. Ability to conceptualize and offer initial diagnostic impressions.

8. Ability to generate treatment recommendations.

9. Effectiveness in organizing information collected during the intake.

10. Effectiveness in written presentation.


SECTION I: TOTAL SCORE:

**SECTION II: Risk Assessment**

1. Ability to accurately assess client’s level of risk.

2. Ability to respond appropriately to immediate crisis, as necessary.

3. Utilization of consultation, when clinically appropriate.

SECTION II: TOTAL SCORE:

Please note that **a total score of at least 26 is needed in Section I** to be cleared for independent intakes with no ratings of (1) Skills/competencies are considered to be significantly below average for an intern developmental level. In addition, **a total score of at least 8 is needed in Section II** to be cleared for independent intakes with no ratings of (1) Skills/competencies are considered to be significantly below average for an intern developmental level. If an intern does not achieve these minimal scores, you may **not** clear the intern to conduct intakes independently. In such cases, additional observed intakes are required.

Please check below which rating applies:

_____ Intern is ready to conduct intakes independently.

_____ Recommend intern complete an additional observed intake to address recommended area(s) for improvement.

**Specific strengths (please attach additional paper, if necessary):**
Specific recommendations for intern’s further development/growth (please attach additional paper, if necessary):

______________________________________________________________________________________________

Supervisor                                                                                   Date

______________________________________________________________________________________________

I have read this evaluation and append the following comments, if any (with additional sheets, as needed):

______________________________________________________________________________________________

Intern                                                                                       Date
Name of Intern: _______________________________  Semester: _______  Year: ___________

Name of Supervisor: ____________________________  

Methods of Evaluation (check all that apply):

☐ Client File Review  ☐ Tape Review
☐ Case Presentation  ☐ Client Satisfaction Survey
☐ Co-Counseling  ☐ Direct Observation
☐ Case Discussion

RATING SCALE:

5  Skills/competencies are assessed to be very developed and intern’s performance is significantly above the expected level for an intern development level

This rating indicates that the intern is performing exceptionally, well above the level expected for an intern successfully completing the pre-doctoral internship. This includes skills/competencies that are far beyond what is ordinarily seen at this level.

4  Skills/competencies are assessed to be above average for an intern developmental level

This rating indicates that the intern is performing very well and is surpassing expectations. This includes skills/competencies beyond what is ordinarily seen at this level.

3  Skills/competencies are assessed to be average or expected for an intern developmental level

This rating indicates that the intern is performing at the expected level of an intern who is meeting expectations. The intern is doing well and is on track in this area to successfully complete the pre-doctoral internship. It would be expected that interns would receive a large number of 3 ratings.

2  Skills/competencies are assessed to be below average for an intern developmental level

This rating indicates that the intern is performing below the expected level. 2 ratings identify areas in which an intern requires additional focus in training (e.g., further work, focused supervision, additional supervision).

1  Skills/competencies are assessed to be significantly below average for an intern developmental level

This rating indicates that the intern is performing significantly below the expected level. Interns are likely to require formal remediation in this area to try to bring their skills/competencies up to an expected level.
**GOAL 1:** Interns will develop knowledge and the ability to apply psychological knowledge and skills in preparation for entry-level psychologist positions

### Objective A: Interns will develop and demonstrate competence in clinical assessment

* **Competency 1:** Interns will develop and demonstrate competence in intake/clinical assessment, diagnostic, and case conceptualization skills
  - a. Demonstrates ability to develop rapport in intake/clinical assessment process
  - b. Demonstrates ability to accurately assess client presenting concern(s)
  - c. Demonstrates ability to gather relevant background information
  - d. Demonstrates ability to assess mental status and level of functioning
  - e. Demonstrates ability to accurately assess client's level of risk
  - f. Demonstrates ability to respond appropriately to immediate crisis/risk, as necessary
  - g. Demonstrates differential diagnosis skills
  - h. Demonstrates ability to conceptualize client concerns (informed by relevant psychology theories)
  - i. Demonstrates awareness and sensitivity to multicultural issues, including in regard to presentation, presenting concerns, diagnosis, and conceptualization
  - j. Demonstrates ability to generate treatment recommendations
  - k. Demonstrates knowledge of and ability to utilize on- and off-campus resources
  - l. Demonstrates ability to seek out and integrate supervision and/or consultation, when clinically appropriate
  - m. Demonstrates ability to write effective, comprehensive intake/clinical assessment reports
  - n. Demonstrates ability to produce written documentation of intake/clinical assessment in a timely manner

### Objective B: Interns will develop and demonstrate competence in individual intervention skills

* **Competency 2:** Interns will develop and demonstrate competence in individual therapy (with an emphasis on short-term therapy)
  - a. Demonstrates ability to establish rapport and effective working alliances with clients
  - b. Demonstrates ability to effectively attend to client-therapist differences (e.g., culture, race, ethnicity, gender, sexual orientation, SES, etc.)
  - c. Demonstrates ability to empathize with clients and address client behavior in a non-judgmental way
  - d. Demonstrates ability to articulate and practice short-term treatment model(s)
  - e. Demonstrates ability to integrate theoretical knowledge of diverse populations with professional practice
  - f. Demonstrates the ability to consider social, contextual, and systemic factors in treatment planning
  - g. Demonstrates ability to develop collaborative short-term treatment goals with clients
  - h. Demonstrates ability to utilize appropriate and well-timed interventions based on case conceptualization and client needs
  - i. Demonstrates ability to select and implement interventions/treatment that is responsive to, and respectful of, a client's identities and cultural context
  - j. Demonstrates ability to conduct a working phase of therapy leading to improved functioning on outcome dimensions
  - k. Demonstrates ability to utilize empirically validated treatments in clinical practice, where appropriate
  - l. Demonstrates ability to assess treatment progress and outcomes
m. Demonstrates awareness and management of reactions to clients
n. Demonstrates awareness and management of clients’ reactions to therapist
o. Demonstrates ability to responsibly perform case management
p. Demonstrates ability to respond to and manage any crisis situations that arise during the course of treatment
q. Demonstrates ability to seek out and integrate supervision and/or consultation, when clinically appropriate
r. Demonstrates ability to address issues of termination in a timely and appropriate manner
s. Demonstrates ability to write accurate, clear, and concise case notes
t. Demonstrates ability to write accurate, clear, and concise termination summaries
u. Demonstrates ability to produce written documentation of individual therapy sessions in a timely manner

*Competency 3: Interns will develop and demonstrate competence in the provision of crisis intervention and management
  a. Demonstrates ability to recognize crisis situations
  b. Demonstrates ability to develop rapport with clients in crisis
c. Demonstrates ability to accurately assess crisis situations
d. Demonstrates ability to implement appropriate interventions in crisis situations
e. Demonstrates awareness and understanding of ethical and legal considerations related to crises
f. Demonstrates awareness and sensitivity to multicultural issues
g. Demonstrates ability to seek out and integrate supervision and/or consultation regarding crises, as appropriate
h. Demonstrates knowledge of and ability to utilize on- and off-campus resources
i. Demonstrates ability to manage cases over the course of crises
j. Demonstrates willingness to work with people in crisis
k. Demonstrates ability to manage one’s own feelings during crises
l. Demonstrates appropriate documentation of crises
m. Demonstrates ability to produce written documentation of crises in a timely manner

Objective C: Interns will develop and demonstrate competence in the provision of group therapy
*Competency 4: Interns will develop and demonstrate competence in the provision of therapy/process groups and structured/psycho-educational groups (*Objective C, Competency 4 is addressed in a separate evaluation form, Intern Evaluation of Group Therapy)
Objective D: Interns will develop and demonstrate knowledge of providing outreach, consultation, and supervision

* Competency 5: Interns will demonstrate the ability to engage in effective consultation
   a. Demonstrates ability to gather information necessary to offer appropriate recommendations
   b. Demonstrates ability to provide consultation to various constituent groups (e.g., parents, faculty, staff)
   c. Demonstrates ability to engage in consultation with off-campus professionals in the clinical realm
   d. Demonstrates ability to collaborate with student groups, faculty, and staff
   e. Demonstrates ability to initiate and develop consultative and outreach special rotation for the summer
   f. Demonstrates effectiveness in consultative and outreach special rotation during the summer

Comments: ____________________________________________________________________________________

* Competency 6: Interns will demonstrate the ability to develop and facilitate psycho-educational programs and/or presentations
   a. Demonstrates ability to utilize preliminary needs assessment and/or information gather in developing programs/presentations
   b. Demonstrates ability to identify and utilize literature relevant to topics in the development of programs and/or presentations
   c. Demonstrates ability to develop original psycho-educational program and/or presentations
   d. Demonstrates ability to develop programs and/or presentations to specific audiences and/or specific needs (including unique needs of specific populations, i.e., traditionally underserved students, first generation students, etc.)
   e. Demonstrates multicultural awareness and sensitivity in development and facilitation of programs
   f. Demonstrates basic facilitation skills in delivery of outreach programs (e.g., group process skills, appropriate use of experiential exercises or activities)

Comments: ____________________________________________________________________________________

* Competency 7: Interns will obtain knowledge of theories and methods of supervision
   a. Attends Training Modules specifically focused on theories and methods of supervision
   b. Demonstrates active participation in Training Modules specifically focused on theories and methods of supervision
   c. Completes assigned readings for Training Modules specifically focused on theories and methods of supervision

Comments: ____________________________________________________________________________________
Goal 2: Interns will develop professionalism, including knowledge, skills, behavior, and relationships, in preparation for entry-level psychologist positions

Objective E: Interns will demonstrate knowledge and practice of ethical and legal guidelines

*Competency 8: Interns will develop and demonstrate ethical decision making and knowledge of, and adherence to, the laws and regulations in California

___ a. Demonstrates knowledge of and adherence to the APA Ethics Code
___ b. Demonstrates the ability to recognize ethical issues that emerge in the course of professional practice
___ c. Demonstrates utilization of an ethical decision making model
___ d. Demonstrates knowledge of California laws and regulations related to the practice of psychology
___ e. Demonstrates the ability to recognize ethical and legal issues that emerge in the course of professional practice
___ f. Seeks supervision and/or consultation in a timely manner to address ethical and legal issues
___ g. Demonstrates integration of ethical and legal standards in all competency areas
___ h. Demonstrates ability to discuss the impact of ethical and legal issues on self and practice

Comments:
____________________________________________________________________________________
____________________________________________________________________________________

Objective F: Interns will develop and demonstrate multicultural competence

*Competency 9: Interns will develop and demonstrate multicultural competence in psychological knowledge and skills, across all clinical competency areas, and within interpersonal interactions

___ a. Demonstrates knowledge about the nature and impact of multicultural issues
___ b. Demonstrates awareness of self in the context of diversity
___ c. Demonstrates awareness of one's multiple identities (e.g., race, SES, sexual orientation, etc.) within a social context and how such may impact therapeutic relationships
___ d. Demonstrates ability to effectively attend to client-therapist differences (e.g., culture, race, ethnicity, gender, sexual orientation, SES, etc.)
___ e. Demonstrates commitment and action towards developing multicultural competence
___ f. Demonstrates ability to integrate knowledge of diverse populations with clinical practice
___ g. Demonstrates multiculturally-sensitive assessment, diagnosis, and conceptualization
___ h. Demonstrates multiculturally-sensitive intervention and treatment
___ i. Demonstrates multiculturally-sensitive crisis intervention and management
___ j. Demonstrates multiculturally-sensitive outreach and consultation
___ k. Demonstrates multiculturally-sensitive group treatment
___ l. Demonstrates importance of consulting with supervisors/clinical staff when encountering unfamiliar multicultural issues
___ m. Addresses multicultural issues in supervision
___ n. Demonstrates sensitivity to multicultural issues in interpersonal interactions

Comments:
____________________________________________________________________________________
____________________________________________________________________________________

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Objective G: Interns will demonstrate the ability to integrate scholarly inquiry into professional practice

* Competency 10: Interns will demonstrate the ability to integrate theory and science of psychology into their professional work and practice

a. Demonstrates knowledge of and ability to apply theory and research to practice
b. Demonstrates knowledge of and ability to apply empirically validated treatments to clinical practice, where appropriate
c. Demonstrates ability to integrate learning from training seminars and modules into practice
d. Demonstrates ability to review relevant scholarly literature and integrate into professional activities
e. Demonstrates ability to develop Formal Case Presentations and present to agency clinical staff
f. Demonstrates ability to develop Professional Seminars and present to agency clinical staff
g. Demonstrates ability to develop outreach programming and present to campus community
h. Demonstrates ability to work toward completion of their dissertations/doctoral projects

Objective H: Interns will demonstrate appropriate and effective professional interpersonal relationships

* Competency 11: Interns will develop and maintain effective professional relationships and collaborations with clients, colleagues, and members of the campus community

a. Presents self in a professional manner and maintains appropriate professional image
b. Demonstrates commitment and action towards growth in one's professional identity
c. Demonstrates the ability to communicate in an appropriate and effective manner given the professional context, including in difficult or challenging interactions
d. Demonstrates awareness of one's impact on others
e. Demonstrates awareness of the impact of verbal and non-verbal communications
f. Demonstrates effective and collaborative relationships with clients
g. Demonstrates effective and collaborative relationships with peers/intern cohort
h. Demonstrates effective and collaborative relationships with support staff
i. Demonstrates effective and collaborative relationships with clinical staff
j. Demonstrates effective and collaborative relationships with psychiatrists
k. Demonstrates effective and collaborative relationships with supervisors
l. Demonstrates ability to provide feedback to and support peers as well as receive such feedback and support
m. Demonstrates being a team player and taking on responsibilities, when needed
n. Demonstrates ability to work with university faculty and staff in interdisciplinary collaboration (e.g. referrals to other departments or professionals on campus)

Objective I: Interns will demonstrate personal and professional self-awareness and reflection

* Competency 12: Interns will demonstrate the ability to engage in self-awareness and self-reflection that leads to accurate self-assessment

a. Reflects upon and reviews professional performance (e.g., review session recordings)
b. Demonstrates the ability to accurately identify strengths and areas of growth and effectively address such
c. Demonstrates ability to identify goals for the training year and to modify such goals, as appropriate
d. Demonstrates awareness of one's own personal identity, worldview, values, attitudes, and biases, and the potential impact on others, personally and professionally

e. Demonstrates ability to monitor adjustment problems, personal stress, and emotional responses

f. Demonstrates the ability to fulfill responsibilities while managing emotional responses and stress

g. Demonstrates the ability to engage in effective relationships while managing stressors and emotional responses

h. Demonstrates ability to address self-care needs

Objective J: Interns will engage in supervision and training experiences in a meaningful way
*Competency 13: Interns will demonstrate an openness to learning and feedback in training and supervision activities

a. Demonstrates appropriate responsibility for learning and engagement in learning activities

b. Demonstrates openness to feedback and ability to accept constructive feedback non-defensively

c. Works responsibly and collaboratively with supervisor (e.g., providing recordings in a timely manner)

d. Demonstrates ability to integrate training and supervision into clinical work

e. Demonstrates willingness to expose areas of growth and take risks in training and supervision activities

f. Exhibits ability to negotiate dependency and autonomy needs with supervisor

g. Demonstrates ability to keep supervisor informed of all significant issues (e.g., safety/dangerousness, ethical/legal issues) in a timely manner

h. Seeks additional supervision and/or consultation, when needed

Objective K: Interns will demonstrate integrity and accountability for professional activities
*Competency 14: Interns will fulfill professional expectations and responsibilities

a. Demonstrates active participation in all agency activities (e.g., staff meetings, intake/case disposition meetings, case conferences, etc.)

b. Demonstrates active participation in all training activities

c. Demonstrates active participation in all supervision activities

d. Demonstrates active participation in all evaluative activities

e. Fulfills all intern service responsibilities and requirements

f. Fulfills time commitments (e.g., arriving and leaving as scheduled, on time for all professional activities)

g. Maintains appropriate deportment (e.g., professional dress, personal hygiene, demeanor)

h. Completes documentation responsibly and submits in a timely manner

i. Demonstrates knowledge of and adherence to professional values

j. Demonstrates the ability to identify situations that challenge professional values and to seek supervisor guidance, as needed

Comments:

#DIV/0!
Supervisor's overall rating of the intern's performance is:

☐ NO CONCERN  ☐ SOME CONCERN  ☐ SERIOUS CONCERN

Please comment on the intern's strengths: ______________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Please provide recommendations for intern's further development/growth and/or remediation, if necessary:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Intern: I have read this evaluation and append the following comments, if any (with additional sheets, as needed):

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Intern ___________________________ Date _________________

Supervisor ___________________________ Date _________________
INTERN EVALUATION FORM: GROUP THERAPY

Name of Intern: ___________________  Semester: ________  Year: ____________

Group: ___________________________  Supervisor of Group: __________________

Methods of Evaluation (check all that apply):

☐ Co-Facilitating  ☐ Client File Review  ☐ Tape Review
☐ Case Discussion  ☐ Client Satisfaction Survey  ☐ Direct Observation

RATING SCALE:

5  Skills/competencies are assessed to be very developed and intern's performance is significantly above the expected level for an intern development level

   This rating indicates that the intern is performing exceptionally, well above the level expected for an intern successfully completing the pre-doctoral internship. This includes skills/competencies that are far beyond what is ordinarily seen at this level.

4  Skills/competencies are assessed to be above average for an intern developmental level

   This rating indicates that the intern is performing very well and is surpassing expectations. This includes skills/competencies beyond what is ordinarily seen at this level.

3  Skills/competencies are assessed to be average or expected for an intern developmental level

   This rating indicates that the intern is performing at the expected level of an intern who is meeting expectations. The intern is doing well and is on track in this area to successfully complete the pre-doctoral internship. It would be expected that interns would receive a large number of 3 ratings.

2  Skills/competencies are assessed to be below average for an intern developmental level

   This rating indicates that the intern is performing below the expected level. 2 ratings identify areas in which an intern requires additional focus in training (e.g., further work, focused supervision, additional supervision).

1  Skills/competencies are assessed to be significantly below average for an intern developmental level

   This rating indicates that the intern is performing significantly below the expected level. Interns are likely to require formal remediation in this area to try to bring their skills/competencies up to an expected level.
Objective C: Interns will develop and demonstrate competence in the provision of group therapy

* Competency 4: Interns will develop and demonstrate competence in the provision of therapy/process groups and structured/psychoeducational groups

   a. Demonstrates ability to actively recruit group members
   b. Demonstrates ability to conduct group screenings and determine appropriateness for group therapy
   c. Demonstrates ability to articulate a theoretical understanding of group therapy
   d. Demonstrates ability to integrate theoretical knowledge of diverse populations in group therapy
   e. Demonstrates ability to establish rapport and effective working alliances with group members
   f. Demonstrates awareness of and sensitivity to multicultural issues
   g. Demonstrates knowledge of and ability to deal with phases of group therapy
   h. Demonstrates ability to identify and understand group content and group process
   i. Demonstrates ability to facilitate group process meaningfully and therapeutically
   j. Demonstrates ability to articulate a rationale for utilizing an intervention
   k. Demonstrates ability to effectively utilize interventions as needed from individual, interpersonal, and group-as-a-whole frameworks
   l. Demonstrates ability to assess group progress and outcomes
   m. Demonstrates awareness and management of reactions to clients
   n. Demonstrates awareness and management of clients' reactions to therapist
   o. Demonstrates awareness of self in the context of diversity (e.g., how one's own attitudes, stimulus value, and related strengths and limitations may affect the counseling process)
   p. Demonstrates ability to respond to and manage any crisis situations that arise during the course of group
   q. Demonstrates ability to address issues of termination in a timely and appropriate manner
   r. Demonstrates ability to develop structured, psycho-educational groups
   s. Demonstrates ability to facilitate structured, psycho-educational groups
   t. Demonstrates ability to work effectively with co-leader/facilitator
   u. Demonstrates ability to seek out supervision and/or consultation, when clinically appropriate
   v. Demonstrates ability to write accurate, clear, and concise group notes
   w. Demonstrates ability to produce written documentation in a timely manner

Comments: ____________________________________________________________

______________________________________________________________________
Objective J: Interns will engage in supervision and training experiences in a meaningful way

*Competency 13: Interns will demonstrate an openness to learning and feedback in training and supervision activities

- a. Demonstrates appropriate responsibility for learning and engagement in learning activities
- b. Demonstrates openness to feedback and ability to accept constructive feedback non-defensively
- c. Works responsibly and collaboratively with supervisor (e.g., providing recordings in a timely manner, initiating discussions
- d. Demonstrates ability to integrate training and supervision into clinical work
- e. Demonstrates willingness to expose areas of growth and take risks in training and supervision activities
- f. Exhibits ability to negotiate dependency and autonomy needs with supervisor
- g. Demonstrates ability to keep supervisor informed of all significant issues (e.g., safety/dangerousness, ethical/legal issues) in a timely manner
- h. Seeks additional supervision and/or consultation, when needed

#DIV/0!

Comments: __________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Please comment on the intern's strengths: __________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Please provide recommendations for intern's further development/growth and/or remediation, if necessary:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Supervisor's overall rating of the intern's performance is:

☐ NO CONCERN  ☐ SOME CONCERN  ☐ SERIOUS CONCERN

Intern: I have read this evaluation and append the following comments, if any (with additional sheets, as needed):

Intern _____________________________________________ Date _____________

Supervisor _____________________________________________ Date _____________

UNIVERSITY COUNSELING SERVICES
PRE-DOCTORAL INTERNSHIP IN PSYCHOLOGY

INTERN EVALUATION FORM: OBSERVED OUTREACH

Name of Intern: ___________________________________________  Date: ____________________

Outreach title: ____________________________________________

Department or Audience: __________________________________

Name of Observer: ________________________________________  □ Supervisor  □ Other clinical staff observer

RATING SCALE:

S Demonstration of these skills are assessed to be satisfactory

This rating indicates that the intern is performing at an expected level and performance is satisfactory

NI Demonstration of these skills are assessed as needing improvement

This rating indicates that the intern has performed below the expected level and skills require further development and improvement to be deemed acceptable

NB No basis for evaluation or Not applicable

1. The intern spoke clearly and concisely
2. The intern made good eye contact with the audience
3. The intern engaged and interacted with the audience
4. The intern conveyed information to audience in an articulate manner
5. The intern provided a presentation that was well-organized, followed a logical sequence, and flowed well
6. The intern's presentation style facilitated participant involvement
7. The intern handled questions effectively
8. The intern effectively managed her/his public speaking anxiety
9. The intern utilized electronic media in an effective manner that enhanced the presentation
10. The intern demonstrated ability to develop a presentation that was specific to the audience and/or needs (including unique needs of specific populations, e.g., traditionally underserved students, first generation students, etc.)
11. The intern demonstrated multicultural awareness and sensitivity in development and facilitation of the presentation
12. The intern demonstrated ability to identify and utilize literature relevant to the topic of the presentation
13. The intern demonstrated ability to work collaboratively with co-presenter(s)

Average score: ____________________

Please comment on the strengths' of the intern's outreach presentation/facilitation: ____________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________
Please provide recommendations for intern's further development/growth in outreach presentation/facilitation:


Supervisor  ___________________________  Date  ___________________________
Supervisor Evaluation: 2011-2012

Date: ____________________________

Intern: __________________________________________

Primary/Secondary/Group Supervisor (please circle): ____________________________

If Group Supervisor, Name of Group: ____________________________

<table>
<thead>
<tr>
<th></th>
<th>Mid-Year</th>
<th>Final</th>
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</thead>
<tbody>
<tr>
<td>Primary/Secondary/Group Supervisor</td>
<td></td>
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</tbody>
</table>

Please use the following scale to rate your supervisor on the items below:

1---------------------------2---------------------------3---------------------------4---------------------------5

Not at all                  Greatest Degree Possible

(1) = Supervisor did not demonstrate this supervisory skill OR supervisor was ineffective or unhelpful in implementing it.

(2) = Supervisor infrequently demonstrated this supervisory skill. Supervisor implemented this skill in a slightly effective and helpful manner.

(3) = Supervisor occasionally demonstrated this supervisory skill. Supervisor implemented this skill in a somewhat effective and helpful manner.

(4) = Supervisor consistently demonstrated this supervisory skill. Supervisor implemented this skill in an effective and helpful manner.

(5) = Supervisor consistently demonstrated this supervisory skill and is a clear strength for this supervisor. Supervisor implemented this skill in a very impactful, effective, and helpful manner.

NB = No basis for judgment

After completing and reviewing this evaluation with your Primary supervisor, please provide copies to your Primary supervisor and the Coordinator of Training.

Supervisor Activities

1. My supervisor helped me set and revise my learning goals, as needed.  ______
2. My supervisor was clear about his/her expectations for supervision and for me as a trainee.

3. My supervisor fostered a learning environment that was both supportive and challenging.

4. My supervisor followed my cases and provided timely feedback.

5. My supervisor provided me with constructive and helpful feedback throughout the course of supervision.

6. My supervisor provided an overall evaluation of my strengths and developmental needs in a balanced, constructive, and ongoing way.

7. My supervisor used video recordings/other modalities of supervision to help me hone my clinical skills and better understand myself as a clinician.

8. My supervisor facilitated my skill development in individual intervention skills (e.g., clinical assessment and diagnosis, crisis intervention, case conceptualization and treatment planning, short-term therapy).

9. My supervisor facilitated my skill development in providing group therapy.

10. My supervisor helped define and clarify treatment goals for therapy.

11. My supervisor provided suggestions and ideas for therapy without imposing his/her own style.

12. My supervisor helped and encouraged me to explore theoretical orientation(s) that are a good fit for me and to find my clinical style.

13. My supervisor helped me recognize and articulate my personal feelings and reactions when it was relevant.

14. My supervisor helped me develop awareness of, and attend to, multicultural issues in my clinical work.

15. My supervisor attended to multicultural issues within the supervision dyad.

16. My supervisor discussed, acknowledged, and considered the power differential within the supervisory relationship and encouraged discussion about its impact and implications.

17. My supervisor monitored legal, ethical, and professional issues, and helped me to recognize and analyze potential concerns/dilemmas.

18. My supervisor was available when needed (e.g., emergencies, crisis consultation).

19. My supervisor provided appropriate resources (e.g., scholarly materials).

20. I felt that my supervisor respected me as an emerging professional.

21. My supervisor showed evidence of commitment to my training.
22. My supervisor willingly examined the supervisee/supervisor relationship and asked for feedback about the supervision experience.

23. My supervisor identified and addressed conflicts in the supervisory dyad in constructive ways.

24. My supervisor maintained clear and professional boundaries (e.g., not a therapist, not a friend).


26. My supervisor modeled and encouraged a commitment to ongoing professional and personal development.

27. My supervisor was knowledgeable about the policies and procedures of the agency and helped me better understand these policies and procedures.

28. My supervisor advanced my ability to work effectively as a member of a professional team.

Rating

Please comment on the following aspects of the supervisory process: (please attach additional sheets, as needed)

1. What has been most helpful about your work with your supervisor?

2. What characteristics of your supervisor’s approach to supervision were instrumental in facilitating your learning?
3. What aspects of your work with your supervisor have been least helpful?

4. What characteristics of your supervisor or approaches to supervision seemed to least facilitate your learning?

5. Did you feel sufficiently challenged in your work, allowing you to grow as a therapist and expand your counseling abilities? If so, in what ways were you challenged and how has your work changed as a result?
6. Other Comments:

________________________________________________________________________
Intern ........................................................................................................ Date
________________________________________________________________________
Supervisor ................................................................................................ Date
California State University, Northridge
University Counseling Services
Pre-Doctoral Internship in Psychology

Professional Seminar: Evaluation Form

Title: ________________________________

Presenter(s): ________________________________

Date: ________________________________

Please assist us by evaluating this seminar presentation. Your feedback is essential in planning future seminars. Please use the scale below to rate items 1-5 below:

5 = Strongly agree   2 = Disagree
4 = Agree            1 = Strongly Disagree
3 = Neutral          N/A = Not Applicable

1. The topic was relevant to my training. ______

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

3. Supportive/scholarly materials (readings, overheads, handouts) were helpful in furthering my learning. ______

4. Examples of application(s) of information on this topic were used to further my learning. ______

5. I was comfortable asking questions. ______

6. What characteristics of the facilitator or teaching strategies facilitated your learning?
7. The most helpful part of the seminar was:

8. How could we improve this program:

9. Other comments:
California State University, Northridge
University Counseling Services
Pre-Doctoral Internship in Psychology

Training Module: Evaluation Form

Title: ____________________________________________________________

Presenter(s): ________________________________________________

Date: _________________________________________________________

<table>
<thead>
<tr>
<th>(Training Module topic)</th>
<th>Mid-Year</th>
<th>Final</th>
</tr>
</thead>
</table>

Please assist us by evaluating this Training Module. Your feedback is essential in future planning. Please use the scale below to rate items 1-5 below:

5 = Strongly agree  
4 = Agree  
3 = Neutral  
2 = Disagree  
1 = Strongly Disagree  
N/A = Not Applicable

1. Information from this Training Module contributed to skill development in this area. ______

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

3. Supportive/scholarly materials (readings, overheads, handouts) were helpful in furthering my learning. ______

4. Examples of application(s) of information on this topic were used to further my learning. ______

5. I was comfortable asking questions. ______

6. What characteristics of the facilitator or teaching strategies facilitated your learning?
7. The most helpful part of the Training Module was:

8. How could we improve this Training Module:

9. Other comments:
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 use the following scale to rate the intern on the items below:

1. **Presentation and clarity of presenting problems/concerns.**
2. **Presentation of relevant background/historical information.**
3. **Thoroughness and accuracy of clinical assessment and diagnosis.**
4. **Conceptualization of case according to a stated theoretical model.**
5. **Multicultural considerations with regard to presenting concern(s), case conceptualization, treatment planning, and intervention.**
6. **Attention to ethical/legal/risk factors, if any.**
7. **Course of treatment including therapy goals, themes, and critical moments.**
8. **Quality of therapeutic relationship.**

After completing this evaluation, please return it to the Coordinator of Training.

| 1. | Presentation and clarity of presenting problems/concerns. | Rating |
| 2. | Presentation of relevant background/historical information. | Rating |
| 3. | Thoroughness and accuracy of clinical assessment and diagnosis. | Rating |
| 4. | Conceptualization of case according to a stated theoretical model. | Rating |
| 5. | Multicultural considerations with regard to presenting concern(s), case conceptualization, treatment planning, and intervention. | Rating |
| 6. | Attention to ethical/legal/risk factors, if any. | Rating |
| 7. | Course of treatment including therapy goals, themes, and critical moments. | Rating |
| 8. | Quality of therapeutic relationship. | Rating |
9. Commitment to and concern for client welfare.
   Rating

    Rating

11. Ability to receive constructive feedback.
    Rating

12. Ability to respond appropriately to questions.
    Rating

Specific strengths (please attach additional paper, if necessary):

Specific recommendations for intern’s further development/growth (please attach additional paper, if necessary):
California State University, Northridge  
University Counseling Services  
Pre-Doctoral Internship in Psychology

**Evaluation of the Training Program: 2011-2012**

Date: ______________________

Please complete the following evaluation of the Training Program. Your feedback is important to us and assists us in evaluating and improving the internship. Your individual responses to the items are *confidential and anonymous*, and will be reported to the staff on an aggregate basis only. Feel free to use additional paper for comments, as necessary.

<table>
<thead>
<tr>
<th>Pre-Doctoral Internship in Psychology</th>
<th>Mid-Year</th>
<th>Final</th>
</tr>
</thead>
</table>

Please use the following scale to rate the Training Program on the items below:

1 = Poor  
2 = Fair  
3 = Satisfactory  
4 = Very Good  
5 = Outstanding  
NB = No basis for judgment

*After completing this evaluation, please forward to the Coordinator of Training.*

<table>
<thead>
<tr>
<th>Section I: General Work Environment</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Work Facilities</td>
<td></td>
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<tr>
<td>Intern offices</td>
<td></td>
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<tr>
<td>Technology</td>
<td></td>
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<tr>
<td>Front office support staff</td>
<td></td>
</tr>
<tr>
<td>Group rooms</td>
<td></td>
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<tr>
<td>Conference/training room</td>
<td></td>
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<tr>
<td>Availability of equipment and supplies</td>
<td></td>
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<tr>
<td>Parking</td>
<td></td>
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<tr>
<td>Comments:</td>
<td>Rating</td>
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</tbody>
</table>

### Section II: Clinical and Professional Growth

#### Development of Clinical Competency

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake/clinical assessment skills</td>
<td></td>
</tr>
<tr>
<td>Short-term therapy skills</td>
<td></td>
</tr>
<tr>
<td>Crisis intervention and management skills</td>
<td></td>
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<tr>
<td>Group therapy skills</td>
<td></td>
</tr>
<tr>
<td>Multicultural competency in assessment and intervention</td>
<td></td>
</tr>
<tr>
<td>Outreach and consultation skills</td>
<td></td>
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<tr>
<td>Knowledge of theories and methods of supervision</td>
<td></td>
</tr>
<tr>
<td>Written reports (intake summaries, case notes, termination summaries)</td>
<td></td>
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</tbody>
</table>

#### Multicultural Competency

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure to diverse clientele</td>
<td></td>
</tr>
<tr>
<td>Training in multicultural competency</td>
<td></td>
</tr>
<tr>
<td>Multicultural competency development integrated throughout training program</td>
<td></td>
</tr>
<tr>
<td>Opportunities to consult regarding multicultural client issues</td>
<td></td>
</tr>
</tbody>
</table>

#### Comments:

...
Development of Professionalism

Professional Ethics and Practice
- Training in ethical and legal issues
- Exposure to ethical/legal issues and dilemmas
- Opportunities for consultation were available

Comments:

Professional Relationships
- Quality of relationships with clinical staff
- Commitment to training and supervision among supervisory staff
- Treatment of interns reflected respect
- Opportunity for peer support
- Open door policy for consultation and support
- Opportunities for participation and input in center decisions
- Ethical and professional work environment

Comments:

Professional Identity Development
- Sufficient opportunity and support for my professional development
- Adequate professional role models and mentoring was available
- Supported in developing my own therapeutic style
- Received educative and emotional support in my job search
- Functioned as part of a multidisciplinary team
- Personal growth was encouraged
Comments:                          Rating

Supervision and Didactic Activities
Supervision

Comments:

Video Group/Group Supervision

Comments:

Professional Seminars

Comments:

Training Modules

Comments:
Intake/Case Disposition Meeting

Comments:

Rating

Case Conference

Comments:

Pacing of the Training Program

Intake training process

Assignment of cases and caseload balance

Exposure to crisis intervention/Walk-in emergency/triage (Spring)

Experience in case management and disposition

Group therapy co-facilitation experience

Overall pacing of training program experience

Comments:
Relevance of Training to Career Goal(s)

The training experience was very helpful in preparing me to assume the role of an entry-level professional.

I feel competent to work as a staff psychologist in a university counseling center or in an agency rendering similar services.

The experiences and training I received are highly relevant to applied practice in other treatment settings.

Comments:

Section III: Training Program Coordination and Leadership

Experience with Coordinator of Training

Leadership of training program

Coordination of training year

Balance of support and challenge

Communication with interns

Understands developmental level of intern(s)

Helpfulness in professional development and experience

Availability to interns

Solicited, valued, and considered my input regarding the Training Program

Overall quality of experience with Coordinator of Training

Comments:
**Overall rating of Training Program**

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>The internship environment was generally supportive</td>
</tr>
<tr>
<td>The training manual was clear and user-friendly</td>
</tr>
<tr>
<td>The internship offered breadth of experience</td>
</tr>
<tr>
<td>The internship offered depth of experience</td>
</tr>
<tr>
<td>The internship was sufficiently challenging to me</td>
</tr>
<tr>
<td>The internship experience met my expectations</td>
</tr>
</tbody>
</table>

**Comments:**

Thank you very much for your time, effort, and honest feedback in completing this evaluation of the Pre-Doctoral Internship in Psychology at University Counseling Services!
California State University, Northridge
University Counseling Services

Informed Consent

University Counseling Services provides a broad range of professional counseling services to California State University, Northridge, students. As part of that mission, Pre-Doctoral Psychology Interns, usually in their last year of doctoral training, provide some of the direct counseling services for our students. We ask that you read and sign the following in order that you may receive the best possible services:

I understand that my counselor, ____________________________, is an unlicensed, pre-doctoral intern under the direct supervision of a licensed psychologist or mental health professional. I agree to treatment by this intern, with the understanding that his/her work will be supervised using audio, video, or digital recording. These recordings will be maintained under strict confidentiality and used only for supervision purposes.

My counselor has provided me with the name of his/her supervisors and contact information for this supervisor:

____________________________________________________

(818) 677-2366

____________________________________________________

Should you have any questions about this document and/or the Pre-Doctoral Internship in Psychology, you may contact: Julie Pearce, Psy.D., Coordinator of Training, at (818) 677-2366, or Mark Stevens, Ph.D., Director of Counseling, at (818) 677-2364.

_________________________________________  ___________________________
Student signature                                      Date

_________________________________________  ___________________________
UCS Staff/Intern signature                           Date
California State University, Northridge  
University Counseling Services  
Pre-Doctoral Internship in Psychology

Voicemail Recordings (Samples)

Standard Message

You have reached the confidential voicemail of ____________________, Pre-Doctoral Psychology Intern at University Counseling Services, California State University, Northridge.

If you are calling during regular working hours, Monday through Friday, 8:00 a.m. – 5:00 p.m., and would like to speak to someone at our reception desk, please call (818) 677-2366. Otherwise, please leave a message and I will return your call as soon as possible. It would be helpful if you could leave me times that I would best be able to reach you.

If you are calling with a life-threatening emergency, please hang up now and dial 911 or go to your nearest emergency room immediately.

Thank you for calling.

Winter Break/Out of Office Message

You have reached the confidential voicemail of ____________________, Pre-Doctoral Psychology Intern at University Counseling Services, California State University, Northridge. Our office is currently closed for Winter Break and will re-open on ________________.

If you would like to leave me a non-urgent message I can respond to when I return to the office, please do so after the tone.

If you are calling with a life-threatening emergency, please hang up now and dial 911 or go to your nearest emergency room immediately.

Thank you for calling.
California State University, Northridge
University Counseling Services
Pre-Doctoral Internship in Psychology

Crisis Consultation Protocol for Interns

Crisis situations often happen unexpectedly and can be anxiety producing. It is important to manage your own feelings during a crisis event and to seek supervision or consultation immediately. As you know, we have an established “Open Door” culture in our Center wherein staff members are available to interns for immediate consultation and/or supervision, as necessary. Do not hesitate to contact us. We encourage you to err on the side of consultation. The following protocol has been developed to guide you in seeking assistance and helping the client achieve the best possible care:

1. See if intern’s supervisor is available (door open, Point and Click, phone call, etc.). If supervisor is not immediately available, determine if the consultation can wait until the supervisor is available (e.g., could be 15 minutes until the supervisor is out of session).

2. If supervisor is not available and/or the length of time waiting for the supervisor is too long, intern looks for the Coordinator of Training.

3. If the Coordinator of Training is not available and/or the length of time waiting for her is determined to be too long, intern sees if On-Call Counselor is available (e.g., door open, Point and Click, phone call, etc.).

4. If On-Call Counselor is not available and/or the length of time waiting for the On-Call counselor is too long, the intern should see if there is another counselor available (e.g., door open, Point and Click, phone call, etc.).

5. If another counselor is not available and/or the length of time waiting for another counselor is determined to be too long, the intern should contact the Director.

6. If the Director is not available and/or the length of time waiting for the Director is determined to be too long, the intern will interrupt his/her Primary Supervisor, Secondary Supervisor, Coordinator of Training, On-Call Counselor, or any other clinical staff member.

7. If at any time your personal safety is of concern, alert the support staff by calling them or proceeding to the front desk.

8. When the crisis has subsided, remember to debrief.
Global Assessment of Functioning Scale (GAF)
Guidelines for the College/University Setting
* adapted by the UC Davis Counseling and Psychological Services (CAPS)

Consider psychological, social and school functioning on a hypothetical continuum of mental health that measure functionality. Do not include impairments due to physical or environmental limitations. Use intermediate scores…55, 65, etc. as needed. Bulleted scores serve as “examples” of issues, symptoms and behaviors that could exist within the scoring range, but are not meant to be all-inclusive. Placement within each range should reflect extent of issues/symptoms/behaviors and their impairment upon a student’s functioning.

100-91 Superior functioning in a wide range of activities, life’s problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.

90-81 Absent or minimal symptoms. Good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.
- Concern about someone, such as roommate, friend, relative
- Mild anxiety before an exam
- Concern about developmental issue such as changing major, graduating

80-71 If symptoms are present, they are transient and expectable reactions to psychosocial stressors. Functioning, particularly in relation to schoolwork may transiently decline, but overall functionality remains intact.
- Interpersonal struggles and accompanying emotional distress
- Mild to moderate anxiety or stress related academic concerns
- Dysphoria and cognitive preoccupation with issues pertaining to the breakup of a love relationship

70-61 Some mild to moderate symptoms or some difficulty in social or school functioning, but generally able to maintain functioning with some meaningful relationships.
- Occasionally missing classes or late on academic deadlines as result of emotional distress
- Interpersonal connections present but less than desired. Inadequate support network
- Distress or relationship or roommate conflicts – beginning to cause some degree of functional decline
- Depressed mood with mild vegetative symptoms: difficulty with sleep, low energy, mild degree of restlessness and/ or inability to relax, mild increase or decrease in appetite and/or libido.
Moderate symptoms and/or moderate difficulty in social or school functioning (e.g. few friends, conflicts with peers or co-workers).
- Few friends, frequent conflicts with peers or roommates
- Frequently missing classes, exams, and academic deadlines as a result of interfering emotional distress or –dropping of classes due to stress, withdrawing from clubs/organizations
- Suicidal thoughts with no clear accompanying plans or intent
- Feelings of hopelessness/helplessness/pessimism
- Heightened distressing affect – tearful/crying episodes, irritability, fear
- Moderate level of panic episodes w/ accompanying difficulty in modulating degree of agitation
- Non-serious self-mutilation – cutting or scratching self to induce pain, but without serious self-injury
- Intrusive thoughts, obsessions and/or compulsions with little control over their occurrence, heightened accompanying affective distress and some deterioration of behavior

Serious symptoms or any serious impairment in social, occupational, or school functioning.
- Strong suicidal ideation with clear presence of plan, intent and other risk factors with raise the likelihood of acting upon suicidal thoughts
- Recent serious suicidal attempt, with continuing depressive symptoms
- Poor impulse control with explosive behavior – threatened roommate, classmates or faculty member
- Severe obsessive-compulsive rituals
- No friends – inability to keep a job
- Inability to carry on with usual daily routine – missing most of classes and deadlines for more than a week
- At GAF 50 and below, hospitalization may be indicated, depending upon degree of risk for self-harm and/or harm to others

Some impairment in reality testing or communication or major impairment in several areas such as work or school, family relations, judgment, thinking or mood.
- Avoids/neglects relationships/family, unable to work & is failing at school
- Acute depression with psychotic features, brief psychotic episode, manic episode with some impairment in reality testing
- Disorganized thought and behavior. Speech is at times illogical, obscure, irrelevant
- At GAF 40 and below, hospitalization is almost always indicated.

Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g. sometimes incoherent, behavior is disorganized – acts grossly inappropriate, active suicidal behavior) OR inability to function in almost all activities of daily life.
20-01 **Strong and imminent danger of hurting self or others** (e.g. potentially lethal suicide attempts and/or self-mutilation, frequently violent, severe manic excitement) **OR**

**inability to maintain minimal personal hygiene or gross impairment in communication** (e.g. largely incoherent or mute).

*This document has been adapted by Drs. Will Pannabecker at St. Edward’s University and Dr. Russ Federman at University of Virginia to apply more directly to a college/university population. The adaption did not modify the substance of the GAF- just added descriptors to categories to facilitate application to the university student population.*
## Medical Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Alcoholics Anonymous</td>
</tr>
<tr>
<td>ADD</td>
<td>Attention Deficit Disorder</td>
</tr>
<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
</tr>
<tr>
<td>AH</td>
<td>Auditory Hallucination</td>
</tr>
<tr>
<td>AMA</td>
<td>Against Medical Advice</td>
</tr>
<tr>
<td>ATU</td>
<td>Alcohol Treatment Unit</td>
</tr>
<tr>
<td>A/V</td>
<td>Audio/Visual Hallucinations</td>
</tr>
<tr>
<td>BAD</td>
<td>Bipolar Affective Disorder</td>
</tr>
<tr>
<td>BID</td>
<td>Twice a day</td>
</tr>
<tr>
<td>BIW</td>
<td>Twice a week</td>
</tr>
<tr>
<td>CA</td>
<td>Cocaine Anonymous</td>
</tr>
<tr>
<td>CBC</td>
<td>Complete Blood Count</td>
</tr>
<tr>
<td>C &amp; L</td>
<td>Consultation and Liaison</td>
</tr>
<tr>
<td>CVA</td>
<td>Stroke</td>
</tr>
<tr>
<td>DM</td>
<td>Diabetes Mellitus</td>
</tr>
<tr>
<td>DTC</td>
<td>Day Treatment Center</td>
</tr>
<tr>
<td>Dx</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>ECT</td>
<td>Electro-convulsive Therapy</td>
</tr>
<tr>
<td>ETOH</td>
<td>Ethyl Alcohol</td>
</tr>
<tr>
<td>FTD</td>
<td>Formal Thought Disorder</td>
</tr>
<tr>
<td>HA</td>
<td>Headache</td>
</tr>
<tr>
<td>H/H</td>
<td>Hemoglobin/Hematocrit (for anemia)</td>
</tr>
<tr>
<td>HS</td>
<td>At Bedtime</td>
</tr>
<tr>
<td>H Status/HI</td>
<td>Homicide Status/Homicidal ideation</td>
</tr>
<tr>
<td>HTN</td>
<td>Hypertension</td>
</tr>
<tr>
<td>IC</td>
<td>Impulse Control</td>
</tr>
<tr>
<td>IOR</td>
<td>Ideas of Reference</td>
</tr>
</tbody>
</table>
## Medical Abbreviations (continued)

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I/J</td>
<td>Insight/Judgment</td>
</tr>
<tr>
<td>LFT</td>
<td>Liver Function Test</td>
</tr>
<tr>
<td>MJ</td>
<td>Marijuana</td>
</tr>
<tr>
<td>MI</td>
<td>Myocardial Infarction/Mental Illness</td>
</tr>
<tr>
<td>MMPI</td>
<td>Minnesota Multiphasic Personality Inventory</td>
</tr>
<tr>
<td>MMSE</td>
<td>Mini Mental Status Exam</td>
</tr>
<tr>
<td>MS</td>
<td>Mental Status</td>
</tr>
<tr>
<td>MSE</td>
<td>Mental Status Exam</td>
</tr>
<tr>
<td>NP</td>
<td>Neuropsychiatry</td>
</tr>
<tr>
<td>MVA</td>
<td>Motor Vehicle Accident</td>
</tr>
<tr>
<td>OCD</td>
<td>Obsessive Compulsive Disorder</td>
</tr>
<tr>
<td>Ox3</td>
<td>Orientation x3 spheres or areas (sometimes 4)</td>
</tr>
<tr>
<td>PC</td>
<td>After Meals</td>
</tr>
<tr>
<td>PD</td>
<td>Panic or Personality Disorder</td>
</tr>
<tr>
<td>PET</td>
<td>Psychiatry Emergency Team</td>
</tr>
<tr>
<td>PI</td>
<td>Paranoid Ideation</td>
</tr>
<tr>
<td>P&amp;N</td>
<td>Psychiatry and Neurology</td>
</tr>
<tr>
<td>PRN</td>
<td>As Necessary/As Needed</td>
</tr>
<tr>
<td>Psychol</td>
<td>Psychology</td>
</tr>
<tr>
<td>Psychiat</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post Traumatic Stress Disorder</td>
</tr>
<tr>
<td>QD</td>
<td>Every Day</td>
</tr>
<tr>
<td>QH</td>
<td>Every Hour</td>
</tr>
<tr>
<td>QID</td>
<td>4x Per Day</td>
</tr>
<tr>
<td>R/O</td>
<td>Rule Out</td>
</tr>
<tr>
<td>RTC</td>
<td>Return to Clinic</td>
</tr>
<tr>
<td>Rx</td>
<td>Prescribe/prescriptions</td>
</tr>
<tr>
<td>SATU</td>
<td>Substance Abuse Treatment Unit</td>
</tr>
<tr>
<td>SCPT</td>
<td>Schizophrenia, Paranoid Type</td>
</tr>
<tr>
<td>SCUT</td>
<td>Schizophrenia, Undifferentiated Type</td>
</tr>
</tbody>
</table>
### Medical Abbreviations (continued)

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHC</td>
<td>Student Health Center</td>
</tr>
<tr>
<td>SI/HI</td>
<td>Suicidal/Homicidal Ideation</td>
</tr>
<tr>
<td>S Status</td>
<td>Suicide Status</td>
</tr>
<tr>
<td>SI</td>
<td>Suicidal Ideation</td>
</tr>
<tr>
<td>TC</td>
<td>Thought Content</td>
</tr>
<tr>
<td>TD</td>
<td>Tardive Dyskinesia</td>
</tr>
<tr>
<td>TFT</td>
<td>Thyroid Function Test</td>
</tr>
<tr>
<td>TID</td>
<td>Three Times Daily</td>
</tr>
<tr>
<td>TP</td>
<td>Thought Process</td>
</tr>
<tr>
<td>Tx</td>
<td>Treatment</td>
</tr>
<tr>
<td>UA</td>
<td>Urine Analysis</td>
</tr>
<tr>
<td>VH</td>
<td>Visual Hallucination</td>
</tr>
<tr>
<td>WAIS</td>
<td>Wechsler Adult Intelligence Scale</td>
</tr>
<tr>
<td>WBC</td>
<td>White Blood Count</td>
</tr>
</tbody>
</table>
California State University, Northridge
University Counseling Services
Pre-Doctoral Internship in Psychology

**Intern End-of-Year Completion List: 2011-2012**

Please check off the tasks listed below as you complete them. Return the list, with the appropriate signatures, to Julie Pearce, Coordinator of Training. You will receive your Completion of Internship Certificate after completing all internship responsibilities/requirements.

1. Complete the End-of-the-Year evaluations of each of your supervisors (Primary, Secondary, and Supervisor of Group) and forward them to Julie after both you and your supervisor(s) have reviewed and signed them.

2. Review with your supervisors (Primary, Secondary, and Supervisor of Group) the End-of-the-Year Intern Evaluations they have completed and forward them to Julie after both you and your supervisor(s) have signed them.

3. Complete and return the End-of-the-Year Evaluation of the Pre-Doctoral Internship in Psychology to Julie.

4. Complete and return the End-of-the-Year Self-Assessment to Julie.

5. Provide Julie with copies of your Weekly Summary logs of your internship hours.

6. Complete termination summaries for all clients seen for three (3) or more sessions and give to your supervisors for review and co-signatures; *make sure you give your supervisors adequate time to review and co-sign before your actual departure.*

7. Follow-up, as needed, to make sure that any clients you have referred to staff have been appropriately transferred.

8. Provide Julie with a copy of a Video Group Presentation.

9. Provide Julie with a copy of your Formal Case Presentation.


11. Provide Julie with a list of your outreach activities for the training year.

12. Provide Julie with electronic copies of your outreach (for shared drive).

13. Return borrowed books from professional library to Julie.

14. Meet with Julie for an Exit Interview.

15. Provide Julie with your current contact information.

16. Erase all audiotapes and return them to Lily.
17. Remove all client information (e.g., intake write-up’s, case notes, videos) from your computers and return all equipment to Lily (e.g., cassette recorders, microphones, thumb drives).

18. Clean out your office.

19. Return your office key to Lily.

20. Provide your password for your voicemail message to Lily so that we can retrieve messages left after your departure and determine an appropriate response.

_________________________________________  Date

Intern Signature

_________________________________________  Date

Lily Legarda Signature

_________________________________________  Date

Julie Pearce, Coordinator of Training, Signature
Board of Psychology Documents

Supervision Agreement:
http://www.psychboard.ca.gov/applicants/sup-agreement.pdf

Verification of Experience Form:

Professional Therapy Never Includes Sex (copy included in back of Training Manual):
Weekly Summary of Pre-Doctoral Internship Hours
APA Documents

Ethical Principles of Psychologists and Code of Conduct (copy included in back of Training Manual):

Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists:
http://www.apa.org/pi/multiculturalguidelines/formats.html

Guidelines for Psychological Practice with Lesbian, Gay, & Bisexual Clients:

Guidelines for Psychological Practice with Girls and Women

Guidelines for Assessment of and Intervention with Persons with Disabilities:

Policy Statement on Evidence-Based Practice in Psychology

Record Keeping Guidelines: