University of Nevada, Reno  
Counseling Services

Psychology Doctoral Intern Training Handbook
2018-2019

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

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Web: APA.org (www.apa.org/ed/accreditation)
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UNR CS Professional Staff Directory

Personal Contact Information: **Confidential -- Not for Distribution**

<table>
<thead>
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<th>Position/Specialty</th>
<th>Professional Staff</th>
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**Administrative Staff**
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Welcome to UNR Counseling Services!

The MISSION of Counseling Services (CS) is to provide psychological services to UNR students to support and facilitate their personal and academic success and development. We also strive to assist the institution, overall, in maintaining an effective learning environment.

To accomplish this mission, the scope of CS includes:

- Individual and group counseling for students who may be experiencing psychological, behavioral, and/or learning difficulties;
- Programming focused on the developmental needs of undergraduate and graduate students for the purpose of (a) maximizing student potential to benefit from the experience of the academic environment, and (b) promoting life-long learning and emotional health;
- Professional training and experience in psychological services for graduate level trainees in psychology, social work, or counseling and educational psychology programs;
- Consultation for the university community regarding varied psychologically-related issues and concerns involving our students.

Diversity Mission Statement

The University of Nevada, Reno Counseling Services acknowledges, accepts, and embraces diversity in its multiple forms, including but not limited to ability, age, cultural identity, ethnicity, gender identity and expression, language, nationality, sex, sexual orientation, socioeconomic status, race, and religion. We are committed to providing a safe, affirming, accepting, and empowering environment in our relationships amongst our staff and trainees as well as our clients, the university, and the community as a whole.

Counseling Services provides education and training in multicultural competency to practicum students, doctoral interns, postdoctoral fellows, and our professional staff. Counseling Services also provides services and training opportunities that encourage and educate the university community on the importance and value of multiculturalism and diversity in mental health and psychological practice.

Counseling Services Training Program Goals

The overarching aim of our training program is to train clinicians to be competent and versatile entry-level generalists committed to critical thinking and lifelong learning in order to adapt to the current trends in the field of psychology. We have several specific objectives within this overarching goal: 1) Clinical Competence, 2) Multicultural Competence, 3) Ethical Practice and Professionalism.

- Objective #1: Clinical Competence: We strive to train entry-level generalists who are committed to providing competent psychological services, including initial evaluation/assessment, individual and group psychotherapy, psychological
testing, multi-cultural practice, supervision of trainees, and program evaluation and research in multi-disciplinary environments. In addition, we strive to train generalists with competence to work in an identified emphasis area including, but not limited to, working with GLBTQI populations, diversity and multicultural counseling, psychological testing, DBT, grief and loss, eating disorder treatment, sport psychology consulting, behavioral health/integrated care, outcome evaluation and research, or supervision and training. Emphasis areas not included may be developed based on mutual intern and professional staff/supervisor interest and availability. Emphasis areas are typically 6 months, with the exception of eating disorders and psychological assessment, which are typically full-year training experiences. Emphasis areas are assessed twice per year by secondary supervisors.

- **Objective #2: Multicultural Competence**: We strive to train generalists to be multiculturally competent professionals by immersion in a department that genuinely values diversity, holds monthly 2-hour diversity trainings, and integrates discussions of diversity and multicultural competence into clinical practice during primary supervision. Our diversity trainings employ an experiential style, with some didactic components and facilitated discussions; for instance, we have trainees and staff indicate how they identify with different aspects of diversity in real time during our training for self-reflection, self-awareness, awareness of others, and awareness of their cultural context. Multicultural competence is assessed twice per year by primary and secondary supervisors.

- **Objective #3: Ethical Practice and Professionalism**: We strive to train generalists to conduct themselves in a socially and ethically responsible manner, understanding and applying the laws and ethical principles of psychology as a profession by adopting a process of ethical decision-making with their supervisors. In addition, interns receive an ethics and legal issues training during the first semester and discussions of law and ethics are integrated into other trainings throughout the year (e.g., CPS and Nevada Child Abuse Reporting, crisis and suicidality management training). Experiential opportunities related to ethical decision making occur throughout the internship (e.g., crisis calls, parents or friends contacting counselors about clients, etc.). Ethical practice and professionalism is assessed twice a year by primary and secondary supervisors.

**Nondiscrimination**

The University of Nevada, Reno Counseling Services and its training program does not discriminate in any aspect of employment, education, and training and therefore avoids any actions that would restrict access to our program or completion of our program on grounds that are irrelevant to success in graduate training or the profession. In addition, our interns receive information about the University of Nevada, Reno’s Policy Against Discrimination and Sexual Harassment at the time of hire. Interns should read our nondiscrimination and sexual harassment policy statement. [Equal Opportunity & Title IX Policy Against Discrimination and Sexual Harassment](https://www.unr.edu/eotix/policy-against-discrimination-and-sexual-harassment)
and complete Sexual Harassment training
Equal Opportunity & Title IX Training (https://www.unr.edu/eotix/training-and-workshops) at the time of hire.

Professional Conduct Guidelines

As paid employees, our interns are much more than student trainees. They are valued service providers. To our clients, they are professional counselors. Therefore, it is important for all our counselors, whether licensed or under supervision, to conduct themselves professionally in all their interactions with staff, faculty, students, and especially clients. Through individual and group supervision, along with a wide variety of training offerings, we expect interns not only to accumulate clinical hours and provide a service to the university, but also grow in clinical skills, experience, and professional competency in preparation for postdoctoral fellowship and entry-level licensed professional practice.

1. **Maintain client confidentiality, privacy, and dignity.** Any client-related materials or records must be kept secure and cannot be removed from CS. Video or audio records must be stored on our secure server or kept securely locked until they are no longer needed. Video or audio records must be thoroughly destroyed prior to the end of the Spring semester or the end of the intern’s term of employment, whichever comes first. Interns must refrain from discussing clients outside of private settings (closed doors) within CS. Even if a client’s name or identifying information is not used, discussing client concerns where others may overhear can create the illusion that confidentiality may not be maintained. Counselors should treat clients with consideration and respect regardless of the presence of their clients.

   ***Please do not leave any confidential client information on the hard drives of any CS computers. Instead, interns must either 1) store such data on an external, portable storage device, such as a secure password protected thumb drive (e.g., Imitation Iron Key) which is then kept secure within the file storage area or 2) store such data in the documents file on our secure server. No client information should ever leave the office. Interns may be granted permission to use Titanium and/or our secure web server remotely only by the CS Director or the CS Director of Training. If interns are granted remote access to Titanium and/or our secure web server, interns thereby agree to take measures to ensure that confidential client information is secure (e.g., accessing this information only privately, not leaving this information unattended, logging out when not in use) consistent with the APA ethical code.

2. **Reliability and responsibility.** Once interns take a client onto their caseload, interns, and ultimately their supervisors, have responsibility for that client’s treatment and case management. Although we have procedures in place for contacting clients if interns take sick leave, it is the intern’s responsibility to ensure that their clients receive regularly-scheduled appointments based on their clinical needs, to get coverage for clients if interns are not available as clinically indicated and agreed upon with their supervisors, and to follow-up after a crisis should one occur.
It is imperative for all interns to act reliably and punctually in all assigned duties, especially those related to direct client services. This includes being on time and prepared for all client sessions, supervision and training meetings, groups, and/or outreaches. Interns should demonstrate respect for clients by picking them up from the waiting room within 5 minutes of the scheduled appointment time. If interns know that they will be a few minutes late for some legitimate reason, interns should call the front desk and ask them to let waiting client know this.

3. Maintain professional image of Counseling Services. In addition to the above, interns are expected to present themselves as professional representatives of Counseling Services, whenever they are here at the center, or participating in out-of-office events as representatives of CS. In this case, “professional” projects a sense of calm, compassion, competence, attention to confidentiality and to preserving a client’s (or prospective client’s) dignity.

**Dress Code Guidelines**

The generally accepted dress code at CS is “professional casual” for most days and activities. This can be somewhat broadly interpreted, but here are some general “do’s and don’t’s” (mostly don’t’s):

Do not wear shorts, torn jeans, or tank tops (unless underneath another top) during working hours. Although jeans are acceptable on occasion (“casual” Fridays and summertime), they are generally at the “low end” of what is acceptable.

- Like jeans, flip flops are borderline acceptable. There are many types and styles which look appropriate within the context of an entire sartorial ensemble. Others just make the wearer look like they are either on the way to a swimming pool or to take out the garbage. Generally, avoid wearing flip flops.
- Do not wear clothing that is revealing or “sexually suggestive.” This typically means low cut tops or very short skirts. Clothing that is very form-fitting also falls into this category (spandex bike shorts do not look professional).
- Do not wear clothing with slogans, political advertisements, religious, or other potentially controversial or offensive content.
- Do be neatly groomed.

In general, interns should consider clothing that communicates what they would want in their own personal counselor. Clothing that is dramatic and unusual may detract from the client’s ability to concentrate and tend to move the focus of attention from the client to the counselor. That is usually not desirable. Even though we understand that our trainees are often also students, albeit graduate students, immersed in a similar social milieu as our clients, the clients likely do not view that in the same way. They want a counselor who looks competent, compassionate, and professional, but not necessarily “one of them.” This does not mean that trainees should buy a new wardrobe, but that some thought should be given to what is appropriate to wear here. On the other extreme, very formal attire or expensive designer brand attire or jewelry could create perceptions of privilege or inequality.
between counselors and clients. Overall, interns should be cognizant of how attire may affect clients, dress appropriately, and ask supervisors, the Director of Training, or CS Director if unsure about what to wear or have other questions about the dress code.

General Administrative Guidelines, Tasks, and Expectations

Scheduled Hours & Required Weekly Scheduled Activities
(see also Appendices G-H)

The UNR CS doctoral internship requires a rigorous full-time commitment of 40-42 hours per week for the internship year. Interns are expected to work a minimum of 2000 hours during their time at UNR Counseling Services, with a minimum of 500 of those being direct contact hours (e.g., initial consultations, individual counseling, psychological testing).

Interns should record and track hours on Titanium, our electronic record-keeping system. In addition, it is highly recommended that interns keep a separate log of hours accounting for direct contact hours, supervision received hours, indirect hours, and total hours (e.g., Time 2 Track, see below). It is the intern’s responsibility to track and ensure that 2000 hours is reached and that hours are recorded accurately in Titanium. Intern activities must be recorded accurately and should generally be recorded if they consume 15 minutes or more, rounded to the closest 15-minute increment (e.g., 27 minutes = 30-minute client consultation, 17 minutes = 15-minutes supervision received). Activities that consume less than 15 minutes are generally too time consuming to track. A caveat to this includes interactions with clients, which should be documented in the clinical record even when interactions are brief (e.g., phone calls, emails), but would not necessarily be tracked as time accumulated (e.g., 3 minutes for client email).

Intern hours are monitored by the Director of Training, Primary Supervisor, and the Administrative Assistant for the Training Program. It is ultimately the intern’s responsibility to report hours to the Director of Training on a monthly basis. Interns are encouraged to consult with supervisors and the Director of Training early and often for any assistance with meeting their 2000 hours. It is also the intern’s responsibility to follow our annual and sick leave policy to ensure that they accumulate at least 500 direct contact and 2000 total hours (see Leave Policy). The following sample intern schedule shows the categories of work that will be counted toward the 2000 hours; interns’ weekly actual hours may vary:

1. **Intakes, Formerly "Initial Consultations, Formerly “Initial Appointments,” Formerly “Intakes.”** (2 hrs. weekly during Fall 2018, Spring 2019 and thereafter to be determined). Interns are assigned initial consultation times weekly considering their preference and overall coverage needs. According to our same-day appointment system, clients typically call in the morning and be scheduled for available same-day initial consultations. Interns must remain here at CS and readily available if needed for these appointments, whether a client is scheduled or not.
2. **Urgent Care.** (2 hrs. weekly during Fall 2018, Spring 2019 and thereafter to be determined). Interns are assigned weekly urgent care coverage. Urgent care sessions consist of one-time brief solution-focused sessions, during which counselors assess of danger to self and others, determine client clinical needs, and engage in problem-solving.

3. **Individual Counseling Hours.** (10-17 hours including initial consultations, formerly “intakes”). Interns should have a combination of scheduled client hours and open placeholders for new clients to add up to 10-17 hours weekly, including initial consultation placeholders each week. Should an intern not be facilitating a group, they are expected to convert group hours into individual client hours.

4. **Assessment/Report Writing.** (0 – 2 hours). Interns are required to complete at least 4 integrated reports, also known as assessment batteries, during the full course of their internship in order to complete internship successfully. We use the APPIC definition of an integrated report:

   “The definition of an integrated psychological testing report is a report that includes a review of history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests.”

ADHD assessments are the most typical assessments conducted by interns, and they typically consist of an interview, personality measure, and an intellectual test or cognitive test or both. Interns who choose an emphasis area in psychological testing are expected to complete 8 to 10 assessment batteries during the year. Interns should schedule 2 hours a week of either report writing or psychological testing as needed to meet the internship assessment requirement. For reference, the 2017-2018 intern cohort reported needing 8-14 hours to complete each assessment in its entirety.

5. **Outreach.** (0.5 hrs.). Interns consult with their secondary supervisor to identify outreach goals and plans and are expected to complete approximately 26 hours of outreach per year. This averages 0.5 hours weekly but will likely vary highly depending on the type of outreach and time period of the year.

6. **Group Hours.** (1 - 2 hrs.). **Plus group supervision/debriefing.** (0.5 – 1 hrs.). All interns are required to co-facilitate at least one ongoing therapy group in order to complete internship successfully. Most groups are one hour long, but some may be 90 minutes. As a general rule, interns should schedule additional time for supervision, preparation/debriefing, and notes, for 0.5 – 1 hours total.

7. **Individual Supervision Provided.** (1 hr.). Interns provide supervision to practicum students on site, which typically starts near the Winter or early Spring semester. When supervision begins, it should occur weekly for one hour. Interns always receive supervision on the provision of supervision, typically by their secondary supervisor and during group supervision.
8. **Individual Supervision Received.** (3 hours). Interns receive at least 2-hours of regularly scheduled primary individual supervision and 1 hour of scheduled supervision by their secondary (emphasis area) supervisor each week. Once interns have been assigned a primary and secondary supervisor, they should schedule an hour weekly for each type of supervision. Interns may opt to schedule more time as needed, to be determined in consultation with their supervisors. Primary supervisors are responsible for interns’ clinical caseloads, whereas secondary (emphasis area) supervisors are responsible for supporting trainees in their chosen emphasis area via discussion, readings, or professional development. The assessment coordinator is responsible for supervising psychological testing. (See Training & Supervision section.)

9. **Group Supervision** (2-3.5 hours). Group supervision is an opportunity for supervision from a group of peers and faculty. An example of group supervision is group supervision of group therapy, in which a supervisor provides training and supervision of intern’s provision of group therapy.

10. **Training Seminar** (2 hours). This meeting includes didactic training sessions. Although topics are intended to provide training needed for effective work at Counseling Services, they are also intended to be of value to overall intern professional development. Examples include our monthly two-hour diversity seminars, assessment topics, counseling and clinical treatment, and ethics topics.

11. **Professional Development Time** (2 hours). Professional development hours can be used for dissertation, research, and prepping for or participating in postdoctoral fellowship interviews if needed, so long as the professional development time occurs **on site**. (Additional professional development leave is granted to interns **off site** as a separate category – see the Leave Policy.)

12. **Administrative** (10 – 16 hours). These administrative hours can be used for documentation including progress notes, phone calls and email correspondences, and preparation for activities such as outreach, individual, and group therapy. Weekly staff meeting and the clinical consultation/case management meeting are also part of this administrative time.

13. **Lunch** (1 hour). Interns must take a lunch break **before** working 6 hours consecutively, and lunch cannot be taken as the first or last scheduled work activity of the day.

**Scheduled Time at CS**

Appendices G – H show how intern schedules change as interns gain experience and develop mastery of competencies. For instance, interns build a caseload of clients at the beginning of the year, so average hours of individual therapy/initial consultations are lower during the Fall semester, 10 to 13 hours, than the Spring semester, 12 to 17 hours. Although the schedule appears to be crowded, there is a natural wax and wane of service needs at varying times during the year, often leaving unfilled appointment hours that can be used for notes, etc. At other times, interns may need to schedule every possible space to accommodate service needs. Likewise, supervision and
consultation needs vary from week to week; however, interns must receive a minimum of 4 hours of weekly supervision, 2 hours of which are individual supervision each week per APA standards, and this internship is designed to provide interns 5 or more hours of weekly supervision, 3 of which are individual supervision.

**Intern Hours Tracking for Licensure**

Hours acquired during internship are required to become licensed as a psychologist in all states. To ensure that interns are making progress on their hours, the director of training will monitor interns’ acquired hours on a monthly basis and discuss with staff supervisors during the monthly supervisors meeting. The state of Nevada requires a minimum of 2000 total hours for internships, also the standard for APA-accredited internships. This internship also requires that interns accrue 2000 hours, 500 of which are direct/indirect clinical hours. Because many state boards ask for a detailed breakdown of hours obtained during the internship, it is highly recommended that interns use an electronic program to track their hours, such as Time 2 Track (time2track.com). Time 2 Track allows individuals to customize their tracking system according to the categories most used, and has a feature that produces supervisee and supervisor signature lines.
**Maintaining Communication**

Because of the need to quickly and efficiently disseminate important information to all staff, as well as to notify interns of client cancellations, crises, etc., all staff are expected to check their voice and email daily (preferably more frequently) during their work day schedule, as well as their own individual communication file folders in the front desk area. It is good ethical practice to also check for messages on days interns are not working, as well, at least once a day so interns can consult and/or respond the same day if necessary.

Once interns are set up on the computer-system, they are able to access email from any computer with Internet capabilities. When reading email from a computer off-site, be sure to check the box for extra security precautions. Titanium can only be accessed from a computer on-site.

**Leave Policy**

Interns are provided 11 university-observed holidays during which they are not required to work, 10 (8-hour) days of annual leave, 10 (8-hour) days of sick leave, and 5 days of professional development leave.

**University Holidays**

- January 1: New Year's Day
- Third Monday in January: Martin Luther King Day
- Third Monday in February: Washington's Birthday
- Last Monday in May: Memorial Day
- July 4: Independence Day
- First Monday in September: Labor Day
- Last Friday in October: Nevada Day
- November 11: Veterans’ Day
- Fourth Thursday in November: Thanksgiving Day
- Friday following the Fourth Thursday in November: Family Day
- December 25: Christmas Day

**Annual Leave**

- If interns would like to be out of the office for personal reasons (vacation, travel, etc.), interns must make a request via email to the Director of Training and Administrative Assistant for the Training Program in writing at least 48 hours in advance. Such requests for paid time off is considered on a case-by-case basis, and interns may take up to 10 (8-hour) days during the course of the internship. Factors that contribute to the decision process include: relative need for service at time of request, previous amount of time already missed from work, and overall needs of the organization during time requested. Interns are expected to work their contracted hours regardless of whether classes are in session (in between semesters), not including university holidays. Interns must schedule
annual leave on Titanium after it is approved by the Director of Training and Administrative Assistant for the Training Program.

Sick Leave
- If interns are ill and not able at work, interns must call the Front Desk (775-784-4648) as early as possible, and leave a message if no answer. Front desk staff notify the intern’s clients. Interns are not expected to make up hours lost due to illnesses unless 10 (8-hour) sick days is exceeded. Interns should try to avoid calling the front desk between 8 and 8:30 am, as that is when they are busiest. Interns must update Titanium the Director of Training and Administrative Assistant for the Training Program within 48 hours of requesting sick leave.
- If interns need to be out of the office for more than three days due to illness or other emergency, interns must notify the Director of Training. In case of extended absence, one that exceeds 10 (8-hour) sick days, interns may be required to take unpaid leave or arrange to make-up hours lost.

Professional Development Leave
- Interns are provided 5 days of professional development leave to be used for dissertation research, dissertation defense, graduation day, offsite postdoctoral or job interviews, professional psychology conferences, and travel directly for these activities. Interns must make a request via email to the Director of Training and Administrative Assistant for the Training Program in writing at least 48 hours in advance. Requests for professional development are considered on a case-by-case basis and may not be granted if interns are at risk of not meeting the required hours to complete their internship (e.g., 500 direct contact hours). Travel will be approved as professional development leave only if the professional development activities driving the need to travel are consistent with the purpose of professional development, as opposed to personal reasons. If the time period requested impacts activities such as direct services and supervision, interns are responsible for rescheduling clients and supervision in advance of taking professional development leave.

Timing of Annual Leave
- Leave requests will be considered by the Director of Training for approval on a case-by-case basis. Interns are encouraged to consider carefully the timing of their requests for annual leave to avoid running out of annual leave and to ensure that they acquire at least 500 hours of direct client service during the internship year. In addition, interns, like professional staff, are encouraged to take vacation time during non-peak counseling times. Since this internship is a full-time 12-month, 2000-hour training experience, interns are expected to work until the end of internship rather than requesting the majority of their annual or other leave (over 50%) at the end of internship. If a situation arises and an intern would like an accommodation (e.g., postdoctoral start date), they can ask the Director of Training for an accommodation by providing sufficient information to justify the accommodation. Accommodations are decided on a case-by-case basis.
Minimizing the Impact of Leave on Supervision

- Individual and group supervision must be regularly scheduled and held. The intern and supervisor should communicate directly about absences that cancel supervision and make reasonable efforts to reschedule/make-up supervision. If an intern cancels individual supervision due to absence, it is the intern’s responsibility to ask the supervisor whether it should be rescheduled/made-up, to the extent reasonably feasible, or whether it should resume without being made-up as regularly scheduled (e.g., the following week). If a supervisor cancels individual supervision, it is the supervisor’s responsibility to rescheduled/make-up, to the extent reasonably feasible as well.

- The supervisor and intern should communicate directly to decide the extent to which making up supervision is reasonable, feasible, and clinically and developmentally necessary by weighing factors such as client and intern need.

- It is reasonable and feasible to reschedule/make-up supervision if, for example, both the supervisors and intern are present during the week the absence occurs. If the supervisor is not available, the supervisor may elect to arrange for equivalent licensed substitute supervision. If the absence occurs on a Friday for example, it may not be reasonable and feasible to make up the time over the weekend or by adding it during the following next week. Instead, supervision may resume as regularly scheduled the following week. Group supervision may not need to be rescheduled because its scheduling depends on multiple people with fewer degrees of freedom for rescheduling. Still group supervision is required for internship, and must also be regularly scheduled, held, and attended by the intern, with the only difference being the feasibility of rescheduling or making it up, which is substantially more difficult than for individual supervision.

- The supervisor decides whether supervision should be made up, and the supervisor must ensure that supervision is regularly held as discussed above.

- Should the supervisor have doubts or be unsure about whether to make up supervision, it is the responsibility of the supervisor to consult the director of training.

- The director of training ultimately decides whether supervision is being regularly scheduled and held and may direct the supervisor and intern to reschedule/make-up supervision if it is not regularly scheduled and held.
Outside Employment

The UNR CS doctoral internship is a rigorous full-time commitment of 40-42 hours per week. Because of the intensity of training and service demands at peak periods of time during of the year, we strongly advise interns against having concurrent employment outside of UNR CS. Outside employment during the internship year may interfere with the intern’s ability to benefit from the full learning experience of the internship and may constrain an intern’s ability to manage time and work-life balance. Should an intern want to pursue and engage in concurrent outside employment during the internship year, the intern must obtain prior permission from the Director of Training. Factors that will be considered include any extenuating financial circumstances that necessitate additional income, progress and remaining work to be conducted on the intern’s dissertation, the frequency and amount of time an intern wishes to work, and any relevant factors that could negatively impact the intern’s UNR CS work responsibilities and internship learning experience. Following the request, the Director of Training will conduct a case-by-case consultation with the Training Committee and UNR CS staff and supervisors. Outside employment may not interfere with the intern’s ability to perform required duties, nor may it conflict with the requirements and schedule of the training program. No outside employment can be performed during the following business hours of UNR CS: 8:00 a.m. to 5:00 p.m., Monday through Friday.

Work Space

Interns are provided dedicated office space. Intern offices may be used by practicum students or other staff only outside of interns’ normal workweek hours after interns are notified. Generally, this would only occur on infrequent occasions when an office is needed for clinical activity. For this, among other reasons, interns should strive to keep their Titanium schedules up to date.

Keys, Phone, Copiers, Equipment

The Coordinator of Operations issues office keys and arrange for prox card access to the building. Interns should keep them secure, and be sure to return keys at the end of their time working with us. Interns also are provided codes for telephone long distance, and photocopying. The Coordinator of Operations (or designee) shows interns how to use office equipment such as copiers, printers, computers, and video equipment. Office equipment, supplies and services (such as long distance and photocopying) are to be used for legitimate Counseling Services work purposes only, and not for other personal or academic purposes. Interns should consult the Coordinator of Operations (or designee) directly with any questions, problems, or concerns they have copiers, printers, computers, and video equipment

Training & Supervision
Training and supervision serve the dual purpose of helping to further the development of interns’ competencies and evaluating interns’ performance with respect to these competencies. Individual supervision is one of the major modalities of intern training at UNR CS. We have supervising faculty members who employ diverse theoretical approaches that may guide their styles of supervision. Regardless of theoretical approach, all our supervising faculty members assume the following responsibilities.

1. Overseeing supervisee’s adherence of professional ethical and the state’s legal standards;
2. Facilitating the overall growth and development of supervisee;
3. Serving as a mentor and model;
4. Fostering application of critical thinking and scientific knowledge to practice;
5. Delegating only work that supervisee can competently perform;
6. Delegating appropriate level of work accordingly to the supervisee’s level of individual development and training needs;
7. Scheduling regular weekly individual supervision meetings and promptly rescheduling supervision if it is cancelled due to supervisor absence to the extent reasonably feasible (if the intern cancels supervision due to absence, it is the interns responsibility to reschedule, again, to the extent reasonably feasible);
8. Identifying supervisee’s areas to improve and refine;
9. Providing frequent verbal feedback about supervisee’s work;
10. Providing twice annual written intern evaluations and communicating results to interns and Director of Training to encourage successful completion of internship;
11. Overseeing a variety of supervisee’s activities, which include initial consultation, crisis, counseling/therapy, and consultation cases;
12. Signing off initial consultation summary, progress note, closing, and/or other reports by supervisee (attesting to having read/confirming supervisee’s work);
13. Processing cases using verbally reconstructed and/or video-recorded session(s);
14. Assigning readings to foster development of supervisees;
15. Addressing any concerns about supervisee’s progress first with the supervisee, and, if necessary, to Director of Training, CS Director, and/or training committee consistent with the internship Due Process policy;
16. Participating in conflict resolution and remediation planning if necessary consistent with the internship Due Process policy;

To ensure interns receive high quality supervision, interns complete evaluations of their supervisors twice a year (see Appendix F).
**Individual Supervision**

Interns receive at least three total hours of individual supervision per week. There are two types of individual supervision – primary and secondary supervision. Interns must work with their primary and secondary supervisors to ensure that supervision is regularly scheduled and attended and substituted or made-up if missed (e.g., sick leave). For the purposes of supervision, “regularly scheduled” means scheduled and held weekly and substituted or made-up if missed (e.g., sick leave) to the extent that is reasonably feasible and necessary. If supervision is missed, it should certainly be rescheduled whenever there is pressing need (e.g., clinical). For instance:

- It may not be reasonably feasible and necessary to make up supervision if missed during the last week of internship due to annual leave.
- It also may not be reasonably feasible and necessary to make it up if it is missed due to the Thanksgiving holiday if the intern takes leave and therefore does not see clients that week.
- It may however be reasonably feasible and necessary to make up supervision if an hour is missed one week when the intern takes annual leave or sick leave and needs the additional supervision to discuss clinical cases.

**Primary Supervision**

Primary supervisors supervise interns’ individual counseling cases and are legally responsible for the interns’ provision of individual counseling and other direct service to clients (e.g., initial consultations, walk-in consultation (aka urgent care). This supervisor is assigned by the Director of Training based on the match of needs and interests of interns and supervisors. Intern and clinical supervisor pairs may change at mid-year. Primary supervisors help interns manage caseloads, discuss intervention options, and must directly observe the direct service of interns at some point during each evaluation. Interns must therefore regularly bring video recordings of sessions for supervisors to view. *Evaluations cannot be complete without direct observation during the period of evaluations, and interns cannot advance and complete internship without this. Direct observation includes video recordings of direct service, live observation, and co-facilitation of group counseling. Direct observation does not include audio recording alone or simply discussing client progress.* Primary supervisors must approve of the appropriateness of all ongoing individual counseling that interns provide to clients and encourage interns to transfer clients to appropriate and qualified providers within Counseling Services or to outside referrals when needed.

**Secondary Supervision**

Secondary supervisors supervise interns’ emphasis areas and professional development concerns, outreach plans, and topics/readings related to their emphasis area (e.g., diversity, sport psychology, substance abuse, LGBTQ Issues, DBT and suicidality, eating disorders, international students). This supervisor is assigned by the Director of Training based on the match of needs and interests of interns and supervisors. Intern and clinical supervisor pairs change at mid-year. If appropriate and approved by the Director of Training, secondary supervisors may supervise direct
services provided to clients provided they are qualified to do so and when emphasis areas or other factors (e.g., substitute supervision for sick leave) suggest it is appropriate. In all cases, interns must ensure that all direct service is documented and that their notes are forwarded to licensed supervisors for final signatures.

**Group Supervision**

Interns receive at least two and one-half hours of group supervision each week. Examples of this include regularly-scheduled supervision meetings with the Director of Training, group supervision of supervision, and supervision meetings with the Assistant Director of Training.

**Supervision of Group Therapy**

Supervision of group therapy is provided by professional staff such as the staff member co-facilitating the group in question or another identified licensed staff member.

**Orientation**

Orientation to the internship is provided during the first few days of interns’ work at UNR Counseling Services. Introductions are made to Counseling Services staff and other trainees (e.g., postdocs, practicum students). Introductions to other departments with whom we work also are provided (e.g., Student Health, Disability Resource Center, Center for Cultural Diversity).

**“Bootcamps”**

“Bootcamps” are intensive, several hour-long trainings that are provided at various times throughout the year on specific topics (e.g., Titanium or Electronic Medical Record and Documentation, Initial consultations, Suicide Risk Assessment and Treatment).

**Training Seminars**

Training seminars are 2 hour regularly-scheduled didactic trainings on a variety of fixed topics (e.g., ethics, diversity) as well as topics interns collectively choose. Training seminars are provided by Counseling Services professional staff and outside speakers. In addition, interns are required to present during one training seminar, which may include their dissertation or another topic of their choosing as approved by the Director of Training. A training seminar schedule or syllabus is provided to interns for each semester or the year as a whole at the beginning of the Fall semester.
Emphasis Areas

While the overarching aim of our training program is to train clinicians to be competent and versatile entry-level generalists, emphasis areas allow interns to develop a special focus upon which they can build additional competency. Interns will select an emphasis area on which to develop a more specialized focus under the supervision of their secondary supervisor. Emphasis area offerings are discussed in our internship brochure and our training manual. Some emphasis areas by nature involve more extensive orientation, supervision, training, and are fixed full-year experiences (e.g., eating disorders), others can be part of the year or full-year experiences (e.g., sport psychology), and others can be only part of the year. The training program will make every effort to accommodate interns’ preferences for emphasis areas. However, emphasis area offerings depend on the availability of Counseling Services staff to supervise them. In the event that we cannot accommodate interns’ first choice, we will seek to accommodate their next highest choice or choices. One to two months before the start of internship, the Director of Training or designee will ask each intern to rank their level of relative interest in several potential emphasis areas. Intern emphasize areas will be finalized and will start during the first month of the internship.

Clinical Work & Direct Service

Counseling Appointments

Typically, counseling appointments begin on the hour and are 50 minutes long. It is good practice to orient clients to that format, in order to end on time, allowing a few minutes in between appointments for notes and a few deep cleansing breaths. If the room interns are using is to be used the following hour by someone else, it is even more important to end on time. If interns have a client in crisis and need to go over the scheduled time, they should notify the front desk at 775-784-4648 so they can inform the next client that there will be a wait, and/or make arrangements to find another place for whomever has their room scheduled for the next hour. Appointments can be made as early as 8am and as late as 7pm Monday through Thursday. On Friday, the office closes at 5pm and clients should not be scheduled to extend past then. During the summer and winter breaks, office hours are 8am until 5pm Monday through Friday.

As a general practice, there must always be a licensed staff member in the center while even one unlicensed counselor is in session with a client. In this way, if a crisis situation should develop in that session, there is always immediate help and back-up available. A licensed staff member may opt to meet with a client even if they are the only clinical staff in the office. However, the staff member should only do this if at least one other staff person (i.e., trainee or front desk staff) is present in the office. No CS clients are to be seen for counseling by trainees alone outside regular office hours or outside the CS office, without permission from the Director or designee.

Scheduling Clients
Counselors make contact with clients on their caseloads and schedule appointments with them directly. When interns agree to take a new client, it is important to make contact with them as soon as possible. Contact may be either by phone or secure email, depending on the client’s preference. We do not currently have texting capabilities on our office phones. Every effort should be made to protect the client’s privacy and confidentiality. All contacts and contact efforts should be recorded in Titanium notes. All staff are discouraged from making client phone contacts using their personal telephones (unless they are using some other means to conceal their personal telephone number). Exceptions to this include DBT phone coaching provided to clients by a clinician fully participating in our CS DBT program (e.g., attending DBT consultation team, client attends DBT groups, client attends individual DBT sessions). Generally, the most efficient way to schedule follow-up appointments is to make the appointment in Titanium with the client present, then give the client an appointment card.

**Session Limits**

Counseling Services does not have a hard limit on the number of sessions allowed for a client. However, our general practice and orientation is toward a short to moderate term model, approximately 5-6 sessions for most clients.

**Cancellations and “No-Shows”**

If a client calls the front desk to cancel or reschedule an appointment, front desk staff does so, utilizing available counseling appointment placeholders. A progress note in Titanium indicating that a client has cancelled or “No-showed” is unnecessary, because that is already indicated in Titanium. However, note any contacts made with the client. Counseling Services has a policy that clients with two no shows (consecutive or not) should not be rescheduled. However, this should be applied on a case by case basis. Trainees should consult with their supervisors regarding whether or not to terminate counseling and how to best handle that communication.

**Counselor Cancellations**

When interns call in sick, front desk staff contact their clients and reschedule them. If interns are planning to be out of the office for a reason other than emergency or illness, they are responsible for contacting and rescheduling their clients in advance. Be sure to indicate this in Titanium. Interns also are responsible for assessing their clients’ potential need for counseling while they are on leave, so they should consult with their supervisors and arrange substitute counseling whenever it is clinically indicated or otherwise suggested by their supervisors. When interns leave from work due to illness, they must inform the front desk and the person in charge, especially since scheduled initial consultation clients must be transferred if possible.

**Client Assignments & Initial Consultations**
Clients typically access individual counseling by scheduling a same-day initial consultation session through the Front Desk staff. UNR CS provides counseling only to UNR students. The front desk staff verify that the clients are active UNR students. The scheduled initial consultation counselor does an initial interview evaluation and write-up, then may take on the client for counseling if approved by a supervisor. Prior to the session, interns must review the clinical information on Titanium completed by the client for the initial consultation including the CCAPS questionnaire and any and all information related to suicide risk (e.g., Columbia Suicide Severity Rating Scale (C-SSRS)). Practicum students and interns must have approval from supervising staff including either their individual supervisor, the Director of Training, or the CS Director prior to adding clients to their caseload for individual counseling. If the intern cannot see the client either due to schedule conflict or because a supervising staff member determines another counselor would be more appropriate, the counselor makes the client available for assignment and contacts other approved staff to help find the client an appropriate counselor.

**Caseload Availability**

Each intern is expected to maintain a minimum number of counseling appointment spaces (individual and/or group) on their weekly schedule. The exact number varies by intern within the guidelines of Appendix G.

**Supervision Provided**

Interns have the opportunity to provide supervision to practicum students on site depending on multiple factors. This typically starts near the Winter or early Spring semester, provided that it meets interns’ training needs and practicum students who match well with interns are available. Interns are granted this opportunity based on these factors and the discretion of the Director of Training; supervision proceeds once interns appear to be ready to provide supervision competently. For some, this may occur as early as the first semester. For most, once sufficient didactic training has been provided to ensure interns are ready, supervision proceeds under the supervision of a licensed staff psychologist – the latter supervision is called “supervision of supervision.” Co-supervision may be initiated first, during which the supervisor of supervision conducts supervision together with the intern present in the supervision session before interns start providing weekly supervision. A typical application of our developmental model to supervision, for instance, would have interns attend didactic training of supervision without providing supervision during the Fall semester. During winter, interns would co-facilitate supervision. During the Spring semester, interns would provide supervision to a practicum student under the supervision of the supervisor, typically the interns’ secondary supervisor. Just like with interns’ own supervision received, individual supervision provided to practicum students should be regularly-scheduled. Supervision should be nearly always weekly, substitute or make-up supervision should be provided if supervision is missed (e.g., sick leave), and supervision of supervision by a licensed psychologist should be regularly-scheduled and substituted or made-up if missed (e.g., sick leave) as well.
Crises & Walk-in Consultation (aka Urgent Care) System
(from the Counseling Services Policies and Procedures Handbook)

“Crisis” Defined

Our working definition of a “client in crisis” is one who presents with a high level of distress, usually due to an unexpected situation or event, which exceeds their ability to cope and function in daily activities without prompt intervention. When a student walks in and states that they need to see someone right away, or responds affirmatively to the questions, “Are you in crisis? Do you need to see a counselor right now?” Front desk staff gives the student the IPAD and instructions to complete either intake forms and/or CAPS 34. The client should be reassured that someone will be available to meet with them very soon. The CS Director, or the Person in Charge should be alerted immediately to arrange a counselor to see the crisis client for an urgent care session. A walk-in consultation (aka urgent care) covering counselor will see the client if a walk-in consultation (aka urgent care) session is available, otherwise another available staff member or trainee will be “drafted” who is not already scheduled with a client.

Walk-in Consultation (aka Urgent Care)

Walk-in consultation (aka urgent care) sessions are scheduled starting mid-morning to late afternoon and allow clients to be seen on the same day for more urgent needs than initial consultations and for a 45 minute session, as opposed to the 30 minute initial consultation. Clients complete the CCAPS and the Columbia Suicide Severity Rating Scale (C-SSRS) to evaluate clients’ risk to self or others, which impacts disposition planning; interns covering walk-in consultation (aka urgent care) must review these forms. Walk-in consultation (aka urgent care) provides a walk-in alternative for students who are:

- Unable to get an initial consultation on a given day and decide they can’t wait for another day to come in;
- In need of a single session to meet with a counselor; or
- In crisis.

Walk-in consultation (aka urgent care) counselors provide a brief (generally 45 minutes or less) solution-focused counseling session. It includes assessment of danger to self or others and some determination of level of needed care:

- Routine—single session, solution-focused. (no or very low risk of harm to self or others)
- Emergent-- referral for additional counseling is needed, but not urgent (some risk, no plan or intent)
- Urgent—quick referral for additional counseling is needed (moderate to high risk, may require intervention plan)

For Emergent situations, disposition options would be:
• Referral back to the regular initial consultation system
• Referral to additional walk-in consultation (aka urgent care) sessions
• Prescheduled initial consultation
• Referral directly to a counselor/group/other service or office

For Urgent situations, disposition options would be:
• Assess for possible hospitalization
• Prescheduled initial consultation for following day and safety plan
• Referral directly to a counselor and safety plan

**Director Responsibility**

The Director of Counseling Services has primary responsibility for ensuring all crises are responded to using sound professional judgment and in accordance with the relevant professional codes of ethics. The Director ensures that CS personnel (i.e., professional staff, classified staff, student practicum counselors, interns) receive training and orientation regarding crisis responses. The Director should be informed as soon as possible in all cases involving:

• Off-site, in person, crisis responses.
• Death or serious physical injury of a student or related individual.
• Involuntary hospitalizations.
• Any crisis situations involving real or perceived threat to individuals other than the client.

The Director or their designee attends the Student Services Division Vice President’s Monday morning debriefing meeting for discussion of behavioral, substance abuse, or mental health student incidents from the weekend. As a follow-up to this meeting, the Director/designee alerts the CS Front Desk staff about students who may be calling in need of counseling services.

**Person-in-Charge**

In order to ensure that faculty supervision is always available for trainees who may see clients in crisis and to ensure the immediate availability of a point person in case of emergency or rapid response situations or decisions, a designated Person-In–Charge (PIC) will be on site when students are seeing clients and during regular open hours of the office. Generally, the PIC is the Director or the PIC designated by the director. If they are not available then interns should consult any available licensed faculty member.

**Critical Incident Response**

In the event of a critical incident impacting the campus community to which Counseling Services staff might need to respond, the UNR CS Director will send out a
text message from csincidentresponse@lists.unr.edu. This text message alerts staff and interns to check their email for more details involving the critical incident.

**Suicidal Clients**

For every initial consultation, and as clinically appropriate for on-going clients, all counselors are required to complete and document (in Titanium) an assessment of potentially suicidal behavior. Columbia Suicide Rating Scale Assessment Forms are available and a Checklist for Assessing Suicide Risk and Protective Factors are available in the forms cabinet at the front desk. Any counselor who determines that a client is at a moderate to high risk of suicide should immediately consult the PIC for appropriate action. Possible actions include:

- If client’s imminent risk of suicide or serious self-harm is high, then hospitalization is arranged (see *Hospitalization*).
- If risk is high, but not imminent, or if risk level is uncertain, then PIC interviews and evaluates the client to clarify the risk level and make better informed decisions.
- If risk is moderate and not imminent, the PIC assists the counselor (as needed) to develop and implement a crisis intervention and short-term treatment plan for the client.

**Hospitalization Protocol**

Any clinician who determines that they may have client in need of hospitalization should immediately advise and consult with the Person-in-Charge or senior licensed staff available.
Crisis Telephone Calls

During regular hours, most phone calls come through front desk staff. Sometimes the caller immediately indicates that the call is regarding a crisis by stating something such as, “I need to speak with a counselor right away,” “I need some help right now,” or “I need someone to come here and deal with a student situation.” Whoever receives such a call should attempt to calm and reassure the caller, while gathering a few pieces of information if possible:

- Caller’s name, and phone number (in case call is cut off)
- Caller’s location
- Caller’s job/title or university position (if relevant)
- Name of identified individual of concern and that person’s location
- Nature of the crisis (what has happened or is happening now)

If the caller indicates that the crisis is so extreme as to preclude information gathering, direct the caller to hang up and call 911. The staff person who takes the call can also offer to call 911 for the caller, but it is helpful to have some information first. The PIC should be notified to respond to the caller. If time permits, the staff person fielding the call should check Titanium to see if the student of concern is an active or previous client. If active, and the client’s counselor is available, they should be notified as soon as possible.

Off-Site (On Campus) Crises

If a request is made for an intern to respond to a crisis somewhere on campus away from CS, the Director or PIC should be consulted immediately. A faculty counselor or our crises response team should always be the primary responder to such situations, although practicum counselors, interns, or postdoctoral fellows may accompany faculty. Whenever possible, two counselors should always go out in response, equipped with a cell phone and emergency phone numbers.

On-site crisis response should be a rare event, typically involving death or serious injury of a student or other individual. CS staff should never respond in person to an off-site crisis if UNR PD or other staff (i.e., teaching faculty or residence hall staff) are not present, unless accompanied by the Director.

CS staff should not respond in person to crises that occur off campus, unless specifically requested to do so by the Director, and accompanied by the Director and/or police officers.
Off-Site (On Campus) Crises Involving Suicide

If an individual at an off-site location is imminently suicidal and unwilling to physically come to CS, the individual making the request for a counselor response should be directed to call the UNR PD to transport the individual to a hospital emergency room for a psychiatric evaluation.

If the individual of concern is expressing suicidal ideation, but no imminent suicidal intent, the caller should be encouraged to walk the individual to CS as soon as possible. In most cases such as this, the front desk staff person fielding the call should arrange for the caller to consult with a faculty staff person right away and/or the PIC. In rare situations, an in-person response may be made, following the guidelines and procedures outlined above in Off-site (on campus) crises.

Managing Crises

(See Suicide Assessment and Hospitalization Protocols). As a general rule, if interns have a client in crisis and they feel uncertain of how to proceed or just uneasy about the situation, they should GET HELP. To do this, just call the Front Desk and say, “This is _____ in room ____. I need a faculty person to join me right away.” Someone should appear at the door in a few moments. After meeting with a client in crisis, interns should debrief with their supervisor or the PIC as soon as possible. Interns must document the session, including discussion of risk factors and after session plan, immediately after the session, or before leaving work for the day. If interns have a client that they are concerned about between sessions, and especially over weekends, they should advise their primary supervisor.

In the past, some counselors have provided their home or cell phone numbers to their clients at risk. We typically discourage this practice for interns and encourage them instead to give clients the crisis hotline numbers (e.g., 775-784-8090) or access to other on-call after hours services, unless an intern’s primary supervisor advises otherwise. This system reduces the likelihood that clients become overly reliant, and possibly inappropriately dependent, on one treatment provider. It is a means of being consistent in limit-observing, and in overall crisis management.

Sexual Assault

Sexual Assault Emergencies

If a student calls or presents her/himself in crisis immediately following a sexual assault, they should be referred to a hospital emergency department and Sexual Assault Support Services (775-784-8090 or 800-992-5757, 24 hours) contacted to meet the student at the hospital to assist with a variety of services. The student should also be referred to the University Victim Advocate, Nichelle Cieri or Samantha Phillips at
Non-Emergency Sexual Assault Counseling

When clients are seeking counseling services to deal with the traumatic effects of a recent sexual assault, their needs should be managed in the same general way as other clients. An initial consultation evaluation should be completed, with an appropriate counselor assigned as soon as possible. In these cases, a referral to the University Advocate (see above) should also be made.

Sexual Assault Reporting

Even though the Clery Act requires that sexual assaults revealed to university staff be reported, when such information is revealed to mental health counselors within the confines of a confidential counseling session, the counselor is exempt from the reporting requirement. However, if the client would like to report the assault, they have several options. If the assault happened on campus or in a fraternity or sorority house, UNR police have jurisdiction. Otherwise local police departments should receive the report. If interns call Police Dispatch with the client, the dispatcher contacts the correct department. Gently encourage the victim to also consider making a report to the Office of Student Conduct, especially if the assault perpetrator was also a student. Student Conduct may be able to help in other ways than just a police investigation and case prosecution.

Documentation and Record-Keeping Procedures

Initial Consultations (formerly “intakes”)

Counseling Services clients complete initial paperwork (e.g., informed consent) on iPads. Front desk staff checks the client’s responses to make sure the name and identification numbers match any existing records, then notify the initial consultation counselor that the client information is complete in Titanium. This information should then be reviewed by the counselor, ensuring that the client is at least age 18, a UNR student, and has signed all Confidentiality / Consent forms. There is a place for counselor to sign this as well, and this should be done. Following meeting with the client, the counselor writes an Initial consultation report in Titanium. A template is provided for this purpose. The timeline for completion of this report is within 24 hours following the session.

****If an intern is the initial consultation-therapist, they need to make sure their client has signed the consent form, and the interns is also required to sign the consent form.****

Interns also need to forward their initial consultation reports for approval from the supervisor. Revisions may be requested. If so, the original should remain in the electronic file as the initial consultation report, pending revisions.
Session (Progress) Notes

Interns should complete session notes in Titanium before they leave CS at the end of each day. Case notes should be written in a professional style, with consideration of the audience, including other counselors and lawyers. All case notes must be countersigned by their supervisor. Case notes should be written with clarity sufficient to provide documentation of the services provided and to enable continuity of care for the client.

Each Case note may contain:
1. Supervisor's recommendations. Summary of last case review with the primary supervisor including supervisor's recommendations.
2. The Data (or Narrative) section – information from the client or observations of the client, including client's diagnosis and goals.
3. The Assessment section - conceptualization of the client's issues, interventions utilized in that session and progress made toward goals.
4. The Plan section describes recommendations to the client (i.e., referrals, homework, bibliotherapy) as well as comments regarding the direction of future sessions. Make sure to attach the critical incident form to this progress note.
5. Critical Incident Data Form

Other Case Documentations

All correspondence must be typed, copied and/or saved to the client’s record. If paper is used then it must be signed and a copy of the correspondence is to be scanned into the client's file. All correspondences, including referrals, are to be countersigned by interns’ primary supervisor. Should a situation arise about which an intern feels a need to break confidentiality or consult about a client with someone outside the CS, the interns should talk to their supervisor before taking any action.

Confidentiality / Consent Guidelines

Fully informed consent

As counselors, interns are legally and ethically responsible to maintain client confidentiality consistent with the APA ethical code and obtain informed consent during initial sessions, walk-in consultation (aka urgent care) session, and assessment sessions. Informed consent forms are issued by front desk personnel, but interns should also attend to the following factors to ensure that informed consent is valid:
1. Capacity to consent (if not assent)
2. Knowledge of significant information about procedure (including risks, benefits, limits of confidentiality)
3. Provision of consent freely and without undue influence
4. Appropriate documentation
Intern Evaluation Procedures

Intern Review and Evaluation

1. Written performance and progress evaluations are done twice per year (at the end of Fall and Spring Semesters) by primary and secondary emphasis supervisors as well as group and assessment supervisors (see Appendices E and N-R).

2. Prior to the evaluation, supervisors meet with trainees and discuss the trainees’ progress and any concerns. Areas in need of further development (or remediation plans if necessary) are identified and discussed.

3. Supervision meetings are held specifically for the purpose of supervisors sharing feedback with one another about the progress of trainees. Feedback regarding individual trainees is generally provided to trainees by their individual supervisors.

4. The formal reviews are not considered to be replacements for informal verbal feedback, which is vital. It is expected that supervisors present interns with any areas of deficiency or misconduct and give an opportunity to resolve them prior to any request for a special review.

5. At the beginning of the supervisory relationship, individual goals and objectives must be identified in writing. Reviews and evaluations should then be guided by these.

6. Supervisees are required to provide video recording of their sessions to their supervisors on a weekly basis, so that supervisors have a reasonable sample of the trainees work in sessions. Supervisees must be directly observed in the process of providing direct services (e.g., individual counseling, group counseling, assessment) with clients by the supervisor completing their written performance and progress evaluations in order to pass internship. Other acceptable forms of direct observation of the intern’s direct service provision include co-therapy with the evaluating supervisor, co-facilitation of group with the evaluating supervisor, and live observation of direct service provision. Audio recording alone is NOT sufficient and therefore NOT an acceptable form for direct observation. Audio recording alone does NOT meet this requirement. The responsibility for this direct observation during the period of evaluation is shared by the intern and the individual supervisor. If for some reason direct observation has not occurred during the time period of evaluation, interns should follow our grievance procedure, starting with directly communicating the need for direct observation to the individual supervisor first to attempt to resolve this (See Grievance Procedure).

7. The Counseling Services Training Program uses a developmental, competency-based model, and we apply this model to the evaluation of trainees. We evaluate areas of competency discussed in literature and by APA as critical including knowledge, awareness, and skills for needed to operate as a competent licensed psychologist. Trainees are be rated based on where they are in relation to a professional level of competency, and not relative to peers. Expectations of trainees vary depending on their training level; ratings of interns
towards the beginning of Internship will generally range between 3 – 5. Ratings for an intern at the completion of doctoral internship training are expected to be at either a 4 or 5. Ratings are expected to increase throughout the year.

8. Interns are required to demonstrate at least a minimal level of competence, as indicated by ratings of at least 3, in each of the following areas described below. To successfully complete this internship, interns must be able to perform relevant skills in each area competently by the end of the internship year. The level of competency required for interns to successfully complete internship is determined by an overall average rating of at least 4 on their final intern evaluation, by the end of the training year.

**Case Presentations**

Interns are required to prepare and present two of their cases in a more structured format. The first one is be presented at some point during the latter part of the Fall semester or during the winter interim period (the time in between the Fall and Spring semesters). The second presentation is presented during the Spring semester. Interns will get practice presenting cases during their weekly group supervision. The case presentation requirement is a chance for interns to practice their skills in preparing and presenting a case, which is often required for postdoctoral or job interviews. The format for the case presentation is flexible, although an outline is be provided to help organize each intern’s presentation (See Appendix L). Interns are not specifically be evaluated on a numbered scale for either presentation, but may be given written feedback on the Case Presentation Feedback Sheet (See Appendix). This is also true for their second presentation. Interns may use the time presenting during Intern Group Supervision as an opportunity to gain consultation about the case they are presenting in a supportive milieu so that that they can later utilize this feedback in preparing for their second case presentation to the Counseling Services faculty. Electronic recordings of interns in session may be utilized if desired and time allows.
**Dissertation Presentation**

Interns initially present their dissertation research during Intern Group Supervision at the beginning of the training year. They again present their dissertation research to all Counseling Services clinical faculty later during the year—typically during the Spring or Summer semesters. However, if an intern chooses to use this dissertation presentation time to practice presenting their research before they defend their dissertation, they may schedule the presentation at a time that is more advantageous for them.

**Requirements for Internship Completion at a Glance**

To successfully complete the University of Nevada, Reno Doctoral Internship Program, interns must:

- Complete at least 2000 total internship hours (as described in the Scheduled Hours & Required Weekly Scheduled Activities subsection of the training handbook).
- Complete at least 500 direct contact hours (as described in the Scheduled Hours & Required Weekly Scheduled Activities subsection of the training handbook), with at least some of these hours having been directly observed by a supervisor during each period of evaluation (e.g., video, co-facilitation of group).
- Complete at least 4 written integrated reports (e.g., ADHD assessments).
- Complete at least 1 therapy group as co-facilitator or group leader.
- Provide ongoing supervision to a practicum student in direct or simulated practice including supervision of a practicum student, role-played supervision with others, or peer supervision with other trainees.
- Complete at least 2 formal case presentations.
- Complete at least 1 dissertation presentation.
- Complete at least 1 didactic training to the practicum program and 1 didactic training to the internship cohort.
- Obtain the minimum level of competency required for interns to successfully complete internship, which is determined by an overall average rating of at least 4 on their final intern evaluation (see Appendix E) by the end of the training year.
UNR Counseling Services Internship Due Process & Grievance Procedures

Insufficient Performance

At Counseling Services, our primary responsibility is to the welfare of our clients. Therefore, we must have a method of maintaining high standards of client-care. Although it is rarely needed, the following guidelines specify intern performance concerns that might potentially result in termination of the employment and training of the intern. A remediation plan may be implemented when the supervisor, Director of Training, and CS Director believe that an intern’s performance deficits present a low risk to stakeholders and the situation is amenable to adequately timely change.

Due Process procedures are a protection of intern rights and are implemented in order to afford the intern with every reasonable opportunity to remediate problems and to receive support and assistance. These procedures are not intended to be punitive.

Criteria for Insufficient Performance

1. The intern does not acknowledge, understand or address a problem when it is identified.
2. The problem is assessed as being more than a skill deficit, which has not been rectified by didactic, or experiential training.
3. The deficit negatively impacts the intern’s clinical work and the quality of other services.
4. The intern’s behavior has not changed as a function of feedback, remediation efforts, and/or additional experience.
5. The intern demonstrates an inability and/or unwillingness to learn and appropriately integrate professional ethical standards into all professional work.
6. The intern demonstrates an inability to acquire professional skills through supervisor feedback in order to reach an acceptable level of competency for their level of professional development.
7. The intern demonstrates an inability to control personal stress, psychological distraction, and/or excessive emotional reactions that interfere with professional functioning.
8. The problematic behavior has potential for ethical or legal ramifications if not addressed.
9. The intern’s behavior negatively impacts the public view of CS.
10. The problematic behavior negatively impacts the other interns.
11. The problem is not restricted to one area of professional functioning.
12. A disproportionate amount of attention by training personnel is required.

Informal Remediation
When a supervisor believes that an intern’s behavior is becoming problematic, the first step in addressing the issue should be to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. This process should be documented in writing and discussed with the Director of Training and Training Committee, but will not become part of the intern's professional file.

**Formal Remediation**

1. The supervisor verbally informs the intern that formal remediation procedures will be implemented.
2. The supervisor documents the deficient areas in writing and shares the document with the intern within 5 working days.
3. The supervisor gives a copy of the evaluation to Director of Training. The Director of Training may consult with the Counseling Services Director at any point of the remediation process. The Director of Training will forward a copy of the document to the home doctoral institution within 10 working days of sharing the document with the intern. The Director of Training will meet with all involved parties within 10 working days of sharing the document with the intern. The Director of Training will also contact the Director of Clinical Training (DCT) of the home doctoral institution to schedule a meeting with the (DCT) within 10 working days of sharing the document with the intern.
4. The Director of Training, after appropriate investigation and consultation, will make a recommendation to the Director, which may take any of the following four forms:
   a. To dismiss the concern and declare the intern performing adequately.
   b. To present the intern with specific behavioral conditions for the continuation of the internship.
   c. To suspend the intern from some or all of their activities until specified steps are taken.
   d. To terminate the intern’s involvement in the internship and notify the intern’s graduate program.

This decision will be documented in writing and will be shared with the intern within 10 working days of the meeting. This documentation will become a part of the intern’s professional file. If the decision involves ‘c’ or ‘d’ above, the documentation will be shared with the intern’s home doctoral institution. If the decision involves continuation in the training program, the Director of Training may assign a new clinical supervisor and meet with them to plan the monitoring of the conditions in the decision.

If the Director of Training is the supervisor of intern, the CS Director will take up the role(s) of the Director of Training, listed above.

**Other Criteria for Formal Review & Remediation**
An intern, staff member, or client may activate a formal review of an intern at any time. A number of situations may call for due process or the filing of a grievance, followed by activation of a formal review. These may include when a faculty, staff member or intern is charged with engaging in any of the following behaviors:

1. Sexual Harassment;
2. Violation of the Standards for Providers of Psychological Services, or the professional code governing the specific discipline of the intern (APA Ethical Principles of Psychologists & Code of Conduct);
3. Insubordinate behavior;
4. Exploitive or abusive behavior;
5. Other behaviors not listed elsewhere in this document but which represent infringement on the rights, privileges, and responsibilities of interns, professional, and other volunteers/employees and clients of the agency;
6. Egregious behaviors including but not limited to unethical or illegal behavior that indicate poor judgment, impairment, and actual or very likely harm to or infringement upon the rights, privileges and responsibilities of clients, other interns, professional staff, or members of the community, may result in termination of the intern’s employment and notification of the intern’s graduate program. Termination of intern employment and notification of the graduate program will be carried out if be agreed upon by the Counseling Services Director, Director of Training, and a simple majority of the Training Committee.

Standard University procedures as stated in the Policy and Procedures Manual or Student Code may be applied.
Due Process Procedure

Due Process Procedures are implemented in situations in which a supervisor or other faculty member raises a concern about the functioning of a psychology intern. Once again, these procedures are a protection of intern rights and are implemented in order to afford the intern with every reasonable opportunity to remediate problems and to receive support and assistance. These procedures are not intended to be punitive.

1. Program Expectations. The Counseling Services training program will provide interns with the training program expectations for professional functioning in writing at the beginning of the internship training year.

2. Procedures for Evaluation. The Counseling Services training program will inform interns about the evaluation procedures including the when, how, and who will conduct evaluations.

3. Data for Performance Evaluation. The Counseling Services training program will use input from multiple professional sources when making decisions or recommendations regarding the intern's performance.

4. Problems Functioning Professionally. The Counseling Services training program will specify procedures for decision-making used to address intern problems functioning professionally, which may include skills deficits and problem behaviors.

5. Communication with Graduate Program. If an intern has skills deficits and/or problem behaviors, the Counseling Services training program will communicate early and often with the intern, and their graduate program when needed, to address these problems.

6. Remediation Plan. If it is determined to be warranted, the Counseling Services training program will provide a remediation plan (see remediation section above) for interns to address skill deficits and/or problem behaviors, a timeline to complete requirements for remediation, and consequence for failure to meet these by the end of the timeline.

7. Appeal. The Counseling Services training program will provide interns with a written statement of the appeal policy and procedures in the training manual should interns choose to exercise their right to an appeal.

8. Timely Process. The Counseling Services training program will ensure that a sufficient amount of time is provided for interns to respond to any action(s) taken by the program.

9. Documentation. The Counseling Services training program will document in writing the action(s) to be taken if an intern has skills deficits and/or problem behaviors, the rationale for action(s), provide this information to all relevant parties, and documentation will be kept in the intern’s file.

Grievance Procedure

Informal Grievance Procedure
First, the intern should raise the issue as soon as feasible with the involved supervisor, staff member, other intern, or Director of Training in an effort to resolve the problem informally.

**Formal Grievance Procedure**

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the Director of Training. If the Director of Training is the object of the grievance, the grievance should be submitted to another member of the Training Committee. The individual being grieved will be asked to submit a response in writing. The Director of Training (or Training Committee member, if appropriate) will meet with the intern and the individual being grieved within 10 working days. In some cases, the Director of Training or other Training Committee member may wish to meet with the intern and the individual being grieved separately first. The goal of the joint meeting will be to develop a plan of action to resolve the matter. The plan of action will include:

a) the behavior associated with the grievance;
b) the specific steps to rectify the problem; and,
c) procedures designed to ascertain whether the problem has been appropriately rectified.

The Director of Training or other Training Committee member will document the process and outcome of the meeting. The intern and the individual being grieved will be asked to report back to the Director of Training or other Training Committee member in writing within 10 working days regarding whether the issue has been adequately resolved.

**Appeal Procedure for Due Process and/or Grievance**

In the event that an intern does not agree with any of the aforementioned remediation, or sanctions, due process, or with the handling of a grievance – the following appeal procedures should be followed:

1. The intern should file a formal appeal in writing with all supporting documents that refute the evidence regarding the evaluative decision made with the Director. The intern must submit this appeal within ten work days from their notification of any of the above (notification, remediation or sanctions, or handling of a grievance). During this ten day period, the intern may also request a personal interview with the Director.
2. Within three work days of receipt of a formal written appeal from an intern, the Director will convene a Review Panel, consisting of the Director of Training and at least two other members of the Training Committee (e.g., Assistant Director of Training for Internship, Assistant Director of Training for Diversity). The intern may request a specific member of the Training Committee to serve on the Review Panel. The Review Panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The Review Panel will reach a decision based on a simple majority vote.
3. In the event that an intern is filing a formal appeal in writing to disagree with a decision that has already been made by the Review Panel and supported by the
Director, then that appeal is reviewed again by the Director. The Director will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the original Review Panel is upheld. At that point, the decision of the Director is final.

If the Review Panel or Director determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the employer agency in order to initiate the Due Process procedures outlined in the employment contract. If the Review Panel determines that the grievance against the staff member potentially can be resolved internally, the Review Panel or Director will develop a second action plan that includes the same components as mentioned above. The process and outcome of the panel meeting will be documented by the TD or other Training Committee member. The intern and the individual being grieved will again be asked to report back in writing regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to the employer agency in order to initiate the Due Process procedures outlined in the employment contract.

**Changes to the Training Program**

In order to best meet the needs of UNR Counseling Services, our clients, and all of our trainees including interns, changes to the training program may occur during the year that cannot be predicted in advance and outlined specifically within this training manual. It is our intention as UNR Counseling Services administrators of the training program to adhere to this training manual to the extent that it is feasible and to inform interns and other trainees of significant changes to the training program that may impact them during the training period. The training administrators including the UNR Counseling Services Director, Director of Training/Associate Director, Assistant Director of Training, and the Training Committee are ultimately responsible for balancing the needs of the UNR Counseling Services department, our clients, and all of our trainees, which means that we have the authority to make changes to the training program during the course of the year. We welcome interns' input and make reasonable attempts to accommodate them as they adjust to changes to our training program that may not be outlined in this manual should they occur.

**Common Supervision Questions and Answers**

**Do I need to disclose personal information?**

For clinical psychology trainees, APA guidelines state that supervisors do not require supervisees to disclose personal information in training or related activities, either orally or in writing, including, but not limited to sexual history, history of abuse and neglect, psychological treatment, and relationship with parents, peers, and spouse or significant others. Exceptions pertain to that information which is necessary to evaluate or obtain assistance for student-trainees whose personal problems can be reasonably
judged to be preventing them from performing their training or professionally related activities in a competent manner, the most extreme example of which would be that of posing a threat to the trainees or others.

Standard 2.06 on Personal Problems and Conflicts requires psychologists to refrain from engaging in professional activities and to seek consultation when there is a significant likelihood that a personal problem will interfere with those activities. This includes taking “appropriate measures” when it seems possible that a physical or psychological problem will adversely impact a psychologist’s effectiveness. Appropriate actions include seeking therapy, referring clients to other professionals, and consulting with another professional to determine which action is most appropriate (limit, suspend, or terminate their work related duties).

Is supervision confidential?
Supervisors may choose to process their clinical supervision work in periodic training-committee meetings. Supervisors respect the supervisee’s personal issues and consider the trainee’s best interests when seeking consultation. However, supervision is not privileged or confidential.

What do I do if I want to get counseling for myself?
Interns are encouraged to take care of their personal needs including counseling, but receiving counseling is not required! In an effort to minimize the potential for dual relationships, the CS staff does not offer counseling to interns. Interns may ask a staff member who they are more comfortable with discussing the issues, consult with the Director or Director of Training, or even more discretely, interns can access and use the CS Resource file in the G Drive to check out local community mental health resources (see Appendix O for directions).

Frequently Asked Questions for Trainees

What if I don’t have any clients scheduled?
Interns are expected to be in the center during their assigned hours unless they have an unavoidable conflict. If they do not have clients, they can spend time in various clinically-relevant activities, such as reading professional literature, dissertation work, helping to cover crises or the Front Desk, scheduling extra initial consultation hours, reviewing session videos etc. Interns should also inform staff that they have openings for new clients in case they have a need for a referral.

How do I know if my client has arrived?
When clients arrive for the appointments they should check in at the front desk. Initially, interns may need to mention that they need to do this when they come in. After the client checks in, a small dialogue box on the Titanium screen notifies the therapist that their client has arrived. However, it is ultimately the counselor’s responsibility to check the status of a client’s arrival. The general rule for assuming a "no-show" is 20 minutes after the scheduled time. The front desk personnel notify interns if their client has called to cancel; they do this by making a note in Titanium.
My client is here, what’s next?

Interns should introduce themselves, and walk with the client to the counseling office. Some prefer to make friendly small talk while escorting clients to the office. The most popular topic from an informal survey of staff was to talk about the weather or comment on the academic calendar. Once interns are in the therapy-room, place the magnet “In Session” sign on the door to indicate they are not to be disturbed and close the door. At the beginning of the session, ethical standards require that interns identify themselves as trainees and that they identify the supervisor under whom they are working. The first step to do this is to introduce oneself as a trainee (e.g., “I am an intern and doctoral student in psychology. I am being supervised by Dr. Sigmund Freud.”). The second step is to note it in the case note in the client’s record.

What do I have to cover in the first session?

Confidentiality. Clients need to know that counseling sessions are confidential, but that there are limits to confidentiality. Basic information regarding confidentiality is found on the Informed Consent Statement. Interns should stress to clients that they are ethically and legally mandated to break confidentiality if there is imminent danger to self or other; harm to child, elderly and dependent adult; or in the case of a “court-ordered” (as opposed to “attorney-ordered”) subpoena. Interns may also need to assure clients that they do not release any information about them to anyone outside the agency without their written consent, including the information that they are a client.

Video tapes. Clients have already signed a formal consent for videotaping at the initial consultation. Interns do not need to have them sign an additional form each time they wish to record a session. However, clients must always be informed and verbal consent obtained prior to recording any given session. Even though the client may have signed the general consent form, they can refuse consent at any time.

I need to communicate clinical information with another agency, what do I do?

Interns should use an Authorization to Release Information form. These forms are kept in the top or near the top row of the file cabinet behind the front desk area. The client must sign the form in front of a witness.

How do I refer for an evaluation for medications?

Interns should consider recommending a psychiatric medication evaluation if their client is reporting serious symptoms of psychosis, mood disorder, has a history that includes psychotropic intervention, or is unable to function adequately to meet the demands of at least one life domain. Generally, the fastest way for a student to get an appointment with a psychiatrist is through the Student Health Center. If the client has not been seen there previously, they likely need to make an appointment with a general physician first, to be referred to a psychiatrist there. Interns may call and speak directly with the psychiatry scheduling staff person at SHC, who can schedule their client directly with a psychiatrist at their direct request. There is a $40 fee to see a psychiatrist at SHC for the intake session (one hour) and a $20 fee for subsequent, typically one
half hour, sessions. The fee may be billable to a client’s health insurance in some cases.

Reassure clients that to see a psychiatrist does not commit them to taking medications, but gives them an opportunity to learn what their options are, as well as information pertaining to the possible side effects of medication. The information from this consultation can assist them in making an informed decision. When a consultation with a primary care physician or psychiatrist has been completed, please be sure to document in the client's case note that the referral reply has been received and any pertinent findings or actions.

**What are the referral resources when another agency might be helpful?**

Referrals to another agency need to be made in consultation with interns’ supervisors. Please refer to CS Resource file in the G Drive. Intern's supervisors and other staff members are willing to share their referral sources as well. Interns should document every time they refer a client to another on-campus or an outside source. Interns should provide referral options of equal or higher quality/level of care (if available, which often they are not). Those options must be documented in Titanium.

**What if my client will need more individual treatment after the end of the semester/end of my contract here?**

If a client needs continued individual counseling and they are at the end of an intern's contract, they should consult with their supervisor regarding possible referral options. An intern's and their supervisor can determine the appropriate process for reassigning the client if that is necessary.
Appendix A: Examples of Initial Consultation Questions

Presenting complaint:
- What brought you into counseling today?
- How did you decide to come to counseling?
- How long has it been a problem?

Current Symptoms: Ask duration, frequency, and intensity
- Sleep, appetite, concentration, etc.
- Presence of hypomania/mania
- Anxiety
- Suicidal ideation
- Have you felt this way before? When? How many times?

Suicide
- Current or recent suicidal thoughts?
- Suicidal intent?
- Plan/method?
- Means?
- Any friends/relatives that attempted or completed suicide?
- Any previous attempts?
- Current or past self-injurious behavior (e.g., self-mutilation)?
- Does client have someone he or she can rely on in a crisis?

Violence
- Current or recent intent to harm, threaten, intimidate or abuse?
- "What is the most violent thing you've ever done?"
- Isolated event or pattern?

Past Psychiatric History
- Where?
- When?
- How long?
- For what reason?
- Did it help?
- Psychotropic medication?
- Hospitalization?

Abuse history:
- Has anyone pressured you for sex beyond the point that you were willing?
- Have you experienced physical, emotional abuse?

Alcohol/drug abuse:
- How often?
- How much?
- How frequently?
- Use of other drugs, MJ, cocaine
- Significant symptoms: blackouts, DUI, missing classes b/c of use

Family psychiatric history:
Family members (mom, dad, siblings, cousins, aunts & uncles, grandparents, etc) who have had problems with anxiety, depression, or other emotional difficulties?
Family members seen a counselor or been hospitalized?
Substance abuse in family members?

Relationship with family
- Intact family
- If divorced, how did it impact
- What was your childhood like?
- Relationship with siblings
- Significant losses

Functioning:
- Academic functioning (e.g., attending class, on academic probation)
- Social functioning (how many friends, fitting into UNR)
- Work/financial (are there financial considerations)
- Current living situation
- Coping strategies/what they do for fun

Goals for treatment
Appendix B: Initial Consultation Template

Initial Consultation

Preliminary Procedures

1.) Introduction and status if trainee and supervisor(s)
2.) Give an overview of the initial consultation
   a. Indicate that I may/may not be therapist providing treatment
3.) Counseling services is based on a short-term model
4.) Limits to confidentiality

Demographics and Academic Standing

CCAPS Scores

Brief Summary of Presenting Problems (Target items from CCAPS and demographic form)

Who referred you to the UNRCS?

What brought you in to the UNRCS today?

Onset of presenting concerns

Frequency of presenting concerns

Antecedents to presenting concerns

Intensity of presenting concerns

Duration of presenting concerns
What was your functioning like before these concerns?

What have you done to control/address the problem(s)/efforts made?

How has/have this/these problems affected your academics?

**Goals (Personal/Academic/Therapy/Number of Sessions)**

**Suicidal Ideation, Plan, Intent, Means, Rehearsal, Attempts**
- Current
- Past

**Self-Injurious Behaviors**
- Current
- Past

**Homicidal Ideation**
- Current
- Past

**Behavioral Observations and Mental Status (Dress/Mood/Affect/Eye Contact/Speech/Thought Process and Orientation/Concentration/Attention)**
**Diagnostic Impression**

**Plan/Disposition Options/Services Needed**

- Individual Therapy
- Planned Number of Sessions
- Group Therapy
- Name of Group(s)
- Referral to Disability Resource Center (DRC)
- Referral to Student Health Center (SHC)
- Referral to Community Services
- Name of Referral(s) to Community Service(s)
- Substance Abuse Treatment
- Financial Aid
- Referral(s) to Other
- Please Specify

**Additional Plan Information**

Appendix C: Example Assessment Seminar Schedule & Syllabus

**Fall 2018/Spring 2019 Assessment Supervision & Didactic Training Schedule**

*This schedule is tentative and permissible to changes*

**August 2\text{nd}:**  
**Introduction: Policies, procedures, and practices**  
*1\text{st} hour*

**Structured Clinical Interview/Intake**  
*2\text{nd} hour*

**What is ADHD: Differential Diagnosis from Other Conditions**  
*Last hour*  
Readings: Barkley’s Attention Deficit-Hyperactivity Disorder in Adults

**August 3\text{rd}:**  

**Wechsler Adult Intelligence Scales-Fourth Edition (WAIS-IV): Review of administration, scoring, interpretation, and write-up**
Practice Administration
*Last hour
*Readings: McCloskey’s Essential of WAIS-IV: Chapter Six & Neuropsychology Profiles on the WAIS-IV of Adults with ADHD

August 8th: Personality Assessment Inventory-Revised
*1st hour

Practice Administration & Scoring: BAARS-IV, CPT-II, WAIS-IV, & PAI
*Last two hours

August 16th: Case consultation
*Assign cases & practice administration

August 23rd: Multicultural Competency in Assessment
*1 hour
Readings: Multicultural competencies in assessment

August 30th: Case consultation
*Discuss cases & video sign ups

September 6th: Symptom Validity Testing: Discuss Harrison’s article, “Identifying students Faking ADHD.”
*Readings: Sullivan’s Symptom Exaggeration by College Adults in ADHD and LD Assessments

September 13th: Case Consultation

Reading: WJ-IV Chapter 3 of manual, practice administration

September 27th: Case consultation
Intake video review: ________________

October 4th: Ethics in Assessment
*Readings: APA Ethical Codes General Principles & Standards 9.01-.911

October 11th: Case consultation
Intake video review: ________________

October 18th: Controlled Oral Word Association Test (COWAT) & the California Verbal Learning Test-Second Edition (CVLT-2)  
*Practice administration

October 25th: Case consultation

Last intake video review: ________________

November 1st: Spectrum diagnoses & Adult Asperger Assessment  
*Dr. Cindy Marczynski  
*Readings: The Adult Asperger Assessment: A diagnostic method

November 8th: Case Consultation

November 15th: Rey Osterrieth Complex Figure Test, Stroop Test, and Trails  
Practice Administration, scoring, and interpretation

THANKSGIVING:

November 29th: Tower of London-Drexel  
*Practice administration

December 6th: Case consultation

December 13th: The Rorschach (pt. 1)  
*Dr. Cindy Marczynski

December 20th: The Rorschach (pt. 2) & Potluck  
*Dr. Cindy Marczynski

December 27th: No seminar

January 3rd: Case Consultation

January 10th: Minnesota Multiphasic Personality Inventory-Second Edition (MMPI-2)  
*Read Gotham & Marrot, Psychological Assessment, Chapter 7, provided

January 17th: Minnesota Multiphasic Personality Inventory-Second Edition (MMPI-2) cont’d & MMPI-2 RF  
*Graham, MMPI-2 Chapters 2-5, provided

January 24th: Case Consultation
January 31st: Figure Drawing (H-T-P) & Rotter Sentence Completion
*Dr. Cindy Marczynski

February 7th: Case Consultation

February 14th: Millon College Counseling Inventory
*Readings:

February 21st: Case Consultation
*Sign up for feedback videos

February 28th: Wechsler Memory Scale-Fourth Edition

March 7th: Case Consultation

March 14th: Assessment and Consideration of Learning Disabilities

March 21st: Case Consultation


April 4th: Case Consultation
*Feedback session: ___________

April 11th: Assessment of Substance Use: Effects of Cannabis on Cognitive Performance

April 18th: Case Consultation
*Feedback session: ___________

April 25th: Thematic Apperception Test (TAT)
*Dr. Cindy Marczynski

May 2nd: Case Consultation
*Feedback session: ___________

May 9th: Open

May 16th: Case Consultation

May 23rd: Open

May 30th: Case Consultation
June 6<sup>th</sup>: Open

June 13<sup>th</sup>: Case Consultation

June 20<sup>th</sup>: Wisconsin Card Sorting Task

June 27<sup>th</sup>: Open

July 4<sup>th</sup>: Happy Holiday

July 11<sup>th</sup>: Case Consultation

July 18<sup>th</sup>: Last Seminar & Potluck!

*Diversity will be integrated and discussed with each case during supervision, as well as incorporated into trainings on particular assessments (e.g., WAIS-IV) & presenting problems (e.g., LDs)*

*Handouts and required readings are distributed to trainees the week before in the seminar.*

*The following (May 9<sup>th</sup> & 23<sup>rd</sup>; June 20<sup>th</sup> & 27<sup>th</sup>) are possible dates in which interns can informally talk about an assessment they have used in prior training experiences. If not utilized, the time will be devoted to case consultation, seminar training, and/or report writing.*
Appendix D: UNR CS File Closure Titanium Data Form

**Part 1.** Write a brief termination note in Titanium.

![Client Note - Richard Daniel Talavera-Duran]

**Step 2.** Select and complete the Termination Data Form (CCMH).

![Data Form - Case Close (CCMH)]

**Step 3.** Go to client file in Titanium and deactivate the client under “security” AND “contact information” sections.
Appendix E: UNR CS Intern Evaluation Form

University of Nevada, Reno Counseling Services
Psychology Doctoral Intern Evaluation Form

<table>
<thead>
<tr>
<th>Intern Name:</th>
<th>Date Evaluation Completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter text.</td>
<td>Click here to enter a date.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor Name:</th>
<th>Psychology License Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter text.</td>
<td>Click here to enter text.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial Review</th>
<th>Mid-year review</th>
<th>Final Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Methods of Evaluation & Direct Observation for Supervision

Mark all activities that were conducted as a basis for evaluation by the supervisor:

**DIRECT OBSERVATION**
- Video Recordings ☐
- Live Observation ☐
- Other Click here to enter text.

**INDIRECT METHODS**
- Discussions ☐
- Review of notes, files, reports ☐

NOTE TO SUPERVISOR: IF NO DIRECT OBSERVATION WAS DONE DURING THE PERIOD OF EVALUATION, DO DIRECT OBSERVATION BEFORE COMPLETING EVALUATION.

Intern Activity Summary of Client and Other Contacts (from Intern Schedule)

<table>
<thead>
<tr>
<th>Number of clients:</th>
<th>Number of Initial Consultations:</th>
<th>Number of Distinct Groups:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter text.</td>
<td>Click here to enter text.</td>
<td>Click here to enter text.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total direct contact hours:</th>
<th>Individual supervision received hours:</th>
<th>Total Internship Hours Accumulated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter text.</td>
<td>Click here to enter text.</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Group supervision received hours:</td>
<td>Click here to enter text.</td>
<td>Total supervision received hours: Click here to enter text.</td>
</tr>
</tbody>
</table>

DIRECTIONS: The University of Nevada, Reno Counseling Services Training Program uses a developmental, competency-based model to train and evaluate supervisees.
along 9 profession-wide competencies (PWCs), which are broken down into “elements.” The 9 PWCs and elements are from APA’s Commission on Accreditation. Supervisors rate interns on these elements using a developmental continuum reflecting the cumulative nature of skills acquisition. **To pass internship, interns must obtain an average rating of at least 5.0 on each of the individual PWC elements (each 1-9) on the final evaluation with no individual element rated less than a 3. Ratings of 7.0 are reserved for particular strengths.** Rate each item using the scale below:

### Behavioral Anchors

- **1.0 (1/2.5)**
  - Beginning and limited competence. Performance fluctuates widely upon variations in client presentations, client characteristics, and the situation at hand. Requires rigorous guidance, structure, and instructions from supervisors. Doctoral interns with this level of ratings are considered to have insufficient competence and readiness for internship, thus requires immediate and structured augmentation of supervision and corrective measures.

- **3.0 (3/4.5)**
  - Emerging competence. Expected at the early first half of internship. Effective performance of this are of competency (in actions, reasoning, and judgment) are emerging, but not reliably present, whether due to inconsistency or a lack of evidence and opportunity to demonstrate consistency. Minimal independence. Substantial guidance and oversight are required to support effective performance and further development. Supervision is essential, especially instructions and introductions to new insights and knowledge. In the 2nd half of the internship year, this level of competence likely warrants additional attention and support, corrective action, or remediation.

- **5.0 (5/6.5)**
  - Intermediate competence. Expected at mid-year of internship. Frequent signs of independence and effective functioning are emerging. Clinical/professional insight and performance is being applied from one situation or client to another. Continues to benefit from supervision, especially to enhance self-confidence, gain perspectives, and cognitive flexibility in this area of competence. There are a few occasions that interns require supervisors’ correction. The rating of 5.0 is the minimal level of competence for interns to successfully complete the internship program.

- **6.0 (6/7.5)**
  - High intermediate competence. Expected towards the internship’s end. Demonstrates independence and sophistication in decisions and actions with increasing regularity and consistency. Applies insights or approaches that have worked well in past performance to new situations while attending to the situations’ commonalities and differences. Uses supervision mostly to stretch and refine this area of competence, and rarely for structural and procedural needs. Approaching readiness to practice independently.

- **7.0 (7/8.5)**
  - Maturing competence. Expected in the first half of the postdoctoral year. Ready for entry to practice that requires minimal guidance or oversight. Consultation and supervision are helpful to expand and refine this area of competence. Can identify occasions when consultation is necessary.

- **8.0 (8/9.5)**
  - Proficient: Entry-level competence for early-career psychologists. Expected in the latter half of the postdoctoral year. Independently functions most of the time. Can seek consultation when appropriate. Continues to gain consistency in effectiveness, autonomy, and self-confidence, with some directions and support from supervisor. Can teach others to increase this area of competence.

- **9.0 (9/10.0)**
  - Advanced and fully mastered competence. Independently functions with effectiveness, self-confidence, and sophistication. Appreciates consultation and learning opportunities, and seeks ways to continue growth towards advanced levels of functioning. Shows instances in which their performance in this area of competence can be a role model to others. Can evaluate accurately about their own level of competence and what needs to be done to enhance it.
## RESEARCH

### Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

<table>
<thead>
<tr>
<th>Scientific Mindedness</th>
<th>Independently applies scientific methods to practice</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scientific Foundation of Psychology</strong></td>
<td>Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)</td>
<td>Mid Term Rating:</td>
<td>Final Rating:</td>
</tr>
<tr>
<td><strong>Scientific Foundation of Professional Practice</strong></td>
<td>Independently applies knowledge and understanding of scientific foundations to practice</td>
<td>Mid Term Rating:</td>
<td>Final Rating:</td>
</tr>
</tbody>
</table>

### Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

| **Scientific Approach to Knowledge Generation** | Generates knowledge and demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. | Mid Term Rating: | Final Rating: |
| **Application of Scientific Method to Practice** | Applies scientific methods of evaluating practices, interventions, and programs | Mid Term Rating: | Final Rating: |
RESEARCH Competency Average Rating:  
Mid Term Avg. Rating:  
Final Avg. Rating:  

PLEASE COMMENT on intern strengths, growth areas, has reached the level of competence expected at this point in training, and what specific skills/competencies they need to work on to advance on this element:

______________________  ______________________  ________________
Print Name of Evaluator  Signature of Evaluator  Date

______________________  ______________________  ________________
Print Name of Intern  Signature of Intern  Date
1. ETHICAL & LEGAL STANDARDS

| Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. |
| Knowledge of Ethical, Legal and Professional Standards and Guidelines: Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines. Mid Term Rating: | Final Rating: |
| Awareness and Application of Ethical Decision Making: Independently utilizes an ethical decision-making model in professional work. Mid Term Rating: | Final Rating: |
| Ethical and Legal Standards: Independently integrates ethical and legal standards with all competencies. Mid Term Rating: | Final Rating: |
| Ethical & Professional Conduct: Conduct self in an ethical manner in all professional activities. Mid Term Rating: | Final Rating: |

**ETHICS Competency Average Rating:**

**Mid Term Avg. Rating:**

**Final Avg. Rating:**

PLEASE COMMENT on intern strengths, growth areas, has reached the level of competence expected at this point in training, and what specific skills/competencies they need to work on to advance on this element:

__________________________  ______________________   ____________
Print Name of Evaluator     Signature of Evaluator        Date

__________________________  ______________________   ____________
Print Name of Intern         Signature of Intern          Date
## 2. INDIVIDUAL & CULTURAL DIVERSITY

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
<th>Mid Term Rating</th>
<th>Final Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Stages</td>
<td>Doctoral Trainee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1st to 3rd year practicum/externship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Half of the Doctoral Intern Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Half of the Doctoral Intern Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Postdoc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Late Postdoc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Career Professional Or Beyond the 1st year Postdoc</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with a range diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

#### Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context

- Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation

#### Others as Shaped by Individual and Cultural Diversity and Context

- Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation

#### Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context

- Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation

#### Applications based on Individual and Cultural Context

- Applies knowledge, skills, and attitudes regarding a broad range of dimensions of diversity to professional work

#### Diversity knowledge

- Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service

#### Applications based on Individual and Cultural Context

- Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship
DIVERSITY Average Rating:       Mid Term Avg. Rating:
                                    Final Avg. Rating:

PLEASE COMMENT on intern strengths, growth areas, has reached the level of competence expected at this point in training, and what specific skills/competencies they need to work on to advance on this element:

______________________________  ________________________________  ____________
Print Name of Evaluator         Signature of Evaluator           Date

______________________________  ________________________________  ____________
Print Name of Intern             Signature of Intern              Date
### 3. PROFESSIONAL VALUES, ATTITUDES, & BEHAVIORS

<table>
<thead>
<tr>
<th>Professionalism: as evidenced in behavior and comportment that reflects the values and attitudes of psychology.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Integrity</strong> - Honesty, personal responsibility and adherence to professional values</td>
</tr>
<tr>
<td>Monitors and independently resolves situations that challenge professional values and integrity</td>
</tr>
<tr>
<td><strong>Depormt</strong></td>
</tr>
<tr>
<td>Conducts self in a professional manner across settings and situations</td>
</tr>
<tr>
<td><strong>Accountability</strong></td>
</tr>
<tr>
<td>Independently accepts personal responsibility and responds professionally across settings and contexts</td>
</tr>
<tr>
<td><strong>Professional Self-reflection</strong></td>
</tr>
<tr>
<td>Engages in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness</td>
</tr>
<tr>
<td><strong>Responsiveness to Feedback</strong></td>
</tr>
<tr>
<td>Actively seeks and demonstrates openness and responsiveness to feedback and supervision</td>
</tr>
<tr>
<td><strong>Concern for the welfare of others</strong></td>
</tr>
<tr>
<td>Independently acts to safeguard the welfare of others</td>
</tr>
<tr>
<td><strong>Professional Identity</strong></td>
</tr>
<tr>
<td>Displays consolidation of professional identity as a psychologist</td>
</tr>
<tr>
<td><strong>Professional Issues Knowledge</strong></td>
</tr>
<tr>
<td>Demonstrates knowledge about issues central to the field of psychology</td>
</tr>
<tr>
<td><strong>Professional Science and Practice</strong></td>
</tr>
<tr>
<td>Integrates science and practice of psychology</td>
</tr>
</tbody>
</table>
Professionalism Average Rating:  
Mid Term Avg. Rating:  
Final Avg. Rating:  

PLEASE COMMENT on intern strengths, growth areas, has reached the level of competence expected at this point in training, and what specific skills/competencies they need to work on to advance on this element:

______________________  ________________________  ____________  
Print Name of Evaluator  Signature of Evaluator  Date

______________________  ________________________  ____________  
Print Name of Intern  Signature of Intern  Date
4. COMMUNICATION & INTERPERSONAL SKILLS

<table>
<thead>
<tr>
<th>Relationships:</th>
<th>Relate effectively and meaningfully with individuals, groups, and/or communities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal Relationships</td>
<td>Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities</td>
</tr>
<tr>
<td>Affective Skills</td>
<td>Manages difficult communication; possesses advanced interpersonal skills</td>
</tr>
<tr>
<td>Expressive Skills</td>
<td>Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts</td>
</tr>
</tbody>
</table>

**COMMUNICATION SKILLS Average Rating:**

**Mid Term Avg. Rating:**

**Final Avg. Rating:**

PLEASE COMMENT on intern strengths, growth areas, has reached the level of competence expected at this point in training, and what specific skills/competencies they need to work on to advance on this element:

______________________  ______________________  ____________
Print Name of Evaluator  Signature of Evaluator  Date

______________________  ______________________  ____________
Print Name of Intern  Signature of Intern  Date
5. INTERVENTION

**Evidence-Based Practice**: Integration of research and clinical expertise in the context of patient factors.

<table>
<thead>
<tr>
<th>Knowledge and Application of Evidence-Based Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences</td>
</tr>
</tbody>
</table>

| Intervention: | Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations. |

<table>
<thead>
<tr>
<th>Rapport-building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishes and maintains effective relationships with the recipients of psychological services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independently plans interventions specific to service delivery goals; case conceptualizations and intervention plans are specific to case and context</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables with flexibility to adapt where appropriate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Progress Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Flexibility and Adaptation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking</td>
</tr>
</tbody>
</table>
INTERVENTION Average Rating:  

Mid Term Avg. Rating:  
Final Avg. Rating:  

PLEASE COMMENT on intern strengths, growth areas, has reached the level of competence expected at this point in training, and what specific skills/competencies they need to work on to advance on this element:

______________________  ________________________  ____________
Print Name of Evaluator  Signature of Evaluator  Date

______________________  ________________________  ____________
Print Name of Intern  Signature of Intern  Date
6. CONSULTATION & INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

<table>
<thead>
<tr>
<th>Role of Consultant</th>
<th>Determines situations that require different role functions and shifts roles accordingly to meet referral needs</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Addressing Referral Question</th>
<th>Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Communication of Consultation Findings</th>
<th>Applies knowledge to provide effective consultation feedback and to articulate appropriate recommendations</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Application of Consultation Methods</th>
<th>Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases; Applies knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
</table>
CONSULTATION Average Rating:  

Mid Term Avg. Rating:  
Final Avg. Rating:  

PLEASE COMMENT on intern strengths, growth areas, has reached the level of competence expected at this point in training, and what specific skills/competencies they need to work on to advance on this element:

____________________________________  ___________________________  ___________
Print Name of Evaluator          Signature of Evaluator          Date

____________________________________  ___________________________  ___________
Print Name of Intern            Signature of Intern            Date
7. INTRAPERSONAL SKILLS

Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

<table>
<thead>
<tr>
<th>Reflective Practice</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates reflectivity in context of professional practice (reflection-in-action); acts upon reflection; uses self as a therapeutic tool</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-Assessment</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-Care (attention to personal health and well-being to assure effective professional functioning)</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-monitors issues related to self-care and promptly intervenes when disruptions occur</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participation in Supervision Process</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independently seeks supervision when needed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

INTRAPERSONAL SKILLS Average Rating: Mid Term Avg. Rating: Final Avg. Rating:

PLEASE COMMENT on intern strengths, growth areas, has reached the level of competence expected at this point in training, and what specific skills/competencies they need to work on to advance on this element:

______________________________  ________________________________  ________________
Print Name of Evaluator       Signature of Evaluator       Date

______________________________  ________________________________  ________________
Print Name of Intern           Signature of Intern           Date
8. SUPERVISION

Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

<table>
<thead>
<tr>
<th>Expectations and Roles</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands the ethical, legal, and contextual issues of the supervisor role</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Processes and Procedures</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills Development</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engages in professional reflection about one’s clinical relationships with supervisees, as well as supervisees’ relationships with their clients</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisory Practices</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUPERVISION Average Rating:

PLEASE COMMENT on intern strengths, growth areas, has reached the level of competence expected at this point in training, and what specific skills/competencies they need to work on to advance on this element:

_________________________ ___________________________ ___________________________
Print Name of Evaluator Signature of Evaluator Date

_________________________ ___________________________ ___________________________
Print Name of Intern Signature of Intern Date

9. ASSESSMENT
### Assessment

Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

<table>
<thead>
<tr>
<th>Knowledge of Measurement and Psychometrics</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independently selects and implements multiple methods and means of evaluation in ways that a) draw from the best available empirical literature and b) reflect the science of measurement and psychometrics and c) are responsive to and respectful of diverse individuals, couples, families, and groups and context</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledge of Assessment Methods</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Application of Assessment Methods</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independently selects and administers a variety of assessment tools to collect relevant data using multiple sources and methods that are a) appropriate to the identified goals and questions of the assessment, b) used in consideration of relevant diversity characteristics of the client, c) used while integrating results to accurately evaluate presenting question, and d) in used a manner appropriate to the practice site and broad area of practice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpretation</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interprets assessment results and follows current research and professional standards and guidelines to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conceptualization and Recommendations</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication of Assessment Findings</th>
<th>Mid Term Rating:</th>
<th>Final Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates results in written and verbal form clearly, constructively, effectively, and accurately in a conceptually appropriate, sensitive manner to a range of audiences</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ASSESSMENT Average Rating:  
Mid Term Avg. Rating:
Final Avg. Rating:

PLEASE COMMENT on intern strengths, growth areas, has reached the level of competence expected at this point in training, and what specific skills/competencies they need to work on to advance on this element:

__________________________________________  ____________________________________  __________
Print Name of Evaluator  Signature of Evaluator  Date

__________________________________________  ____________________________________  __________
Print Name of Intern  Signature of Intern  Date
Overall Assessment of Intern’s Current Level of Competence

Please provide brief narrative responses to these questions:

What are the intern’s particular strengths and growth areas (e.g., weaknesses)? Consider the intern’s working theoretical orientation, diagnostic skills, and specific clinical skills.

What specific training goals would help the intern advance to their next level of training? (Note any specific strategies for meeting those goals, especially if goals are repeated from previous semester):

Do you believe that the intern has reached the level of competence expected by the program at this point in training? Why or why not?

Is the intern ready to move to the next level of training? If not, what specific skills and competencies does the intern need develop to advance?

______________________  ____________________  ____________
Print Name of Primary Supervisor  Signature of Supervisor  Date

______________________  ____________________  ____________
Print Name of Intern  Signature of Intern  Date
# Appendix F: UNR CS Evaluation of Supervisor

## EVALUATION of SUPERVISOR

Counseling Services
University of Nevada, Reno

Trainee: ____________________________  Supervisor: ____________________________

Dates of Supervision: _____ to _____  Date of Review: ________________

DIRECTIONS: Below are several general areas of professional competencies, each with a set of specific skills or behaviors for evaluation

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree/Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Using the above descriptors, provide a numeric rating for each skill or behavior listed that best reflects your experience with your primary supervisor. If you have not been able to observe or evaluate this skill, write “N/A.”

### FEEDBACK AND COMMUNICATION:

<table>
<thead>
<tr>
<th>My Supervisor:</th>
<th>Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided sufficient and useful feedback about my strengths and successes.</td>
<td></td>
</tr>
<tr>
<td>Provided sufficient and useful feedback about my weaknesses and mistakes.</td>
<td></td>
</tr>
<tr>
<td>Used audiotapes/videotapes in a constructive manner.</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

### SELF-AWARENESS:

<table>
<thead>
<tr>
<th>My Supervisor:</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raised awareness of my personal dynamics as related to therapy (e.g., transference, cultural issues, level of clinical development, etc.).</td>
<td></td>
</tr>
<tr>
<td>Addressed and allowed adequate time for discussion of personal/interpersonal issues when relevant to clinical work.</td>
<td></td>
</tr>
<tr>
<td>Improved understanding of my own therapeutic style.</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

### TREATMENT:

<table>
<thead>
<tr>
<th>My Supervisor:</th>
<th>Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helped me to broaden and develop my abilities in treatment intervention.</td>
<td></td>
</tr>
</tbody>
</table>


Helped to define and establish appropriate treatment goals.  
Provided useful guidance and support in crisis intervention.  
**Comments:**

**CASE CONCEPTUALIZATION:**

<table>
<thead>
<tr>
<th><strong>My Supervisor:</strong></th>
<th><strong>Rating</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Helped in case conceptualization.</td>
<td></td>
</tr>
<tr>
<td>Provided insight into client dynamics.</td>
<td></td>
</tr>
<tr>
<td>Assisted in diagnosis</td>
<td></td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**MULTICULTURAL ISSUES:**

<table>
<thead>
<tr>
<th><strong>My Supervisor:</strong></th>
<th><strong>Rating</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Explored multicultural issues involving clients.</td>
<td></td>
</tr>
<tr>
<td>Explored multicultural issues involving me as a therapist and individual.</td>
<td></td>
</tr>
<tr>
<td>Demonstrated awareness and respect for issues of diversity in supervision.</td>
<td></td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**ATMOSPHERE/RELATIONSHIP:**

<table>
<thead>
<tr>
<th><strong>My Supervisor:</strong></th>
<th><strong>Rating</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Created a setting in which I felt free and comfortable to explore my mistakes and weaker areas.</td>
<td></td>
</tr>
<tr>
<td>Showed empathy, respect, and concern for me.</td>
<td></td>
</tr>
<tr>
<td>Demonstrated concern about my goals and objectives and how to meet them.</td>
<td></td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**OPENNESS:**

<table>
<thead>
<tr>
<th><strong>My Supervisor:</strong></th>
<th><strong>Rating</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Was receptive and sensitive to my ideas and opinions, even if different from their own.</td>
<td></td>
</tr>
<tr>
<td>Exhibited openness to feedback and suggestions about supervision.</td>
<td></td>
</tr>
<tr>
<td>Respected personal and individual differences between trainee and supervisor.</td>
<td></td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**PROFESSIONAL RESPONSIBILITY:**
<table>
<thead>
<tr>
<th>My Supervisor:</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided weekly supervision that was timely and uninterrupted.</td>
<td></td>
</tr>
<tr>
<td>Was available for consultation outside of supervision.</td>
<td></td>
</tr>
<tr>
<td>Provided meaningful feedback on written communication.</td>
<td></td>
</tr>
<tr>
<td>Provided sufficient guidance in meeting other training requirements, e.g., running a group, setting up a project, and etc</td>
<td></td>
</tr>
<tr>
<td>Understood or helped me to clarify my issues as a developing clinician.</td>
<td></td>
</tr>
<tr>
<td>Served as a mentor in guiding and supporting my clinical and professional development.</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

What was most helpful or valuable about your experience with this supervisor?

What could your supervisor have done differently that would have worked better for you?

Trainee’s Signature  Date  Supervisor’s Signature  Date
## Appendix G: Sample Weekly Intern Hours*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Fall Hours</th>
<th>Spring Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Service</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Individual Therapy/Intakes-initial consultations</td>
<td>9 to 12</td>
<td>11 to 14</td>
</tr>
<tr>
<td>Walk-in consultation (aka urgent care) (crisis walk-ins)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Assessment</td>
<td>0 to 2</td>
<td>0 to 2</td>
</tr>
<tr>
<td>Outreach</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Group Counseling</td>
<td>1 to 2</td>
<td>1 to 2</td>
</tr>
<tr>
<td>Supervision Provided</td>
<td>---</td>
<td>1</td>
</tr>
<tr>
<td>Indirect Service</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Client Consultation Meeting</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Staff Meeting</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Group Counseling Debriefing Supervision</td>
<td>0.5 to 1</td>
<td>0.5 to 1</td>
</tr>
<tr>
<td>Supervision Received - Individual</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Supervision Received - Assessment</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Supervision Received - Group</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Supervision Received – Sup of Sup</td>
<td>---</td>
<td>1.5</td>
</tr>
<tr>
<td>Training Seminar</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Professional Development (dissertation, research)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Documentation, Phone/emails, Preparation, Report Writing</td>
<td>11 to 15</td>
<td>9 to 13</td>
</tr>
<tr>
<td><strong>Total Direct Service</strong></td>
<td>12.5 to 17.5</td>
<td>15.5 to 21.5</td>
</tr>
<tr>
<td><strong>Total Indirect Service</strong></td>
<td>23 to 28</td>
<td>21 to 24.5</td>
</tr>
<tr>
<td><strong>Total Hours</strong></td>
<td>39 to 40.5</td>
<td>39 to 41.5</td>
</tr>
</tbody>
</table>

*minimum and maximum hours within each category and actual schedule may vary week to week; interns generally will not work over 42 hours per week (this is why minimum and maximum hours do not equal 35-45.5 and 36-48.5 per week, respectively)
Appendix H: Sample Weekly Intern Schedule*

SAMPLE 2017-18 INTERN SCHEDULE: First Two Weeks of the Month

*actual schedule may vary
Appendix I: Preliminary Questionnaire of Training Interests and Needs

UNIVERSITY OF NEVADA, RENO COUNSELING SERVICES
TRAINING PROGRAM

Name: 

Date:

At UNR-Counseling Services (UNR-CS) we understand learning and professional development to be life-long processes. Accordingly, all trainees (and professionals) demonstrate areas of relative strength and possess areas in which growth is still occurring. With this understanding and spirit in mind, in advance of your training year at UNR-CS, the following survey will help us to get a beginning sense of your training interests and needs.

Please rate each item with a number from 5 to 1, using the following guide (and clarify wherever you like):

LEVEL OF COMPETENCE

5 High Intermediate: Strong evidence of the knowledge, awareness, and/or skill. Performance is consistent. Can demonstrate knowledge, awareness, and/or skill without prompting or guidance from supervisor and is demonstrated in all but non-routine cases.

4 Intermediate: Adequate evidence of the knowledge, awareness, and/or skill. Performance is predominantly consistent. Common rating for a trainee throughout the training program and an adequate rating at end of the training year.

3 Beginner Level: This is an emerging knowledge, awareness, and/or skill for trainee. Performance is inconsistent. Common rating for a trainee throughout the training year and an adequate rating at end of the training program. Extra attention and focus should be provided in supervision if this rating is provided for a trainee.

2 Early Beginner Level: Demonstrates minimal evidence of the knowledge, awareness, and/or skill. Performance is very inconsistent. Extra attention and focus should be provided in supervision if this rating is provided for a trainee.

1 Remedial Level: Lacks understanding and demonstrates no evidence of the knowledge, awareness and/or skill.

In all the following ‘Competency Areas’ in the following tables, please assign a developmental level to each individual line item right by the line (for example, under ‘Intake Assessment, Diagnosis & Case Conceptualization’ and the first line item of ‘a.’
gathers critical information,’ enter a number right next to the last word in that line item (‘…information’). Then, under the column ‘Level of Competence,’ indicate an overall competency number for the competency area in general.

In the column ‘Priority for Training,’ simply indicate a number for that particular overall competency area, using the scale below.

**PRIORITY FOR TRAINING**
- 5 Very High - essential for my training
- 4 High – important to my training
- 3 Medium – if opportunity occurs, would like to be involved in this area
- 2 Low – not important to my training this year
- 1 Very Low – of no importance to my training

---

**Self-Assessed Objectives and Evaluation**

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Level of Competence</th>
<th>Priority for Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Intake Assessment, Diagnosis &amp; Case</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **Conceptualization**
   - a. gathers critical information
   - b. formulates meaningful case conceptualizations
   - c. develops appropriate treatment goals
   - d. flexible and knowledgeable about theoretical approaches
   - e. knowledgeable about DSM-5
   - f. incorporates cultural considerations

Please identify one or more strengths in this area:

Please identify one or more areas of growth in this area:
## Competency Area

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Level of Competence</th>
<th>Priority for Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. <strong>Intervention (Includes Individual, Group Therapy, and Crisis Intervention)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. uses basic interviewing skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. forms working alliance with clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. tolerates difficult emotions with clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. knowledgeable and flexible with interventions and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>takes into consideration cultural factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. develops appropriate plan to address treatment goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. respectful and nonjudgmental with clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. maintains professional boundaries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. deals with ruptures effectively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. assesses and intervenes during crisis situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. conducts suicidal and homicidal assessments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>effectively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. assesses potential of child and elder abuse and/or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>neglect effectively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. follows up appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. demonstrates ability to remain calm during crisis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competency Area</td>
<td>Level of Competence</td>
<td>Priority for Training</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>3. Psychological Testing (Only for psychology trainees)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. administers and scores psychological tests appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. integrates data appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. develops appropriate recommendations for clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. communicates test results competently and sensitively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. consults with referring professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. scores and reports test scores accurately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. demonstrates ability to meaningfully integrate multiple data sources and conceptualize the case</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. writes clear and concise reports that answer the referral questions clearly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. aware of and integrates cultural considerations in all aspects of testing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please identify one or more strengths in this area:

Please identify one or more areas of growth in this area:
Please identify one or more areas of growth in this area:

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Level of Competence</th>
<th>Priority for Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Consultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. knowledgeable about when to consult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. consults with colleagues and other departments</td>
<td>professionally</td>
<td></td>
</tr>
<tr>
<td>c. maintains rapport with colleagues and aware of other discipline’s contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. provides consultation to staff and faculty ethically, professionally and effectively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. demonstrates clear and effective communication skills in consultation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please identify one or more strengths in this area:
Please identify one or more areas of growth in this area:

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Level of Competence</th>
<th>Priority for Training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5. Outreach</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. understands how a counseling center clinician is part of a larger campus community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. demonstrates skill in a variety of techniques and approaches to program delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. effectively engages the audience during outreach presentations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. presents self professionally when representing the Counseling Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. tailors outreach programs in culturally sensitive ways</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. understands own biases and impact of cultural context in responding to diversity issues in outreach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. delivers outreach services consistent with ethical and legal mandates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. collaborates effectively with other departments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>conducts evaluations of outreach programs promptly</td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td>able to respond to the needs of different audiences when delivering outreach</td>
<td></td>
</tr>
<tr>
<td>k.</td>
<td>knowledgeable outreach topics and able to respond to wide range of questions from audience.</td>
<td></td>
</tr>
</tbody>
</table>

Please identify one or more strengths in this area:

Please identify one or more areas of growth in this area:
<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Level of Competence</th>
<th>Priority for Training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6. Professionalism</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. able to assess own strengths and weaknesses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. empathizes with others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. able to identify personal distress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. possesses self-confidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. understands impact of self on others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. actively participates in seminars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. demonstrates consistent attendance at meetings and seminars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. works collaboratively with colleagues including support staff and peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. provides constructive feedback and support to peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. willing to take risks and be transparent with peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. receives feedback non-defensively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. willing to acknowledge and work through interpersonal conflict with colleagues</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please identify one or more strengths in this area:

Please identify one or more areas of growth in this area:
<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Level of Competence</th>
<th>Priority for Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Use of Supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. open and non-defensive with supervisory evaluation and feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. self-reflects and self-evaluates regarding clinical skills and use of supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. demonstrates good judgment as to when supervisory input is necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. transparent with supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. willing to take risks and acknowledge mistakes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. applies what is discussed in supervision to interactions with clients</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please identify one or more strengths in this area:

Please identify one or more areas of growth in this area:
8. Provision of Supervision and Mentorship

(Psych/Social Work Interns)

a. knowledgeable about models, theories, modalities, and research on clinical supervision
b. understands how trainees develop into professional clinicians
c. recognizes limits of one’s supervisory skills
d. knowledgeable about the ethics and legal issues specific to supervision
e. aware of one’s own personal theory of counseling and supervision
f. able to build a supervisory relationship and alliance
g. able to perform, to balance, and to recognize multiple roles
h. able to promote growth, empowerment & self-assessment in supervisee
i. clarifies own role in supervision and acknowledges the impact of power differentials and hierarchy
j. provides consistency & appropriate amount of structure in supervision
k. able to provide constructive formative & summative feedback
l. works collaboratively & consults with trainee’s other supervisors and trainers
m. is able to set appropriate boundaries when consulting and
demonstrates a general respect for trainee
n. responds appropriately to individual and cultural
differences of trainee

Please identify one or more strengths in this area:

Please identify one or more areas of growth in this area:

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Level of Competence</th>
<th>Priority for Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Management and Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. completes delegated and administrative tasks in a timely manner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. follows agency’s policies and operating procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. maintains organized and timely notes and client records</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please identify one or more strengths in this area:

Please identify one or more areas of growth in this area:

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Level of Competence</th>
<th>Priority for Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Individual and Cultural Diversity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. aware of one’s own cultural worldview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. recognizes biases and stereotypes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
c. willing and open to working through emotional responses regarding cultural diversity

d. willing and open to self-reflection

e. knowledgeable about the impact of diversity in clinical situations

f. able to advocate for positive change in system

g. infuses culture and diversity into all aspects of professional work

Please identify one or more strengths in this area:

Please identify 3 or more areas of growth in this area:

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Level of Competence</th>
<th>Priority for Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Ethical and Legal Standards Related to Psychology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. knowledgeable about ethical principles and legal mandates</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td><strong>b.</strong> recognizes and analyzes ethical dilemmas and legal issues appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c.</strong> seeks appropriate information and consultation when faced with ethical issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d.</strong> behaves ethically across all aspects of professional work</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please identify one or more strengths in this area:

Please identify one or more areas of growth in this area:
Supervision Assignments

Supervision assignments will be provided in the first few days of orientation. In making successful assignments, it is helpful to have as much information as possible about the kind of supervisor with whom you feel you would work best (e.g., theoretical orientation, supervision style, etc.). To that end, please respond to the following prompts:

1. Please describe what characteristics or styles of your previous supervisors have been most helpful, and what characteristics have been less helpful, in facilitating your training.

2. Please describe some professional and/or personal characteristics which are important for you in your supervision during the coming year (e.g., supervisor’s theoretical orientation; gender, cultural and/or racial characteristics; supervision style among other variables). Please explain the importance to you of the characteristics you describe.
**Group Interest Survey**

UNR-CS offers a selection of groups for students, and group facilitation will be a significant part of your training experience, most likely (if the groups have enough participants).

Please consider the groups that we typically offer, and rank order your preliminary preferences of groups that you are interested in facilitating. You will have a chance to learn about these groups and to indicate your interest in participation at a later time. While we will make every effort to match you with the group(s) you’re interested in during the year, we are unable to guarantee that you will be assigned to your preferred group(s). Other groups may be offered also.

- [ ] Social Anxiety
- [ ] Body Image/Eating Concerns
- [ ] DBT Skills Training
- [ ] Mindfulness Group
- [ ] Grief and Loss
- [ ] LGBT Issues and Support Group
- [ ] International Students Support Group

**Other Information about You**

Is there anything else, either personally or professionally, that you would like us to know in order to best facilitate your training next year? If so, please write on the reverse side of this page.

---

**Appendix J: Supervision Contract**
Supervisee: ____________________  Staff Supervisor: ____________________

Goals of Supervision
Supervision is a vital component of every clinician’s training. In supervision, the trainee should feel free to discuss weaknesses as well as strengths. The broad goals of supervision are to enhance clinical skill and knowledge, promote self-awareness/emotional competence, ensure the welfare of clients, and evaluate the suitability of the trainee to enter the profession.

Supervisee’s Unique Goals of Supervision
Each supervisee will have unique goals in supervision based on their past experience as well as areas of growth and strengths. It is important that these unique goals are also discussed and agreed upon in the early phase of supervision. Below is space for the supervisee to write down their unique goals for this supervisory relationship.

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Supervisor’s Role and Responsibilities
- Abide by and keep up-to-date on ethical guidelines, as outlined by the American Psychological Association and statutes of the State of Nevada (see below), and the policies and procedures as stated in the Intern Training Handbook
• Establish parameters and structure of supervisory role (e.g., style, issues covered, video recordings reviewing, supervision time, etc.).
• Negotiate appropriate training goals with trainee.
• Work towards and check-in periodically about training goals.
• Share own therapeutic and supervisory style.
• Acknowledge and process multiple roles if applicable (e.g., primary supervisor & group supervisor; primary supervisor & clinical team member).
• Acknowledge cultural similarities and differences and impact of power differentials. Discussion to be infused throughout supervision.
• Provide a balance of both support and challenge.
• Monitor trainee’s clinical cases.
• Monitor the trainee’s record keeping in a timely manner (progress notes, intake reports and release forms).
• Facilitate trainee’s ability to conceptualize cases and develop treatment plans.
• Serve as consultant in crisis/emergency situations.
• Enhance trainee’s self-awareness.
• Provide ongoing feedback on trainee’s clinical skills, style, dynamics, etc., in a manner that is facilitative and constructive.
• Provide timely, frequent, and ongoing feedback to the supervisee, the Training Committee, and the Director of Training about the trainee’s progress, professionalism, competence, and any related concerns.
• Complete scheduled evaluations of the trainee and process the evaluations within supervision.
• Process, within supervision, trainee’s written evaluation of supervisor.
• Serve as a professional role model for trainee.
• Demonstrate respect for trainees, acknowledging diversity in values, culture, and experience.
• Take primary responsibility for the supervisory relationship and, when there are difficulties, take responsibility to address or resolve those difficulties either directly or through consultation.
• Assist the supervisee in balancing agency demands.
• Facilitate the professional growth of the supervisee by attending to professional issues, career issues, and transition issues concerning development.
• Assist supervisee in maintaining self-care and balance.
• Prepare for ending of relationship with supervisee appropriately and in a timely manner (e.g., administratively, helping supervisee terminate with clients, and discussing the supervisory relationship).
• When asked by trainee to serve as a reference, provide honest, straightforward information.

Supervisee’s Responsibilities
• Abide by all ethical guidelines, as outlined by the American Psychological Association and statutes of the State of Nevada.
• Negotiate appropriate training goals with the supervisor.
• Inform each patient of trainee status and name of supervisor.
• Keep supervisor informed of all cases.
• Keep timely records and make them available to the supervisor.
• Document all consultations with supervisor (or other junior and senior faculty) about medium/moderate to high risk clients.
• Prepare for supervision by providing recordings of sessions, records needing to be reviewed, and questions or concerns about case management.
• Remain open and responsive to feedback and supervisory suggestions. Implement supervisor suggestions, if appropriate.
• Process, within supervision, supervisor’s written evaluations of the trainee’s work.
• Complete scheduled evaluations of the supervisor and process them within supervision.
• Participate actively in supervision, and take increasing responsibility for the working relationship as the year proceeds.
• Demonstrate respect for clients, the supervisor, and other faculty and staff members, acknowledging diversity in values, culture, and experience.
• Share responsibility for the supervisory relationship and, when there are difficulties, take responsibility to address or resolve those difficulties either directly or through consultation.

Trainee must notify supervisor (or another licensed staff member) immediately if any of the following should occur (adapted with minimal changes from Thomas, 2007):
• Disputes with clients or impasses in the therapy.
• Allegations of unethical behavior by clients, colleagues, client’s friends or family members, or others.
• Contact from a client’s family members, academic personnel, or others requesting information about a client.
• Threats of a complaint or lawsuit.
• Mental health emergencies requiring immediate action.
• High risk situations; cases in which clients evidence suicidal thoughts, gestures, or attempts or a significant history of attempts; or cases in which clients present with a history of, propensity for, or threats of violence.
• Contemplated departures from standards of practice or exceptions to general rules, standards, policies, or practices.
• Suspected or known clinical or ethical errors and related counter-transference.
• Contact with clients outside the context of treatment.
• Legal issues, such as possible reporting obligations related to suspected abuse of a child or vulnerable adult, or ethical violations by other professionals.

Privacy
The relationship between supervisor and supervisee does not fall under the ethical and legal mandates of confidentiality. Rather, privacy of supervisees is a value of this training site. However, training staff uses a consultative model of supervision and supervisors may consult with one another about trainees when relevant. For instance, the supervisor will regularly discuss the supervisee’s work and progress with other staff.
members as needed for training and evaluation purposes. However, the supervisor will keep private any personal material that is not relevant to those purposes.

The confidentiality of clients is of paramount importance. Any notes, recordings, or other client information must be treated as carefully and as sensitively as possible. The trainee will not discuss information about clients outside of the context of supervision, except to obtain consultation with another professional in the agency who has a reason to be involved with the case.

**Self-Disclosure**
Given the training program’s goal to train ethical competent psychologists who are capable of functioning independently, opportunities for personal exploration and self-reflection occur throughout the year. When appropriate and especially in supervision, trainees are encouraged to explore historical influences and personal data that may affect professional practice. The training program functions in a manner consistent with the American Psychological Association’s 2002 Ethical Standard 7.04 (Student Disclosure of Personal Information) as contained in the Revised Ethical Principles of Psychologists and Code of Conduct (APA, 2002).

**Dual-Role Relationships**
The supervisor will avoid any dual or multiple relationships with the supervisee, which could reasonably be expected to lead to exploitation or loss of objectivity. (Dual relationship means a situation where a supervisor and a supervisee have both a professional relationship and non-professional relationship such as a personal friendship, business or financial ties, mutual club or social group activities, family or marital ties, or a sexual relationship.) If a dual or multiple relationship does exist, the supervisor is responsible for explaining how said relationship does not hamper objectivity or exploit the supervisee, and the means developed to prevent/resolve any problems which may arise from the said relationship.

**Evaluation Procedures**
Supervisors are responsible for providing ongoing feedback to the trainee regarding their progress, including strengths and areas in need of improvement. In addition to ongoing feedback, trainees are provided written evaluations of their clinical work regularly. These evaluations are discussed with the trainee and are forwarded to the Director of Training to become part of the trainee's record. Trainees also provide supervisors with both written and verbal feedback of the supervision process at the evaluation periods. Narrative evaluations will also be provided to trainees' home program after Fall and Spring semesters.

**Policy for Dealing with Issues of Competence**
In the event that there are concerns about trainee’s progress, ethics, professionalism or competence, the supervisor will consult with the Director of Training and may develop a plan for addressing concerns, which may include remediation steps.

**Complaint Procedures and Due Process**
Ideally, any disagreement between supervisor and trainee can be resolved between them, or within UNR Counseling Services. In the event of a disagreement that is not resolvable at these levels, there are outlined procedures available for reference.

*We have discussed the expectations above and agree to perform the duties and operate within the outlined parameters.*

Supervisee Signature

Date

Print Name

Primary Clinical/Secondary Emphasis Supervisor

Date

Print Name and Degree
# Appendix K: Evaluation Completion Schedule

## University of Nevada, Reno
Counseling Services Doctoral Psychology Internship
Supervisor Evaluation Schedule

### For Interns

<table>
<thead>
<tr>
<th>Date Due (no later than):</th>
<th>Evaluation or Form Type</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Week of August</td>
<td>Training Handbook Agreement</td>
<td></td>
</tr>
<tr>
<td>Second Week of August</td>
<td>Preliminary Questionnaire of Training Needs</td>
<td></td>
</tr>
<tr>
<td>Last Week of August</td>
<td>Supervisor Agreement/Contract (Clinical)</td>
<td></td>
</tr>
<tr>
<td>First Week of January</td>
<td>Evaluation of Supervision (Clinical)</td>
<td></td>
</tr>
<tr>
<td>First Week of January</td>
<td>Evaluation of Supervision (Emphasis)</td>
<td></td>
</tr>
<tr>
<td>First Week of January</td>
<td>Evaluation of Assessment Supervision</td>
<td></td>
</tr>
<tr>
<td>First Week of January</td>
<td>Evaluation of Group Therapy Supervision</td>
<td></td>
</tr>
<tr>
<td>First Week of June</td>
<td>Final Evaluation of Supervision (Clinical)</td>
<td></td>
</tr>
<tr>
<td>First Week of June</td>
<td>Final Evaluation of Supervision (Emphasis)</td>
<td></td>
</tr>
<tr>
<td>First Week of June</td>
<td>Final Evaluation of Assessment Supervision</td>
<td></td>
</tr>
<tr>
<td>First Week of June</td>
<td>Evaluation of Group Therapy Supervision</td>
<td></td>
</tr>
<tr>
<td>First Week of June</td>
<td>Evaluation of Supervision of Supervision</td>
<td></td>
</tr>
<tr>
<td>Last Week of July</td>
<td>Final Evaluation of Internship Training Program</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix L: Goals for the Training Year for Trainee

<table>
<thead>
<tr>
<th>General goal</th>
<th>Specific skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>
Goals for the Fall Semester for Trainee ________________________________

<table>
<thead>
<tr>
<th>General goal</th>
<th>Specific skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

Goals for the Spring Semester for Trainee ________________________________

<table>
<thead>
<tr>
<th>General goal</th>
<th>Specific skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix M: OUTLINE FOR CASE PRESENTATION

University of Nevada, Reno Counseling Services

The purpose of the case presentation is to hone your case conceptualization, peer consultation, and case presentation skills. You will be presenting one formal case to your cohort during group supervision during Fall Semester, and one case to all Clinical Staff during Spring Semester. You will have ample practice presenting cases during group supervision throughout the training year.
Each case presentation will take 50 minutes. Please be prepared to present for 25 minutes. We will spend the remainder of the time discussing the case and the questions/issues you pose for the group.

I. IDENTIFYING DATA
   Include relevant demographic information: age, gender, race, relationship status, living situation, year in school, major, general self-presentation.

II. PRESENTING CONCERN(S)
   Reasons for seeking counseling now, precipitating events, duration of the problem, predominant feelings, circumstances influencing the problem, client’s goals for treatment.

III. RELEVANT HISTORY
   History of presenting concern, family background, prior therapy experience, medical history, alcohol/drug usage, relationships with significant others, etc.

IV. CURRENT FUNCTIONING
   Alcohol/drug usage, eating concerns, social support, coping, etc.

V. CULTURAL CONSIDERATIONS
   Defining ‘cultural’ broadly, what are the cultural similarities and differences between you and your client and how has it/does it impact your work?

VI. COURSE OF COUNSELING
   Number of sessions, major issues focused upon, client’s response to counseling process, counselor’s subjective experience of the sessions, nature of therapeutic interventions.

VII. CONCEPTUALIZATION & DIAGNOSTIC IMPRESSION
   Summarize your view of the client’s problem. With what issues does the client need help? How did the client become the way they are today? Diagnostic Impressions? Treatment goals?

VIII. CONSIDERATIONS FOR EVIDENCE-BASED TREATMENT (in group supervision presentation)
   Please include in your write-up your considerations for using Evidence-Based Treatment with this client. Specifically, please address the following two questions:
   a) What, if any, EBT would you consider for this client?
   b) If you would not consider using an EBT for this client, why not? And if there is an EBT that would be appropriate, why?

IX. QUESTIONS/ISSUES FOR CASE CONFERENCE (in group supervision)
   What issues do you want feedback on from the group?
What types of personal reactions are you having to the client?

**CASE PRESENTATION FEEDBACK SHEET**

_University of Nevada, Reno_  
_Counseling Services_

Name Completing Feedback sheet: ____________________________

Name of Presenter: ____________________________ Date of Presentation: ____

<table>
<thead>
<tr>
<th>General Areas of Feedback / Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Appropriateness of the treatment goals to the short-term model:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>2. Case Conceptualization and diagnostic skills of the case being presented:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>3. Appropriateness of interventions (e.g., use of silence, toleration of difficult emotions, use of appropriate challenge, relationship building skills, etc.)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>4. Multicultural awareness, skills, and knowledge of the case being presented:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>5. Evidence-Based Treatment considerations (i.e., how clear and sound was the reasoning for using or not using EBT?):</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>6. Awareness of professional role in therapy:</td>
</tr>
<tr>
<td>7. Awareness and knowledge of ethical and legal issues:</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
</tr>
</tbody>
</table>

Overall presentation skills (i.e., organization, professionalism, clarity, etc.)

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**Appendix N: UNIVERSITY OF NEVADA, RENO COUNSELING SERVICES**

**EMPHASIS AREA EVALUATION**

<table>
<thead>
<tr>
<th>Trainee Name:</th>
<th>Date of Evaluation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Secondary) **Supervisor Name:**  

Dates: From _____ to _____

<table>
<thead>
<tr>
<th>Emphasis Area:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

1. Summarize the Intern's participation in the Emphasis Area activities.

2. Please evaluate the salient developmental issues (e.g., competence, emotional awareness, autonomy, identity, relationship) in terms of strengths and weaknesses for the Intern in this emphasis area.

The Counseling Services Training Program uses a developmental, competency-based model, and we apply this model to the evaluation of trainees. The following areas of competency have been discussed in literature and by APA as critical areas of knowledge, awareness, and skills for a licensed psychologist. Trainees should be rated based on where they are in relation to a professional level of competency, and *not*
relative to peers. Expectations of trainees vary depending on their training level; ratings of Doctoral Interns towards the beginning of Internship will generally range between 3 – 5 and ratings of practicum trainees will generally range between 2 – 4. As such, ratings for a practicum trainee at the completion of practicum training are expected to be at either a 3 or 4; and ratings for an Intern at the completion of Doctoral training are expected to be at either a 4 or 5. Ratings are expected to increase throughout the year.

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

**5 High Intermediate / Doctoral Level:** The trainee has shown strong evidence of the knowledge, awareness, and/or skill. Performance is consistent. Knowledge, awareness, and/or skill demonstrated without prompting or guidance from supervisor and is demonstrated in all but non-routine cases. This is a common rating at completion of doctoral internship. Supervisor provides overall management of trainee’s activities; depth of supervision warranted by clinical needs.

**4 Intermediate / Internship Level:** The trainee has shown adequate evidence of the knowledge, awareness, and/or skill. Performance is predominantly consistent. Common rating for an intern throughout the internship and an adequate rating at end of internship. Sound rating at the completion of practicum training. Trainee may benefit and/or desire further exploration in this area if time permits.

**3 Beginner Level:** This is an emerging knowledge, awareness, and/or skill for trainee. Performance is inconsistent. Common rating for a practicum student throughout the practicum and an adequate rating at end of practicum. Extra attention and focus should be provided in supervision if this rating is provided for a doctoral intern. Remedial work may be required if this rating is provided for a practicum student. Remedial work may be required if this rating is provided for a doctoral intern.

**2 Early Beginner Level:** Trainee demonstrates minimal evidence of the knowledge, awareness, and/or skill for trainee. Performance is very inconsistent. Extra attention and focus should be provided in supervision if this rating is provided for a practicum trainee or a doctoral intern. Remedial work may be required if this rating is provided for a practicum student. Increased and/or focused supervision and remedial work will be required if this rating is provided for a doctoral intern.

**1 Remedial Level:** Trainee lacks understanding and demonstrates no evidence of the knowledge, awareness and/or skill OR trainee demonstrates problematic or harmful behavior requiring immediate attention. Remedial work will be required if this rating is provided for a practicum trainee or doctoral intern.

**N/A** Not applicable for this training experience or not assessed by this supervisor.

If relevant, please note areas of **Advanced Proficiency** at the end of the evaluation for those areas that you feel a trainee is at a postdoctoral or licensure level. Areas of Advanced Proficiency would presume that a trainee could teach or mentor others in those areas due to their level of expertise.
<table>
<thead>
<tr>
<th>Emphasis Area Supervision</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Openness to evaluation and feedback.</td>
<td></td>
</tr>
<tr>
<td>2. Actively participates and takes initiative in supervision.</td>
<td></td>
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<tr>
<td>3. Assumes responsibility for elements of emphasis area supervision.</td>
<td></td>
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<tr>
<td>4. Is aware of and sensitive to issues of diversity as they affect the topical areas of study.</td>
<td></td>
</tr>
</tbody>
</table>

**SUPERVISORS OVERALL IMPRESSION OF THIS COMPETENCY**

Comments:
Appendix O: UNIVERSITY OF NEVADA, RENO COUNSELING SERVICES
DOCTORAL INTERNSHIP PROGRAM TRAINEE EVALUATION OF EMPHASIS
AREA SUPERVISOR (SECONDARY SUPERVISOR)

Trainee Name: __________ Date of Evaluation: ___ Training Level: __________

 Supervisor Name: __________ Supervision Dates: From ________ to ________

Emphasis Area: ___________________________________________________________

Please respond to the following questions in terms of your current supervisor, adding any
comments and examples that may be helpful.

1 ---------------2-----------------3-----------------------------4---------------------------------5
Not at all Greatest Degree Possible

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

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

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

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

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

N/A Not applicable for this supervision format or training experience.
<table>
<thead>
<tr>
<th>Emphasis Area</th>
<th>Supervisory Skill</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. My supervisor helps me to define clear, realistic and appropriate clinical and professional goals.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. My supervisor helps me to reach my clinical and professional goals.</td>
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</tr>
<tr>
<td></td>
<td>3. My supervisor is clear about their expectations for supervision and for me as a trainee.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. My supervisor helps me improve my ability to conceptualize and understand my cases, group dynamics, and/or area of emphasis.</td>
<td></td>
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<td></td>
<td>5. My supervisor helps me recognize and articulate my personal feelings and reactions when it was relevant.</td>
<td></td>
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<tr>
<td></td>
<td>6. My supervisor helps me to broaden and deepen my clinical skills and/or skills related to my area of emphasis.</td>
<td></td>
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<tr>
<td></td>
<td>7. My supervisor helps and encourages me to explore theoretical orientation(s) and/or other foundational skills that are related to my area of emphasis.</td>
<td></td>
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<tr>
<td></td>
<td>8. My supervisor considers multicultural/diversity issues for both work with my area of emphasis and within supervision.</td>
<td></td>
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<td></td>
<td>9. My supervisor explores and acknowledges cultural similarities and differences within supervision and their impact on our work together.</td>
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<td></td>
<td>10. My supervisor discusses, acknowledges, and considers the power differential within the supervisory relationship and encourages discussion about its impact and implications.</td>
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<td></td>
<td>11. My supervisor offers me a safe atmosphere where I could feel free to make mistakes and explore my weaker areas.</td>
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<td></td>
<td>12. My supervisor provides me with a good balance of support and challenge.</td>
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<td></td>
<td>13. My supervisor provides me with constructive and helpful feedback throughout the course of supervision.</td>
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<tr>
<td></td>
<td>14. My supervisor uses video recordings effectively to help me hone my clinical skills and or professional skills to better understand myself as a clinician and/or professional.</td>
<td></td>
</tr>
</tbody>
</table>
15. The self-disclosure by my supervisor helps me learn more about therapy and/or my area of emphasis.

16. My supervisor helps me feel strengthened and affirmed in my efforts to become a professional.

17. My supervisor provides consistent supervision and provides the appropriate amount of structure in supervision.

18. The relationship I have with my supervisor is characterized by acceptance, trust, and respect.

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

20. My supervisor is knowledgeable about ethical guidelines and legal mandates. They help me recognize and analyze potential ethical concerns and dilemmas.

21. My supervisor is knowledgeable about the policies and procedures of the agency and helps me better understand these policies and procedures.

22. My supervisor is prompt and timely with reviewing my clinical notes and other administrative work.

Please answer the following questions:

1. Describe an experience in supervision during this last evaluation period that had a great deal of positive impact upon you in supervision.

2. Describe an experience in supervision during this last evaluation period that could have been more helpful.

3. Additional Comments:

   Trainee: _______________________________ Date: __________________________

Emphasis Area

Supervisor: _______________________________ Date: __________________________
Appendix P: Group Evaluation of Intern

COUNSELING SERVICES
UNIVERSITY OF NEVADA, RENO
GROUP PSYCHOTHERAPY EVALUATION

Trainee Name: ________________________________ Date of Evaluation: ____________
Supervisor Name: _____________________________ Supervision Dates: From ________ to ________
Name of Group: _______________________________

This evaluation is consistent with the training model at the Counseling Services in that it uses a developmental, competency-based model. The following areas of competency have been discussed in literature and by APA as critical areas of knowledge, awareness, and skills for a licensed psychologist. Trainees should be rated based on where they are in relation to a professional level of competency, and not relative to peers. Expectations of trainees vary depending on their training level; ratings of Doctoral Interns towards the beginning of Internship will generally range between 3 – 5 and ratings of practicum trainees will generally range between 2 – 4. As such, ratings for a practicum trainee at the completion of practicum training are expected to be at either a 3 or 4; and ratings for an Intern at the completion of Doctoral training are expected to be at either a 4 or 5. Ratings are expected to increase throughout the year.

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

5 High Intermediate / Doctoral Level: The trainee has shown strong evidence of the knowledge, awareness, and/or skill. Performance is consistent. Knowledge, awareness, and/or skill demonstrated without prompting or guidance from supervisor and is demonstrated in all but non-routine cases. This is a common rating at completion of doctoral internship. Supervisor provides overall management of trainee’s activities; depth of supervision warranted by clinical needs.

4 Intermediate / Internship Level: The trainee has shown adequate evidence of the knowledge, awareness, and/or skill. Performance is predominantly consistent. Common rating for an intern throughout the internship and an adequate rating at end of internship. Sound rating at the completion of practicum training. Trainee may benefit and/or desire further exploration in this area if time permits.

3 Beginner Level: This is an emerging knowledge, awareness, and/or skill for trainee. Performance is inconsistent. Common rating for a practicum student throughout the practicum and an adequate rating at end of practicum. Extra attention and focus should be provided in supervision if this rating is provided for a doctoral intern. Remedial work may be required if this rating is provided for a doctoral intern.
2  **Early Beginner Level:** Trainee demonstrates minimal evidence of the knowledge, awareness, and/or skill for trainee. Performance is very inconsistent. Extra attention and focus should be provided in supervision if this rating is provided for a practicum trainee or a doctoral intern. Remedial work may be required if this rating is provided for a practicum student. Increased and/or focused supervision and remedial work will be required if this rating is provided for a doctoral intern.

1  **Remedial Level:** Trainee lacks understanding and demonstrates no evidence of the knowledge, awareness and/or skill OR trainee demonstrates problematic or harmful behavior requiring immediate attention. Remedial work will be required if this rating is provided for a practicum trainee or doctoral intern.

N/A  Not applicable for this training experience or not assessed by this supervisor.

If relevant, please note areas of **Advanced Proficiency** at the end of the evaluation for those areas that you feel a trainee is at a postdoctoral or licensure level. Areas of Advanced Proficiency would presume that a trainee could teach or mentor others in those areas due to their level of expertise.

<table>
<thead>
<tr>
<th>Group Psychotherapy Knowledge, Awareness, and Skills</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Group Prep/Assessment/Screening Skills</strong></td>
<td></td>
</tr>
<tr>
<td>1. Screens prospective group members effectively and demonstrates ability to discern which clients are and are not a good fit for the group.</td>
<td></td>
</tr>
<tr>
<td>2. Accurately and effectively explains the purpose, structure, and goals for the group to prospective group members.</td>
<td></td>
</tr>
<tr>
<td>3. Accurately and effectively addressing obstacles to joining and participating in group (e.g., stigma, anxiety, ambivalence) while promoting the group to prospective group members.</td>
<td></td>
</tr>
<tr>
<td><strong>B. Basic Group Skills</strong></td>
<td></td>
</tr>
<tr>
<td>4. Prepares adequately for group sessions.</td>
<td></td>
</tr>
<tr>
<td>5. Establishes confidentiality, boundaries/limits, and group norms with all group members.</td>
<td></td>
</tr>
<tr>
<td>6. Demonstrates ability to conceptualize and interpret group dynamics from a group-as-a-whole perspective.</td>
<td></td>
</tr>
<tr>
<td>7. Explores and reflects feelings to group and individual members.</td>
<td></td>
</tr>
<tr>
<td>8. Intervenes with the group in ways that are congruent with the group’s current stage of the development.</td>
<td></td>
</tr>
<tr>
<td>9. Employs individual interventions effectively in a manner sensitive to group context.</td>
<td></td>
</tr>
<tr>
<td><strong>C. Group Termination Skills</strong></td>
<td></td>
</tr>
<tr>
<td>10. Prepares members for group ending</td>
<td></td>
</tr>
<tr>
<td>11. Facilitates expression of termination-related affect</td>
<td></td>
</tr>
<tr>
<td>12. Assists members in consolidating and integrating gains</td>
<td></td>
</tr>
</tbody>
</table>
13. Helps group members plan for additional treatment as needed

14. Ability to assess own strengths and weaknesses as a group therapist.

15. Ability to judge his/her impact on group.

16. Demonstrates ability to clinically use own feelings and reactions elicited by group members appropriately and effectively.

17. Tolerates silence in group.

18. Tolerates uncomfortable emotions that come up for group members and intervenes appropriately.

19. Is sensitive to issues of diversity in group process and interventions among members and self.

D. Self-Awareness

E. Relationship With Supervisor/ Co-Facilitator

20. Interacts with co-leader/supervisor in a collaborative manner.

21. Acknowledges and addresses interpersonal conflict or difficult feelings with co-leader when applicable.

22. Acknowledges and addresses interpersonal conflict or difficult feelings with co-leader when applicable.

23. Is sensitive to issues of diversity in group process and interventions among members and self.

F. General Professional Behavior

24. Aware of and appropriately addresses ethical and legal concerns and issues related to group therapy.

25. Complies with ethical standards, legal statutes, and agency policy relevant to group work.

SUPERVISORS OVERALL IMPRESSION OF THIS COMPETENCY

Comments:

Trainee: ________________________________ Date: ______________

Group

Supervisor: ________________________________ Date: ______________
Appendix Q: Evaluation of Group Supervision

UNIVERSITY OF NEVADA, RENO COUNSELING SERVICES
DOCTORAL INTERNSHIP PROGRAM
TRaineE Evaluation of Group Therapy SuPervisor

Intern Group Therapy Supervisor Eval Revised 7.21.17.docx

| Supervisor: ______________________________ | Date of Evaluation: ______________________________ |
| Trainee: ______________________________  | Training Level: ______________________________ |
| Dates of Supervision: ________________  | Quarter/Year: ______________________________ |
| Supervision Format: Group Therapy for ______________________________ | Name of Group |

Please respond to the following questions in terms of your current supervisor, adding any comments and examples that may be helpful.

1 Not at all  2 Grea__________  3 Degree  4 Possible  5

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

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

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

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

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

N/A Not applicable for this supervision format or training experience.
<table>
<thead>
<tr>
<th>Group Therapy Supervisory Skill</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My supervisor helps me to define clear, realistic and appropriate group therapy and professional goals.</td>
<td></td>
</tr>
<tr>
<td>2. My supervisor helps me to reach my group therapy and professional goals.</td>
<td></td>
</tr>
<tr>
<td>3. My supervisor is clear about his or her expectations for supervision and for me as a trainee.</td>
<td></td>
</tr>
<tr>
<td>4. My supervisor helps me improve my ability to conceptualize and understand therapeutic factors of group, stages of group development, group process, and group dynamics.</td>
<td></td>
</tr>
<tr>
<td>5. My supervisor helps me recognize and articulate my personal feelings and reactions when it was relevant.</td>
<td></td>
</tr>
<tr>
<td>6. My supervisor helps me to broaden and deepen my group therapy skills.</td>
<td></td>
</tr>
<tr>
<td>7. My supervisor considers multicultural/diversity issues for both work with group and work within supervision.</td>
<td></td>
</tr>
<tr>
<td>8. My supervisor explores and acknowledges cultural similarities and differences within supervision and their impact on our work together.</td>
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</tr>
<tr>
<td>9. My supervisor discusses, acknowledges, and considers the power differential within the supervisory relationship and encouraged discussion about its impact and implications.</td>
<td></td>
</tr>
<tr>
<td>10. My supervisor offers me a safe atmosphere where I could feel free to make mistakes and explore my weaker areas.</td>
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</tr>
<tr>
<td>11. My supervisor provides me with a good balance of support and challenge.</td>
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</tr>
<tr>
<td>12. My supervisor provides me with constructive and helpful feedback throughout the course of supervision.</td>
<td></td>
</tr>
<tr>
<td>13. The self-disclosure by my supervisor helps me learn more about group therapy.</td>
<td></td>
</tr>
<tr>
<td>14. My supervisor helps me feel strengthened and affirmed in my efforts to become a professional and group therapist.</td>
<td></td>
</tr>
</tbody>
</table>
15. My supervisor provides consistent supervision and provides the appropriate amount of structure in supervision.

16. The relationship I have with my supervisor is characterized by acceptance, trust, and respect.

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

18. My supervisor is knowledgeable about ethical guidelines and legal mandates regarding group therapy and helps me recognize and analyze potential ethical concerns and dilemmas.

19. My supervisor is knowledgeable about the policies and procedures of the agency and helps me better understand these policies and procedures.

20. My supervisor is prompt and timely with reviewing my group notes and other administrative work.

Please answer the following questions:

1. Describe an experience in supervision during this last evaluation period that had a great deal of positive impact upon you in supervision.

2. Describe an experience in supervision during this last evaluation period that could have been more helpful.

3. Additional Comments:

Trainee: ____________________________ Date: ______________

Group Supervisor: ____________________________ Date: ______________
Appendix R: Assessment Evaluation
UNIVERSITY OF NEVADA, RENO COUNSELING SERVICES
DOCTORAL INTERNSHIP PROGRAM
SUPERVISOR EVALUATION OF INTERN COMPETENCY IN
PSYCHOLOGICAL ASSESSMENT

This evaluation is consistent with the training model at the Counseling Center in that it uses a developmental, competency-based model. The following areas of competency have been discussed in literature and by APA as critical areas of knowledge, awareness, and skills for a licensed psychologist. Trainees should be rated based on where they are in relation to a professional level of competency, and \textit{not} relative to peers. Expectations of trainees vary depending on their training level; ratings of Doctoral Interns towards the beginning of Internship will generally range between 3 – 5 and ratings of practicum trainees will generally range between 2 – 4. As such, ratings for a practicum trainee \textit{at the completion} of practicum training are expected to be at either a 3 or 4; and ratings for an Intern \textit{at the completion} of Doctoral training are expected to be at either a 4 or 5. Ratings are expected to increase throughout the year.

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

\begin{itemize}
  \item **5 High Intermediate / Doctoral Level:** The trainee has shown strong evidence of the knowledge, awareness, and/or skill. Performance is consistent. Knowledge, awareness, and/or skill demonstrated without prompting or guidance from supervisor and is demonstrated in all but non-routine cases. This is a common rating at completion of doctoral internship. Supervisor provides overall management of trainee’s activities; depth of supervision warranted by clinical needs.
  \item **4 Intermediate / Internship Level:** The trainee has shown adequate evidence of the knowledge, awareness, and/or skill. Performance is predominantly consistent. Common rating for an intern throughout the internship and an adequate rating at end of internship. Sound rating at the completion of practicum training. Trainee \textit{may} benefit and/or desire further exploration in this area if time permits.
  \item **3 Beginner Level:** This is an emerging knowledge, awareness, and/or skill for trainee. Performance is inconsistent. Common rating for a practicum student throughout the practicum and an adequate rating at end of practicum. Extra attention and focus
should be provided in supervision if this rating is provided for a doctoral intern. Remedial work may be required if this rating is provided for a doctoral intern.

2 Early Beginner Level: Trainee demonstrates minimal evidence of the knowledge, awareness, and/or skill for trainee. Performance is very inconsistent. Extra attention and focus should be provided in supervision if this rating is provided for a practicum trainee or a doctoral intern. Remedial work may be required if this rating is provided for a practicum student. Increased and/or focused supervision and remedial work will be required if this rating is provided for a doctoral intern.

1 Remedial Level: Trainee lacks understanding and demonstrates no evidence of the knowledge, awareness and/or skill OR trainee demonstrates problematic or harmful behavior requiring immediate attention. Remedial work will be required if this rating is provided for a practicum trainee or doctoral intern.

N/A Not applicable for this training experience or not assessed by this supervisor.

If relevant, please note areas of Advanced Proficiency at the end of the evaluation for those areas that you feel a trainee is at a postdoctoral or licensure level. Areas of Advanced Proficiency would presume that a trainee could teach or mentor others in those areas due to their level of expertise.

<table>
<thead>
<tr>
<th>Psychological Testing Evaluation of Intern Competency</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates an understanding of the role of the assessor within the therapeutic assessment model.</td>
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<tr>
<td>2. Understands the strengths and limitations of the tests for different populations.</td>
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<tr>
<td>3. Aware of and integrates cultural considerations into all aspects of testing (e.g., test administration, interpretation, feedback).</td>
<td></td>
</tr>
<tr>
<td>4. Consistently prepared for assessment sessions with client.</td>
<td></td>
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<tr>
<td>5. Develops a collaborative therapeutic relationship with client.</td>
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<tr>
<td>6. Consults effectively with the referring counselor, including helping the referring counselor generate assessment questions.</td>
<td></td>
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<tr>
<td>7. Develops and conducts a useful initial interview that balances rapport building with gathering of information and helping client generate assessment questions.</td>
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<tr>
<td>8. Administers psychological tests appropriately, in a standardized manner, and capably.</td>
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</tbody>
</table>
9. Scores test scores accurately.

10. Notifies assessment supervisor and referring clinician immediately if client reports (either verbally or on a test item) thoughts of harm to self or others.

11. Demonstrates ability to meaningfully integrate multiple data sources and conceptualize the client in a way that takes limitations of evaluation method into account and provides useful answers to referral questions.

12. Demonstrates ability to formulate diagnoses based on integrated assessment data in the context of stages of human development and diversity.

13. Demonstrates ability to develop appropriate recommendations based on assessment findings and conclusions.

14. Writes clear, comprehensive, integrative and concise testing reports that answer referral questions clearly.

15. Writes clear, comprehensive, and integrative reports that answer client questions clearly.

16. Communicates the results to referral source and client in a meaningful, understandable, useful, and sensitive manner.

17. Limits of assessment data, including discussion of strengths and limitations of assessment measures as appropriate, are clearly reflected in testing report and feedback letter.

18. Completes clinical notes in a timely manner.

19. Produces test reports and other documents (if necessary) in a timely manner.

20. Prepares for and uses supervisory sessions effectively.

21. Openly receives and incorporate critiques and suggestions.

22. Participates and communicates effectively and respectfully in Assessment Seminar.

**SUPERVISORS OVERALL IMPRESSION OF THIS COMPETENCY**

**Comments:**

Trainee: ___________________________ Date: ______________

Supervisor: _________________________ Date: ______________
UNIVERSITY OF NEVADA, RENO COUNSELING SERVICES
DOCTORAL INTERNSHIP PROGRAM
TRAINEE EVALUATION OF PSYCHOLOGICAL ASSESSMENT SUPERVISOR

Supervisor: ___________________________  Date of Evaluation: ___________________________
Trainee: ___________________________  Training Level: ___________________________
Dates of Supervision: ___________________________  Semester/Year: ___________________________
Supervision Format: Psychological Assessment

Please respond to the following questions in terms of your current psychological assessment supervisor, adding any comments and examples that may be helpful.

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

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

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

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

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

N/A Not applicable for this supervision format or training experience.
<table>
<thead>
<tr>
<th><strong>Psychological Assessment</strong></th>
<th><strong>Rating</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervisory Skill</strong></td>
<td></td>
</tr>
<tr>
<td>1. My supervisor helps me to define clear, realistic and appropriate clinical and professional goals in the area of assessment.</td>
<td></td>
</tr>
<tr>
<td>2. My supervisor helps me to reach my clinical and professional goals in the area of assessment.</td>
<td></td>
</tr>
<tr>
<td>3. My supervisor is clear about his or her expectations for supervision and for me as a trainee.</td>
<td></td>
</tr>
<tr>
<td>4. My supervisor helps me recognize and articulate my personal feelings and reactions when it is relevant.</td>
<td></td>
</tr>
<tr>
<td>5. My supervisor considers multicultural/diversity issues for both work with clients and work within supervision.</td>
<td></td>
</tr>
<tr>
<td>6. My supervisor offers me a safe atmosphere where I can feel free to make mistakes and explore my weaker areas.</td>
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<tr>
<td>8. My supervisor provides me with constructive and helpful feedback throughout the course of supervision.</td>
<td></td>
</tr>
<tr>
<td>9. My supervisor uses video recordings effectively to help me hone my clinical skills and to better understand myself as an assessor.</td>
<td></td>
</tr>
<tr>
<td>10. The self-disclosure by my supervisor helps me learn more about assessment.</td>
<td></td>
</tr>
<tr>
<td>11. My supervisor provides consistent supervision and provides the appropriate amount of structure in supervision.</td>
<td></td>
</tr>
<tr>
<td>12. My supervisor maintains clear and professional limits (e.g., not a friend, not a therapist).</td>
<td></td>
</tr>
<tr>
<td>13. My supervisor is knowledgeable about ethical guidelines and legal mandates regarding assessment. They help me recognize and analyze potential ethical concerns and dilemmas.</td>
<td></td>
</tr>
</tbody>
</table>
14. My supervisor is knowledgeable about the policies and procedures of the agency regarding assessment and helps me better understand these policies and procedures.

15. My supervisor is prompt and timely with reviewing my clinical notes, testing reports, and other letters/materials (if applicable).

Please answer the following questions:

1. Describe an experience in supervision during this last evaluation period that had a great deal of positive impact upon you in supervision.

2. Describe an experience in supervision during this last evaluation period that could have been more helpful.

3. Additional Comments:

Trainee: __________________________________________Date: ____________________

Assessment Supervisor: __________________________________________Date: ____________________
Appendix S: End of Year Internship Program Evaluation

End of Year Internship Program Evaluation
University of Nevada, Reno Counseling Services

Trainee Name: ___________________________ Date:____________________________
Year: _____________________

Note from the Director of Training: Please use the scale below to evaluate the following areas. Your feedback is very important to the continued development and refinement of our internship program.

Scale for rating program areas:

5 = Outstanding
4 = Very good, above average
3 = Average, accepted and typical level
2 = Below expected level
1 = Very poor
N/A = Not Applicable

1. Clinical/Counseling Opportunities
   ____ Initial consultations
   ____ Walk-in consultations (aka urgent care)
   ____ Individual counseling
   ____ Group counseling
   ____ Brief therapy
   ____ Longer-term therapy
   ____ Psychological assessment
   ____ Supervision of practicum trainees (if applicable)

   Comments:

2. Opportunities to work with types of clients
   ____ Multicultural and diverse clients
   ____ Gay/lesbian/bisexual clients/queer clients
   ____ Variety of diagnostic disorders
   ____ International students
   ____ Male clients
   ____ Female clients
   ____ Spectrum of Genders (e.g., non-conforming, transgender, etc.)
   ____ First generation college students

   Comments:
Scale for rating program areas:

5 = Outstanding
4 = Very good, above average
3 = Average, accepted and typical level
2 = Below expected level
1 = Very poor
N/A = Not Applicable

3. Opportunities for outreach and consultation
   - Outreach/prevention opportunities
   - Consultation opportunities (e.g., ED team, Student Health, DRC)
   - Program development/presentations
   - Amount of presentations required

Comments:

4. Training experiences
   - Individual supervision with licensed staff for first six months.
     Name of primary supervisor: ______________________________
   - Emphasis area supervision for first six months.
     Name of secondary supervisor: ____________________________
   - Individual supervision with licensed staff for second six months.
     Name of primary supervisor: ______________________________
   - Emphasis area supervision for second six months.
     Name of secondary supervisor: ____________________________
   - Supervision of practicum supervision
   - Supervision of supervision group.
     Name of group supervisor(s): _____________________________
   - Supervision of assessment:
     Name of assessment supervisor(s): __________________________
   - Supervision of provision of group therapy.
     Name of group therapy supervisor(s): _______________________
   - Group/professional development supervision.
     Name of group therapy supervisor(s): _______________________
   - Director of training supervision (biweekly)
   - Case management
   - Intern retreats
   - Quality of training overall
   - Quantity of training overall
   - Breadth of training overall
   - Depth of training

Comments:
Scale for rating program areas:
5 = Outstanding
4 = Very good, above average
3 = Average, accepted and typical level
2 = Below expected level
1 = Very poor
N/A = Not Applicable

5. Diversity & Multicultural Experiences
   ___ Didactic diversity & multicultural trainings
   ___ Diversity & multicultural issues are addressed in supervision
   ___ Active engagement of professional staff in dialogues on diversity & multicultural issues
   ___ Diversity & multicultural competence of professional staff
   ___ Commitment of professional staff to diversity efforts

   Comments:

6. Administration
   ___ Sufficient time for paperwork/charting/report writing
   ___ Staff meetings
   ___ Workload balance between direct service and administrative time
   ___ Opportunity for experience and participation on committees

   Comments:

7. Professional atmosphere
   ___ Balance between service and training
   ___ Addressed ethics/legal issues sufficiently
   ___ Opportunities for personal/professional development/growth
   ___ Understanding practice in college setting
   ___ Commitment to clients
   ___ Balanced scholarship/evidence/research and clinical practice
   ___ Understanding/respect for individual differences
   ___ Commitment to Center’s mission and purpose
   ___ Clear policies/procedures
   ___ Process of assigning cases
   ___ Adequacy of referral sources
   ___ Internship or job search assistance

   Comments:
8. Training atmosphere
   - Responsiveness to intern training needs
   - Intellectual/professional stimulation and challenge
   - Support from training staff
   - Support of front desk staff
   - Support for job or postdoctoral search
   - Interns’ ability to influence their training opportunities
   - Realistic time demands
   - Clear expectations
   - Respect for interns by professional staff
   - Respect for interns by front office staff
   - Concern for personal/professional development
   - Assignment of supervisors
   - Options for emphasis areas
   - General learning environment
   - Accessibility of supervisors
   - Accessibility of professional staff
   - Accessibility of front office staff
   - Accessibility of assistant training director
   - Accessibility of director of training

Comments:

9. Interpersonal interactions/relationships
   - With professional staff
   - With practicum counselors
   - With front desk staff
   - With other units/departments on campus
   - With community agencies
   - With other professionals. List: ____________________________

Comments:

Scale for rating program areas:
5 = Outstanding
4 = Very good, above average
3 = Average, accepted and typical level
2 = Below expected level
1 = Very poor
N/A = Not Applicable

10. Facilities
    - Office space
    - University library
    - Audio/video equipment
Group rooms  Computers  Internet/www/e-mail  Fax machines  Security  Testing materials  Professional development materials  Research materials

Comments:

11. Evaluation process
___ Fairness
___ Timeliness
___ Opportunity to give and receive feedback

Comments:

12. Other areas
___ Stipend
___ Benefits
___ Leave time (vacation, professional development, etc.)
___ Ability to maintain your own schedule
___ Support for job or postdoctoral search
___ Misc. (what: )

Comments:

Scale for rating program areas:
5 = Outstanding
4 = Very good, above average
3 = Average, accepted and typical level
2 = Below expected level
1 = Very poor
N/A = Not Applicable

13. Please rate the training program overall in assisting your professional development as a psychologist:
Excellent  Above Average  Average  Below Average  Poor

14. Please rate how the Intern program met your expectations for training:
Excellent  Above Average  Average  Below Average  Poor

15. What would you like to see included in future Internship training activities/experiences?
16. What are the strengths of this Internship training program?

17. What are the limitations of this Internship training program?

18. What recommendations do you have to improve our Internship training program?

19. Additional comments:
Appendix T: Community Mental Health Resources File (G: Drive)

Directions: To access mental community resources, go to the G: Drive, find and click on the folder called “info for CS Staff,” find and click on the folder called “Community Resources,” then find and click on the folder called “Community Resource Guide.” You may use the most recent “Mental Health Professionals Resource” list to access local community mental health resources including therapists who have agreed to see students on a sliding scale in the past.
Appendix U: Intern Emphasis Areas

Acceptance and Commitment Therapy (ACT) Emphasis Area

The ACT Clinical Emphasis at the UNR CS is conducted/supervised by Dr. Jacqueline Pistorello, a recognized ACT trainer, and consists of training and clinical experience in treating a range of mental health concerns using this empirically-supported therapeutic approach. Interns will become familiar with the relevant literature to provide individual therapy to clients utilizing ACT.

The following objectives guide this training:

1. The intern will become familiar with current literature regarding ACT, including use of this approach as an empirically supported treatment for specific mental health concerns (which will be decided on collaboratively by intern and supervisor).
2. The intern will gain experience in the clinical assessment and selection of cases appropriate for the ACT approach.
3. The intern will develop familiarity with the core theoretical principles underlying ACT and develop skill in conceptualizing a range of mental health presentations from an ACT perspective.
4. The intern will develop skills in treatment planning that utilizes ACT interventions.
5. The intern will evaluate the effectiveness of their interventions from the ACT perspective and use outcome assessments as appropriate.
6. The intern will develop proficiency in applying ACT to both individual and group work.
7. The intern will complete a round of individual therapy that uses an ACT-based protocol to inform the clinical work.
8. The intern will articulate how their understanding of ACT principles informs their theoretical orientation and approach to treatment.

Components:
Required: Individual clients utilizing ACT: 2-3 hrs/week
Required: Individual Supervision: 1 hr/week
Required: Reading/Learning: 1-3 hrs/week (more at the beginning of the internship and during periods of reduced client contact)
Optional (and collaboratively decided): ACT skills Group co-facilitation: 1.5 hours/week
Optional (and when conditions allow it): ACT Group supervision: 1.5 hours/week.
Note: Either ACT group or ACT group supervision will occur, but not both, at the same time.
General Principles:

- The supervision experience will be flexible and adjust to the level of ACT experience of the supervisee.
- Interns will be required to pick at least two cases to solely use ACT with at the beginning of their ACT track, in order to learn the model/processes. Later, integrating ACT with other approaches becomes an option, but not at first.
- Videotapes of sessions is essential for learning a new approach. Intern agrees to bring 1-2 videotapes a month with questions or cued up to a section of interest.
- ACT is based on the idea that therapists/supervisors/supervisees are first and foremost human beings with the same potential for getting stuck in unhelpful processes as our clients. Trainees agree to be in principle open to this type of supervision, where experiential exercises to be utilized with clients may also be practiced in supervision. ACT training tends to be experiential in nature, in addition to psychodidactic learning.

Required reading and/or viewing:

*This is a six-part DVD series, and each disc is approximately 90-120 minutes in length. Steve Hayes introduces ACT concepts and uses in-session demonstrations to highlight their implementation in therapy. There are also demonstrations with Steve Hayes, Kelly Wilson, Joanne Dahl, and many others.*

*This is a workbook geared toward practitioners learning to use ACT. It includes competency checks and questions, as well as downloadable sample client sessions for using ACT principles in practice.*

*This is a self-help book useful to clients but also to therapists.*

Depending on specific clinical presentation, additional ACT books may be required (e.g., depression, anxiety disorders, trauma, etc).

Note: All required reading is available through the library of Dr. Pistorello. Interns are not required to purchase these resources; however, interns are encouraged to consider affordable options (such as used books or Kindle versions) to build their personal library and/or for use with clients.

Recommended reading:
This is the second edition of the seminal text by the founders of ACT. It is a much-improved version of the first edition, with up to 70% of the text updated for the second edition. Parts of the book are dense, but reflect the scientific foundations that contribute to this approach.


Harris, R. (2008). *The Happiness Trap*. Boston, MA: Shambhala Publications. This is a “self-help” book written for the audience of consumers, but it is a wonderful introduction to ACT. Russ Harris has a gift for taking complex constructs and distilling them down into language that is understandable. We widely recommend this book, both for beginning ACT therapists and clients.

Villatte, M., Villatte, J., & Hayes, S.C. (2015). *Mastering the clinical conversation*. New York, NY: Guildford Press. This book is an in-depth look at how Relational Frame Theory (RFT) may be used as a clinical intervention. If you want a deeper look into how language impacts clinical presenting concerns and how therapists can use language with intention to enact therapeutic change, this is the book to read!

Wilson, K. G., and Dufrene, T. (2009). *Mindfulness for two*. Oakland, CA: New Harbinger Publications. This text focuses on using ACT principles to create deeper, more present focused, and ultimately, more effective therapy relationships. It helps the therapist self-reflect and cultivate skill in getting out of his/her own head to better hear and empathize with their client’s experiences.

Follette, V. M, & Pistorello, J. (2007). *Finding life beyond trauma: Using Acceptance and Commitment Therapy to heal from post-traumatic stress and trauma-related problems*. Oakland, CA: New Harbinger. This is a self-help book, also converted into an e-training, to help clients who have suffered through traumatic experiences (examples are often are interpersonal trauma) and want to minimize the impact of trauma reactions on their daily lives.

Highly recommended:
- Participation in an ACT Workshop and/or Bootcamp. There is no substitute for the experiential contact with ACT concepts that occurs in a workshop. Dr. Pistorello will cover the registration costs of such a workshop (if one is available nearby) although other sources of funding will need to be found for travel expenses.

- Student membership on the Association for Contextual Behavioral Science (ACBS) website. Membership includes access to clinical assessments, protocols, audio and video resources, and power point presentations from past conferences. This also provides a way to connect to the rapidly growing ACT community of researchers and practitioners, with the option of joining ACBS listservs. Membership dues are values-based, meaning you pay what you feel the membership is worth to you. Suggested dues for students are $25 (minimum is $10). Association for Contextual Behavioral Science (http://contextualscience.org)

Recommended videos (free on youtube or at no additional cost on ACBS):

- Kevin Polk “The Matrix” videos on youtube. (average 8-10 minutes)
- Steven C. Hayes’ two TedX talks: Psychological flexibility: How love turns pain into purpose (his own journey through anxiety) Psychological Flexibility (https://www.youtube.com/watch?v=o79_gmO5ppg)

Mental brakes to avoid mental breaks (defusion strategies) Mental Brakes to Avoid Mental Breaks (https://www.youtube.com/watch?v=GnSHpBRLJrQ&vl=en)

- Robert Whitaker – Global Psychiatric Epidemic on youtube (1 hr, 15 mins)

- Do you know your ABCs from your RFTs? A workshop on Relational Frame Theory. Featuring Denis O’Hara. Accessible on contextualscience.org (1 hr, 7 mins)

Other resources:

- An Introduction to Relational Frame Theory – Foxy Learning (www.foxylearning.com) This is a wonderful web-based tutorial that makes Relational Frame Theory seem manageable. The tutorial costs $9, but sometimes is offered free of charge (check the website).

- Continuing Education courses on Practice Ground (www.practiceground.org) Affordable courses that are clinically relevant and applicable. Typically $10 per CE hour, there are courses on behavioral activation, using RFT in practice, and an introduction to Functional Analytic Psychotherapy (FAP).
Assessment Emphasis Area

Assessment Emphasis Area:
The intern will gain experience administering and interpreting cognitive and psychological assessments by addressing referral reasons that often prompt students to seek services at a college counseling center. The supervision, assessment seminars/didactic trainings, and reading materials are designed to stimulate an understanding of assessment, as well as the impact and purpose it has on student’s lives. Attention and training will be devoted to multicultural competency in assessment. The intern will gain experience collaboratively working with other departments within the university, as well as supervising other trainees.

The Skills and Competencies developed:
1) An understanding of psychometrics and how it should be incorporated into the interpretation of assessments, particularly when working with diverse populations.
2) Knowledge regarding the contextual, empirical, scientific, and theoretical bases of cognitive and psychological assessments including but not limited to brain-behavior based relationships, cognitive-affective processes, human development, ethical considerations, psychopathology, and multicultural assessment of diverse populations.
3) Conduction of diagnostic intakes
   a. This includes the ability establish rapport with clients, while systematically gathering data from multiple contexts of the student’s life.
   b. Skills and techniques to examine cognitive, affective, behavioral, psychosocial, cultural, and personality dimensions of students.
4) Skills with administration, scoring, and interpretation of a wide range of cognitive and psychological assessments from the following areas: achievement and intellectual, cognitive, behavioral, objective and projective personality assessments.
5) Skills encouraging optimal effort when students perform cognitive and psychological assessments
   a. Recognition of any behavioral/situational observations that impact the data.
   b. Evaluation and understanding of how the multiple roles, contexts, and relationships within which the student and psychologist function, and the reciprocal impact of these roles on assessment activity.
   c. Knowledge about the relationship between assessment and intervention.
6) Assessment writing
   a. Writing clear, coherent, and appropriate reports that address the referral reason and setting, as well as integration of information, inferences, and analyses.
7) Provide feedback to students
   a. Skills with the development and communication of findings and
      treatment recommendations to address specific goals and problems.
8) Collaboration in a multidisciplinary team to address the needs of students
    (e.g., Student Health Center, Disability Resources Center, amongst others)
9) Advocacy skills for minority and disadvantaged students when using
    psychological assessments.
10) Assessing the outcomes of assessment and treatment/interventions.
11) Knowledge, skill, and experience in the supervision of assessment.
    a. Providing feedback about the administration, scoring, interpretation,
       and report writing of trainees’ work.

**Approximate Time Commitment:**

This emphasis area will be offered for one year, Fall/Winter and Spring/Summer
semesters. Interns will receive one hour of individual supervision, in addition to one
hour of group supervision with the intern cohort for the assessment seminar/didactic
trainings. In the Spring/Summer semesters, the intern will also provide one hour of
supervision to a practicum student, in which the intern will receive supervision for
supervising assessment related work.

**Expectations:**

The *Assessment Emphasis* intern will be requested to complete 12 integrative
batteries. An integrative battery entails a diagnostic intake/structured clinical interview,
two cognitive and/or psychological assessments from at least two of the following areas:
achievement, intellectual, behavioral, cognitive, and personality assessments. In
addition to the assessment training requirements, the intern in the *Assessment
Emphasis* will be asked to conduct an informal case presentation about an assessment
client and two trainings about either specific assessment/tests (e.g., memory test),
and/or the assessment of a specific population (e.g., Spectrum disorders). Reading
research articles, books, and manuals relevant to assessment will be collaboratively
discussed with the intern and determined in the first couple sessions of individual
supervision. This allows the intern to have a say in their training experience, and
therefore is tailored to each intern’s professional goals and experience with
assessment. Readings are designed to facilitate learning and development. In
accordance with the developmental model, the intern in the Spring/Summer semesters,
will supervise a trainees’ assessment work, which will be under the supervision of the
assessment psychologist.

**Process:**

The intern who selects this *Assessment Emphasis* area will be directly
supervised by the assessment psychologist, who will be responsible coordination and
evaluation of the intern’s professional and intellectual development throughout the
course of the year.

**Professional Involvement:**
The *Assessment Emphasis* intern will be expected to co-facilitate the ADHD Skills group, which is one direct clinical hour over a five week duration. If desired and schedule allows, the intern may choose to co-facilitate other psycho-educational workshops over the course of the emphasis area (e.g., Test taking strategies).

**Outreach/Consultation:**

Although there is no specific outreach requirement for this emphasis area, interns will gain experience and supervision in collaboratively consulting with other departments that refer students for assessment, when deemed appropriate.

**Evaluation:**

In accordance with the competency-based model, the competencies will be assessed throughout the intern’s training, in an on-going fashion, with two evaluations, one midyear and one at the end of their training. The intern will have the opportunity to demonstrate assessment knowledge and conceptualization during individual supervision, as well as in the assessment seminar. Competency areas will broadly include the administration, scoring, interpretation and writing of cognitive and psychological assessments. The intern’s ability to incorporate limitations to testing data and the inclusion of diverse and culture factors will also be evaluated. The evaluations will also consider the content discussed in supervisor’s meetings, preparedness of assigned readings and supervision times, facilitation of trainings, and review of video recorded intake, administration, and feedback sessions.
Dialectical Behavior Therapy Emphasis Area

Dialectical Behavior Therapy/DBT:
Intern will learn the theoretical underpinnings of, and develop a conceptual understanding of the Biosocial Theory, the principal theory on which DBT is grounded. Interns subsequently will be able to apply the theory to clinical cases (where emotion dysregulation is most relevant) as appropriate. The intern will also develop skills in practicing from a DBT-informed framework.

Approximate Time Commitment:
Per week: 1 hour per week of supervision plus willingness to apply DBT concepts and/or skills with at least one client on intern’s regular caseload. This emphasis will be offered for half a year, Fall/Winter or Spring/Summer.

What will the Intern learn in the specialization? Expectations of Intern in this Specialty Area
Intern will learn about the philosophy behind and the therapeutic approaches involved in DBT, including reading foundational materials and relevant research articles about how DBT is utilized both within and outside of college counseling centers.

What Skills Will They Develop?
1. Intake Assessment & Case Conceptualization: conceptualizing clients from a DBT framework grounded in the Biosocial Theory
2. Intervention: practicing DBT-adherent clinical skills and communication strategies
3. Use of Supervision: utilizing emphasis area for support and clinical growth

Process:
The intern who elects this area of focus will work with a faculty supervisor who will be responsible for coordinating the intern’s intellectual and professional development regarding application of DBT concepts and providing additional individual clinical supervision.

Clinical Work:
The intern must be willing to apply DBT concepts/skills with at least one client whom they’re carrying on their caseload throughout the period the emphasis area supervision is being conducted or otherwise specified by the supervisor.

Outreach/Consultation:
No requirements regarding outreach/consultation for this area
Professional Involvement:
No special project requirements. Interns choose to co-facilitate of DBT skill-based group or psychoeducational workshop over the course of the emphasis area should their schedule allow.

Developmental Nature of the Specialty:
In all aspects of this focus area, the intern is expected to become more independent and autonomous during the course of the year. For example, during the second part of the emphasis area, the intern should be able to spontaneously generate DBT-based client conceptualizations, spontaneously initiate DBT-relevant and/or – informed interventions with clients and be able to describe how they fit with DBT (e.g., validation or irreverence), and be able to take a strong role in the direction supervision meetings go.

Evaluation:
Evaluation will be based on the content of supervision meetings, preparedness on assigned readings, and on review of intern’s videorecorded sessions, if appropriate. Meeting or exceeding expectations will involve familiarity with assigned readings and the relevant underlying concepts, growing independence in applying DBT concepts in the course of clinical work, and effectively using supervision time.

Proposed Syllabus:

Syllabus Spring 2018

Textbooks:
DBT Principles in Action: Acceptance, Change, and Dialectics (2016) [Swenson]
DBT Skills Training Manual (2015) [Linehan]
DBT Skills Training Handouts and Worksheets (2015) [Linehan]

Articles and Handouts:
To be provided

January 15-19: Introduction
Introduction
Expectations
Evaluations
How DBT came to be
Dialectical Behavior Therapy in College Counseling Centers: Current Trends and Barriers to Implementation [Chugani and Landes]

January 22-26: Overview of DBT
DBT Principles in Action: Acceptance, Change, and Dialectics (2016) [Swenson] CHAPTER 1

January 29-February 2: Biosocial Theory
The Biosocial Theory [Pederson]
February 5-9: Paradigms of DBT/The Acceptance Paradigm in DBT

*DBT Principles in Action: Acceptance, Change, and Dialectics (2016) [Swenson]*
CHAPTER 2-3

February 12-16: The Change Paradigm in DBT

*DBT Principles in Action: Acceptance, Change, and Dialectics (2016) [Swenson]*
CHAPTER 4

February 19-23: The Dialectical Paradigm in DBT/The Structural “Anatomy” of DBT

*DBT Principles in Action: Acceptance, Change, and Dialectics (2016) [Swenson]*
CHAPTER 5-6

February 26-March 2: Goals, Stages, and Targets

*DBT Principles in Action: Acceptance, Change, and Dialectics (2016) [Swenson]*
CHAPTER 7
First 4 DBT Sessions Checklist Handout
DBT Assumptions Handout
Diary Card Handout

March 5-9: Phone Coaching, 24 Hour Rule, and Management
Phone Coaching and 24 Hour Rule
Common Errors Made By Therapists Providing Telephone Consultation in DBT [Manning]

March 12-16: Dialectical Dilemmas/Secondary Targets

*DBT Principles in Action: Acceptance, Change, and Dialectics (2016) [Swenson]*
CHAPTER 8
Secondary Targets Handouts

March 19-23: Commitment and Commitment Strategies

*DBT Principles in Action: Acceptance, Change, and Dialectics (2016) [Swenson]*
CHAPTER 10
March 26-30: Crisis Management
Crisis Planning
LRAMP Protocol
Linehan’s Theory of Suicidal Behavior: Theory, Research, and Dialectical Behavior Therapy [Brown]
Treating Suicidality in College Counseling Centers [Pistorello, Coyle, Locey, Walloch]

April 2-6: Behavioral Chain Analysis
*DBT Principles in Action: Acceptance, Change, and Dialectics* (2016) [Swenson]
CHAPTER 11
Chain and Skills Handout

April 9-13: Behavioral Chain Analysis (continued)/Change Strategies

April 16-20: Validation
Validation Lecture Slides
*DBT Principles in Action: Acceptance, Change, and Dialectics* (2016) [Swenson]
CHAPTER 12

April 23-27: Validation (continued)
Validation and Psychotherapy [Linehan]

April 30-May 4: Dialectical Strategies
*DBT Principles in Action: Acceptance, Change, and Dialectics* (2016) [Swenson]
CHAPTER 13

May 7-11: Introduction to Skills Training
*DBT Skills Training Handouts and Worksheets* (2015) [Linehan] HANDOUTS 1-4
*DBT Principles in Action: Acceptance, Change, and Dialectics* (2016) [Swenson]
CHAPTER 14

May 14-18: Core Mindfulness Skills
HANDOUTS 1-10

May 21-25: Distress Tolerance Skills
May 28-June 1: Distress Tolerance Skills (continued)

June 4-8: Emotion Regulation Skills

June 11-15: Emotion Regulation Skills (continued)

June 18-22: Interpersonal Effectiveness Skills

June 25-29: Interpersonal Effectiveness Skills (continued)

July 2-6: Walking the Middle Path Skills
DBT-A Skills Training Handouts and Worksheets (2014) [Rathus & Miller] HANDOUTS 1-3, 8-11

July 9-13: DBT Consultation Team
DBT Principles in Action: Acceptance, Change, and Dialectics (2016) [Swenson] CHAPTER 15

July 16-20: Case Conceptualization and Evaluations
DBT Principles in Action: Acceptance, Change, and Dialectics (2016) [Swenson] CHAPTER 9

July 23-27: Final Meeting
LUNCH OUT! 😊
Bibliography:


Diversity and Multicultural Issues Emphasis Area

- Intern will develop specialized competency and expertise in the areas of multicultural counseling, community building, outreach, and psychoeducational programming. Intern will also gain knowledge and experience in infusing social justice and advocacy principles in these different areas of services provided to students and the campus community. Intern will also gain knowledge and skills about advocating at multiple levels (micro-, meso-, exo-, macro-levels) for underrepresented and underserved students.

Approximate Time Commitment:
- The time commitment is an average of one hour per week plus time for relationship building with different departments on campus and potential outreaches or psychoeducational programming throughout the semester/year.

What will the Intern learn in the specialization? / What are the expectations of the intern in this specialization?

- Knowledge
  - Knowledge of one's worldview and self in the context of diversity (one’s own beliefs, values, attitudes, assumptions).
  - Knowledge about the nature and impact of diversity across different professional situations (e.g., clinical, outreach, psychoeducational programming, consultation, etc.).
  - Knowledge about the different dimensions of diversity and the intersections of identity and how these intersections impact students and the clinical work.
  - Knowledge about the impact and role of power and privilege on role as psychologists and the relationship between power, privilege and oppression.
  - Knowledge about multicultural counseling principles and competencies.
  - Knowledge about social justice and advocacy principles and competences.
  - Knowledge of the ethical and legal implications related to multicultural counseling and social justice advocacy.

- Awareness
  - Awareness of own biases and stereotypes, personal limitations, and areas for future growth, including the recognition of what is not known.
  - Awareness of and responsiveness to clients’ multiple and intersecting identities and contexts.
  - Demonstrates an awareness of sociopolitical contexts in conducting evaluations and providing interventions which include a sensitivity to issues of oppression including but not limited to sexism, classism, sizeism, homophobia, ableism, and racism.
  - Dedication to becoming aware of personal privilege and its impact and implications.
- **Skills**
  - Willing and open to tolerate and work through strong personal emotional and affective responses regarding cultural diversity.
  - Ability to work effectively with diverse people in assessment, treatment, and consultation.
  - Explores cultural differences and similarities in counseling.
  - Facilitates discourse and acts as an ally when oppression or poor treatment is imposed on stigmatized and underserved groups.
  - Builds effective relationships with the underserved communities appropriately and professionally.
  - Develops and provides culturally sensitive outreach programming.
  - Advocates for positive change in the system through clinical work, outreach, personal and professional choices and action.

**What Skills Will They Develop?**
The competencies that this specialization will address are as follows:
1. Intake Assessment, Diagnosis & Case Conceptualization
2. Intervention
3. Consultation
4. Outreach
5. Professionalism
6. Use of Supervision
7. Management and Administration
8. Individual and Cultural Diversity
9. Ethical and Legal Standards Related to Psychology

**Process:**
- The intern who selects this specialization will work with a faculty member who will be responsible for supervising the intern’s clinical and professional development in the Diversity and Multicultural Issues emphasis area. One hour of direct supervision in this area will be provided. The faculty member supervisor will also assist and supervise the intern(s) in the community building, development of outreach programming, and broadening of the intern’s advocacy role within the local context (i.e., Reno) within which UNR resides.

**Clinical Work:**
- The intern who selects this specialization will identify several clients on their caseload who meet the unique training goals (e.g., working with clients struggling with intersecting identities / cultural adjustment / bicultural stress / oppression / etc.), which will be set collaboratively at the beginning of the emphasis area by both trainee and supervisor.
Outreach/Consultation:
- The intern who selects this specialization is expected to take an active role in developing and participating in at least one outreach during semester focused on an underserved community. The intern will identify the underserved community(ies) to work with and establish relationships with community leaders, which is an integral part of advocacy and social-justice oriented work.

Professional Involvement:
- None required. Interns may choose to attend various on-campus multicultural conferences (e.g., diversity summit) and/or submit a proposal to present on a particular topic related to diversity if this is of interest.

Developmental Nature of the Specialty:
- There will be a developmental arc in this specialization: The first phase of work will include collaborating on training goals and deciding on the critical readings based on these goals. The second phase will include trust and relationship building with the communities that intern would like to serve. Third phase will include advocacy and serving through outreach programming. Throughout these phases, both intern and supervisor will also be exploring multicultural competence and social justice principles within clinical work via clinical supervision. In this work, “the personal is political” so during supervision, there will be a focus on and expectation of self-exploration through the use of a cultural genogram, exploration of personal privilege and oppression, and a continued exploration of the intern’s worldview, personal biases and assumptions.

Evaluation:
- Trainee will be evaluated at the end of the semester in which they are completing the emphasis area (Fall/Winter or Spring/Summer).
- The areas in which trainee will be evaluated on will be closely tied to the expectations listed above under Knowledge, Awareness and Skills expected.

Bibliography
- (Exact Readings will be determined by trainee’s unique training goals within this emphasis area)
Eating Disorders Emphasis Area

Training Overview:
Interns who select this emphasis area will develop knowledge and skills in assessing, diagnosing, conceptualizing, and treating eating and body image issues from biological, psychological, sociocultural, and systemic perspectives using a CBT model complemented with mindfulness and DBT strategies. Interns will also gain experience in working with other health professionals from Student Health Center (i.e., Cheryl Hung-English, MD, MPH, and Maureen Molini-Blandford, MPH, RDN, CSSD) in the Eating Disorder Treatment Team (EDTT), involving others in treatment if needed, providing outreach and prevention services on campus, and networking with community professionals.

Approximate Time Commitment:
This emphasis area is a full-year specialization. The time commitment averages four hours per week (including direct services, training and supervision, and assessment report writing) plus time for assigned readings. Additional time may be needed for planning and participating in outreach activities for the National Eating Disorders Awareness (NEDA) Week and helping to implement the Body Project on campus.

Supervision:
Interns who select this emphasis area will receive secondary supervision from Dr. Yue Huang. Every other week interns and Dr. Huang will meet for two hours as a group, with one hour focused on didactic training and another on clinical supervision. The intern who co-leads the body empowerment group will receive half an hour of supervision before each group. Dr. Huang will be also available for consultation and additional supervision as needed. In addition, Dr. Huang will supervise interns in collaboration with other health professionals, involvement of others in treatment if indicated, provision of outreach on campus, and engagement with community resources.

Didactic Training:
In addition to two seminars on eating disorders and their treatment provided to all trainees every year, interns who select this emphasis area will receive more in-depth didactic training in comprehensive assessment of eating disorders, medical and physiological considerations in eating disorders, enhanced cognitive behavior therapy (CBT-E) for eating disorders (Fairburn, 2008), cognitive-behavioral body image therapy (Cash, 2008), dialectical behavior therapy (DBT) for binge eating and bulimia (Safer, Telch, & Chen, 2009), and intuitive eating approach (Tribole & Resch, 2012). The intern will read through the four books indicated above over the training year to enhance learning. Interns will also have the opportunity to attend the annual symposium on eating disorders organized by the Center for Hope of the Sierras, a residential treatment center for eating disorders in Reno.

Clinical Work:
Interns who select this emphasis area will work with 2-5 clients with eating and body image issues each semester to gain clinical experience in assessment and treatment of eating disorders. If indicated by their cases, they may obtain additional experience in involving others in treatment or referring clients to a higher level of care. In addition, they will have opportunities to co-lead the body empowerment group with Dr. Huang and intuitive eating group with Maureen.

**Consultation/Outreach:**

Interns who select this emphasis area will attend EDTT monthly consultation meetings to consult and coordinate care with Dr. Hug-English and Maureen. They will also be actively involved in planning, organizing, and implementing eating disorder prevention and outreach programs on campus, including the Body Project and NEDA Week at UNR.

**Evaluation:**

Interns who select this emphasis area will be evaluated at the end of the fall semester and around the end of the internship using the Emphasis Area Evaluation Form, and they will evaluate Dr. Huang using the Trainee Evaluation of Emphasis Area Supervisor Form. The intern who has co-led the body empowerment or intuitive eating group in the evaluation period will also be evaluated using the Group Psychotherapy Evaluation Form.

**Bibliography**


**Grief and Loss Emphasis Area**

The intern will be introduced to the nature and centrality of the experience of loss and subsequent grief in the lives of our clients, as well as in our own personal lives. They will learn about the theoretical underpinnings of the experience of grief as it has evolved over the years. Material discussed will be designed to stimulate deeper self-understanding, to build core knowledge about grief and loss and its impact on clients’ lives, and to introduce and explore intervention approaches. Attention will be given to cultural diversity and norms, the wide variation in the grief experience, the influence of the developmental phase of the life span, and the recognition of the capacities and resilience of individuals and families confronted with loss. Interns subsequently will be able to apply their knowledge to clinical cases as is appropriate, and those cases will be discussed during one-on-one meetings.

**Approximate Time Commitment:**
- Per week: 1 hour per week of one-on-one supervision
- Intern will be required to have at least one clinical case in which the primary presenting concern is a grief/loss-related issue. These cases will be discussed during meeting times and will serve to help interns learn about the application of grief-focused approaches/interventions.
- This emphasis will be offered for half a year, Fall/Winter or Spring/Summer.

**Expectations of Intern in this Specialty Area:**
Intern will develop a conceptual understanding of the experience of grief and loss and its impact on our clients. They will have opportunities to apply their knowledge to clinical cases, while getting one-on-one supervision to help support them as they do this work. The faculty supervisor may utilize video-taped session reviews with the goal of helping to explore and review the intern’s clinical work and further improve on their ability to appropriately apply learned material. These review sessions will typically be done alongside the intern as a collaborative learning tool. Interns may also be invited to do some outside reading if it is deemed appropriate for their learning and professional development. This will be a collaborative approach and, therefore interns will have some say in this portion of the process. Intern will also be expected to demonstrate ongoing self-care practices throughout the period in which the emphasis area supervision is being conducted.
Process:
The intern who elects this area of focus will work with a faculty supervisor who will be responsible for coordinating the intern’s intellectual and professional development regarding the application of grief/loss-focused concepts and the intern’s clinical work. The faculty supervisor will also be responsible for the provision of weekly individual supervision, where they will work collaboratively with the intern to create a safe and supportive learning environment.

Clinical Work:
The intern will be expected to have at least one client with whom the primary presenting concern is grief/loss-related where they will be able to apply the concepts and learning discussed with faculty supervisor. As much as is possible, they will need to maintain at least one of these clients throughout the period in which the emphasis area supervision is being conducted.

Outreach/Consultation:
The intern may be invited to help faculty supervisor with grief-related and/or crisis response outreach or consultation opportunities as is relevant and appropriate.

Professional Involvement:
Per the intern’s skills and level of interest, the intern may choose to observe or co-facilitate a Grief Group (or other group related to grief/loss) during the course of their emphasis area should their schedule allow.

Developmental Nature of Specialty:
In all aspects of this focus area, the intern will be expected to become more independent and autonomous as the semester progresses. For example, at the beginning of the year, the faculty supervisor will be directing much the intern’s experience. As the year progresses, the intern will be given more freedom to make decisions about their experience as it pertains to their professional development.

Evaluation:
Evaluation will be based on the intern’s participation in and demonstration of growth and learning in all aspects of this focus area, as evidenced by increased independence in applying concepts and interventions learned and effective use of supervision time. Faculty supervisor may also utilize video-taped session reviews to help in evaluating intern’s growth and progress.
Interpersonal Process Group Emphasis Area

Training Focus:
The group work emphasis area will provide an individualized training experience to interns interested in advancing their training in the realm of group work, most notably group therapy. Group work within CS includes: therapy groups (interpersonal process, skills-based, and/or themed), support groups, psychoeducational groups, and workshops (the first two categories fall under our groups program umbrella, and the latter two fall under our outreach umbrella). Interns participating in this emphasis area will be asked to commit for the entirety of the training year (3 semesters) in order to provide a thorough, developmentally-responsive experience. The following descriptions of training activities and expectations are likely to vary, depending on the skill level, developmental needs, and unique training interests of the intern.

PLEASE NOTE: Interns can participate in group therapy training at CS without declaring it an emphasis area. All interns are strongly encouraged to co-facilitate a group with a staff member for at least one semester over the course of their training year.

Time Commitment:
1-2 hours per week participating in supervision and training (possibly more when adding a second group)
0-1 hours per week engaging in readings or other professional development activities involving group work
1-2 hours per week facilitating group (possibly more when adding a second group)

Expectations:
At the initiation of their emphasis area training, interns will collaborate with the group program coordinator to develop personal training goals and a format for gaining experiences and developing skills in their identified areas. Interns will be asked to take responsibility for fulfilling commitments agreed to and to communicate when they encounter barriers or need assistance adjusting their responsibilities. Such responsibilities may include: group facilitation; attending supervision, seminars, and meetings; preparing for supervision, seminars, and meetings; clinical documentation; completing evaluations; and administrative tasks or special projects involving group work.

Skills Developed:
Starting a group / group development and preparation
Recognizing group stages of development
Group interventions
Conceptualizing group dynamics
Exploration of therapist’s reactions and countertransference
Establishing a co-facilitation relationship/alliance
Group screening
Group termination
Ethics in group work
Roles of group therapists
Group evaluation
Group therapy documentation
Committee work

*Specific skills will vary based on the type of group work the intern engages in and theoretical approach.

**Process:**
A training method commonly pursued by interns is to co-facilitate an interpersonal process group with the same staff member for the full training year. This provides the intern the potential to see how the dynamic develops within a group (depending how many member continue) over a period longer than one semester, which can allow for a group to transition to new stages together. However, after discussing the intern’s training goals, it may be decided that a different type of group (and subsequent facilitator) would be more appropriate. Since the intern will be under the supervision of the group program coordinator for this emphasis area, it is strongly encouraged that the intern co-facilitate group consistently with the Group Program Coordinator (GPC) over the course of the year in order to effectively evaluate their group skills development.

To differentiate an intern participating in the group work emphasis area from an intern facilitating groups as part of their generalist training, the following activities are added:
- Participating in the CS groups committee
- Participating in either individual or group format group work supervision/seminar every other week
- Facilitating a second group at least one semester

Although much can be gained from the experiential process of running groups, the group emphasis training approach also heavily relies on face-to-face supervision, and to a similar or lesser extent, readings.

**Clinical Work:**
Interns in this emphasis area will be asked to facilitate a group all three semesters of the training year, adding a second group for at least one semester. Interns will also participate in group screenings and group termination planning related to the groups they run. All clinical sessions will require documentation to be completed.

**Supervision:**
The intern will participate in individual or group format group work supervision/seminar every other week. The format will be dependent on the number of trainees concurrently participating in a group work emphasis.

When an intern co-facilitates a group with a staff member, that staff member will provide 30-60 minutes of group therapy-focused supervision per week. As discussed
earlier, it is likely that the intern in this emphasis area will co-facilitate with the GPC consistently over the course of the year, so the GPC would provide this supervision, unless other group facilitation arrangements are made. The supervising staff member is also responsible for signing off on group notes. If the supervising staff member is not licensed, a licensed clinician will be identified to provide supervision and oversight, as well as sign-off on group notes.

When the intern adds a second group to their clinical responsibilities, the same supervision procedure will be followed above.

**Developmental Trajectory:**
CS’s training program values a developmental training model, which will be honored within the group work emphasis area. Interns will be encouraged to take on greater responsibility and presence in their groups as they develop into autonomous psychologists. The group work emphasis area also strives to support the unique training goals of interns by taking a collaborative approach to developing experiences to meet interns’ group training needs. This may come in the form of types of groups facilitated or populations served, among other focused training options.

Although it is assumed that interns will spend their first, and usually subsequent, semesters co-facilitating a group with a seasoned staff member, our training program understands that interns enter the program at varying levels of group experience, calling for adjustable training options. Group process observation is available to interns who may benefit from this training experience before taking on a co-facilitation role. Process observation may also be an option for clinicians when developing a new specialty area. In the case of advanced training, the determination will be made on a case-by-case basis whether the intern will progress to leading a group on their own or co-facilitating a group with another trainee in later semesters.

**Evaluation and Feedback:**
This emphasis area will follow the standard evaluation practices of the CS training program, which includes formal evaluations at two time points during the training year— at the end of the fall semester and during the summer/ their final semester. Interns and supervisors in this emphasis area are asked to communicate needs and concerns and to provide feedback in a timely manner, which will often mean consistent feedback occurs between evaluation points.

**Additional Options:**
Depending on the training desires of the intern, they may choose to engage in additional professional development in group work (conferences, workshops, additional readings, etc) or take on special projects that contribute to CS’s group program (developing new groups, assessment and evaluation, identifying or creating educational or training materials, group advertisement, etc).
Mindfulness- Mind/Body Emphasis Area

FOCUS

The core of this emphasis area is the development of skills in mindfulness-based interventions. The intern will develop a working knowledge in mindfulness based clinical services including practice, training, and consultation.

In this emphasis, the intern will learn the following:

1. Knowledge and awareness of the literature and research related to structured and non-structured mindfulness-based treatments.

2. Incorporating mindfulness with 2 individual counseling cases.

3. Provide specific outreach and consultation skills within the University community.

CLINICAL WORK

The intern is expected to make the following minimum time requirements:

1. At least 2 individual clients will be provided a mindfulness based intervention.

2. The intern will participate in supervision with an assigned supervisor.

3. The intern will be assigned mindfulness readings to be discussed in supervision.

OUTREACH/CONSULTATION

The intern who selects this emphasis is expected to take an active role in developing and participating in the mindfulness-based intervention outreach activities. Supervision for these activities will be managed by the supervisory staff.

PROFESSIONAL DEVELOPMENT

The intern is anticipated to participate collaboratively with the supervisor in developing and implementing mindfulness-based interventions. They are also anticipated to participate in group intervention including either implementation of Embody Love Workshop for women, Body-Mind Wellness Group or other mindfulness based group.
**EVALUATION**

The intern will be evaluated by their emphasis area supervisor. Since the intern is selecting this as an area of emphasis, the supervisor will provide mentorship in the development of knowledge in this area. The aim of the evaluation is to ensure that the intern has advanced knowledge and skill in this area and is viewed as a developing expert in the area.

The evaluation will consist of:

1. Review of the intern’s progress on the specialization contract and completion of the evaluation form at the end of evaluation cycle that reflects the intern’s competence in providing outreach and consultation activities.

2. Provision of ongoing informal clinical and outreach feedback to the intern during supervision sessions.

3. Provision of oral feedback to the training director through meetings of the Training Committee.

4. Assessment of the intern’s level of expertise in the specialization evaluation completed at the end of the internship year and included in the final training goal evaluation.

**REFERENCES**


**Sport Psychology Consulting Emphasis Area**

The intern will learn the how to assess needs and provide evidence-based mental skills training for individuals and or group for the purposes of increasing satisfaction with performance and in order to help improve performance. The intern will learn to integrate multicultural competency and ethical considerations especially pertaining to confidentiality, multiple relationships, and competency in order to provide mental skills training under supervision professionally, ethically, and effectively.

**Approximate Time Commitment:**

Per week: 1 hour per week of supervision plus time spent conducting mental skills training with individual clients on the intern’s regular caseload and/or outreach with groups, organizations, and/or teams. This emphasis will be offered for half a year, Fall/Winter or Spring/Summer.

**What will the Intern learn in the specialization? Expectations of Intern in this Specialty Area**

The intern will learn about assessing needs and providing evidence-based mental skills for performance, including some reading materials and relevant research articles about mental skills for athletic performance.

**What Skills Will They Develop?**

4. Evaluation and needs assessment using standardized measures
5. Intervention: applying mental skills training for performance
6. Use of Supervision: utilizing emphasis area for support and professional growth

**Process:**

The intern who elects this area of focus will work with a staff supervisor who will be responsible for coordinating the intern’s intellectual and professional development regarding applied sport psychology mental skills training and providing additional individual supervision.

**Clinical Work:**

The intern must be willing to apply evidence-based mental skills training interventions to individuals and groups under the supervision of the emphasis area supervisor.

**Outreach/Consultation:**

The intern must be willing to apply evidence-based mental skills training interventions to individuals and groups through psychoeducational outreach under the supervision of the emphasis area supervisor.

**Professional Involvement:**
No special project requirements. Interns may choose to co-facilitate a mental skills training group or psychoeducational workshop over the course of the emphasis area should their schedule allow.

**Developmental Nature of the Specialty:**

In all aspects of this focus area, the intern is expected to become more independent and autonomous during the course of the year. For example, after the midpoint of the emphasis area, the intern should be able to spontaneously generate case conceptualizations, spontaneously initiate evidence-based interventions with clients, and the intern should be able to describe how they fit the relevant performance tasks. In addition, the intern should be about to initiate the direction and content of supervision meetings after the midpoint of the emphasis experience.

**Evaluation:**

Evaluation will be based on the content of supervision meetings, preparedness on assigned readings, and on review of intern’s video-recorded sessions, if appropriate. Meeting or exceeding expectations will involve familiarity with assigned readings and the relevant underlying concepts, growing independence in applying concepts in the course of applied work, and effectively use supervision time.

**Proposed Syllabus:**

**Textbooks (recommended):**


**Articles and Handouts:**

To be provided.

**Bibliography (recommended):**


Appendix V: INTERN END OF YEAR CHECKLIST

University of Nevada, Reno

INTERN NAME: ____________________________  OFFICE #: ________
DATE: ______

Closing Clinical Responsibilities

Complete all electronic files and close and sign all cases

*** Supervisors need to have time before you leave to review the files and sign them off. You may not leave the Center until all files have been reviewed and signed off, so you should accomplish this the week before you leave so that your supervisors have time to review and sign off. This will be checked during the exit interview with your TD.

____ Delete all the data off all of your external hard drives

____ Computer clean up:
   ____ Delete all confidential material, case notes, etc.
   ____ Clear your search history, your email messages, any personal folders, etc.
   ____ Uninstall any programs you installed for your own use
   ____ Clear all appointments or appointment placements on your Titanium calendar after your end date

____ Set up auto-reply on your email account, so all email senders will know that you have left Counseling Services

____ Retrieve and appropriately dispose of all of the contents of your mailbox at the front desk

____ Any internship-related forms you would like to have added to your intern file

____ Print and submit final Time-2-Track or comparable final intern hours tracking sheet to the Director of Training to be added to your intern file

____ Print and submit the end of year internship program evaluation

Closing Clerical Responsibilities

Materials to be left in your office

____ Webcam
____ Computer (including mouse, speakers, printer, etc.)
____ Anything else that was in your office when you arrived (e.g., desk & chair, phone, bookshelves, tables, stapler, etc.)

Turn into Training Director (and have Assistant Director of Training or Director of Training initial the spaces below for each item turned in)

____ A list of any activities you have been involved in this year that your TD would not typically be aware of (e.g., you assisted in an outreach presentation, etc.). This will assist your TD in writing future references letters.

____ External hard drive/USB portable drives

____ Send an email to TD and Alyson describing any current problems with equipment in your office (e.g., webcam, computer, printer, etc.).

Turn in all keys to Alyson (and send an email to Assistant Director of Training or Director of Training letting them know you have done so)

____ Office Key  ____ Counseling Services Key
____ Key to File Drawer

Miscellaneous/Other (check off as each of the following required tasks are completed)
Remove personal belongings from office and clean office so that a new intern can simply move in (e.g., surfaces wiped off, nails taken out, tidy). Please return any left-over forms to their original areas in office, and really **clean out your desk and your office thoroughly**. Cleaning supplies can be found in the cabinets in the lunch room area.

Return excess office supplies to appropriate location.

Alyson, or the Director of Training, or the Assistant Director of Training **must** check in with you in your office before you leave. Please invite one of them to do so when you are **completely** ready to be signed out on the last day that you are here at the Center. They will sign a copy of this document with each item you have checked off and you should give this to the Director of Training or the Assistant Director of Training.

New Trainee Orientation Binder & Contents (received during first week)

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| Please contact Alyson or the Director of Training or the Assistant Director of Training to schedule an office walk-through at the end of your last day. |
| Reviews Signature |

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| Please Provide: |
| Forwarding Address: |
| Phone Number(s): |
| Phone Number(s): |
| Email Address: |
Appendix W: Intern Training Handbook Agreement

I understand and agree to abide by the UNR Counseling Services policies as outlined above in this Intern Counselor Training Handbook. I acknowledge that any and all of the questions I have about UNR Counseling Services policies and procedures as well as my internship itself have been answered to my satisfaction at this point in time. I agree to direct any additional questions to my primary supervisor, Director of Training, Assistant Director of Training, or person in charge to ensure that I will continue to understand and abide by Intern Counselor Training Handbook policies.

__________________________________________________________________________  Date
Intern Name

__________________________________________________________________________  Date
Director of Training Name