



CALIFORNIA STATE UNIVERSITY, FULLERTON

Division of Student Affairs

Counseling and Psychological Services

P.O. Box 6830, Fullerton, CA 92834-6830 / T 657-278-3040 / F 657-278-2971



INTERN TRAINING MANUAL 2023-2024

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Introduction

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Fall, 2023 Group Supervision Schedule
3:00-4:30pm (unless noted)

Date	General Group Supervision
August 3* 8-10am	Intro & Cultural Selves
August 7* 1-3pm	Intro & Cultural Selves
August 15	Open Forum
August 22	Open Forum
August 29	Open Forum
September 5	Diem
September 14* 1-2:30pm	Hannah
September 19	Maddy
September 26	Open Forum
October 3	Diem
October 10	Hannah
October 17	Maddy
October 24	Open Forum
October 31	Diem
November 7	Hannah
November 14	Maddy
November 20* 10:30-12	Open Forum
November 28	Diem
December 5	Hannah
December 12	Maddy
December 19	End of semester wrap up

The intern presenter listed for General Group Supervision will do a full, in-depth presentation (including video) on a specific case on that date. During Open Forum meetings, all interns are expected to have at least one client or clinical/professional issue in mind to discuss. Video is welcome, but not required during open forum.

CAPS COUNSELOR FACULTY
2023-2024

Name	CA License Number
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Megan Bonyngne, M.S.	LFMT 113637
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Nicole Enrique, Psy.D.	PSY 32458
Jacquelyn Gerali, M.S., PPSC	LPCC 7944
Phi Loan Le, Psy.D.,	PSY 15447
Jessica Leone, M.S.	LMFT 122568
Jaqueline Mai, M.A.	LMFT 113212
Ladan Maleki, Ph.D.	PSY 25553
Lolita Mariscal-Carrano, M.S.W.	LCSW 80114
Solomon Massin, II, M.S.W.	LCSW 27641
Julie Meisels, Ph.D.	PSY 20108
Valerie Minchala, Ph.D.	PSY 24860
David Mitchell, Psy.D.	PSY 29943
Joeline Navarro, M.S.	LMFT 130610
Annie Petrossian, Ph.D.	PSY 24068
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Jaime Sheehan, Ed.D.	LMFT 46877
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<https://www.fullerton.edu/campusmap/>



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TRAINING GUIDELINES AND PROCEDURES

CAPS Training Program Overview

Training Program Description

Counseling and Psychological Services (CAPS) at Cal State Fullerton offers an extensive, APA-accredited Doctoral Internship in Health Service Psychology for doctoral-level graduate students in clinical and counseling psychology programs. Since CAPS provides services to all registered students at CSUF, we are able to provide interns with a wide variety of experiences within the clinical and educational services of the center. Training and competence in providing developmentally appropriate clinical assessment and individual therapy services to a culturally diverse, adult college student population is emphasized. In addition to individual therapy, interns have the opportunity to participate in the co-facilitation or process observation of group psychotherapy with a counselor faculty. Interns participate in outreach activities such as classroom presentations, workshops, liaison with campus programs and departments, resource fairs and consultation with faculty, staff and student groups. In addition, interns might have opportunities to guest lecture in an undergraduate level class. Interns provide triage and crisis services, as well as attend meetings and undertake special projects that are typical of university counseling center settings. CAPS' training program focuses on the following areas of professional skill development and competence:

- Generalist Clinical Practice
- Providing Brief, Time-limited Therapy
- Multicultural Counseling and Working with Diverse Populations
- Crisis Intervention
- Providing Outreach and Liaison Services
- Professional Development Issues and Processes

Interns will be exposed to a variety of therapeutic modalities and styles, and will gain experience working with a wide range of psychological disorders. Throughout the training year, interns will address a range of developmental, ethical, and professional issues that are common to mental health practice in university counseling center settings. CAPS' training program typically includes opportunities for the following activities:

- Providing individual and group counseling within the brief therapy model
- Conducting walk-in and triage crisis assessments
- Conducting initial consult evaluations
- Providing clinical supervision to peer
- On-site individual and group supervision
- Administrative tasks such as clinical documentation and case management
- Consultation with CAPS counselor faculty and health professionals at the Health Center
- Consultation with in-house psychiatric staff

- Didactic seminars focused on a variety of clinical and professional topics
- Participation in weekly staff meetings and clinical team meetings
- Providing psycho-educational programming, outreach, and liaison services to the CSUF campus
- Numerous opportunities for increased self-reflection, self-awareness, and overall professional development

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

*Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE,
Washington, DC
20002 Phone: (202)
336-5979
Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation*

Expectations for Serving a Diverse Community

Clients at CAPS present with a wide range of diagnostic concerns including depression and other mood disorders, anxiety and panic disorders, substance abuse, eating disorders, physical and sexual abuse, and relationship issues. CAPS serves a diverse clientele, one that parallels the cultural diversity of the CSUF campus community in a number of ways. As such, CAPS places a high value on the appreciation of diversity, which is conceptualized broadly and across many dimensions. This is evident when engaging with our multicultural, multi-lingual, multi-disciplinary staff, as well as in our ongoing efforts to provide comprehensive, and culturally-sensitive services to our clients and the campus community. The internship program supports these efforts, and places an emphasis on the development of culturally competent knowledge, awareness, and skills for our interns.

Interns training in our center are expected to develop competencies to effectively serve diverse populations, including clients whose identity, beliefs, worldview, or cultural background may create personal conflict with those of the intern. While we respect trainees' right to maintain their personal belief systems, the training of professional psychologists who can serve a diverse public necessitates both the trainees' and trainers' openness to learning, introspection, cognitive flexibility, and exploration of personal beliefs, attitudes, and values. The training program at CSUF CAPS upholds the statement developed by the Education Directorate of the APA, and approved by the APA Board of Educational Affairs in 2013 entitled, *Preparing Professional Psychologists to Serve a Diverse Public*. This statement may be found online at the following address:

<http://www.apa.org/ed/graduate/diversity-preparation.aspx> , as well as in the Professional Guidelines section of the Appendix of this manual.

Interns have the opportunity to work with a team of multidisciplinary supervisors and counselor faculty (i.e., licensed psychologists, marriage and family therapists, social worker, psychiatrist, and psychiatric nurse practitioner) who are diverse in their backgrounds and theoretical orientations (e.g., psychodynamic, humanistic, interpersonal process, cognitive-behavioral, feminist, multicultural, self-psychology, and integrative). In our commitment to providing the highest quality training experience, supervisors assist each intern to develop learning objectives, supply training opportunities consistent with those objectives, provide ongoing feedback, and evaluate the interns' performance. The CAPS department is part of the larger CSUF Student Wellness area, which also includes the following departments: Health Services (HS), and TitanWell (TW). Psychiatric services are designated as part of CAPS' services.

Although these departments are tied administratively, Student Wellness departments reside in several buildings. The main CAPS offices are housed (along with Physical Therapy and Sports Rehabilitation) in the SHCC-East building and in Titan Hall (beginning fall 2021). HS and TW are located in the SHCC-West building. Intern offices are located in the SHCC-East CAPS building. CAPS, HS, and TW utilize a combined reception area in the front of the SHCC-West building. CAPS clients (for interns and counselor faculty in SHCC-East) check in at this reception area, and either wait in the adjoining waiting areas for their counselor to retrieve them, or walk next door to wait for their counselor in the front foyer of the main CAPS building.

Interns are considered to be counselor faculty of the counseling center during their tenure in the program. Given this, they are expected to follow CAPS' policies and procedures (as well as relevant Student Wellness, and CSUF policies and procedures) while practicing here. However, due to their status as interns, there are some policies that apply differently to interns. Some examples include recording clinical sessions and having all clinical notes co-signed by a supervisor. Licensed counselor faculty who supervise comprise the Training Team, and are available for further consultation about the ways that certain differences in operations and procedures apply to interns. Although the CAPS Director may or may not be directly involved in providing supervision to interns, the Director is considered a member of the training faculty, and maintains administrative, consultative, and supervisory access to all training-related activities, documentation, consultation, etc.

Licensure Hours

The doctoral internship at CSUF is a 40 hr/wk, 12-month, 1,800-hour internship. To complete the internship, interns will need to accrue at least 1800 SPE hours. Twenty-five percent (25%) of the total number of Supervised Professional Experience (SPE) hours earned must be in direct service activities. Interns utilizing their full vacation,

personal leave, holiday leave, and sick time will NOT have accrued 1800 hours, so interns should be aware of how their use of leave time will impact their total SPE hours and ability to meet the minimum requirements of the internship.

Application and Selection Process

CAPS participates in the national APPIC Internship Match Program and abides by APPIC Match policies (for more information see: www.appic.org). This includes the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Minimum and Preferred Applicant Qualifications

Applicants for our doctoral internship must meet the following *minimum* requirements:

- Enrollment in an APA- or CPA-accredited 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
- Certified as ready for internship by their doctoral program

In addition to the minimum requirements outlined above, the Intern Selection Committee takes into consideration *preferred* qualifications for applicants. These qualifications include:

- Completion of at least 500 AAPI Intervention and Assessment hours prior to the application date, at least 100 of which are with adults
- 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

Application Instructions

Applicants must submit all application materials online via the Applicant Portal on APPIC's webpage (Please see www.appic.org for further instructions). In order to be considered for a position, applicants must submit all of the following materials by the posted application deadline:

- Completed APPIC Application for Psychology Internship (APPI) form.

- Cover letter that includes a description of your interests in our internship program, your previous relevant clinical and academic experiences, and how completing an internship at CUSF CAPS fits into your short- and long-term goals.
- Current curriculum vita.
- Official transcripts for all graduate work.
- Three letters of recommendation utilizing the current APPIC Standardized Reference Form. At least two letters must be from supervisors that are familiar with your clinical skills.

Applicants should note that the CSUF CAPS Doctoral Internship in Health Service Psychology **does not sign additional contracts with academic training programs** above and beyond contracts related to participation in the APPIC Match, and **does not complete additional competency evaluations** beyond those developed by and integrated into the internship program itself.

Selection Process

All complete applications received by the deadline are considered. Interviews are conducted by phone with members of our Selection Committee. After a final discussion of candidates, the Selection Committee submits our rank list to NMS.

In considering prospective applicants for our internship program, CAPS adheres to the CSU system-wide and campus-specific policies pertaining to discrimination and harassment in the selection and hiring process.

System-wide Guidelines for Affirmative Action Programs in Employment

The California State University (CSU) is committed to maintaining and implementing employment policies and procedures in compliance with applicable nondiscrimination and affirmative action laws and regulations. It is CSU policy to provide equal employment opportunity for all persons regardless of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, and veteran status.

Cal State Fullerton will not tolerate acts of discrimination or harassment based upon Protected Classes, or related retaliation against or by any employee or student.

All final candidates for employment at California State University, Fullerton may be required to undergo and successfully complete criminal background screening plus psychological, drug and alcohol screening as a condition of employment.

Background screenings will be conducted after the Match. Applicants who match to our program but do not successfully pass the background screening will be dismissed from the internship (see APPIC Match Policy 6b). Convictions will not automatically disqualify job candidates. The seriousness of the crime, the date of conviction, and the specific job applied for will be considered.

Candidates selected for the position must complete the sign-in process by the date that employment begins. This includes signing the Oath of Allegiance and presenting verification of work authorization status and completing Section 1 of the I-9 form. Under Federal law, CSUF may employ only individuals who are legally able to work in the United States. If offered a position, candidates will be required to present proof of eligibility to work in the United States as required by the Immigration Reform and Control Act of 1986, prior to employment.

Training Program Philosophy and Program Aims

The doctoral psychology internship at CAPS is designed to be a forum for advanced learning of and practice in the art and the science of psychology in a setting where the open-ended nature of development is recognized and valued. We assist our interns in refining their practice as it formed through both the processes of experiential practice and engagement of scholarly knowledge. Our program is grounded in a strong emphasis on the development of practitioners who have a working knowledge of accepted ethical and legal standards of practice, and who conduct themselves and their practice within these guidelines. We work to facilitate the development of psychologists who are able to practice competently and independently in a number of domains.

While we recognize that one's internship setting may not be reflective of one's ultimate

career path, our program is designed with an emphasis on strengthening skills in areas that are typical of professional work in university counseling center settings. We strive to train generalists who are adept in providing competent and effective psychotherapy, assessment, and crisis intervention for diverse populations and communities within a brief model. We value a philosophy of wellness and prevention, which is exemplified in the importance we place on providing collaborative outreach and consultation to our campus community.

Finally, we support and encourage the ongoing process of professional development, recognizing the significance of self-awareness and productive self-reflection throughout this process. The internship year is a time where interns engage in ongoing process of identity development with increasing level of autonomy as the year progresses. An integral component of this process includes continual reflective practice, where interns are encouraged to examine evidence-based practices and theories, as well as their identities as psychologists-in-training. In adhering to a relational-empowering training philosophy, training is designed to guide interns through the transition from a student role to that of an entry level professional. Growth is fostered through reciprocal and ongoing feedback within a supportive environment. Ultimately, we strive to train interns who will subsequently enter the field as competent, ethical, and compassionate professionals. The specific program aims are as follows:

1. **To foster the professional development, identity, and values necessary for effective and ethical practice as a psychologist.**
2. **To develop the skills and competencies necessary for entry-level professional practice with diverse populations.**

Rights and Responsibilities of Interns

CAPS' counselor faculty, including interns, are expected to adhere to all CAPS and university guidelines, policies, procedures, relevant state and federal laws, and the current APA *Ethical Principles of Psychologists and Code of Conduct*. Interns are reminded that use of the term "Doctor" in absence of an earned doctorate (or not correcting others who use the term "Doctor" to describe them) is an ethical violation.

Interns are expected to follow the policies and procedures as set forth in this manual, and to clarify, if needed, the information provided herein. Interns are expected to view training as a learning process— to be open to engaging in new activities, and taking appropriate risks to expand their development as clinicians. Along these lines, interns are expected to make mistakes and to utilize such experiences as opportunities to learn more about themselves and to improve as clinicians. CAPS maintains the following additional expectations of interns:

1. To act and present themselves in a professional manner at all times, to include general standards of professional dress and decorum.
2. Establish appropriate professional and collegial relationships (e.g., seeking

- consultation appropriately, providing consultation effectively to peers and staff, respecting privacy, and functioning as part of a team).
3. To do their best to provide competent, appropriate services to clients, and to consult with a supervisor when they feel that a situation has occurred that may be outside of their scope of competence.
 4. To discuss in supervision those behaviors, personal characteristics, and concerns which might aid or interfere with their effectiveness as a counselor. Interns agree to address issues/conflicts in a timely manner and follow the due process outlined in the manual.
 5. To follow the ethical guidelines of the American Psychological Association, as this is the expectation for counselor faculty at CAPS in general.
 6. To participate actively in supervision and in other training activities, preparing accordingly for such meetings.
 7. To provide constructive feedback to peers, supervisors, and areas related to the training program. In general, interns are expected to contribute to the furtherance of the training program by providing honest feedback about their experience during evaluation periods, or at other times, as pertinent.
 8. To manage personal stress and emotional responses in a way that does not result in inferior professional services to the client or interfere with job responsibilities.

In turn, interns can expect a number of things from CAPS. These expectations are as follows:

1. Interns can expect to receive 2 hours of individual supervision by the primary supervisor each week.
2. Interns can expect to be provided with supervision for at least 10% of the total timeworked each week.
3. Interns can expect to receive additional training and supervision in the form of regular training seminars, regular group supervision, and individual consultation as needed.
4. Interns can expect to be treated respectfully, as developing professionals, and with a degree of independence and autonomy that is reflective of their status as an intern, their years of experience and academic training, and their status as licensed or unlicensed practitioners.
5. Interns can expect the faculty and staff of CAPS to value their training experience, and to put forth an appropriate amount of effort to maximize the interns' experience, while balancing their own needs and those of the center and their clients.
6. Interns can expect CAPS to be a welcoming place, finding value in a wide variety of cultures, lifestyles, and belief systems.
7. Interns can expect the faculty and staff of CAPS to operate competently, ethically, and in accordance with the ethical principles and guidelines of the American Psychological Association and relevant state laws.
8. Interns can expect that their concerns and feedback, both positive and

- constructive, will be heard, appreciated, and considered in the context of decision-making about the training program and operation of CAPS as a whole.
9. Interns can expect that CAPS faculty and staff will also make mistakes, as such is the case for any provider, regardless of years of experience or licensure status, but that staff will attempt to learn from such mistakes in the overall, ongoing effort of becoming better practitioners and supervisors.
 10. Interns can expect to receive honest, respectful feedback from faculty and staff in the effort to help them improve their skills and overall professional development.
 11. Interns can expect to receive a balance of support and challenge throughout this growth process.
 12. Interns can expect faculty and staff to act and present themselves in a professional manner at all times.

Supervision and Trainee Privacy

We recognize that interns are vulnerable given their standing in CAPS and the profession. To foster high quality supervision, a team approach is used by the training staff in which clinical supervision work will be processed during supervision team meetings. Supervisors may video record supervision sessions for training purposes. Interns can expect to be informed when taping occurs, and can expect that such recorded sessions will be kept confidential to the training staff.

Supervisors are expected to regard personal information shared by trainees with utmost respect. Information provided to supervisors is to be used to help supervisees in their professional and personal development. It is important to note that unlike in therapy, confidentiality does not apply to information shared by trainees in supervision because supervision is a function shared by all training team members. Counselor faculty do consult each other about their trainees in order to support the supervisor's responsibility to provide appropriate support, direction, and evaluation. If trainees choose to share particularly sensitive material with their supervisors, they and the supervisor should discuss what aspects of that information might be pertinent for a supervisor to share with the training team.

The Training Coordinator or individual supervisor may consult with the CAPS Director regarding exceptional circumstances or concerns with an intern. Although the Training Coordinator will not formally evaluate interns during General Group Supervision, the TC will provide input to individual supervisors about an intern's performance during these meetings.

We hope this policy will not dissuade interns from sharing important information as we recognize the value of appropriate disclosure in promoting personal and professional growth.

Multiple Relationships

Training is an area particularly vulnerable to multiple relationship issues. Consultation with the Training Coordinator and/or training committee should be sought when there is a question about a potentially problematic multiple relationship involving interns or potential interns. The following guidelines will be used to minimize or prevent problematic relationships:

- Interns who are also enrolled in classes at CSUF will not be eligible for services at CAPS, and will be required to seek mental health services through the benefits provided to them as employees of the university.
- In the event that an intern desires or needs crisis intervention from CAPS, a counselor least involved with the individual's training may provide limited crisis intervention services to the intern to help her/him gain stability and support. The counselor will refer the intern to outside resources for any follow up treatment.
- It is unethical and prohibited for a professional CAPS staff member to engage in a sexual or romantic relationship with a CAPS intern.
- Interns who are participating on the search committee for the subsequent class of interns should make known to the chair of the committee any prior relationship they may have with an applicant. Depending on the nature of the relationship, the chair may request that the intern recuse him or herself from dealings with that applicant. As with all of the search process, interns are expected to keep all information about the applicants, the interviews, and the selection process confidential within the search committee.
- CAPS counselors should not provide therapy to CSUF students enrolled in a class they are currently teaching.

DESCRIPTION OF INTERNSHIP ACTIVITIES

Orientation

The interns participate in an initial, structured orientation period at the outset of their training year, which includes specific didactic and practical training modules. Training modules will cover information about the agency and institution (structure, operations, policies and procedures as related to provision of psychological services), special populations and campus constituencies that interns will be working with at CAPS, and ethical and professional issues. Prior to seeing clients, interns will complete HIPAA training, along with a number of other required trainings (see section on “Other Required Training & Work Requirements”). The orientation period will also provide an opportunity for the interns to get to know one another, to be introduced to the staff, and to begin learning about the expectations of them as interns and about the agency culture as a whole. Each intern will be provided with a written Training Manual to review, and interns will be given the opportunity to ask questions and clarify points.

Clinical Services

Eligibility for Services

CSUF students who are enrolled in at least one unit of coursework and have paid their health fee are eligible for services at CAPS. Students eligible for services at one California State University campus are eligible for basic services provided by other CSU campuses at no additional cost. These students are not eligible for specialty services, which includes psychiatric services at CAPS. Students are eligible to participate in couples counseling at CAPS if both partners are eligible CSU students. If one partner is a non-student, the couple must be referred out for ongoing couple’s therapy. It may be permissible for a non-student partner or family member to attend one conjoint session for the purposes of consultation. Interns should consult with their primary supervisors prior to scheduling such a session.

During the summer, students either must be enrolled in a summer class, or must be a continuing CSUF student who has paid the summer health fee in order to receive services. A continuing student is defined as a student who was enrolled in classes for the duration of the previous spring semester and has enrolled or intends to enroll in classes at CSUF in the subsequent fall semester. Students who have graduated are no longer eligible for services after the official university end date of the last semester in which they were enrolled. Exceptions to this policy need to be approved by the CAPS Director.

All eligible clients are guaranteed an initial consult evaluation session. If a client’s needs cannot be adequately provided for within the limits of brief therapy, then they will be referred to a community agency/therapist. Interns should consult with their supervisor, the CAPS Case Manager, and/or other staff

members for information on community referrals. They may also utilize the online CAPS referral database, the low-cost community mental health referral list at the frontdesk, or the Rainbow Service Directories found in the CAPS library. Interns should consult with their supervisor for further assistance with selecting specific referrals.

Generally speaking, clients would not be seen simultaneously in individual and couples therapy at CAPS. Treatment in either modality counts toward that client's annual session limit. Clients may receive simultaneous individual and group therapy services depending on the nature of the group, the client's goals and presenting concerns, and the appropriateness and availability of each modality. There are no restrictions on clients receiving simultaneous therapy and medication services.

Initial consult Evaluations

The initial consult evaluation is a scheduled appointment, typically lasting 45-50 minutes. During the initial consult session, the clinician generally gathers information about the client's presenting concern, history, and therapy goals. The purpose of the initial consult session is to provide the client with some recommendations for ongoing treatment. The typical recommendations discussed with clients at the end of the initial consult session include one or more of the following:

- Short-term individual or couples counseling with a counselor at CAPS
- Referral to a CAPS group or workshop
- Referral to the CAPS psychiatric staff for a medication or diagnostic consultation
- Referral to a community provider for longer-term counseling or specialty counseling services that are not within the scope of CAPS' offerings
- Referral to other campus or community services or resources

Interns will begin conducting initial consult evaluations in the fall semester. Prior to completing initial consults independently, interns must observe at least one initial consult sessions conducted by a licensed counselor faculty. The intern must then be observed conducting one initial consult session by a licensed counselor faculty. It is preferable that the observing counselor faculty be the intern's primary supervisor. However, the intern may have the observation done by another intern's supervisor, the group supervisor, or the Training Coordinator (TC). Once the intern has completed the observation and been observed, the primary supervisor will make a determination about whether or not the intern is ready to conduct independent initial consult evaluations. Once the intern has been approved to conduct independent initial consults, they will be assigned to specific, weekly available initial consult evaluation appointment times by the TC. **It is expected that interns will be conducting independent initial consults no later than the third week after the start of the fall semester.**

In the fall semester, once approved to conduct independent initial consults, interns will be scheduled for two initial consult appointments per week. Initial consult times are set in the schedule and should not be moved or filled with non-initial consult appointments.

Initial consults are scheduled through the front desk. The exception would be for clients initially seen for a crisis session, who have moderate to high risk factors. Staff members are expected to make whatever arrangements necessary to see clients at risk within the timeframe guidelines outlined in the *Protocol for Follow-up on High Risk and Moderate Risk Clients at Triage* in the Appendix. This may require staff to see more than their regular number of initial consults in a given week. If this is the case, staff members are encouraged to block an open initial consult slot in the future to maintain the same average number of initial consults seen per week. If a client is unable or unwilling to work with an intern, they should be sent to the front desk to be scheduled for an initial consult with another provider.

Clinicians are generally expected to continue as the ongoing therapist for clients with whom they have conducted an initial consult evaluation. If an intern completes an initial consult evaluation but is unable to work with the client as an ongoing client, the intern should first check with the Training Coordinator to see if case can be reassigned to another intern. If the case cannot be reassigned to another intern, the intern conducting the initial consult will consult with the Clinical Coordinator for transfer to another staff member. The intern will be responsible for case management and follow-up with the client until the client has been assigned to an ongoing counselor. Interns and their supervisors should regularly alert the staff about any types of clients they would like to gain more experience with (e.g., demographics, presenting concerns, etc.). Although we are not able to guarantee that interns' requests will be fulfilled, the staff will take reasonable measures to try to meet these requests whenever possible.

Triage/Crisis Walk-in Sessions

Most new clients enter the CAPS system through a scheduled initial consult session with a counselor. However, at times, a client needs to be seen immediately, and is unable to wait for an open initial consult appointment. CAPS staff members are assigned to regular triage shifts during open office hours. During their triage shifts, clinicians respond to walk-in crisis clients, or "triage" clients.

Triage clients include first-time clients or ongoing clients who are presenting in crisis and are unable to wait for an open appointment. During their triage shift, the clinician(s) on-call respond to crises, as well as phone and in-person consultation requests from campus and community members. The triage

session is meant to be a brief session (approximately 20- 30 minutes long), and is designed for the counselor to find out more about why the client has presented to CAPS, to complete a basic risk assessment (and intervention, if needed), and to determine what steps to take next. Based on the information gathered in the triage session, the clinician will make a determination about whether or not the client is appropriate to be seen for a therapy or psychiatric initial consult evaluation at CAPS, or if an immediate referral for other services is more appropriate. Please keep in mind that when a therapist sees a student for a triage appointment, the student becomes the responsibility of that therapist, unless the student is currently being seen by another therapist, in which case, the student will be referred back to their assigned therapist for follow up.

There may be times when more than one student presents for a crisis appointment during the same triage period. If the triage counselor is already with one student, the second student will be asked by the front office to complete the triage e-paperwork and will call the triage counselor to see how soon they anticipate being available to see the 2nd student. If the triage counselor anticipates taking longer than 20 minutes to complete the first triage appointment, the counselor should inform the front office staff, who will find another staff person to see the second student. It is important that the triage counselor answer the phone even when they are actively with a student to communicate with the front office about additional triage needs.

During the fall semester, interns will be paired with their primary supervisor on a triage shift. The intern will serve as the primary point person, with the supervisor serving as a backup, available for immediate consultation and assistance, if needed.

The following shall apply for interns when participating in triage shifts:

1. The intern will observe their supervisor and/or one other designated Senior Staff member (for two triage sessions). Subsequently, the intern's supervisor will observe two triage sessions and assess the intern's initial competency on conducting triage.
2. After they have observed at least two of their intern's triage sessions, supervisors will make an informal evaluation of the intern's competency in risk assessment and intervention. Interns will be given direct feedback at this time about areas of strength and areas needing improvement to ensure that the intern is prepared to conduct triage sessions independently starting in the Spring
3. The intern will video record all triage sessions. In the fall semester, if client does not initially agree to recording (i.e., in the paperwork), the supervisor will sit-in while the intern completes the triage session. If client does not

agree to recording after triage, the intern will inform the client that they are not able to see the client for additional sessions and the client will be scheduled for an initial consult with a senior staff member.

4. The intern will complete a Supervision Consent Form with all triage clients at the outset of the triage session, regardless of whether or not the supervisor is present in the session.
5. For clients who agree to record, **interns are to consult immediately with their supervisor** (while client is still in office) if any of the following situations are present during triage:
 - a. Possible mandated reporting (child/elder abuse, harm to others)
 - b. Current suicidal, homicidal, or aggressive ideation (active or passive)
 - c. Active psychotic symptoms
 - d. Active substance intoxication
 - e. Client or therapist is considering/discussing possible hospitalization
 - f. There is a need for immediate medical attention (i.e., accompanying client from triage to SHC for immediate medical evaluation/assistance)
 - g. Intern plans to refer a client with risk factors out at triage, or a client with risk declines an initial consult evaluation appt.
6. For clients indicated in item 5 above, prior to consulting with their supervisor, the intern will have completed a risk assessment and immediate interventions, and will have created safety and follow-up plans. This may include completion of the *Suicide Risk Assessment Form* or the *Aggression Risk Assessment Form* (see Clients in Crisis section). Consultation with the supervisor will involve discussing the risk assessment, interventions, and future plans to get agreement and/or additional suggestions from the supervisor.
7. At winter break, interns will be formally evaluated with respect to their ability to conduct triages independently in the spring semester. Interns who are deemed not ready to conduct triages independently at this point will be placed on a remediation plan.
8. During ALL TYPES OF appointments in ALL SEMESTERS, item 5 above still applies. This may be adjusted individually by each intern's primary supervisor depending on the supervisor's assessment of the intern's skills.

Clients in Crisis and Maintaining Client Safety

Clients will occasionally present at CAPS in a state of crisis. This is true for both new clients and ongoing clients. The crisis may involve situations that most clinicians would consider emergencies (e.g., suicidal ideation, plan, intent, or attempt; homicidal ideation, plan, intent, or attempt; active psychotic symptoms; recent death; recent sexual assault; serious impairment in daily functioning, etc.) or it may involve a situation that is causing the client a great deal of subjective distress. It is ideal for ongoing clients who present in crisis to be seen by their ongoing therapist for a crisis session, if

possible. However, in the event that the ongoing therapist is unavailable or the client is unable to wait until the ongoing therapist is available, the client will be seen by the triage or back-up counselor at the time. A triage counselor who meets with a client or responds to a crisis phone call/ProtoCall message from a client who is working with a different ongoing therapist is at CAPS is expected to communicate with the ongoing therapist about this crisis contact as soon as possible so that the ongoing therapist can determine appropriate follow-up plans.

When an intern finds that their client is in crisis and the intern needs assistance with conducting a risk assessment or safety planning, they must seek consultation and guidance from a counselor faculty. Interns should excuse themselves from the counseling session to consult with the triage counselor, primary supervisor, Training Coordinator, Director, Associate Director, or other counselor faculty. It is acceptable to **interrupt a counselor** in session to consult about a crisis if no one is readily available. **If an intern is unsure of a situation, it is always best to consult.**

If an intern is concerned about imminent risk (i.e., the client presents as being at very high risk), **the intern should not leave the client alone, as they could be a flight risk or act on suicidal or homicidal impulses while in the clinic.** In these instances, interns should arrange for another staff person to be present while the intern consults with a supervisor. Interns can seek the assistance of the front office staff to find another clinician for this purpose. In these instances, the client needs to be supervised until they are allowed to leave on their own, with a friend, ambulance, or other appropriate plan. In the event that a client insists on leaving, or makes efforts to do so, the intern is NOT to restrain or chase after the client. If the client leaves the office against professional advice, the intern **should immediately contact his or her supervisor and the University Police Department** for assistance in ensuring the safety of the client and those around the client.

Suicide Risk Assessment and Aggression Risk Assessment

At times, clients will present to CAPS with significant risk for suicidal or aggressive/homicidal action. These are important clinical issues to thoroughly assess and provide appropriate intervention. As such, CAPS utilizes two forms to assist with the processes of assessing, intervening, and documenting risk: the *Suicide Risk Assessment Form (SRA)* and the *Aggression Risk Assessment Form (ARA)*. Both forms provide structure around

gathering data regarding the content of the current risk, associated risk factors that may increase the likelihood that a client would act, and protective factors that may reduce the likelihood that a client would act. Both forms also offer suggestions for risk-reducing interventions that the counselor can utilize, and both require the counselor to document their judgment about the client's overall level of risk and any safety planning or follow-up plan that has been established to protect the client or potential targets from harm.

Interns are asked to complete the SRA or ARA Form when a client indicates current ideation, urges, or attempts or a history of these within the past 1 year (this timeframe may be reduced later in the internship, per the discretion of individual supervisors). The form should be completed in the session with the client present. Clinicians may need to inquire directly about specific risk or protective factors on the form that are not discussed spontaneously during the session. Other data may be gathered during the natural course of the session. Prior to the client leaving the session, the intern must excuse her/himself to consult with an available supervisor. When consulting with a supervisor, interns should be prepared to provide information about the risk assessment, interventions, and safety and follow-up plans that they have discussed with the client thus far. Consultation with the supervisor will involve reviewing this information to get agreement and/or additional suggestions from the supervisor.

It is typically prudent with clients in crisis to develop an appropriate safety and/or follow-up plan. Guidelines for scheduling follow-up appointments and guidelines for following-up with high- and moderate- risk clients who do not return for subsequent sessions can be found in the *CAPS Protocol for Follow-Up on High and Moderate Risk Clients* in the Appendix of this manual. Interns and supervisors are encouraged to consult this document in determining a best course of action. Interns should be familiar with the *CSUF Student Affairs Sexual Assault Protocol* in dealing with students who present with recent sexual assault trauma. A copy of this protocol can be found in the Appendix of this manual.

CAPS staff members do not provide emergency crisis coverage after regular office hours or on weekends or campus holidays. CAPS contracts with a company called "ProtoCall," who provides live counselors who respond to callers via phone. When a student calls after hours, the ProtoCall counselor will complete a progress

note about the call and forward this to the CAPS Director. The CAPS Director will consult with the counselor of record, as appropriate, if the caller is a current client at CAPS. Students who are in imminent danger of harm to self or others should be instructed to call 911 to reach campus or local Police.

Individual and Couples Therapy

CAPS is a problem-focused, brief therapy agency. Individual therapy is the primary modality by which clients are treated at CAPS. Provision of couple's therapy is not required, but there are some opportunities to do couples work for interns who may be interested in doing so. Clients working with CAPS providers can receive up to 10 sessions of individual or couples counseling between fall and spring semester, and up to five more during summer semester, if eligible. However, exceptions can be made through requests at the Case Consult meeting if a sound rationale is provided for extending the number of sessions (see section on Extended Sessions). CAPS is a high-volume agency, and interns can expect to carry a steady caseload of clients, seeing approximately **12-15 individual and/or couples appointments per week**. Interns are encouraged to carry slightly more than this number of clients to account for no-shows and clients who are not seen weekly, to ensure that they have a reasonable number of direct service hours by the completion of internship.

Although CAPS is a brief therapy agency, we recognize the training benefit of working with clients in a long-term format. As a result, interns are permitted to carry **one long-term client on their caseload at any time**. Interns must consult with their primary supervisor regarding the identification and selection of an appropriate long-term client. The intern may see long-term clients for the duration of the training year or less, as clinically appropriate.

Group Therapy

Interns are encouraged to actively participate in the group program at CAPS, though this is not a requirement of the internship. Involvement will likely depend on a variety of factors, including the intern's previous level of experience, group availability, schedule matches, and the group leaders' estimation of the impact of intern involvement on the group itself. CAPS offers a number of general and topic/population-specific groups throughout the year. Because there are no session limits for group therapy services, group can be a good referral resource for clients who would like to continue progressing toward their goals at CAPS, but who have reached the limit of their individual sessions. It is also a good way for clinicians to be able to work with clients on a longer-term basis. Interns are eligible to participate in a group as a process observer or to participate as a co-leader with a senior staff member in a psychoeducational/structured group, support group, or process-oriented therapy group. Which specific group(s) an intern might be involved in will be negotiated on a case-by-case basis between the intern, their supervisor, and the

group leader. Interns should consult with the Groups Coordinator and their primary supervisors for additional information on gaining group experience.

Experiential Supervision Training

Intern's experiential supervision training may include engaging in peer supervision, or role-play supervision scenarios.

For any experiential supervision practice, interns will receive group supervision of their supervision during Supervision of Supervision (SoS) for one and a half hours per week during the fall and spring semester. Models of supervision are discussed in group supervision of supervision. Supervision sessions are video recorded for training purposes and will be reviewed during SoS to assist interns in improving their supervision skills. Recorded videos of supervision are saved in a secured folder for review by SoS supervisors.

Scheduling, Cancellations, and Correspondence

If an intern is assigned an ongoing client by the Training Coordinator or his or her supervisor, the intern is responsible for contacting the client as soon as possible to schedule an appointment. Please check the client's *Client Information Form* or the CAPS Preferred Phone Number in the online scheduling system for the appropriate number to call. If you need to leave a message with another person or on voicemail, be sure to protect the client's confidentiality by leaving a generic message (e.g., My name is X, I'm calling from Cal State Fullerton, please call me back at 657-278-3040). It is not appropriate for interns to provide clients with their home or cell phone numbers. All contact with clients must be made at CAPS. Front office staff will schedule clients according to the intern's available schedule as listed in the online schedule system. Clients are generally given appointments on a first-come, first-served basis when contacting the front desk. Therefore, **if you would like to reserve the same time each week for a specific client, you may do so for up to four recurring appointments at a time.**

Clients are asked to cancel or reschedule their appointments with a minimum of 4- hour notice to avoid a \$20 late cancellation/no-show fee. The intern has the discretion to terminate a case if a client late-cancels or "no-shows" for 2 or more times during treatment. Interns are encouraged to consult with their supervisors regarding excessive client cancellations or no- shows. Per CAPS' no-show policy, clients who arrive 10 or more minutes late for a scheduled initial consult appointment will have their initial consult cancelled and will be charged the \$20 late cancellation/no- show fee. Clients arriving late for ongoing therapy appointments are to be seen for the remainder of their scheduled appointment time without the fee unless the clinician has noted otherwise in the client's appointment screen. These abbreviated sessions will count toward the client's annual session limit. In some instances, it may be therapeutically appropriate to not see a client who arrives late for their appointment. If the clinician notes, "Do

not see client if late” in the appointment screen, and the client arrives more than 10 minutes late, the client will be charged the \$20 fee and will be asked to reschedule by the front office staff.

Interns who need to cancel an appointment should make every effort to notify the client about the cancellation as soon as possible. They may ask the front office to assist them by calling and notifying/rescheduling their clients if the intern is unable to do so themselves.

If a client does not respond to an intern’s attempt at contact within two business days after leaving a phone message, a second attempt should be made by phone or via Secure Messaging through the electronic scheduling and record-keeping system. If the intern does not hear back within three business days, a follow-up message should be sent to the client via Secure Messaging asking the client to contact the intern or the front office staff to schedule an appointment. The message should also inform the client that their file will be closed if the client does not respond by a certain date, usually within 10 business days (see the Appendix for a sample client message). These contacts must be documented in the client’s clinical record.

If a client with high or moderate risk-factors misses appointments and does not respond to phone messages, the intern should consult with their supervisor or another licensed counselor faculty if the supervisor is unavailable. Specific information about CAPS *Protocol for Follow-Up on High and Moderate Risk Clients* can be found in the Appendix of this manual. Interns and supervisors are encouraged to consult this document in determining a best course of action. Generally, a follow-up message is sent to the client to strongly encourage her/him to continue counseling or to meet with the intern to discuss referral options. The follow-up message should include at least three community referral options in case the client does not respond to the intern’s attempts to contact them. *All letters and correspondence need to be reviewed and co-signed by the intern’s primary supervisor.*

Letters to Clients

There are a number of reasons why an intern may want to send a letter to a client (e.g., to facilitate scheduling, inquire about interests in continuing therapy, etc.), especially if the intern has not been successful in reaching the client by phone or secure messaging. Letters should be written on CAPS letterhead using Microsoft Word. A copy of the letter must be electronically scanned into the client’s electronic file prior to being placed in the outgoing mail. Prior to the paper letter being sent, or the electronic version being scanned, the primary supervisor must review and co-sign the letter. Interns should take care to send letters to clients using an envelope that does not say “Counseling and Psychological Services” in the return address. Special return address labels are available at the front desk for this purpose. Interns may also ask the front office

staff to print a confidential envelope addressed to the client.

Contacting Clients via E-mail, Texting, and Social Media

Clinicians at CAPS are asked to avoid using email to communicate with clients as much as possible, as it is not a secure medium. If a clinician would like to use electronic means to communicate with a client, they are to utilize the secure messaging feature within the electronic record system, Point and Click.

There are some limitations to the secure messaging program—one of which is the inability to send attachments. In the event that a clinician needs to send an email attachment to a client, they are permitted to do so through their University Outlook account. Clinicians are **STRONGLY** cautioned to ensure that they have a client's proper email address prior to sending a message in this manner.

Regardless of whether it is through secure messaging or email, interns must account for their client contact within the Point and Click appointment schedule **AND** in the electronic medical record (EMR). Interns will be given instructions on how to do so during orientation, and can follow-up with their supervisor as needed thereafter.

It is not appropriate for interns to provide clients with their home or cell phone numbers, and interns are prohibited from communicating with clients via text message. Interns should also not communicate with clients through social networking sites (e.g., Facebook, Twitter, Instagram, Snapchat, LinkedIn, etc.), and are instructed to consult with their supervisor should a client initiate such a contact. Similarly, interns are encouraged to take proper care to protect their own privacy and public access to personal accounts on social media websites.

Letters of Support for Clients

Interns may find themselves being asked by a client to provide a letter of support for the client who is pursuing academic or financial assistance, accommodations, or withdrawal from the university. Interns should inform the client that they need to consult with their primary supervisor regarding the request.

Interns must consult with their supervisor about such requests before taking action or agreeing to accommodate the request. The typical outcomes of these requests are:

1. The intern will refuse the request for a letter, but offer to provide the client with confirmation of the client's attendance using an *Attendance Verification Form*.
2. The intern composes a letter of support.
3. The intern completes other documentation requested by the client.

As with any confidential information, the client must complete and sign an *Authorization to Release & Exchange Confidential Information* form before any materials are sent outside of CAPS. (The exception is with the *Attendance Verification Form*, which includes such authorization. Criteria for completing this form may be found in the Clinical Forms Appendix.) The primary supervisor must co-sign any letters or documentation before it is sent. Letters should be written using AdobeSign, and CAPS administrative secretary selected as Acceptor for the document to be electronically scanned into the client's electronic file. **A copy of any completed *Authorization* or *Attendance* forms, or other documentation must be scanned by the front office staff and attached to the client's electronic file.** A copy of the *Authorization* form should be attached to any letters or documentation that is being forwarded. **Clients should be informed that the original documentation would be sent directly to the person/agency specified in the *Authorization* or *Attendance* form rather than giving the letter to the client for delivery.** Intern may offer the client a copy of any of these forms to take with them if they would like one. Copies of forms given to clients should be marked as copies using the "COPY" stamp available at the front desk.

Referrals to the CAPS Psychiatric Staff

CAPS currently has one half-time psychiatrist on staff, Dr. Michael Wu, and one full-time psychiatric nurse practitioner, Lizzeth Broadway, MSN. Dr. Wu is generally at CAPS on Mondays and Thursdays all day, and Fridays from 8am to 1pm. Psychiatric staff members are available for consultation with staff on an as-needed basis during CAPS hours, and interns are encouraged to seek them out if they have a question or wish to consult about a specific client. If a counselor believes that a client would benefit from a psychiatric evaluation/medication consultation with the psychiatric staff, the front office staff will assist with scheduling these appointments. Clients requesting psychiatric services only do not need to go through a Counseling Initial consult before seeing a Psychiatric Provider.

In cases of emergency, counselors should speak with the front office and/or the psychiatric staff directly to see if they are able to accommodate an emergency appointment. Emergencies for the psychiatric staff typically consist of clients who are actively psychotic or manic, severely depressed, or at high risk for suicidal behavior.

Clients or students who have run out or will soon run out of their prescribed medication are generally not considered psychiatric emergencies and are typically referred to a community provider, a local hospital, or the community mental health clinic in their county of residence. Depending on the situation, the psychiatric providers may agree to phone-in a small refill, but this is rare.

Referrals to/from Student Wellness Health Services Providers

If a student is referred over to CAPS by a HS provider and is seen for a triage appointment, the CAPS provider is asked to inform the HS provider when the appointment has concluded. Depending on the reason for the referral, the HS provider may need to follow-up with the student immediately.

If a CAPS provider is referring a student over to HS for an appointment, the CAPS provider is asked to instruct the student as to the specific reason for the referral. Additionally, the CAPS provider should complete a *Reason for Referral to Student Health Center* form and submit it for scanning into the student's file. The CAPS provider should indicate to support staff that the form should be scanned into the student's **medical file**, NOT the CAPS portion of their file.

Extended Sessions

Should an intern believe that a client would significantly benefit from a small number of additional sessions beyond the typical 10 session limit (e.g., 1-3), they may apply for additional sessions. To apply for an extension of services, the intern must consult with their individual supervisor, complete a *Request for Extension of Services* form, and present their case in a Case Consult meeting. During the Case Consult meeting, the decision of the staff and the recommendations will be documented on the *Request for Extension of Services* form, which is then scanned into the client's electronic file by the front office staff. Interns should attempt to make their request well in advance of the session limit. Interns should consult with their supervisor when considering this process.

Conducting Long-Term Therapy

Although CAPS is a brief therapy agency, we recognize the training benefit of working with clients in a long-term format. As a result, interns are permitted to carry one long-term client on their caseload at any time. Interns must consult with their primary supervisor regarding the identification and selection of an appropriate long-term client. The intern may see long-term clients for the duration of the training year or less, as clinically appropriate.

Client Transfers

Occasionally it is necessary for a client to change counselors after an initial assignment to an ongoing therapist. Transfers occur when a therapist is no longer able to work with a particular client for a variety of reasons, and the client will continue in therapy with another counselor. This may occur, for example, when an intern cannot complete counseling with a client because they have finished their internship and are leaving CAPS, or when a change in schedules prevents a client and therapist from having a common time to meet. Clients who have not yet begun meeting with an ongoing intern therapist may need to be reassigned for logistical reasons. In this event, the reassignment should be discussed with the Training Coordinator, who will try to reassign the client to another intern. If another intern is not available to take the client, the original therapist should consult with the

CAPS Associate Director for the client to be reassigned to another provider.

In rare situations, an ongoing client may request to be reassigned to another counselor. If a client who has already been working with a therapist would like to request a change of counselor, they need to complete a *Request for Transfer to a Different CAPS Provider Form* and submit this to the CAPS front office staff. The CAPS Associate Director will then review the request, perhaps discuss further with the client, and determine how to respond.

Intern Safety

The safety of interns and staff is a high priority at CAPS. **At no time should a clinician feel forced to remain in session with a client with whom they do not feel physically safe.** If an intern finds themselves feeling or being threatened, they should exercise options to remain safe. Examples include: ending the session, exiting the office, asking the client to leave, leaving the door open while in the room with a client, asking another clinician to sit in on the session with the client, transferring the client permanently to another clinician, calling the front desk or university police for help, fighting back, yelling for help, and others.

CAPS has established a protocol for clinicians to use if they would like immediate assistance from another clinician or police, but cannot exit the office or directly request help out of fears of aggravating a hostile client. Clinicians feeling threatened are encouraged to make an excuse to call the front desk (e.g., “One of my colleagues is an expert in this area, let me see if he is available to consult with us now.”). When you reach a front office staff person, state **“I need to consult with Dr. Armstrong.”** This is a signal to the front office that you are in potential danger, and they will ask a series of yes/no questions to determine whether or not to call University Police or 911, etc. (see appendix for the full protocol).

Each clinical office is equipped with a panic button that is networked to an alarm panel in the front office. If a clinician feels as though they are in danger and are unable to leave the office or call the front desk, they may choose to activate the panic button. Upon activation of the panic button, the front office will immediately contact University Police, who will dispatch one or more officers to the clinician’s location.

Again, you are encouraged to do whatever is necessary to keep yourself safe.

Required Training and Administrative Meetings

Intern seminar is scheduled weekly for a total of two hours. Interns will occasionally have additional hours of seminar related to specific activities (e.g., outreach, liaison, etc.). Seminar topics include both Professional Practice issues and Multicultural Competence issues. Interns are expected to complete any required readings or activities requested in advance by the seminar presenters, and are expected to actively

participate in discussions that occur in this meeting. Finally, interns are expected to complete a brief evaluation for each seminar to help CAPS and the individual presenters improve the seminars in the future. Interns do not complete an evaluation on the MCC Seminar Open Process sessions, but will do an evaluation of the MCC Seminar Leader at the end of each semester.

Professional Practice/Topic Seminar

This didactic and interactive seminar is focused on increasing interns' competence in a variety of professional issues and topics, several of which are specific to working with the CSUF population and a college student population in general.

Topics cover issues such as practice within different theoretical models, practice with a variety of presenting concerns and clinical populations, and ethical and professional development issues.

Multicultural Humility in Counseling Seminar

This didactic, interactive, and experiential seminar is focused on developing interns' competence in multicultural counseling and professional practice with diverse populations. Seminars will address increasing interns' knowledge, awareness, and skills pertaining to competent multicultural practice. Diversity is broadly conceptualized, and the seminar will invite engagement around a number of dimensions of diversity.

Outreach Services Seminar

This didactic and interactive seminar is focused on increasing interns' competence in outreach services. This seminar consists of a two-part module that serves as the basis for subsequent training and supervision specific to interns' outreach work. This seminar occurs during orientation and/or the early part of the fall semester.

Case Consult Meeting

This meeting serves as a peer group supervision for the entire clinical staff. Interns are required to attend Case Consult meeting once per month, and are welcome to attend more often as their schedules and interests permit. Interns are encouraged to discuss ongoing cases they are struggling with in an effort to receive feedback and suggestions from the other staff in attendance. This meeting also allows interns to learn from the senior staff who also present cases and seek feedback. Clinicians who need to transfer cases to another CAPS provider, or who are requesting an extension of services with a client may bring those issues to this meeting. Clinical issues that affect the center as a whole (e.g., emergencies on campus that CAPS is expected to respond to) are occasionally discussed in this meeting. In addition, the focus of this meeting includes more formalized case presentations by counselor faculty throughout fall and spring.

Monthly 1x1 Supervision/Meeting with the Training Coordinator

Interns are required to attend a monthly individual supervision/meeting with the Training Coordinator or designee. The purposes of this meeting are to address any administrative or procedural questions or concerns, and to provide the interns with a regular opportunity to consult with the Training Coordinator about the interns' development and the training program.

Staff Meeting

Interns will participate in weekly administrative meeting with the full CAPS department.

Training Committee (TC) Meeting

Interns will have the option to participate in training committee meetings. The Training Committee is comprised of CAPS Training Coordinator and four licensed psychologists. The purpose of the TC meetings is to provide an ongoing forum for assessment and development of the internship program. Internship training requirements, procedures, training experiences, method, policies, and documents are reviewed and revised during the weekly meetings. The Training Committee is the primary body for reviewing and refining CAPS' APA-accredited doctoral internship program in health service psychology. Interns will be invited to provide feedback and engage directly in program development. The goal for the intern representative is to be involved in the planning, maintenance, and restructuring of the training program.

Additional Training and Professional Activities

Outreach & Liaison Services

Interns are responsible for working with their primary supervisors, TC, and CAPS Outreach Coordinator in initiating programs and/or responding to outreach requests. Like all staff members, interns are expected to respond to outreach requests as needed. Each intern is expected to present a minimum of one outreach program (this does not include tabling) each semester. In addition, each intern is required to engage in a minimum of two tabling or visibility (maximum six tabling events for fall and spring) events per semester. Interns are invited to create original programming or utilize pre-packaged workshops such as the Wellness Workshops.

Wellness Workshops: Interns are required to conduct two series of Wellness Workshops in the fall. Interns will be trained in conducting Wellness Workshops and are expected to consult with the Wellness Workshops coordinator for any questions regarding the Wellness Workshops.

Outreach Services Minimum Requirements

1. One outreach presentation per semester (Fall, Spring, Summer)
2. Two Wellness Workshop series in the Fall
3. One Liaison service per semester (Fall, Spring)
4. Two tabling events per semester (Fall, Spring) and unlimited number of Tabling events in Summer if available

**Given the changes to campus events resulting from the COVID-19 pandemic, the availability of resource fairs/tabling events is unknown at this time. Requirement to participate in resource fairs/tabling events will be adjusted, as necessary, based on opportunities available.

Interns need to notify their supervisors or the TC prior to providing any outreach that occurs after normal CAPS business hours and/or away from campus.

Although there are minimum expectations for completing outreach and consultation activities, all interns are encouraged to take advantage of as many outreach opportunities as their interests and availability allow.

Outreach Presentations

Interns are required to complete several outreach presentations during the training year. All outreach presentations must include **at least** three references from professional research or literature on health, wellness, or psychologically oriented information, at least one of which should come from a peer-reviewed professional journal (this requirement does not apply to trauma response debriefings or presentations that are solely providing information about CAPS' services). When providing outreach presentations, interns are required to solicit feedback from the attendees through use of the CAPS **Workshop Evaluation Form** at the end of the presentation (**if Workshop Evaluation Forms are not collected, those presentations will not count toward the fulfillment of the outreach requirements**). Interns will submit **original** versions of completed Workshop Evaluation Forms to the CAPS administrative staff **and save copies** of the forms to their folders in the shared drive. Interns are also expected to save copies/outlines and associated handouts of each of their presentations to the shared drive within 2 days of the presentation.

Wellness Workshops

Interns are expected to complete a **minimum of two series** of Wellness Workshops (WW) in the fall. However, based on intern availability, interns may conduct additional WW per semester. One WW series includes each of the following presentations: Mood Wellness, Stress Wellness, and Thought Wellness.

When conducting Wellness Workshops, interns are required to solicit feedback from the attendees through use of the CAPS **Evaluation of**

Wellness Workshop form at the end of each presentation. Submit **original** versions of completed Evaluation of Wellness Workshop Forms to the CAPS administrative staff save copies of the forms to the share drive within 2 days of the presentation.

Liaison services

Interns are paired with counselor faculty to provide liaison services to a specific program or department on campus. Each CAPS counselor faculty serve as liaison to at least one campus program or department to assist with the coordination of services, including assessments & referrals, case management, consultation, outreach services, training, brief counseling, and crisis intervention. Interns are given the opportunity to identify their interests in the available liaison programs/departments. The Training Coordinator makes the decision regarding interns' liaison.

Supervision of Supervision (SoS)

Interns may be providing 1x1 clinical supervision to a peer to gain competence in the provision of supervision.

Interns will meet 1.5 hours/week for supervision of supervision (SoS). The SoS training is designed to further develop clinical supervision skills for interns at CSUF CAPS. Interns will learn to articulate their own approach to supervision and will be able to demonstrate knowledge of the procedures and practices of supervision. Interns will demonstrate an understanding of other individuals and groups and intersection dimensions of diversity in the context of supervision practice, and be able to engage in reflection on the role of one's self on therapy and in supervision.

SoS meetings will include: the exploration of professional and developmental issues related to the provision of supervision, videotape reviews of their supervision sessions, and feedback to improve self-awareness of supervision skills.

Capstone Case Presentation

Interns will each complete one formal case presentation to be delivered to the CAPS staff. This presentation will occur late in the spring semester. The focus of this presentation is on providing a demonstration of their overall clinical work with a client at CAPS. Interns should select a case that represents good work and provides opportunities to display their competence and skills broadly. Unlike cases presented in General Group Supervision, the purpose of the capstone case presentation is not to gather consultation or feedback about ongoing clinical work with a client. However, interns are encouraged to choose a case that may be appropriate to use in the future in the context of a job interview and are

encouraged to solicit feedback that may assist them in improving their presentation. Attendees of the presentation will be asked to provide written feedback to the intern using the *Intern Capstone Case Presentation Evaluation Form*. Interns are also encouraged to use this feedback to improve their presentation for possible future use in their job search process. A suggested outline for this presentation can be found in the Appendix of this manual.

Learning Portfolio

The general purpose of the portfolio is to summarize the experience and expertise you have gained during the internship year. The portfolio may serve as a capstone for the goals interns established at the start of the year and may assist interns in presenting their qualifications to future employers. The portfolio also serves as a method for interns to deliberately reflect upon your experience, learning, and application of theory to practice. In short, it serves as a record of interns' professional development during the internship year. The portfolio is similar to the file that faculty members submit for review in order to receive reappointment, tenure, and promotion although the emphasis of this portfolio is on your learning and professional development.

Requirements and guidelines for interns' Learning Portfolio can be found in the Appendix of this manual.

Assessment and Testing

The two primary methods of assessment utilized by CAPS are the clinical interview, and the Counseling Center Assessment of Psychological Symptoms (CCAPS-62 and CCAPS-34). The CCAPS is a brief self-report symptom inventory that clients complete at triage and initial consult, and at ongoing sessions #3, 6, and 9, or at the provider's request. Interns will receive training on using the CCAPS long and short versions, and will learn how to integrate this assessment data into their conceptualization and treatment with clients.

Case Management and Documentation

Interns are allotted time in their weekly schedules for the purposes of clinical documentation and associated follow-up tasks such as clinically-oriented phone calls, resource management, etc. All intern documentation must be co-signed by an appropriate, licensed supervisor. If the supervisor requests revisions to a note, interns will have 72 hours to satisfactorily complete all revisions and return the note to the supervisor for a second review. Interns are expected to consider supervisors' suggestions and make any required changes prior to signing their notes and forwarding these to supervisors for final signatures. Once the note is approved by the supervisor, the supervisor will indicate to the intern that the intern should formally "sign" the note. When electronically signing the note, interns should forward the note to the supervisor for co-signature. **Notes will typically be finalized (i.e., signed by both intern and supervisor) within a 2-week period.** In rare cases, notes may require significant reviews and revisions,

causing the note to remain open for longer than 2 weeks. In these instances, notes should not remain open longer than a total of 4 weeks from the date of the session.

Clients without Risk Factors

Interns must complete an initial draft of all clinical case notes (including initial consult summaries, client contact notes, etc.) within five business days of the session/contact for clients who present without risk factors.

Supervisors are expected to review and edit or approve their interns' clinical notes within one week of receiving the note. If the supervisor requests revisions to a note, interns will have 72 hours to satisfactorily complete all revisions and return the note to the supervisor for a second review.

Clients with Risk Factors

Interns must complete an initial draft of all clinical case notes within 24 hours of the session/contact for clients who present with risk factors. While the full first draft is expected within 24 hours, interns must document at least the risk elements of the case prior to leaving the agency for the day. This risk documentation must include: the risk factors present, any risk assessment completed (including assessment of protective factors), any interventions provided (including safety planning), and the disposition and follow-up plan.

Risk factors that must be documented immediately include:

Within the past year:

- suicidal ideation or attempts
- homicidal ideation or attempts
- self-injurious behavior
- psychotic symptoms
- mental health hospitalizations

Within the past month:

- experiencing domestic violence

Within the past 2 weeks:

- excessive substance use
- eating concerns that require immediate medical consultation or intervention

Whenever completing a CPS report, an APS report, or sending a student to the hospital.

When forwarding risk notes to a supervisor, interns should designate it as a note containing risk by indicating "RISK" in the forwarding comments.

Supervisors will review and return risk notes within 48 hours.

All contacts with clients and significant consultations regarding clients (including phone calls, letters, and emails) must be documented in the client's electronic medical record. Documentation styles and preferences vary by supervisor and clinician. However, there are certain minimum expectations regarding what should be included in clinical documentation. These appear below. Additional expectations may be discussed with individual supervisors.

At a minimum, all clinical documentation (with the exception of client contact notes or third-party consultation notes) should include the following information:

1. Client content (i.e., what the client said or reported)
2. Session process (whether theoretically-based or non-theoretical in nature)
3. Interventions (i.e., what the therapist did to help, intervene, or create change)
4. Plan/Disposition (e.g., plans for next/future sessions, date of next scheduled appointment/contact, homework assigned, safety planning, referrals, etc.)

Additional Reminders for ALL notes:

- Document the date, type, and duration of appointment/contact (e.g., 2/6/05, Individual Counseling, 50 Min.)
- Document the date of the next scheduled appointment in the plan section. If no further sessions are scheduled, this should be noted.
- Document that you have reviewed/confirmed a client's understanding of confidentiality and its limits in notes of first sessions with clients, regardless of the type of session.
- Document the presence or absence of risk factors. When risk factors are present, provide as much detail as possible. If marking "yes" to items in the Suicide/Aggression Risk Assessment templates, interns must provide further details in the corresponding open text box.
- Document the presence or absence of significant events in the "Significant Events" section of notes.
- Document a diagnosis in each note. Review and update diagnoses as appropriate, ensuring that diagnoses are consistent from session to session, and that any changes to diagnoses and the rationale for such changes are noted accordingly.
- Document a specific treatment plan and/or goals in each note (typically in the "Plan" section). This information should at least indicate the anticipated direction of the next session, and should be tied to the overall goals of therapy.
- Reduce potential redundancy in documentation by not repeating information that appears in one section of a note in another section of

the same note.

- Notes should include some process comments, whether theoretically based (e.g., recapitulation of relational dynamics, conceptualizations tied to behavioral observations, etc.) or non-theoretical in nature (e.g., client's response to interventions, client's level of engagement/openness in session, strength of the therapeutic alliance, etc.)
- The content of the note should give sufficient information to the reader about the significant content and themes of the session. There should be enough information to inform the future treatment of the client and to address any potential legal or treatment implications.
- Avoid colloquial use of diagnostic terms to describe clients or their behaviors if that actual diagnosis is not given.
- Use quotation marks or add the phrase "(client's words)" to represent client's exact descriptions.

Special attention:

- For Triage, Intake/Initial Consult, and Urgent Visit session notes: document something in every section. This may be detailed client content, a notation that a client denied or declined something, or that an item was not assessed.
- For Triage, Intake/Initial Consult, and Urgent Visit session notes: complete the MSE section. Interns should consult with their supervisor about expectations around any optional sections of the MSE.
- For Group Counseling session notes: include information about both overall group content and process as well as individual client content and process for each client's note.

Interns should consult with their supervisors regarding expectations for the "Clinical Impressions" section.

Professional Development

Interns are allotted time for participation in professional development activities. These might include working on dissertation activities, reading professional literature, conducting field-related research, or attending field-related workshops, seminars, and professional conferences. The amount allotted depends on the activity and availability of the intern to manage their other duties. Certain times of the year (e.g., semester break periods) may offer more time for this. See the section on Leave Policy for more information.

Other Required Training & Work Requirements

Video & Online Trainings

Before the end of the second week of fall classes, interns must complete several brief, video-based and online training programs that cover topics that are

relevant to working on our campus within the SHCC:

- HIPAA Basics
- Non-Discrimination & Anti-Harassment Training
- Campus Health and Safety
- Global Harmonization System of Hazard Communication
- Bloodborne Pathogen Awareness
- Defensive Driver Training (and associated documentation)
- Back Injury Prevention
- Infection Prevention

Additional information about some of these university policies may be found in the Appendix.

Safe Space Training

During the fall semester, interns are required to complete the 2-part campus Safe Space Training, which is offered periodically by the LGBT Queer Resource Center throughout the year and focuses on issues and resources relating to lesbian, gay, bisexual, and transgender

students. The requirement to complete the Safe Space Training is one indicator of the value CAPS places on being an open and welcoming environment to our diverse student body and university community. Although interns are required to complete the two training modules, participation in the Safe Space Allies program is optional.

Additional information about the Safe Space program, including training dates, can be found at the LGBT Queer Resource Center:

<http://www.fullerton.edu/lgbtq/>

Vet Net Ally Training

During the fall semester, interns are required to complete a one-time, 4-hour campus ally training focused on the veteran population. This training is offered periodically by the CSUF Veteran's Resource Center. Per the training website (<http://www.fullerton.edu/veterans/>), the purpose of the training is to "provide information or experience in one of four major theme areas: program purpose, policies and procedures related to veterans in higher education, military and post- military culture and transition, and personal identity issues associated with status as a service member or veteran...The seminar culminates in a panel of student veterans who are asked questions by the seminar presenters and participants." Given the growing number of student veterans on campus, this training is an important means of helping CAPS staff understand the unique needs of student veterans and their families.

Clinical Supervision

Interns receive at least 2 hours of primary individual supervision each week for the entire year. Interns also receive 1.5 to 3 hours of group supervision each week for the entire year. The hours of group supervision are comprised of 1.5-2 hour per week of

General Group Supervision throughout the internship year plus 1.5 hours per week of Group Supervision of Supervision through the fall and spring semesters. In the summer, general group supervision will be 2 hours per week. A schedule of group supervision meetings will be provided at the start of each semester. Interns also receive 1 hour of specialty supervision each week during the fall and spring semesters.

Each intern will be assigned at least two individual supervisors during the training year. Individual supervisors, primary and specialty, will be matched with interns at the beginning of the internship year. At mid-year, interns will end supervision with one supervisor, either primary or specialty. Discussion regarding supervisor change for the second half of the training year will include the intern's training goals and supervisor preferences. The Training Coordinator, in collaborative discussion with the interns, the supervisors, and the training committee, will determine all matches.

The Training Coordinator serves as the group supervisor for General Group Supervision the entire training year. In addition to the 4-6 hours of weekly supervision, the interns all participate in a 1-hour Case Consult meeting once per month in the fall and spring semesters. Interns are encouraged to attend Case Consult meetings whenever a formal case presentation scheduled. Therefore, regarding required supervision, interns receive a total of 4-6.5 hours of supervision each week, depending on the semester. Interns will receive additional hours of supervision if they participate in providing group therapy, which is encouraged, but optional. Each of these supervision opportunities are described further in this section of the manual.

Interns should schedule to meet with their assigned primary supervisor and specialty supervisor as soon as possible after being assigned to arrange a regular meeting time. Supervisees should share the *Intern Self-Assessment Form* they completed during orientation or at mid-year with their new supervisors. Interns and supervisors should use the data from these assessments to collaboratively develop goals and a *Learning Objectives Contract* for the semester. *Learning Objectives Contracts* should be completed before the fourth supervision session with the primary and specialty supervisor.

Individual Supervision—Primary

Interns will receive 2 hours per week of primary individual supervision of their clinical and professional work by a CA-licensed psychologist. The supervisor will work closely with the intern to design an individualized, graded learning experience within the context of the requirements and expectations of the training program. The intern and their supervisor will explore the intern's areas of strength and expertise as well as collaboratively determine areas of professional growth and identify learning objectives for the training year. Individual supervision will include not only discussion of the intern's direct and indirect clinical service activities, but will also address issues of professional development, professional identity, and professional enculturation to the field. As the intern moves closer to independent practice, it is expected that the intern

and her/his supervisor will negotiate a shift in the emphasis of supervision from a more supervisor-directed plan to a more consultative relationship with an intern-directed focus.

Assigned individual supervisors may or may not be changed at the end of each semester, depending on intern's training needs and programmatic considerations.

Individual Supervision—Specialty

During the fall and spring semesters, interns will be assigned to work with a specialty supervisor, with a focus on learning more about a particular client population, theoretical orientation, or presenting concern/diagnosis. Interns will receive 1 hour per week of individual specialty supervision of their clinical and professional work by a CA-licensed psychologist, marriage and family therapist, or clinical social worker. Each semester, a variety of specialty supervision topics will be offered, and intern preferences will be taken into account when making supervision assignments. Assigned specialty supervisors may or may not be changed at the end of each semester, depending on intern's training needs and programmatic considerations. The specialty supervisor will maintain legal oversight of the cases designated as specialty cases, and will review and sign off on all case notes, file paperwork, etc.

General Group Supervision

General Group Supervision is 1.5 hour per week for fall and spring and 2 hours per week during orientation, intersession, and summer. The Training Coordinator will facilitate group supervision. During General Group Supervision, interns will discuss clinical work and professional issues, as well as conduct case presentations with the goals of receiving support, feedback, and recommendations from their peers and the group supervisor. When scheduled to provide a structured case presentation, interns should follow the case presentation format found in the Appendix of this manual. Interns are also encouraged to use group supervision to celebrate successes with clients, to display examples of good clinical work, to discuss professional concerns that affect their work with specific populations or presenting issues, to discuss professional development topics, and to address matters pertaining to the dynamic amongst the intern cohort. The General Group Supervision meeting is exclusively for interns, and the only persons in attendance at this weekly meeting are the interns and the group supervisor. The focus of this meeting is entirely on the interns' clinical work and professional development.

Group Supervision of Supervision

Interns will meet as a group with the Supervision of Supervision Supervisor(s) weekly for 1.5 hour of supervision of their provision of supervision work during fall and spring semesters. These meetings will include discussing and reviewing supervision videos, providing feedback to help each other reflect and improve

on their skills in this area, and exploring professional and developmental issues related to the provision of supervision. Additional information about training requirements and expectations in this area can be found in the *Intern Provision of Supervision Training* and the *Supervision Theory Presentation Guidelines* in the Appendix.

Supervision of Group Therapy Work

Interns are encouraged to participate as process-observers or co-facilitators of a CAPS group with a senior staff member. Interns will be supervised on their group work by the senior staff co-leader, and will receive 30 minutes per week of supervision specific to their group work. Interns should not be given more than half of the administrative responsibilities for the group, including preparation, member recruitment, writing progress notes, and general case management. If the group supervisor is not licensed, the primary individual supervisor will still maintain legal oversight of the intern's work in the group and will review and sign off on all case notes, file paperwork, etc. generated by the intern.

Supervision Prep

Interns are expected to spend at least one hour per week in preparation for supervision. This may include activities such as video review, readings, and other tasks as assigned by supervisor.

Additional Supervision Expectations

Audio/Videotaping Requirements

The following requirements apply for recording of clinical sessions:

Fall Semester:

Must record all triage sessions, initial consult evaluations, and therapy sessions. **NOTE:** Interns are **NOT** required to record triage sessions **IF** their supervisor is present in the room for live observation.

Spring Semester:

Must record all initial consult evaluations, and therapy sessions. Not required to record triage sessions.

NOTE: Interns **ARE** required to record triage sessions **IF** their supervisor deems this necessary (see previous section on Triage/Crisis Walk-in Sessions for more information about this exception).

Summer Semester:

Must record all ongoing therapy sessions. Not required to record triage or initial consult sessions.

If a client does not agree to recording when this is required by the intern, the intern will inform the client that they are no longer able to see the client, and the client will be scheduled for an initial consult or ongoing therapy with a senior staff member.

Session videos are used for the purpose of supervision. All clients are asked to complete the *Consent for Audio/Video Taping* form at the time of their initial session with the intern, and either provide or decline consent for recording. Clients who refuse to record their sessions must be transferred to a therapist that is not required to record their sessions. Although supervisors will vary in their approach to clinical training, interns are encouraged to regularly review their counseling videos before their supervision hour and are expected to review a minimum of one hour of video per week. **No audio or video recordings or other clinical materials are allowed to be shared outside of CAPS.**

Supervision Consent Forms

Interns are required to obtain a signed *Supervision Consent Form* from each of their clients at the outset of the initial consult, counseling or triage experience, whichever occurs first. The purpose of this form is to notify clients that the clinician they are working with is being supervised by another counselor with whom the clinician will be consulting about the details of the client's case. The completed form should be given to the front office staff to be scanned into the client's electronic file. Clients who refuse to work with an intern who is being supervised must be transferred to another therapist.

Ongoing Client Rosters

Interns should keep an up-to-date list of ongoing clients that they bring to supervision each week for their supervisor. Interns should consult with their supervisor about the specific information that would be most useful to include. There is a sample format in the forms section of this manual. Interns should keep in mind that any confidential information about clients such as the information included in the roster should be protected. Please see the section on Office Space and Computer Use in this manual for expectations regarding storage and safeguarding electronically-maintained information.

SPE Log

Interns are required to maintain a weekly accounting of their Supervised Professional Experience (SPE) as defined by the California Code of Regulations and the CA Board of Psychology. Interns should use the blank SPE Log form found in the Training folder in the CAPS section of the SHCC shared drive.

Descriptions of SPE activities can be found on the form. Interns are also advised to consult with the Training Coordinator about any questions they may have about documenting SPE hours. Interns must bring their completed SPE Log for the preceding week to each supervision session

with their primary supervisor for review and signature. If a delegated supervisor provides coverage for all or most of a full week due to the primary supervisor's absence, the delegated supervisor will sign the intern's SPE Log for that week. The original, completed SPE Log will be kept in the intern's training file. Interns are encouraged to retain a copy for their own records. SPE Logs will be audited by the Training Coordinator for accuracy, completeness, and hours accounting at the mid- and end-point of each semester.

For more information about SPE requirements as they pertain to internship and licensure, interns are referred to the following website: http://www.psychology.ca.gov/laws_regs/index.shtml

Session Summary Forms

Some supervisors and interns utilize the *Intern Session Summary Form* in conjunction with their discussion of cases and/or review of session videos. Interns should consult with their supervisor about expectations regarding the use of this form. There is a sample format in the forms section of this manual.

Case Presentations Outside of CAPS

It is understood that interns may need to present clinical information to other professionals outside of CAPS (e.g., during a job talk, as part of a conference presentation). In keeping with professional standards around confidentiality, interns should not disclose identifying information about their clients to persons outside of CAPS, even in these contexts. This would include client names, identifying roles (e.g., Student Body President), or similarly identifying information. Interns should note that any written information used in a case presentation should be a summary of case information and should be collected and shredded after the conclusion of the presentation. **Interns are not permitted to take any client file materials or copies out of CAPS.**

All communication about confidential client information must remain within a professional consultation context.

Guidelines for Clinical Supervisors

Signing Case Notes

Interns will have five business days to complete a first draft of a clinical note, depending on the presence or absence of client risk factors (see section on Clinical Documentation for more details). Supervisors are expected to review and sign their interns' clinical notes on a regular basis. When forwarding notes documenting risk factors to a supervisor, interns should designate it as a note containing risk by indicating "RISK" in the forwarding comments. Supervisors will review and return risk

notes within 48 hours.

Supervisors will review and return notes without risk factors within 1 week. Supervisors take care to provide appropriate feedback to interns about the content and format of their clinical documentation as appropriate. Interns are expected to consider supervisors' suggestions and make any required changes prior to signing their notes and forwarding these to supervisors for final signatures.

If the supervisor requests revisions to a note, interns will have 72 hours to satisfactorily complete all revisions and return the note to the supervisor for a second review. Notes will typically be finalized (i.e., signed by both intern and supervisor) within a 2-week time period. In rare cases, notes may require significant reviews and revisions, causing the note to remain open for longer than 2 weeks. In these instances, notes should not remain open longer than a total of 4 weeks from the date of the session. All intern documentation must be co-signed by an appropriate, licensed supervisor to be "finalized."

Documentation of Supervision

Supervisors (including specialty supervisors) are expected to document each supervision session with their interns and maintain these notes in the supervisee's file. Supervision progress notes should be completed within two weeks of the supervision session. Supervision progress notes should minimally include information about the content and process of the supervision session. Supervisors should take care to avoid noting anything about specific clients that would make the client identifiable, and instead focus on information about the intern's overall progress toward his or her training goals, specific skill development, supervision process, and the intern's challenges and successes.

When supervision involves discussion and planning around moderate to high risk factors for a specific client, the supervisor may instruct the intern to create a consultation note in the client's file that includes the contents and directives of the supervision discussion. The intern will forward the consultation note to the supervisor, who will signify his or her agreement and approval through electronically signing the note.

Alternatively, the supervisor may choose to write the consultation note in the client's file. Interns and supervisors should be clear about who is expected to write the note.

Any specific concerns about an intern or intern pattern of behavior should be documented in the intern's file by the primary supervisor, including notable observations or examples of concerning behavior, information about communication of the concern to the intern or other staff, consultation, action plans, expectations, and any resulting changes (or lack thereof) on the part of

the intern. Although such documentation may not necessarily represent the submission of a formal grievance, such documentation may be utilized should a formal grievance be brought against an intern or supervisor.

Audio/Video Review

Supervisors are expected to review some or all of their supervisees recorded sessions. The frequency and format of this (e.g., with the intern in supervision, outside of the supervision hour) is to be determined by the supervisor. Video review must occur using secured portal designed to protect confidentiality.

Supervision Coverage while Away

Individual supervisors who will miss supervision sessions due to planned absences from the office should take care to arrange for their interns to receive alternate supervision with a designated delegated supervisor. This may be through rescheduling the supervision meeting temporarily, or by arranging for an alternative staff member or the Training Coordinator to provide short-term supervision for their intern. Interns must have at least one hour of face-to-face individual supervision per week and 10% of their total weekly SPE hours spent in supervision. Therefore, primary individual supervisors who are unable to provide this supervision due to an absence must work with the intern to arrange for a designated delegated supervisor to meet with their intern. If the intern has a planned (e.g., vacation) or unplanned (illness) absence during their scheduled supervision time, it is the interns' responsibility to reschedule supervision hour(s) with their supervisors.

The delegated supervisor is responsible for documenting their supervision sessions with the intern. If the intern or supervisor unexpectedly misses some or all of the weekly individual supervision session(s) (e.g., due to illness), and it is not feasible to reschedule this time later in the same week, the intern and supervisor must make every effort to make up the missed time within the following week. If a delegated supervisor provides coverage for all or most of a full week, that supervisor will sign the intern's SPE Log for that week. Note: the 1-hour weekly primary supervision and 10% weekly supervision must occur in the same week that the SPE hours are collected.

If an intern sees a client with notable risk factors while their supervisor is away, the intern should consult with the designated, delegated supervisor. Similarly, if an intern needs to document risk factors and the regular supervisor is unlikely to review this documentation within 48 hours, the intern should forward these notes to the delegated supervisor. If a supervisor will miss more than 1 week's worth of supervision, arrangements should be made for the intern to forward all of their

clinical notes (risk- or not risk-oriented) to the designated delegated supervisor for review.

Telesupervision

When the Coronavirus Disease 2019 (COVID-19) pandemic began, guidance were provided by the California Board of Psychology and the American Psychological Association regarding telesupervision for supervisors and supervisees.

The guidance by the California Board of Psychology state, “Effective August 22, 2022, Business and Professions Code sections 2913 and 2914 were amended (Assembly Bill (AB) 2754) to allow any supervision to be provided in real time, which is defined as through in-person or synchronous audiovisual means, in compliance with federal and state laws related to patient health. The authority granted by way of the Governor’s Declared Emergency (from March, 4, 2020) to allow the required one hour face-to-face, direct, individual supervision to be conducted via HIPAA-compliant video was rendered moot when the provisions in AB 2754 were chaptered into law.”

The guidelines and limits provided by the American Psychological Association regarding telesupervision for internship training programs state that, “Telesupervision may not account for more than one hour (50%) of the minimum two weekly hours of individual supervision, and two hours (50%) of the minimum required (four total weekly hours of supervision). Supervision beyond the minimum number of required hours may utilize methods or modalities that are deemed appropriate by the accredited program.”

Following the guidelines provided by both the California Board of Psychology and the American Psychological Association, interns may receive one hour of telesupervision with their primary supervisor for individual supervision and one hour of telesupervision for specialty supervision or group supervision or supervision of supervision.

EVALUATION AND DUE PROCESS

Guidelines

Due process ensures that decisions made by the training program about doctoral interns are not arbitrary or personally based. It requires that programs identify specific evaluative procedures that are applied to all interns and staff, and have appropriate appeal procedures available to the intern.

General due process guidelines include the following:

1. Present interns, in writing, with the program's expectations related to professional conduct.
2. Stipulate the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Describe the various procedures and actions involved in making decisions regarding inadequate professional performance.
4. Communicate, early and often, with graduate programs about any suspected difficulties with interns and seeking input from these academic programs about how to address such difficulties.
5. Institute, with input from the graduate program, a plan for remediation of identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Provide a written procedure to interns that describes how the intern may appeal the program's action. Such procedures are included in the program's handbook and made available to the intern at the beginning of the training period.
7. Ensure that interns have sufficient time to respond to any action taken by the program.
8. Use input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Document, in writing and to all relevant parties, the action taken by the program and its rationale.

Expectations of Interns

Interns are asked to sign a *Statement of Expectations* at the outset of the training year that confirms their understanding of the basic expectations they are expected to meet throughout the training year. In an effort to provide a professional and growth-oriented work environment, the following is a list of general expectations of interns which is in addition to any responsibilities outlined in the CAPS Guidelines and Procedures manual:

1. Read, understand and clarify, if necessary, the information provided in the CAPS Training Manual. Interns agree to adhere to the policies and procedures therein.
2. Adhere to all CAPS and university guidelines, policies, procedures, relevant state and federal laws, and the current APA *Ethical Principles of Psychologists and Code of Conduct*.
3. Read, understand and clarify, if necessary, the evaluation criteria and specific learning objectives at the beginning of training. Review of formal evaluation forms (CAPS' and the intern's academic program evaluation, if pertinent) and creation of a Learning Objectives Contract are done early in the year as a collaboration between the intern and their primary supervisor.
4. Act and present self in a professional manner at all times, to include general standards of professional dress and decorum when present at CAPS or representing CAPS.
5. Interact with all CAPS clients, staff, and trainees in a respectful and professional manner. Establish appropriate professional and collegial relationships (e.g., seeking consultation appropriately, providing consultation effectively to peers and staff, respecting privacy, and functioning as part of a team).
6. Provide competent, appropriate services to clients to the best of their ability, and to consult with a supervisor when a situation has occurred that may be outside of their scope of competence.
7. Provide constructive feedback to peers, supervisors, and areas related to the training program.
8. Address issues/conflicts in a timely manner and follow the due process procedures outlined in this manual.
9. Participate actively in supervision and in other training meetings and activities, preparing accordingly for such meetings.
10. Receiving supervision is differentiated from receiving personal therapy. However, interns are to recognize that supervision at times includes discussion of those behaviors, personal characteristics, and concerns which might aid or interfere with one's effectiveness as a counselor. Interns are expected to be open to such discussions in

supervision, as they pertain to their work as a clinician.

11. Manage personal stress, own adjustment problems and/or emotional responses in a way that does not result in inferior professional services to the client or interfere with job responsibilities. Interns are expected to consult with their supervisor or the Training Coordinator for assistance if they are unable to do so on their own. In the event that concerns in this area are brought to the intern's attention by staff, interns are expected to address these concerns appropriately.

Evaluation Procedures

The training faculty places a high premium on creating a work environment that is professionally stimulating with appropriate support and has sufficient flexibility to accommodate individual developmental needs. Fundamental to a successful training experience is the provision of ongoing feedback from primary supervisors, the Training Coordinator, and other training staff with whom interns have significant contact throughout the training year. Interns and supervisors are encouraged to seek and provide informal feedback throughout the year. Additionally, it is also important that interns' expected performance be explained in advance. As such, interns should review the evaluation forms and develop specific learning goals and objectives with their primary supervisor. Given these procedures, interns should have no "surprises" during formal evaluation periods.

Evaluation Schedule

There are two (2) formal evaluation periods during each year for interns. Supervisors will complete written evaluations of their interns, and interns will complete written evaluations of their supervisors. For the formal evaluation periods, supervisors will complete the evaluation form that corresponds to their role with the intern (see schedule below). The *Supervisor Evaluation of Intern Forms* (both the Primary and Specialty Supervisor versions) are almost identical to *CAPS Intern Self-Evaluation Form*. These evaluations cover a variety of clinical and professional skills that interns typically work on throughout their year of training. Interns and supervisors should review the relevant evaluation forms early in the semester to familiarize themselves with the criteria on which the interns will ultimately be evaluated. Interns and supervisors are required to complete evaluation forms at mid-year and the end of the intern's training year (with a few exceptions, noted in the schedule below). By the end of September, interns and primary supervisors are asked to complete and compare the *CAPS Intern Self-Evaluation Form*. This is for the purpose of identifying a baseline of interns' skills for future evaluations. At the end of the fall and at the end of the training year, interns are asked to complete the *CAPS Intern Self-Evaluation Form* and to review this with their primary supervisor during their formal evaluation meeting.

The group supervisor and the Multicultural Competence Seminar Leader do not provide a separate, written evaluation of the intern, but instead communicate feedback directly to the intern and to the intern's primary supervisor for that information to be incorporated into the interns' formal evaluation. Interns are asked to complete a written evaluation of their group supervision and Multicultural Competence Seminar experiences.

Interns who work together as group co-leaders are required to complete the *Group Therapy Co-Leader Evaluation Form*. Group therapy supervisor(s) provide verbal feedback to the intern and intern's primary supervisor during supervisors' meeting. These should be mutually reviewed no later than the end of each semester.

Interns will be evaluated on their outreach and consultation work in a variety of ways. These include audience evaluations of their outreach presentations, and counselor faculty co-presenters' feedback.

Throughout the training year, interns will be asked to evaluate various components of the program, such as the orientation process and the didactic seminars. At the end of the training year, interns will also be asked to complete an evaluation of the training program as a whole, which will be returned to the Training Coordinator and/or Director. The schedule of written evaluations follows:

Evaluation Completion Schedule

Completed by the Intern:

Evaluation	End of Fall	End of Spring /Year	Other
Self-Evaluation	X	X	Also completed by the end of September.
Eval of Primary Supervisor	X	X	
Eval of Group Supervisor		X	
Eval of Specialty Supervisor	X	X	
Eval of Supervision of Supervisor(s)	X	X	
Eval of MCC Seminar Leader		x	

Eval of Group Therapy Co-Leader	X*	X*	
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Training Program Eval		x	
Training Seminars	x	x	Within 1 week of each seminar
Training Orientation Eval		x	Before 3 rd week of Fall classes

*Only if you co-led a group this semester.

Completed by the Supervisor:

Evaluation	End of Fall	End of Spring	End of Year
Supervisor Eval of Intern: Primary	x		x
Supervisor Eval of Intern: Specialty	x	x	
Supervisor Eval of Intern: Sup of Supervision	x	x	
Evaluation of Group Therapy Co-Leader	*x	*x	

*Only if you co-led a group this semester.

Completed by Others:

- Workshop Evaluations: By attendees—after each outreach presentation
- Initial Session Evaluations: By initial consult clients—after the initial consult session
- Ongoing Session Evaluations: By ongoing clients—after designated sessions
- Intern Capstone Case Presentation Eval—By CAPS staff attendees of Intern’s Capstone Case Presentation—after presentation, typically late in Spring semester
- Intern’s Choice Presentation – By CAPS faculty attendees of Intern’s presentation, typically in early Spring semester.

Evaluation Criteria

Interns are not expected to master all of the evaluation areas by the end of the training year. However, **in order to successfully pass the internship, interns must meet the following minimal levels of achievement (MLA) criteria:**

1. Interns must receive a minimum score of 3.0 on all individual evaluation items on their final evaluation at the end of the internship.
2. Interns must receive an overall score of 3.5 or higher for the

competency areas on their final evaluation at the end of the internship.

The supervisors' overall competency score represents their overall assessment of the intern's performance regarding a specific competency area. The competency score may reflect that in a given area, some evaluation items may be more critical than others. As a result, individual item ratings contribute to an overall assessment with varying degrees of weight or importance.

Supervisors will complete all evaluation forms with Qualtrics. The TC will forward copies of all evaluation materials and summary information to the interns' academic program Director of Clinical Training at mid-year and at the end of the training year. CAPS will retain copies of these materials in the intern's training file at CAPS.

All supervisors working with an intern, as well as other staff who have significant contact with an intern, contribute relevant feedback that is incorporated into the formal evaluations completed by the intern's supervisors.

Evaluation Meeting

Supervisors and interns should schedule a specific session to review and discuss the evaluations. During this meeting, the supervisor will provide the intern with both evaluative feedback and recommendations for improvement. Interns also use this session to provide verbal and written feedback (where relevant) to the supervisor regarding their role as supervisor and their experience of supervision. To reduce fears of retribution, interns should provide feedback to supervisors after they have received their own evaluation feedback from the supervisor. All parties are encouraged to have an authentic discussion based on the goal of creating a mutually beneficial supervision experience. Should perceptual and/or factual differences occur between the supervisor and the intern, individuals are expected to resolve (or begin resolving) such differences during the evaluation meeting. Procedures for addressing unresolved perceptions are described in the section under "Intern Appeals Procedures." At the conclusion of the meeting, both the supervisor and intern need to sign the evaluation form indicating that it has been reviewed by both parties. Interns will be provided with a copy of their completed evaluation form and the original copy will be kept in the interns' permanent file. The Training Coordinator will sit in the formal evaluation sessions with the primary supervisors and interns and will forward evaluations and summary statements to the respective graduate programs.

Supervisors and interns are encouraged to share formative feedback throughout the semester to allow for maximum opportunity to address any developing or ongoing concerns and to minimize unexpected feedback. In the same way that interns should not experience any major "surprises" in their evaluation, interns are expected to address supervision concerns as they arise so that supervisors do not experience "surprises" in their evaluations. Although this can be uncomfortable, addressing concerns with others directly is an area of professional competence that interns will need to improve and

master as they continue in their professional development. If interns need additional guidance or support in addressing concerns with a supervisor or other staff member, they are encouraged to seek assistance and consultation with the Training Coordinator or Director.

Intern Training Files

Intern training files will minimally include the intern's application materials, written evaluations, SPE logs, Learning Portfolio, and formal communications with the intern's academic program. If applicable, training files will include information regarding remediation and grievance procedures and issues that involve the intern. Intern training files are permanently stored on a university secured server. The Training Coordinator and Director have access to intern training files for administrative and training purposes.

Per CSUF policies and the Collective Bargaining Agreement (CBA), a separate Personnel Action File is also maintained by the campus pursuant to the CBA.

Due Process & Grievances Procedures

Due process ensures that decisions are **neither arbitrary nor personally based**. It requires that the Training Program identify specific evaluative procedures which are applied to all interns and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. CAPS' evaluation procedures adhere to the following due process guidelines:

1. Presenting to the interns during orientation the program's expectations related to professional functioning, such as clinical work, professionalism, interpersonal interactions, administrative tasks, etc.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at specified intervals.
3. Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns.
4. Communicating, early and regularly, with interns and graduate programs about any observed difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties.
5. Instituting, when appropriate, a remediation plan for identified difficulties, including a time frame for expected remediation and consequences of not rectifying the difficulties.
6. 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 manual. The Training Manual is provided to interns and reviewed during orientation.
7. Ensuring that interns have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

Identification of Inadequate Professional Performance (Adapted from Lamb, Presser, Pfost, Baum, Jackson, & Jarvis, 1987).

For the purpose of this document, inadequate professional performance is broadly defined 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 expected level of competency; and/or
3. An inability to manage personal stress, strong emotional reactions, and/or psychological distress which interfere with professional functioning. While it is ultimately a professional judgment as to when an intern's performance is significantly inadequate or just problematic (i.e., not unexpected or excessive for training), for the purpose of this document problems become identified as inadequate professional performance when they include one or more of the following characteristics:
 - a) The intern does not acknowledge, understand, or address the problem when it is identified;
 - b) The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
 - c) The quality of services delivered by the intern is sufficiently negatively affected;
 - d) The problem is not restricted to one area of professional functioning;
 - e) A disproportionate amount of attention by training personnel is required;
 - f) The intern's behavior does not change as a function of feedback, remediation efforts, and/or time; and/or
 - g) Multiple and similar observations are made by more than one supervisor.

Remediation is structured to provide guidance and support for interns who are failing to meet the required standard in the development of their knowledge, skills, attitude and behavior. Examples of issues where remediation may be necessary include, but are not limited to, the following:

1. Difficulties making progress
 - Poor organization
 - Unable to prioritize
 - Poor record keeping
2. Problems in clinical judgment
 - Lack of knowledge
 - Lack of skills
 - Poor clinical judgment
3. Personal / interpersonal factors
 - Poor time keeping / persistent lateness
 - Communication problems
 - Inability to provide feedback to peers or supervisors in a respectful and professional manner
 - Poor self-management / inability to prioritize
 - Harassment
 - Dishonesty

- Working under the influence of medication, drugs or alcohol
 - Criminal behavior
4. Signs of not coping
- Lack of insight
 - Defensive reaction to feedback
 - Unprofessional interactions with faculty/staff/colleagues, ex. disrespectful communication, inability to express frustrations appropriately
 - Frequent or persistent sick leave without medical documentation

Procedures for Responding to Inadequate Professional Performance

If an intern receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a faculty/staff member or another intern has concerns about an intern's behavior (ethical or legal violations, professional incompetence) and it is determined that the concern needs further review, the following procedure will be initiated.

1. The faculty/staff member will consult with the Training Coordinator (TC) to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the faculty/staff member who brings the concern to the TC is not the intern's primary supervisor, the TC will discuss the concern with the intern's primary supervisor.
3. If the TC and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TC will inform the faculty/staff member who initially brought the complaint.
4. The TC will meet with the intern to discuss the complaint about the intern's behavior.
5. If the behavior of concern is related to other issues for which the intern has been given feedback, these previous interactions will be considered in the discussion to address the problem behavior.
6. The TC will meet with the training committee to discuss the performance rating or the concern and determine what actions might be indicated.
7. The TC will meet with the Director of CAPS to discuss the concerns and possible course of action to be taken to address the issues.
8. The TC, supervisor(s), and Director may meet to discuss possible course of action.

Intern Remediation Procedures and Sanctions

Although informal resolution between the parties involved is preferable above all other

procedures, it is important to have meaningful ways to address problematic behavior(s) or inadequate professional performance once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the identified intern, the clients who may be potentially impacted, the other interns in the training group, and the staff and other agency personnel. Below are remediation steps that are listed in increasing order of severity. However, the specific course of action taken will depend on the nature and severity of the identified problem.

Verbal Warning

When the intern's behavior becomes a notable problem, a verbal warning will be given directly to the intern and they will be asked to discontinue the inappropriate behavior. The clinical faculty member who issues the verbal warning may do so after consultation with the training team. The individual supervisor is responsible for documenting the behavior and the warning in the intern's training file.

Letter of Warning

An intern will receive a formal letter of warning indicating that they will be placed on probation status if a problematic behavior continues without corrective changes. Once an acknowledgement letter is given, the intern, primary supervisor, and/or the Training Coordinator will work collaboratively to develop a plan to rectify the problem and this process will be documented and maintained by the primary supervisor. The letter will contain the following:

- a) a description of the problematic behavior(s) which may include any area of professional performance;
- b) recommendations for rectifying problematic behavior;
- c) a timeframe for correcting the problem;
- d) evaluation criteria to determine whether or not the problematic behavior has been rectified; and
- e) what actions may be taken if the problem is not corrected.

Copies of the formal letter of warning will be provided to the intern, the intern's supervisor, the Training Coordinator, and the intern's academic program. A copy of the letter will be kept in the intern's training file.

Probation Letter/Remediation Plan

Probation defines a process by which the training faculty actively and systematically monitors, for a specific length of time, the degree to which an intern addresses, changes and/or otherwise improves the problematic behavior. The purpose is to assess the ability of the intern to complete the training program and to return them to a more fully functioning state. The intern is informed of the probation in a written statement which will be in the form of a formal remediation plan. A remediation plan will include:

- a) the fact of the probationary status;
- b) a description of the problematic behavior(s) which may include any are of professional performance;

- c) recommendations for rectifying the problematic behavior;
- d) supervisor and training program responsibilities related to the plan;
- e) a timeframe for the probation period during which the problem is expected to be ameliorated;
- f) the assessment methods designed to ascertain whether the problem has been appropriately rectified; and
- g) what actions may be taken if the problem is not corrected.

Remediation

There are several possible, and perhaps, concurrent courses of action to remediate identified problem behaviors. Remediation interventions include, but are not limited to:

1. Increase amount of supervision with one or more supervisors;
2. Change the format, emphasis and/or focus of supervision or training;
3. Recommendation of personal therapy when the problems are psychological in nature;
4. Reduction in the intern's clinical workload or other professional duties; and
5. Requirement of specific academic coursework or other remedial activity.

Copies of the probation letter or remediation plan will be provided to the intern, the training staff, and the intern's academic program. The Training Coordinator will seek feedback and suggestions from the intern's academic clinical coordinator in developing the plan. A copy of the letter/remediation plan and documentation of the procedures will be kept in the intern's training file. The training faculty will review the status of the probation at the end of the probationary period. If the problem has been rectified to the satisfaction of the training faculty, the intern and their graduate program will be informed and the probation status will be removed.

Temporary Suspension of Direct Service

Temporary suspension of direct clinical services will be imposed if it is determined that the welfare of the intern's client has been jeopardized and/or if a violation of the APA and/or ACA ethics codes has occurred. All temporary suspension becomes effective immediately upon notification of the suspension to the intern either orally or in writing. The Training Coordinator and the Director, in consultation with the training staff, has the authority to issue the suspension and the intern will receive a formal letter of suspension that specifies the reasons for the suspension within 1 working day. The suspension letter will be kept in the intern's training file and copies will be provided to the intern's graduate program.

The Training Coordinator is responsible for scheduling a suspension review meeting with the training staff and the Director within five working days of the temporary suspension. The purpose of the meeting is to determine the appropriate course of action given the nature of the violation. The Training Coordinator will document the decisions or recommendation by the staff and provide copies to the intern and the intern's graduate program.

**If a reduction in clinical workload/temporary suspension of direct services interferes with the successful completion of the training hours needed, this will be noted for the record and the intern's

graduate program will be informed. The training program will abide by APA/APPIC's recommendations to support internship completion under these circumstances.

Dismissal from the Training Program

A dismissal from the training program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior and the intern seems unable or unwilling to

alter their behavior, the Training Coordinator will discuss with the training staff and the Director the possibility of dismissal from the training program. A dismissal would also be invoked in situations where there are **severe violations** of the APA or ACA Codes of Ethics and/or University Codes of Conduct; when imminent physical or psychological harm to a client or others is a major factor; and/or the intern is unable to complete the internship due to physical, mental or emotional illness that significantly impacts the ability to perform in the job they were hired for. When the intern has been dismissed, the Training Coordinator will communicate to their academic department that the intern has not successfully completed the training program. Regardless of the point of the dismissal, the internship is pass/fail, and if dismissed, no hours will be given.

Interns should be aware that at any meeting involving potential disciplinary actions, interns have the right to be represented by the faculty union or other person of their choice.

Intern Appeal Procedures

Interns have the right to appeal any written warnings, evaluations, or decisions made by the training staff. The intern should file a written request for an appeal along with all supporting documents to the Training Coordinator within 5 business days of receiving a warning, decision, or evaluation. The Training Coordinator will review the information with the Training Committee, and/or consult with the Director, and form an Appeals Committee for a special fact-finding review by using the procedures described below.

Within 10 business days of receipt for a request of an appeal, an Appeals Committee will be formed consisting of two licensed clinical staff members selected by the Training Coordinator and one licensed clinical staff member selected by the intern. The composition of the committee should exclude the Director, Training Coordinator, Training Committee, current supervisors or staff member in question, and other current interns. The Training Coordinator will call this committee together, give the charge, and discuss the appeals procedure.

The procedures invoked for a special fact-finding review are as follows:

1. The intern and their primary supervisor will be notified that a special review meeting will be held.
2. The Appeals Committee may request the presence of or written statements from individuals as deemed appropriate.

The intern may submit to the Appeals Committee any written statements they believe to be appropriate, may request a personal interview with the Appeals Committee, and/or may request that the Committee interview other individuals who might have relevant information. The primary supervisor or other faculty/staff member involved will also be afforded the same privilege.

1. The Appeals Committee will complete fact-finding within 14 working days. Following the fact-finding review, the Appeals Committee or a designated member will communicate in writing the summary of their findings and any recommendations to the Training Coordinator, within two working days of the end of their deliberations.
2. Following the review by the Appeals Committee, the Training Coordinator, in consultation with the Training Committee, takes action deemed appropriate. Such action is not limited to, but may take the form of any of the following:
 - a) Accept the supervisor's report of problems and recommend a plan of remediation.
 - b) Request that the supervisor write a new report to include specific changes in the statement of deficit(s) or recommendation(s).
 - c) Ask the committee to re-write the evaluation, or the Training Coordinator can write the evaluation or add an addendum to the report of the primary supervisor.
 - d) Place the intern on probation for a specified period of time, during which changes in the intern's behavior according to an identified remediation plan are to be expected.
 - e) Recommend to the Director dismissal of the intern from the training program.

In the event that the Training Coordinator is the primary supervisor in the appeal, the review will go directly to the Director and the Director will assemble the Appeals Committee.

If the intern is dissatisfied with the decision of the Training Coordinator or Director, they may request a second and final review. This request must be submitted in writing within five working days after the intern has been notified of the decision. This review will be heard by the Director. If the Director is the intern's supervisor or was the primary recipient of the initial review, the second review will be heard by the Associate Vice President of Student Affairs.

Interns are encouraged to review their rights and resources as a member of Unit 3, faculty union. <https://www.calfac.org/faculty-rights-resources>. CFA Grievance and Discipline Appeal Filing Guide can be found here, https://www.calfac.org/sites/main/files/file-attachments/cfa_grievance_filing_guide-february_2015.pdf

Other Areas of Formal Review

Interns, professional staff, clients, or support staff may initiate a formal review at any time. When a professional staff member is charged, standard University procedures are applied to the dispensation of the case. When an intern is charged, the fact-finding review procedure described in this document will be used in addition to relevant CSUF policies and procedures. The following situations are examples of situations that may call for the filing of a grievance and activation of a formal review:

- Sexual harassment;
- Violation of the APA & ACA Code of Ethical Principles of Psychologists, and Guidelines for the Delivery of Services;
- Insubordinate behavior;
- Exploitative behavior; and
- Other behaviors not listed elsewhere in this document but which represent infringement on the rights, privileges, and responsibilities of interns, professional and support staff, and other interns, employees, and clients of CAPS or the California State University Fullerton community.

Grievance Procedures Initiated by an Intern

The faculty strives to create a warm and collegial working environment for faculty and interns. Nonetheless, interns may encounter conflicts such as dissatisfaction with supervision, perceived unfairness of an evaluation, personality clashes, and issues with other faculty/staff and interns. When a conflict occurs, we strongly recommend that individuals reach an informal resolution by addressing the conflict with the other party in an open, direct, and timely fashion. However, the training faculty acknowledges that the power differential between interns and supervising faculty can make this process difficult and anxiety provoking for the intern. In those situations where the intern feels that they need consultation and support in order to deal with the conflict, the intern is encouraged to contact their academic program. When a mediator is needed, the training program will work with the intern to identify a mediator to help resolve the conflict. In situations where informal resolution cannot be attained, the Training Coordinator will consult with the Director and a decision will be made. The Training Coordinator will document the nature and outcome of grievance situations and inform the faculty/staff when appropriate.

Should the Training Coordinator be involved in the conflict, the Director will assume mediation responsibilities. If the intern or faculty/staff member continues to have a grievance, the individual can appeal the decision by following the appeals procedure outlined in the previous section.

Interns and Unit 3 Bargaining Union Membership

Interns are hired within the employment classification, “Counselor Intern,” which is a faculty designation and is included in the CSU bargaining Unit 3 (i.e., “the faculty union”). Interns are subject to the terms and conditions of the Unit 3 Collective Bargaining Agreement (CBA), administered by the Office of Human Resources and Diversity Initiatives (HRDI) on campus and the California Faculty Association (CFA) system-wide. The grievance procedures described previously in this manual is a process that is separate and apart from any Grievance process provided by the CBA. More information about Unit 3, HRDI, the CBA, and the CFA, including faculty grievance procedures, can be found at the links below:

<http://hr.fullerton.edu/>

http://hr.fullerton.edu/faculty_staff_relations/CollectiveBargainingAgreements.php

<http://www.calfac.org/>

<http://www.calfac.org/2014-2017-contract>

Evaluation of Supervisors

Supervisors recognize that receiving ongoing feedback and evaluations is part of the process of continually improving one’s skills as a supervisor. Therefore, honest feedback about the supervisor’s strengths and areas for growth is encouraged. Formal evaluation of individual supervisors will occur at the end of each semester except when otherwise noted elsewhere in this manual. It is strongly encouraged that interns provide ongoing feedback to supervisors, and that supervisors specifically solicit ongoing feedback from interns throughout the semester. Similar to the evaluations of interns, it is the expectation that interns will share their written evaluations with their supervisors. One copy of the evaluation should be given to the Training Coordinator. We recognize that differences in power hierarchies can sometimes make this process feel difficult. If the intern has significant concerns about delivering difficult feedback to a supervisor, they are encouraged to consult with the Training Coordinator about how to proceed.

Formal evaluation of group supervision will also occur at the end of each semester. Again, ongoing feedback is encouraged. Written evaluations will be completed and returned to the Director. If the intern has significant concerns about delivering difficult feedback to the group supervisor/Training Coordinator, they are encouraged to consult with the Director about how to proceed.

ADMINISTRATIVE ISSUES

Office Space and Administrative Support

Interns are each assigned an individual office space for their professional use during the training year. Offices are equipped with a monitor and docking station, and internet service. Interns are issued a campus laptop, webcam, and microphone

for the purposes of recording their clinical sessions. Interns are expected to be respectful of the office space they are using. While interns are encouraged to make their work space comfortable, they are asked to keep in mind that their office will be used by others in the future. In this respect, we ask that interns do not make permanent changes to the offices (e.g., paint, wallpaper, non-removable adhesives), and to keep minor alterations such as nail holes and picture hooks within reason.

Interns are encouraged to access the Student Wellness support staff, Student Wellness Information Technology staff, or Campus Information Technology staff for assistance, as needed. Interns have access to CAPS office supplies, and should speak to support staff about the possibility of ordering specific items that are not already in the office supply cabinets.

Electronic Appointment Scheduling and Record Keeping System

CAPS utilizes the Point and Click (PnC) computer program for scheduling and record keeping. Interns will receive specific training in this system when beginning their training. Interns must keep in mind that PnC houses confidential client information, and they should therefore take steps to safeguard this information at all times. This includes, but is not limited to: minimizing the program or shielding the screen when non-CAPS staff members are present, using the function to suppress viewing of client names, logging out of the program when leaving the office, etc. Interns will be required to electronically sign all of their clinical notes and have these notes co-signed by an appropriate supervisor. Interns will be given training on how to sign, forward, and edit notes in PnC. In order to keep track of notes that need to be completed, providers are instructed to initiate an appropriate progress note for each clinical appointment after the appointment, or to do so for all of that day's checked-in appointments before leaving the office at the end of the day. This will result in all unfinished notes appearing in the provider's Task Summary List in the Open Chart section of PnC. Alternatively, providers can check the Visit Tracking section in their Open Chart.

In keeping with ethical guidelines regarding confidentiality, client information (clinical record, attendance, personal information, etc.) should only be accessed on a professional need-to-know basis. Interns should be aware that regular PnC audits are conducted by the department, which include data about which clients' records are being accessed when and by whom. Interns found to be accessing client information inappropriately will be subject to reprimand, including possible dismissal.

Computer Use

Interns will be required to log into their computer using their own unique username and password. Interns should take care to avoid downloading suspicious or illegal applications, executable files, or media files onto CAPS computers. Each intern is given an individual, secure folder on the SHCC shared drive for storage of their confidential session videos and documents. Confidential computer files should be saved into the secure folder on the SHCC shared drive, in the same location as client videos. Interns wishing to save non-confidential materials may save items in their My Documents folder on the hard drive. Interns wishing to save confidential materials (e.g., ongoing client roster) should not do so onto the hard drive of any computer or on flash drives. Interns are asked to log off of their computer when they are finished using it for the day, and to lock their computer if they plan to step away from their office.

No staff members, including interns, are permitted to copy (electronically or otherwise) or transmit via email or other means confidential client materials from Point and Click, the video server, or the client's paper file. The exception would be mailing or faxing a printed copy of a client's clinical record within the bounds of a completed *Authorization to Release & Exchange Confidential Information* form.

Interns must avoid sending confidential information via email, even if it is to another CAPS staff member, as email is not a secure medium. If an intern needs to communicate with a CAPS staff member about a client, they may use the client's initials (or other non-identifying information—e.g., “the client I saw on Tuesday at 9am”) in an email, use the IM function within the online medical record system, or leave the staff member a voicemail message or a written note in the supervisor's secure mailbox.

Email Signatures

CAPS staff are asked to use the following standard signature format for their Outlook email.



Your Name, Degree (pronouns - if you would like them)

Your Position Title/License Title

Student Wellness | Counseling and Psychological Services

P: 657-278-3040 | **F:** 657-278-2971

800 N. State College Blvd., Fullerton, CA 92831

fullerton.edu/caps



Please Note: This email address is monitored during business hours only. Messages received after 5 pm will be read the following business day. To help ensure privacy patients and clients are cautioned against sending sensitive, detailed or personal information to Providers, Counselors, Clinicians, or other health service staff via e-

mail. Email should never be used to convey information of an urgent nature to Health Services Providers, Counselors, Clinicians, or other health service staff. We cannot guarantee prompt responses to e-mail messages.

Confidentiality Notice: The contents of this e-mail message and any attachments are intended solely for the addressee. The information may also be confidential and/or legally privileged and is sent for the sole purpose of delivery to the intended recipient. If you have received this transmission in error, any use, reproduction, or dissemination of this transmission is strictly prohibited. If you are not the intended recipient, please immediately notify me by reply e-mail or call me at my direct line listed above and delete this message and its attachments, if any.

IN AN EMERGENCY: After hours or on weekends, you can:

- 1) Call 657-278-3040 to speak to an on-call Clinician
- 2) Call the **National Suicide Prevention Lifeline** at 1-800-273-TALK (8255)
- 3) Text the **Crisis Text Line**: Text *HOME* to 741-741.

All are available every day of the year, at any hour, seven days a week

To get assistance with implementing the e-signature, please contact SHCC Help (shcctech@fullerton.edu).

Webcams and Other Office Equipment

CAPS utilizes a digital webcam recording system for interns to record their therapy sessions with clients. Interns will be assigned a webcam at the start of the training year for this purpose. Webcams are not to leave CAPS. Because the webcams are not affixed to the computer or desk, interns should store their webcam in a locked drawer or space when they leave for the day.

Interns should remember that use of the phones, computers, audio/visual equipment, copier/fax machine, and other CAPS equipment is for business and educational purposes only.

Name Badges and SHCC ID Cards

All CAPS providers are issued a name badge and a Student Wellness Photo Identification Card. All CAPS employees are expected to wear either their name badge or SHCC ID card in a visible location whenever they are working on campus or otherwise representing CAPS in a professional capacity.

Leave Policy

CAPS is closed whenever CSUF is closed, and interns are not expected to be present during these times. Interns accrue vacation and sick leave at a rate that is determined by the University. Interns are paid monthly and accrue vacation time at a rate of 2 days per month and sick time at a rate of 1 sick day per month.

Interns are also afforded one personal holiday per calendar year, for a total of two personal days during the internship. It should be noted that the personal holiday

does not roll over from one calendar year to the next, and will be lost if not used within that year. Interns are advised to review the information in the Appendix regarding the intersection between leave time, overtime, and SPE hours.

It is the intention of training program to provide the opportunity for new parents to utilize parental leave as spelled out in the CSUF Parental Leave Policy. Given the uniqueness of the one-year appointment of the internship program, combined with requirements for a specific completed number of direct service and general working hours, every effort is made to assist interns wishing to take parental leave to still meet the requirements of the internship program without having to extend their time at CAPS. However, if this cannot be accommodated, an intern's time at CAPS may be extended to satisfy the hours requirements of the internship program. In the service of this, a specific schedule will be agreed upon between the intern, CAPS training team, and CSUF Human Resources, Diversity & Inclusion (HRDI) on a case-by-case basis.

The following are additional expectations about intern leave time:

1. If an intern must be absent from CAPS for longer than 3 days due to an illness or injury, they must provide documentation from an appropriate medical provider that includes information about when the intern is medically released to return to work.
2. Interns are asked to retain **10 vacation days** to use for the last 10 days of the training period (sick leave cannot be used). Aside from these last 10 days, interns are expected to be available through the end of the training period, which will include termination activities with the staff and the intern peer group.
3. Leave time that is unused by the end of the training period is eligible for compensation only as dictated by university policies.

Requests to Use Leave Time

Interns wishing to utilize leave time are asked to email the Training Coordinator as far advance as possible, specifying days off requested. Approved leave requests are contingent upon the requestor finding needed triagecoverage and making appropriate arrangements and notifications for clinical appointments, supervision, and other required meetings.

Professional Development Leave

Professional development time is counted separately from vacation and sick leave. Professional development leave may be requested for activities such as attending professional workshops, seminars, or conferences. Interns requesting professional development leave must provide documentation of the event along with their

email request to the Training Coordinator. With regard to requesting professional development leave of any kind, interns must also follow University procedures for Travel Requests as relevant.

If the intern is traveling off campus for professional development activities, they must also complete all of the forms and procedures required by the University for Travel Requests (this includes local travel off campus), and receive a Travel Authorization number prior to the event. **This can be a lengthy process of approval, so interns are advised to submit such requests as far in advance as possible, at least 4 weeks before the date of travel.** Information about university travel policies may be found on the Travel Operations website:

<https://adminfin.fullerton.edu/travel/>

All professional development leave is granted on a case-by-case basis.

Other Leave Information

Interns are encouraged to practice good self-care. If an intern is at the office and needs to leave CAPS early due to illness or personal emergency, they should first notify the front office staff and ask them to update their schedule in Point and Click (if the intern is not present and not able to do so themselves). Interns are expected to copy the Training Coordinator and supervisor(s) prior to sending the email. If an intern is out of the office and needs to call in sick or is unable to come to CAPS due to illness or personal emergency, they should send an email to: DL-CAPS@FULLERTON.EDU, and copy the Training Coordinator. Supervisor(s) should also be copied if supervision is scheduled.

Interns need to log on to their campus email through the web portal and send their message from their employee email address otherwise the message will not be delivered to all of the necessary recipients. If the intern is calling out in the morning, it is requested that the e-mail be sent prior to 7 am, if possible, so that clients and other appointments might be cancelled and/or rescheduled with as much advanced notice as possible. The front desk staff will be responsible for asking for triage coverage; and calling to cancel/re-schedule clients.

In the event that an intern needs to leave a message after-hours for a purpose other than calling out, please note that the message line is different than the main office number, which is forwarded to ProtoCall when CAPS is closed. Interns needing to leave a message at CAPS after hours should call: (657) 278-4017.

Interns are expected to inform the TC (and their supervisors if supervision is scheduled during leave time) when they are not able to come to campus or needing to use sick leave.

University Policy for Observation of Religious Holidays

Interns requesting leave time for the observation of a religious holiday are encouraged to review the related university policy in the Appendix.

Interns Access to CAPS After Regular Working Hours

CAPS is open from 8:00am to 5:00pm, Monday through Friday. Clients can only be seen during CAPS operating hours. The exception to this is for group therapy only, which is permitted to run until 6:00pm Mondays-Thursdays. Interns offering a group that will go past 5:00pm must ensure that a licensed senior staff member is present for the duration of the time that clients will continue to be in the office. During any time that interns are seeing clients, at least one licensed professional staff member must be present in the office (i.e., interns should not be alone in the office with their client). Any intern who is delayed in leaving the office at 5pm due to attending to an urgent client situation must alert the front office staff prior to 5pm and ask them to notify senior staff to remain for back-up.

Interns may be permitted to remain at CAPS after closing to complete paperwork, conduct professional reading, or other non-clinical tasks. Interns are required to lock any confidential materials at the end of the work day.

Interns are permitted to work up to 4 hours per week of overtime, which is paid at a rate designated by the university. Interns working overtime hours must ensure that they have accrued sufficient supervision for that week to constitute 10% of their working hours, and must indicate to the Training Coordinator on a monthly basis, the OT hours they wish to claim.

Parking Permits

Interns are eligible to purchase faculty/staff parking permits at the current faculty union rate and will be able to do so upon their official start date with the university.

For more information about permits, fees, and parking zones, please visit the PTS website at: <http://parking.fullerton.edu/>. You will also find information there about commuting and public transportation options.

Liability and Malpractice Insurance

As employees of the University, interns are covered under the University's liability and malpractice insurance coverage while operating in their role and completing their duties as an intern. Interns should check with their academic programs about any additional requirements that they carry their own individual insurance.

Required Medical Screening

All members of the CAPS staff, including interns are required to be screened for tuberculosis once per year. The Student Health Center provides free TB screenings for all staff members. Staff members who prefer not to have their screening done at the SHC are required to provide appropriate documentation of such screening from their personal medical provider. Interns wishing to do so are encouraged to consult with the SHC Nursing Department Lead to determine what documentation is needed.

Emergency Procedures & University Evacuation Plan

In the event of a campus-wide emergency, the university has developed emergency procedures and evacuation plans. Information about campus safety and emergency response, along with other helpful resources, can be found in the Appendix.

Outside Employment Policy

The University has policies regarding outside employment that require the completion of specific disclosure forms. Please see the Appendix for more information about outside employment.

The internship training program is demanding both in terms of the number of hours required and intellectual focus. For this reason, we believe that an intern who spends time engaged in outside professional activities during the internship year may not gain full benefit from the training program. **Therefore, it is the policy of the program to strongly discourage employment outside the internship during the internship year.**

An intern who seeks to pursue outside employment is asked to first consult with the Training Coordinator. The Training Coordinator will consult with the intern to ensure the following:

1. The time commitments required for the outside employment are insubstantial and flexible enough that they will in no way interfere with the intern's ability to fully function as an intern at the Counseling Center.
2. The physical and / or intellectual requirements of the outside employment are of the nature that they will in no way interfere with the intern's ability to fully function as an intern at the Counseling Center.
3. The outside employment is adequately supervised.

If at any point, there are questions or concerns about the impact of an intern's outside employment on their functioning and performance within the internship, the Training Coordinator may request to meet with the intern to review items 1-3 above again. The Training Coordinator may also choose to consult with the intern's primary clinical supervisor and the Director of the Counseling Center at any point in this process.

Letters of Recommendation for Interns

Interns requesting letters of recommendation from supervisors should provide at least 30 days' notice.

Maintenance of Records

Intern records are permanently stored with CAPS on a secured server.