



2025-2026

UR CAPS Doctoral Internship Training Manual



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Appalachian State University
College of William & Mary
George Mason University
Georgia Tech
Illinois State University
James Madison University
University of San Francisco
University of Santa Barbara

University of Richmond

Overview of University

The University of Richmond is a highly selective, private, liberal arts institution located in Richmond, Virginia with an undergraduate population of approximately 3,000 students. The institution is on a 350-acre suburban campus, located just 90 miles from Washington D.C., and has a unique college system. You can learn more about the University of Richmond [here](#).

University Mission, Values, & Vision

Mission

The mission of the University of Richmond is to educate in an academically challenging, intellectually vibrant, and collaborative community dedicated to the holistic development of students and the production of scholarly and creative work. A Richmond education prepares students for lives of purpose, thoughtful inquiry, and responsible leadership in a diverse world.

Values

Student Growth: The University of Richmond is committed to the personal and intellectual development of all students. Through close mentoring and small classes taught by dedicated teacher-scholars and the opportunities and environment made possible by talented and engaged staff, the University challenges students to recognize their full potential, supports the development of their resilience, and encourages their growth as socially responsible community members.

Pursuit of Knowledge: The University of Richmond values intellectual curiosity, teaching that challenges and inspires, ambitious scholarly and creative work, and education as a lifelong process of discovery and growth. The University is committed to academic freedom and the promotion of a vibrant intellectual community that encourages thoughtful disagreement and the vigorous exchange of ideas.

Inclusivity and Equity: The University of Richmond values the dignity, worth, and contributions of all individuals; the thoughtful and respectful engagement with a broad diversity of perspectives and experiences essential to intellectual growth; and an inclusive community in which all members can engage meaningfully in institutional life and contribute to a community where all thrive.

Diversity and Educational Opportunity: The University of Richmond is committed to fostering a diverse community of students, staff and faculty. It is dedicated to access, affordability, and ensuring that the benefits of its transformative educational opportunities are not limited by financial circumstance or background.

Ethical Engagement: The University of Richmond values integrity, responsibility for the ethical consequences of our ideas and actions, and meaningful engagement with our local and global communities.

Responsible Stewardship: The University of Richmond values the trust that has been placed in it by generations of alumni, students, parents, and members of our community. The University is committed to the careful stewardship of institutional and environmental resources, and of the relationships that provide the foundation of our University community.

Vision

The University will be a leader in higher education, preparing students to contribute to, and succeed in, a complex world; producing knowledge to address the world's problems; and modeling the way that colleges and universities can effectively meet the challenges of our time.

Student Development and Health and Well-Being

CAPS is a department in the Student Development Division, under the Health and Well-being Unit. The mission for both of these units are as follows:

Student Development Mission

The Division of Student Development fosters academic success, personal growth, and health & well-being through essential and collaborative services and programs. As partners in learning, we center diversity, equity, inclusion, and belonging, while actively encouraging students' contributions to and participation in a thriving and caring community.

Health And Well-Being Mission, Vision, & Values

To create and sustain a culture and community of health and well-being that supports and enhances lifelong learning that helps all individuals reach their full potential.

Vision: The Unit will be recognized as a national leader in campus health and well-being using a holistic and integrated approach to create a thriving, collaborative campus culture.

Core Values

Student-Focused – Commit to keeping the students as a priority in the planning of programs and services, and all decisions we make.

Collaboration – Be creative with resources and seek ways to integrate and collaborate with campus and community partners to offer comprehensive programs and services with highly qualified and experienced staff.

Sustainability – Support environmentally responsible choices to reduce the consumption of materials and energy to their lowest levels possible, without decreasing the value and quality of programs and services.

Inclusivity – Foster an open and inclusive community that welcomes and benefits people with diverse backgrounds, encourages the exchange of ideas from diverse perspectives, provides meaningful access to facilities and programs/services, and opposes intolerance.

CAPS Mission

The mission of UR's Counseling & Psychological Services (CAPS) is to enhance the academic and personal experience of all students by providing a variety of counseling and psychological services that facilitate their personal development, assist in the alleviation, remediation, and prevention of distress, and develop and strengthen self-awareness, self-reliance, and self-confidence. Services are offered with respect for others, appreciation of individual differences, and compassion with an over-arching goal of enhancing well-being and sense of belonging.

In keeping with this mission, CAPS services require careful planning, recognition of the evolving needs of the diverse campus community, respect for time and resource limitations, and an attitude of responsible innovation and experimentation. These services include the following: assessment, crisis intervention, brief consultations, case management, skill-building programs, group counseling, individual counseling, referral, third-party consultations, outreach, training and supervision, teaching, and research.

The CAPS mission relates to both the Division of Student Development's mission "to promote learning and foster personal development among students in an environment that champions diversity and encourages collaboration throughout the University of Richmond community" and to the University of Richmond's mission "to sustain a collaborative learning and research community that supports the personal development of its members and the creation of new knowledge. A Richmond education prepares students to live lives of purpose, thoughtful inquiry, and responsible leadership in a global and pluralistic society."

Preparing Psychologists to Work with a Diverse Public

Striving for multicultural competence is a central tenet in the services provided and clinical practice at CAPS. In support of the values and aims of our training program, we have adopted the American Psychological Association's guidelines related to preparing interns to effectively provide services to diverse populations: See [Preparing Professional Psychologists to Serve a Diverse Public](#). APA's statement was developed by the Education Directorate's Working Group and approved by APA's Board of Educational Affairs (BEA). In accordance with this position, we expect that our Interns will develop and demonstrate effectiveness when working with diverse populations, including clients whose cultural identities, characteristics, and beliefs differ from those of their own. While we respect the right of interns to maintain their personal belief systems, the training of professional psychologists who can serve a diverse public necessitates "personal introspection, exploration of personal beliefs, attitudes, and values, and the development of cognitive flexibility required to serve a wide diversity of clients" (*Source: USF CAPS Intern Manual*)

UR CAPS Staff List - 2024

Admin Team	Kristen Day, Ph.D., Director of CAPS Licensed Clinical Psychologist
	Rachel Koch, Psy.D., Assistant Director for Training Licensed Clinical Psychologist
	Charity Thompson, Ph.D., Assistant Director for Clinical Services
	Charlynn Small, Ph.D., Assistant Director for Health Promotion Licensed Clinical Psychologist
CAPS Counselors	Tiffany Abdullah, LPC, Case Manager Licensed Professional Counselor
	Mary Churchill, Ph.D. Licensed Clinical Psychologist
	Hilary Delman, LPC, Group Coordinator Licensed Professional Counselor
	Mary Anne Messer, Ph.D., Law Liaison Pre-Licensed Psychologist
	Rachel Turk, Psy.D., Athletics Licensed Clinical Psychologist
Psychiatric Providers	Ashley Curtis, FPMHNP-BC Psychiatric Nurse Practitioner
	Laura Worrel, MD Psychiatrist (part-time)
Operations Staff	Karen Morrisey Operations Coordinator
	Vacant Operations Assistant

Training Committee

The Training Committee consists of CAPS senior clinical staff who have a special interest in training and supervision. The Training Committee is responsible for selection, administrative decisions, policy-making, as well as choosing and implementing any necessary remediation of interns. Additionally, the Training Committee organizes and facilitates all training program components. The Training Committee meets regularly throughout the academic year and is facilitated by the Training Director.

Training Director – Rachel L. Koch, Psy.D.

The Training Director is a senior clinical staff with the following responsibilities:

1. Suggests training policy for review by the Training Committee. The Training Director remains responsible for all final policy decisions in conjunction with the CAPS Director.
2. Coordinates training activities and evaluations.
3. Integrates input from the Training Committee and other professionals to develop and modify the training program.
4. Reviews and recommends training procedures and oversees their implementation.
5. Facilitates the Training Committee in arranging all supervisory assignments and coordinates CAPS staff to fill a variety of training roles.
6. Coordinates the supervisory evaluation and feedback process in conjunction with individual supervisors.
7. Coordinates the application and selection process.
8. Maintains liaisons with appropriate faculty from the students' academic programs.
9. Advocates on behalf of the Training Committee for trainee or Training Committee needs from the broader CAPS or Well-being Unit community.

Training Committee Members

Rachel Koch, Psy.D.

Assistant Director for Training, Licensed Clinical Psychologist
Psy.D. in Clinical Psychology, The Chicago School of Professional Psychology
M.A. in Clinical Psychology, The Chicago School of Professional Psychology
B.A. in Psychology, Loyola University Maryland

Professional Interests/Areas of Expertise

Dr. Koch is a generalist with areas of clinical interest including anxiety, depression, relationships, and identity exploration. Dr. Koch is also an instructor for Mental Health First Aid

for the university and greatly enjoys outreach – both presenting on topics that she is passionate about and increasing mental health awareness.

Approach to counseling/Theoretical Orientation

Dr. Koch believes the therapeutic relationship is the most important aspect of counseling and works hard to develop this from the onset of meeting with a student. She provides a safe and open place for students to be vulnerable while also being aware that this is difficult for many so always meeting the client where they are at. She has been primarily trained in CBT and ACT and incorporates both into her work with clients as well as interpersonal therapy (always comes back to the relationship!). She believes skill development is crucial to positive mental health and thus introduces and incorporates skills training and mindfulness, when appropriate.

Personal Interests

While Dr. Koch loves living in Richmond, she is originally from Maryland, so of course, she loves crab cakes and football (Go Ravens!). Outside of her time at CAPS, Dr. Koch enjoys spending time with her family – her husband, sons, and her puggle, Tucker – cooking and baking, crafting, and traveling and exploring new areas.

Tiffany Abdullah, M.A., LPC

Professional Interests/Areas of Expertise

Tiffany joined the CAPS team in January 2022. She is a Licensed Professional Counselor, with over 15 years of experience in the mental health field, providing services in both community-based and outpatient settings. She is trained as a Certified Clinical Trauma Professional, and is a member of several professional and service organizations, including the American Counseling Association, Greater Richmond Trauma Informed Care Network, International Association of Trauma Professionals, and Delta Sigma Theta Sorority, Inc.

Approach to counseling/Theoretical Orientation

Tiffany describes her counseling style as empathic and warm, with a trauma-informed lens. She considers herself to be engaging and non-judgmental. Tiffany focuses on meeting clients where they are with intention and therapeutic support, creating a safe place for healing, restoration, and personal growth.

Personal Interests

Tiffany loves being with family and friends, and playing with her Shih-tzu. Her interests include decorating, fitness, traveling, and enjoying live entertainment (music, theater, sports, etc.), and attending outdoor cultural and food festivals.

Kristen Day, Ph.D.

Director, Licensed Professional Counselor

Ph.D. in Counselor Education and Supervision, Virginia Tech University

M.A. in Marriage and Family Therapy, Appalachian State University

B.S. in Psychology, Virginia Tech University

Professional Interests/Areas of Expertise

Dr. Day began working at UR CAPS in 2011 and is a Licensed Professional Counselor and Board Approved Clinical Supervisor. As CAPS Director, she provided clinical and administrative supervision, and provides managerial oversight of the administrative, clinical, crisis coordination, and consultative functions of CAPS. She spearheads planning, development, and implementation of policies and initiatives. She serves as the liaison for the Center for Sexual Assault and Response, Residence Life, and UR police department and co-chairs the Threat Assessment Team.

Approach to counseling/Theoretical Orientation

She is a generalist with a background in trauma-informed, systems focused care. She specializes in working with trauma survivors and those in crisis. She infuses aspects of cognitive behavioral therapy and mindfulness into her work with all students. She believes clients are the authors of their own stories, and strives to connect and promote the development of self-awareness and self-compassion.

Personal Interests

Dr. Day enjoys spending time with family and friends, chasing after her three kids as well as recreational running.

Hilary Delman, M.S., LPC

Licensed Professional Counselor, Group Coordinator

M.S. in Professional Counseling, Georgia State University

B.S. in Mass Communications and Communication Studies, Towson University

Professional Interests/Areas of Expertise

Eating Concerns

Approach to counseling/Theoretical Orientation

Hilary aims to provide a safe and comfortable space for students to explore their concerns. Hilary uses a client-centered approach while utilizing CBT, DBT, and psychodynamic interventions to promote self-awareness and empower change as the student sees fit. One of her favorite parts of counseling is seeing a student learn to value themselves through empowering exercises that shift the lenses through which they view themselves and the world.

Personal Interests

Hilary is an avid coffee-lover and enjoys spending time with her husband and 2 sons. Hilary can often be found engaging in her favorite self-care activity - relaxing on the couch with her cats.

Annie Messer, Ph.D.

Staff Counselor, Law Liaison

Ph.D. in Counseling Psychology from Auburn University

M.S. in Counseling Psychology from University of Southern Mississippi

Professional Interests/Areas of Expertise

LGBTQIA+ students

Law Students

Approach to counseling/Theoretical Orientation

Annie is passionate about working with all university students and knows how stressful being a university student can be. She is a generalist but especially enjoys working with graduate students and the LGBTQIA+ community. Her areas of clinical interest include: attachment concerns, anxiety, depression, interpersonal relationships, and identity development. Annie works from a psychodynamic approach, pulling heavily from the integrated Interpersonal Process approach.

Personal Interests

Outside of work, Annie is likely working on a craft project or spending time with her friends and two dogs.

Charlynn Small, Ph.D.

Associate Director for Health Promotion, Licensed Clinical Psychologist

Ph.D. in School Psychology, Howard University

M.A. in Clinical/Community Psychology, University of the District of Columbia

B.A. in Psychology, Winston-Salem State University

Professional Interests/Areas of Expertise

Dr. Small began working at CAPS in 2004 as a post-doctoral intern. She serves as chairperson of the University's Eating and Body Image Concerns (EBIC) team. She is a frequent speaker at national and international conferences, advocating for the awareness of eating disorders affecting Black women, persons of color, and other underrepresented groups. Dr. Small is a member of the national board of directors of the International Association of Eating Disorders Professionals Foundation (iaedp) and is a certified member and approved supervisor (CEDS-S) of iaedp. She co-founded the Foundation's African-American Eating Disorders Professionals (AAEDP) committee and currently serves on the board of the Richmond Chapter of iaedp.

Dr. Small has also served on the national advisory board for the National Association of Anorexia Nervosa and Associated Disorders (ANAD). Published journal articles focus on multicultural education and on college students with eating disorders. Her co-edited anthology, "Treating Black Women with Eating Disorders: A Clinicians Guide," Routledge/Taylor & Francis Publishers was released in July 2020.

Charity Thompson, Ph.D.

B.S. in Psychology, Old Dominion University

M.A. in Professional Counseling, Liberty University

Ph.D. in Counselor Education and Supervision, Hampton University

Professional Interests/Areas of Expertise

Dr. Thompson has experience in a variety of services and settings, including community-based and K-12 school-based mental health services, outpatient psychotherapy, crisis services, and addiction and recovery treatment services along the level of care continuum.

Approach to counseling/theoretical orientation

While Dr. Thompson’s clinical expertise has primarily focused on navigating trauma experiences and substance use, but her interests range from managing anxiety, depression, and daily life stressors to developing skills to identify, recognize, and address more complex, underlying factors that may impact daily functioning. Dr. Thompson is an eclectic therapist that utilizes a multiple of approaches based on an individual’s needs, which allows her to sustain person-centered care.

Personal Interests

In her spare time, Dr. Thompson enjoys being an “extroverted, introvert.” While she loves being fueled by social activities and fun with family and friends, she also loves being refueled by her time alone doing things such as binge watching her favorite tv shows and new movies, reading, and self-care.

Rachel Turk, Psy.D.

Staff Psychologist in Athletics, Licensed Clinical Psychologist
Psy.D. in Counseling Psychology, Radford University
M.S. in Clinical-Counseling Psychology, Radford University
B.S. in Psychology, Lynchburg College

Professional Interests/Areas of Expertise

Dr. Turk is a generalist by training and works with all mental health concerns. In her role as the Staff Psychologist for the Athletics department, she is located in the Robins Center to provided easier access to services for UR student-athletes. Her role includes working with student-athletes on an individual basis for mental health and performance related concerns as well as providing trainings and presentations to teams or groups of staff members. She also specializes in working with survivors of trauma and those with eating concerns and eating disorders. She has a strong interest in supervision and training and taking a strength-based, positive approach to all of her work.

Approach to counseling/Theoretical Orientation

She utilizes a person-centered and trauma-informed approach to therapy focusing on the relationship, individualized treatment, and provided unconditional positive regard and genuineness. She also pulls skills and techniques from many other theoretical orientations including CBT, DBT, IPT, and experiential among others. She strives to engage in continuous professional development regarding multicultural humility and DEI work to foster an open and affirming environment for clients and interns of all backgrounds.

Personal Interests

She enjoys spending time with family and friends, playing volleyball, hiking and relaxing outdoors, and cooking for herself and others

Supervisors Team

Supervision is an essential aspect of the training process and growth and development as a young professional. Supervisors and training programs are gatekeepers to the field and abide by all ethical and legal obligations outlined by the Virginia Board of Psychology, The APA Code of Conduct, and other relevant governing bodies.

Doctoral interns at CAPS receive formal supervision in a variety of ways: primary supervision, secondary supervision, supervision of group therapy, supervision of supervision, and group supervision. The Supervisors' Team meeting provides an opportunity for formal supervisors to share information about trainee development, including individual strengths and areas of growth, as well as explore strategies to facilitate trainee progress. Members of the Supervisors' Team meets regularly throughout the academic year.

For each semester of training, interns are assigned a primary supervisor based on individual training needs as assessed by the training committee. The primary supervisor will be a licensed psychologist and will meet with the intern for a minimum of 2 hours per week. Interns will switch supervisors after the semester break to allow for different perspectives and training of their clinical work.

The primary supervisor is responsible for engaging in in-depth analysis of intern skill development, discuss all clinical service activities and professional development issues, directly observe activities through tape review, monitor the welfare of service recipients, and sign-off on intern's case records.

All other activities that the intern engages in with another senior staff member (not a supervisor) will be supervised and evaluated by that senior staff member. These activities include, but are not limited to, group counseling, outreach presentations, liaison interactions, etc.

Despite consultation and evaluation being provided by various training staff, the primary supervisor is ultimately responsible for supervision of all of the intern's activities, discusses all of the intern's activities periodically, and co-signs all of the intern's evaluation forms. Interns will complete written supervision contracts with the primary supervisor and secondary supervisor, when applicable, at the beginning of each semester. These contracts should be submitted to the Training Director by the third week of the semester.

Primary Intern Supervisors:

- Rachel L. Koch, Psy.D.
- Charlynn Small, Ph.D.
- Rachel Turk, Psy.D.

Part One - Training Foundation

Training Philosophy

The UR CAPS Doctoral Internship in Health Service Psychology is a full-time, 12-month internship that adheres to a practitioner-scholar model with an emphasis on the ongoing professional development of interns to become autonomous clinicians. This model involves the practical application of scholarly knowledge through the delivery of psychological services taking into account individual, cultural, and societal factors. The primary goal of all UR CAPS training programs is to provide a generalist training for graduate students as a platform in future training and, ultimately, in their professional career. The foundation of the training model is based on a program of supervised, sequential, and experiential psychological practices. Each intern is expected to develop strong clinical skills with clients from diverse cultural backgrounds and gain a secure sense of self as a culturally informed and ethical psychology professional who can practice in a variety of settings.

While the primary focus of UR CAPS training is clinical work with traditionally aged college students, the experience also provides broader training in college student development in a multicultural context. CAPS, as part of the Health and Well-Being Unit, is at the forefront of providing proactive programming and wellness-based outreach to the campus community. CAPS staff facilitate programs and seminars on such topics as stress management, mindfulness, emotional regulation, effective communication, self-care, and self/time management. CAPS also partners with other campus departments to provide additional offerings related to affinity groups, sexual assault advocacy, career exploration, and other foci. Interns are given the opportunity to develop, co-facilitate, or lead workshops/programming initiatives independently.

An important value held by our staff is that the implementation of therapeutic skills must be adapted within different groups to meet unique needs. Students at University of Richmond have diverse identities and experiences. We recognize and appreciate the potential impact of diversity in terms of culture, race, ethnicity, gender identity, sexual orientation, age, national origin, level of ability, and other factors. We believe that effectiveness in our profession is not simply the result of skill acquisition but, rather, is the successful synthesis of competence, cultural humility, and personal maturity, which results in self-awareness and ethical behavior. UR CAPS strives to develop its staff and interns to this end. Opportunities in the training program reflect these values.

The training staff believes that psychological theory and research provide a foundation for conceptualization and intervention. Counselors and psychologists should strive to understand major counseling and psychotherapeutic theoretical models and their research base and utilize evidence-based practice in their clinical work. Members of the staff represent and draw on many different theoretical orientations in their approaches to therapy, supervision, and consultation. The CAPS staff welcomes discussions of professional issues with doctoral interns.

While the CAPS staff utilizes different theoretical frameworks, there is a shared commitment to create an atmosphere conducive to professional and personal growth. The staff strives to provide practice and training experiences that create a challenging, intellectually stimulating, and open environment in which new ideas can be explored and nurtured. The staff encourages interns to

assess their professional strengths and weaknesses. The training committee makes every effort to honor requests to develop individual learning experiences in areas of desired professional growth.

Important Note: As you will see noted throughout this manual and during your time at UR CAPS, we refer to those in part-time training positions as a part of degree requirements as **Advance Graduate Trainees (AGT)**, part-time, post-Master's interns accruing hours towards licensure as **LPC Residents**, and the full-time, doctoral interns as **Doctoral Interns**. All individuals in training, who receive clinical supervision, (AGTs, LPC Residents, and Interns) are also referred to as simply, **Trainees**. You may see both titles used interchangeably based on your role at CAPS as this is our way of establishing an inclusive term to refer to varying degree level. We recognize and honor the unique paths of every person in training and for ease of CAPS Operations, all persons in training are referred to as Trainee.

Training Aims, Competencies, & Elements

Clinical and training activities are structured in a sequential, graded, and cumulative format consistent with the Revised Competency Benchmarks in Professional Psychology (APA, 2012). Through achievement of Profession Wide Competencies, the overarching aims of the training program are to: 1) Develop core counseling and clinical skills for entry level practice in health service psychology, and (2) Foster attitudes and behaviors which promote a professional identity as a psychologist.

By the end of the training year, interns will develop a level of competence, consistent with the following required Profession Wide Competencies (PWC), for entry-level practice in health service psychology:

1. Ethical and Legal Standards
2. Intervention
3. Assessment
4. Consultation and Interprofessional/Interdisciplinary Skills
5. Supervision
6. Individual and Cultural Diversity
7. Professional Values, Attitudes, and Behavior
8. Communication and Interpersonal Skills
9. Research

By the end of the training year, interns will also have developed specific competence in the following Program-Specific Areas: Crisis Response and Outreach.

Please find more detailed descriptions of competencies and how UR CAPS doctoral internship will strive to meet these competencies as well as how they are evaluated in the [Appendix](#).

Part Two – Recruitment and Onboarding

Intern Selection and Academic Preparation Requirements Policy

Application Process

The UR CAPS Doctoral Internship currently offers 2 full-time internship positions. Students interested in applying for the internship program should submit an online application through the APPIC website (www.appic.org) using the APPIC Application for Psychology Internships (AAPI).

A complete application consists of the following materials:

1. A completed online AAPI
2. Cover letter (as part of AAPI)
3. A current Curriculum Vitae (as part of AAPI)
4. Three Standard Reference Forms, two of which must be from persons who have directly supervised your clinical work (as part of AAPI). **Please submit no more than three SRFs.**
5. Official transcripts of all graduate coursework

All application materials must be received by the date noted in the current APPIC directory listing in order to be considered.

Application Screening and Interview Processes

The CAPS Doctoral Internship Program will base its selection process on the entire application package noted above; however, applicants who have met the following qualifications prior to beginning internship will be considered preferred:

1. A minimum of 325 intervention hours;
2. A minimum of 20 assessment hours;
3. Dissertation proposal defended;
4. Some experience and/or special interest in working with diverse populations;
5. Practicum experience working with young adults. Experience working in university counseling is especially preferred.
6. Current enrollment and good standing in an APA- or CPA-accredited doctoral program.

All applications are reviewed by UR CAPS Training Committee using a standard Application Rating Scale and evaluated for potential goodness of fit with the internship program. The Training Committee meets to determine which applicants to invite for interviews based upon the results of this review process.

Applicants are notified whether they have received an interview by email on or before December 15. Interviews are scheduled during the first two weeks of January on a first come, first served basis. Interviews take place via videoconference with the entire Training Committee. Interviews are conducted using a standard set of interview questions, although members of the Training

Committee may ask additional interview questions of applicants as appropriate. UR CAPS will offer an *optional* Open House for any applicant who is interested in visiting the campus and CAPS in-person. ***Applicants ability to attend will not impact ranking.***

Participation in the APPIC Match

The Training Committee holds a meeting within two weeks of the final interviews being completed and before APPIC's Rank Order Deadline to determine applicant rankings. The full application package and information gleaned from the interview process are utilized to determine applicant rankings. As a member of APPIC, the UR CAPS training program participates in the national internship matching process by submitting its applicant rankings to the National Matching Service. The UR CAPS training program abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

All interns who match to the UR CAPS Doctoral Internship will need to go through all screenings required by URHR, which include providing proof of citizenship or legal residency and successfully passing a background check before beginning employment. Instructions for providing this information or completing the background check will be sent out to all who match after the match process is complete.

Questions regarding any part of the selection process or UR CAPS Doctoral Internship academic preparation requirements may be directed to the UR CAPS Training Director.

Onboarding

Here is the typical schedule for onboarding (there is an Onboarding Check-list in [Appendix B](#) as well):

- **March (mid):** Once interns have matched, their information is passed on to HR to begin the onboarding process (background check, activation of Net ID, etc.).
- **May/June:** The Operations Coordinator will reach out to ensure the intern has access to email, their one-card, parking, etc.
- **August 1st:** The Orientation period runs for 2 weeks.

Orientation

Orientation will begin on start date and interns will be provided a detailed schedule for this period in mid-July. These are the typical trainings offered during Orientation to CAPS interns, often scheduled based on availability of facilitator. Interns will have regular meetings with the Training Director during this time to review training program and requirements and answer questions regarding orientation process to UR CAPS.

Examples of Trainings Regularly Included in Orientation

UR CAPS Training 101 – CAPS training expectations and training manual are thoroughly reviewed by the Training Director with the interns during the orientation period, with particular

emphasis on training requirements, developmental structure of program, schedule expectations, and due process.

Brief Consultations – Brief Consultations are typically the first service student clients experience after they register at CAPS. This is a 30-minute appointment where a CAPS staff assesses a client’s needs, potentially refers to a service on campus or within CAPS (using Stepped Care Model), or pivots into a very brief solution focused counseling session if that appears warranted.

CAPS Policies and Procedures – CAPS maintains a Policies and Procedures Manual, updated on a yearly basis that, in addition to this manual, interns are expected to read through and be aware of when conducting clinical services. Time to do so during Orientation will be allotted, including time for questions with the Training Director. Interns are provided with a hard-copy of the most up-to-date version as well as access to the living document on Box.

Crisis Intervention – A CAPS staff member will outline specific practices and procedures for working with a client in crisis, including the hospitalization process.

Diversity and Inclusion- An opportunity to explore identities and develop self-awareness for interns and then discuss how their identities may impact their work with clients and colleagues. Diversity and Inclusion topics will be woven into training throughout, so the training during orientation will serve as a base for deeper exploration throughout their time at CAPS.

Groups and Programs at CAPS – Learn about the history of groups and programs offered at CAPS and the opportunities for trainee involvement. This session will cover skill-building programs, process groups, and support groups. Additionally, ideas for various group offerings the trainee might be interested in leading can be discussed and begin a plan for development and implementation, if interested.

Titanium software training – An overview of using Titanium if a intern does not have previous exposure to this software is provided. After the overview, interns are asked to “practice” using the software when they have spare time. They are encouraged to ask other staff including front desk staff for assistance if they have challenges getting started with the software. A basic guide to using Titanium is located on [Box](#).

Ethical Considerations on a College Campus – A CAPS staff member will provide an overview of primary ethical dilemmas faced on college campuses like UR. This training is interactive and discussion-based to explore both considerations and resolutions to common ethical conflicts.

Part Three – Training Components

Trainee Expectations

1. Provide clinical services and participate in all training activities outline in training program structure
2. Adhere to CAPS Training Manual and CAPS Policies and Procedures. Both are to be read during orientation with sign off process once completed.
3. All sessions are to be video recorded except when an exemption is determined with supervisor (see [Recording Policy](#)).
4. Complete Evaluations – Training and Multicultural Seminars (weekly), End of Semester and End of Year evaluations of supervisor(s) and program by the provided deadline
5. Keep track of hours on a weekly basis using provided hour log.
6. Student Liability Insurance is required.

Training Activities

The University of Richmond CAPS internship program is based on the Apprenticeship Model. The goal of our internship program is to provide training experiences that prepare interns to function as generalists as they complete their training towards becoming a psychologist. Although an effort is made to individualize the training program, there is a core set of standard expectations.

Clinical Activities

Given the ebbs and flows of the academic calendar, interns will accrue the bulk of their direct service hours during the 32 weeks of the semesters (16 in fall, 16 in spring). Thus, percentage of direct service will be higher during the academic semesters to ensure hour accrual.

1. **Individual Therapy (~12 hours per week)** - Interns are to work with a variety of clients, gaining experience not only with varying presenting concerns, but also across varying individual and cultural identity variables. Interns may complete an optional specialty track to focus on building focused experience in an area of clinical interest (e.g., trauma, athletics, eating concerns, etc.). Individual therapy is provided from a brief therapy model and clients are often seen every other week or less frequently. All individual therapy sessions conducted by interns are to be recorded (see [Recording Policy](#)).
2. **Brief Consultations (3 hours per week)** – Brief Consultations are the initial appointments provided to all students who register with CAPS.

3. **Crisis Intervention (0-1 hours per week)** – Crisis hours are held each day for urgent or high-risk student concerns. Interns will gradually take on covering one crisis hour per week as they are developmentally ready.
 - a. **After-Hours On-Call Rotation (1-3 weeks per semester)** – By spring semester, interns will participate in after-hours on-call rotation, paired with a licensed CAPS staff member. Direct/Indirect hours will be calculated based on number of calls received.
4. **Group Counseling & Programs (1.5 hours per week)** - Interns will co-lead a process, support, or psychoeducational groups each semester, depending on interest. Groups commonly facilitated at CAPS include:
 - **Skills programs:** ADHD, DBT (Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance), Managing Anxiety Program (MAP)
 - **Process:** Navigating Grief, Understanding Self and Others (USO), Surviving Family
5. **Outreach Interventions (0-2 hours per week)** – Interns will participate in at least 2 outreach intervention each semester, including development and presentation of workshops, staffing display tables, and being present at student events on campus, depending on interest. Many outreach programs are requested of CAPS each semester, however interns are also encouraged to create an outreach focused on a specialty interest area in collaboration with [campus partners](#). This would only factor into weekly hours on the weeks outreach is provided.
6. **Supervision of AGT (1-2 hours)** - Interns will have the opportunity to supervise an AGT in the spring semester. The intern is the primary supervisor to their assigned AGT supervisee. All clinical work provided by the AGT will be supervised by the intern’s primary supervisor. As a supervisor, interns are responsible for reviewing clinical documentation, reviewing the AGT’s recorded sessions, general administrative support for the AGT, collaborating with the AGT to work toward their training goals, and evaluation of the AGT. In the event of licensure conflicts (i.e. trainee must be supervised by LPC), interns will have opportunity to supervise in either group supervision and/or group counseling work.
7. **ADHD Assessment and Report Writing (1-2 hours)** – Interns will provide at least two ADHD Assessments per semester, including analyzing data and engaging in writing reports primarily focused on disability accommodations at UR.

Supervision

8. **Individual Supervision (2 hours)**– Interns must engage in two hours of individual per week with one of the identified primary supervisors.
9. **Group Supervision (1 hour)** – Interns will participate in weekly group supervision with cohort members, facilitated by CAPS Staff Member. Interns also will be asked to present a formal case conference once per semester as part of Group Supervision.
10. **Supervision of Supervision (0.5-1 hour)** – Fall semester, interns participate in supervision of supervision one hour weekly to learn about and discuss topics related to

provision of supervision. In the spring, Interns engage in one half hour of weekly supervision of supervision in which they receive supervision as they are developing supervision skills.

11. **Supervision of Group (0.5 hour)** - Interns meet with their group co-facilitator who is a CAPS staff member for 30 minutes of supervision of group each week. Supervision of group focuses on issues related to group therapy.
12. **Assessment Supervision (0.5 hour)** – Interns receive 0.5 hours of Assessment Supervision to review and discuss assessment cases, including ADHD assessments.
13. **Professional Development Supervision (0.5 hours)** – Interns will meet weekly with the Training Director to discuss topics related to professional identities, acclimating to UR CAPS, and serve as a process space for the overall training experience and next steps.

Didactics

14. **Training Seminar (1.5 hours/biweekly)** - Interns will attend the biweekly training seminar that combines didactic and experiential learning.
15. **Multicultural Seminar (1.5 hours/biweekly)** – Interns will attend the biweekly multicultural seminar (rotates with training seminar), focused on deepening understanding of diversity and identities, exploring biases, and the impact on clinical work.
16. **Case Conference (1 hour)** - Interns will attend weekly case conference. Interns are encouraged to staff cases to gain insight and additional consultation from CAPS staff members. Please see [Case Presentation Outline](#) typically used in Case Conference.
17. **Intern Process (0.5 hour)** – Interns will meet weekly with the cohort to discuss internship process and professional development.

Other

18. **Staff Meeting (1 hour)** - Interns will participate in weekly staff meeting to discuss policies, updates, and announcements.
19. **Administration (1 hour)** - Interns have eight hours of administrative time spread out through each week in which they can complete charting, consult with colleagues, review recordings, engage in administrative tasks to do with supervising an extern, complete trainings, etc.
20. **Meetings (1-2 hours)** – Interns may attend meetings that would benefit their professional development or are necessary as part of a specialty track or outreach project.

Specialty Tracks

In addition to primary clinical experiences identified above, interns may choose, in consultation with the Training Committee, to participate in a specialized set of experiences that make up a topical specialty track. A portion of the direct clinical hour requirements may be comprised of clinical work specifically related to specialty track.

Currently, CAPS offers the following specialty tracks, with descriptions in the [appendices](#).

1. Trauma/Crisis
2. Eating Disorders
3. Athletics

4. Outreach
5. Groups

If an intern has a specific interest that is not offered as a specialty track, they are encouraged to discuss this with the Training committee and potentially create a new track if possible.

Sample Weekly Intern Hours Breakdown During Academic Semesters
(late August – December and January – early May)

Clinical Activities	Hours
Individual Counseling	10-12
Brief Consultations	3
Crisis	1
Groups/Programs	1.5
Assessment	1-2
Supervision of AGT	1
Outreach	0.5
Supervision	Hours
Individual Supervision	2
Group Supervision	1
Supervision of Supervision	0.5
Supervision of Group	0.5
Assessment Supervision	0.5
Professional Development Supervision	0.5
Didactics	Hours
Training/Multicultural Seminar (rotates biweekly)	1.5
Case Conference	1
Intern Process	0.5
Other Administrative Tasks	Hours
Case Management (paperwork, planning, etc.)	3-4
Supervisor Admin Time (notes, watching tape, etc.)	1
ADHD Report Writing	2
Staff Meeting	1
Other Meetings (optional)	1-2
Research and Professional Development	2
Total	Hours
Total Hours Weekly Expected	~40**

**As noted above, Interns should be aware that it may be necessary to use time outside of the office to accrue the 2,000 overall hours required for successful completion of Internship. Work related to psychological practice (e.g., reading psychological research, working on dissertation, presenting at a conference, etc.) outside of the office can be recorded towards the 2,000 overall hours required for Internship.

Summer Services and Activities

CAPS will maintain limited open hours during the summer months, with interns continuing to see students eligible for services (full-time degree seeking; 3Ls studying for the bar exam). Interns are expected to continue with service provision even when they may have surpassed the 500 hour minimum. Services in the summer will include: BCs, individual counseling, crisis, outreach programming (more likely with staff), and on-call rotation.

Interns will also work on various projects, to be determined by need of university and CAPS as well as the intern's interest, which could include: programming initiatives, consultation projects, clinical specialty projects, advocacy projects, orientation assistance, and others. The Training Director will work with the interns in the spring semester to set goals for the summer.

Sample Weekly Intern Hours Breakdown During Breaks and Summer Months (Mid-May – End of Internship)

Clinical Activities	Hours
Individual Counseling	5
Brief Consultations	2
Crisis	1
Assessment	1
Outreach	1
Supervision	Hours
Individual Supervision	2
Group Supervision	1
Assessment Supervision	0.5
Professional Development Supervision	1.5
Didactics	Hours
Training/Multicultural Seminar (rotates biweekly)	2
Case Conference	1
Intern Process	1
Summer Projects	Hours
Advocacy/Consultation Project	3
Programming Development/Orientation Assistance	3
Clinical Specialty Project	5
Other Administrative Tasks	Hours
Case Management (paperwork, planning, etc.)	2
ADHD Report Writing	1
Staff Meetings	1
Research and Professional Development	6
Total	Hours
Total Hours Weekly Expected	40**

UR CAPS Doctoral Intern Evaluation, Retention, and Termination Policy

The UR CAPS Doctoral Internship Program requires that interns demonstrate minimum levels of achievement across all competencies and training elements. Interns are formally evaluated by their primary supervisor three times annually, at the end of the fall semester, end of the spring semester, and the end of the internship year. Evaluations are conducted using a standard rating form, which includes comment spaces where supervisors include specific written feedback regarding the interns' performance and progress. The evaluation form includes information about the interns' performance regarding all expected training competencies and the related training elements. Supervisors review these evaluations with the interns and provide an opportunity for discussion at each timepoint.

A minimum level of achievement at the mid-year evaluation is defined as a rating of "3" for each learning element within each competency. The rating scale for each evaluation is a 5-point scale, with the following rating values: 1 = Remedial, 2 = Beginning/Developing Competence, 3 = Intermediate Competence, 4 = Proficient Competence, 5 = Advanced Competence. If an intern receives a score less than 3 on any training element at the mid-year evaluation, or if supervisors have reason to be concerned about the student's performance or progress, the program's Due Process procedures will be initiated. [The Due Process guidelines can be found in the UR Training manual](#). Interns must receive a rating of 4 or above on all training elements at the end-of-year evaluation to successfully complete the program.

Additionally, all UR interns are expected to complete 2000 hours of training during the internship year. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Intern evaluations and certificates of completion are maintained indefinitely by the Training Director in a secure digital file.

Intern evaluations and any other relevant feedback to the interns' home doctoral program is provided at minimum at the midpoint and end of the internship year. Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program. If successful completion of the program comes into question at any point during the internship year, or if an intern enters the formal review step of the Due Process procedures due to a concern by a staff member or an inadequate rating on an evaluation, the home doctoral program is contacted. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the interns' progress, is kept engaged to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by UR because of the Due Process procedures, up to and including termination from the program.

In addition to the evaluations described above, interns complete weekly training/multicultural seminar feedback and an evaluation of their supervisor and a program evaluation at the mid-point and end of the training year. Feedback from these evaluations is reviewed by the Training Committee and used to inform changes or improvements made to the training program. [All evaluation forms are available in the training manual and via box](#).

Part Four – Personnel Information

Intern Stipend, Benefits, and Resources

Interns receive a stipend of \$45,000 for their intern year. Payments are distributed monthly (12 payments per calendar year). Interns receive benefits identical to all other CAPS staff, which includes medical, dental, and vision plans, short-term disability and life insurance, and qualified tuition reduction. More information on benefits can be found here:

<https://hr.richmond.edu/benefits/index.html>

Interns receive 15 vacation days and 12 sick days during the 12 month period. Leave also includes 15 university holidays, and 5 professional development days. Consistent with APPIC guidelines, all leave would be counted towards the 2000 hour requirement. Interns are expected to save 5 leave days for the last week of internship to allow for transition time (the last full week of July).

Additionally, interns receive free parking, access to the Weinstein Center for Recreation and Mind-Body Studio, access to university libraries and museums, free and discounted faculty/staff athletic events; and university social events held during down times in the academic year.

**Interns should be aware that it may be necessary to use time outside of the office to accrue the 2,000 overall hours required for successful completion of Internship. Work related to psychological practice (e.g., reading psychological research, working on dissertation, presenting at a conference, etc.) outside of the office can be recorded towards the 2,000 overall hours required for Internship. Please see [Sample Weekly Schedule](#) above.

Schedule Expectations

Interns are expected to exhibit professional behavior regarding leave time and scheduling. This includes being present and on time for all scheduled days and meetings and abiding by CAPS policy for leave (vacation/sick/flex time/professional development) (See [CAPS Office Procedures](#)).

Remote Work

Consistent with UR CAPS staff members, interns are eligible to work remote one day per week during the academic semesters, which interns would be granted as well. Ability to maintain remote work will be determined based on meeting responsibilities of internship and satisfactory evaluations. Remote work schedule will begin once supervisor and training director determine intern's readiness (i.e. fully oriented to center policies, etc.). Please review [CAPS Policy and Procedure on Remote Work](#) as well as the university's policy on [Flexible Schedule](#).

Policy on Tele-Supervision

Tele-supervision is a method of delivering supervision using information and communication technologies when the supervisor and supervisee are not in the same physical location. This form of supervision usually consists of live videoconferencing through a personal computer with a webcam. UR CAPS primarily offers traditional in-person, individual supervision but there may be times where tele-supervision is the available option (i.e. scheduling issues for group supervision, remote work needed due to health concerns for either supervisor or supervisee; number of interns exceeds number of available on-site supervisors, etc.). In the rare instance that the number of interns exceeds the number of available on-site supervisors, CAPS would only contract with supervisors from our casual part-time pool of staff members who have worked at and/or held supervisory roles in the past at CAPS as they are aware of our policies and procedures, and have secure access to our clinical files. Both supervisor and supervisees must strive to maintain and protect confidentiality (i.e. secure, private location). Non-scheduled and crisis coverage would still be maintained on-site with another member of the training committee.

Office Space, Supplies, and Building Access

Each intern is provided with access to a computer, UR email and Box access, designated office space during scheduled days in office, and basic office supplies for use at CAPS. Any additional requests for supplies or materials (including books, supplies, professional development etc.) are not guaranteed and should go to the Training Director, who will ultimately approve such requests based on the training budget.

Interns are provided building access through their One Card, that will allow them to scan/swipe their card to enter through the front door when the building is closed and through the side door. Due to scheduling of office space, interns should only access the building during their scheduled days and hours, exceptions being after-hours events approved by supervisor/training director. CAPS is a confidential space so accessing the office/building outside of scheduled days/times should not occur.

Dress Code

We recognize that dress has an impact on the therapeutic relationship and the way CAPS staff are perceived on campus. This policy is designed to provide guidance to staff and interns about appropriate dress. We recognize that dress is an important component of professional, personal, and cultural expression. We strive to create a culture of openness and professionalism around dress, and we ask individuals to hold that intention in mind. Professional dress should be business casual. If you have specific questions about dress, please consult your supervisor and/or the Training Director.

Exit Process

At the end of the training year, Interns will complete and submit an Offboarding Check-list (Included in [Appendix F](#)). Interns are provided with the Offboarding Check-list 2-3 weeks prior to their end date to ensure adequate time to complete all tasks before the end of training. This

includes wrapping up all clinical documentation, completing evaluations, final meetings with supervisors, and turning in CAPS/UR property (i.e. keys, ID, computer, etc.).

Part Five – Due Process & Grievances

Due Process

This document provides UR CAPS doctoral interns and staff with an overview of the identification and management of interns' problems and concerns and an explicit discussion of the related due process procedures. The basic meaning of due process is *to inform* and to provide a framework to *respond, act, or dispute*. Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the training program identify specific procedures, which are applied to all intern complaints, concerns, and appeals. In each case, the Training Committee will consider whether the involved party had "legitimate reasons to deviate from training practice (e.g., ADA accommodations)" (Aosved, 2017) and Due Process will not be applied if the Training Committee considers the behaviors to be explained by these reasons.

A. Overview of Due Process Guidelines

1. Presenting interns, in writing, with the program expectations regarding professional functioning.
2. Specifying evaluative procedures, including the time frame and the method.
3. Specifying the definition of "problem behavior."
4. Communicating, early and often, with the home program about any difficulties with interns, and seeking input from the programs about how to address the difficulties.
5. Providing a remediation plan for skill deficiencies or problem behavior, including a time frame for remediation and the consequences of not rectifying the deficiencies or problem behavior.
6. Providing written appeal procedures. The procedures are included in the program's training materials and are made available at the beginning of the training.
7. Ensuring that interns have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documenting, in writing and to all relevant parties, the action taken and its rationale.
10. All interns are expected to abide by the APA Code of Ethics, Virginia laws and regulations as well as University rules and procedures. Either administrative leave or termination would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client, staff member, or other trainee is a major factor, or the intern is unable to complete the training program due to physical, mental, or emotional illness. Interns are

required to abide by University rules and procedures as outlined in the University's Human Resources Policies: <https://hr.richmond.edu/current-employees/policies-expectations/index.html>

B. Due Process Procedures: Identifying Problematic Behavior

Problematic Behavior is defined broadly as an interference in professional functioning, which is reflected in one or more of the following ways:

- An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- An inability to acquire professional skills in order to reach an acceptable level of competency and/or
- An inability to manage personal stress, strong emotional reactions, and/or the presence of psychological dysfunction, which interferes with professional functioning.

It is a professional judgment when an intern's behavior is considered problematic rather than "of concern." Interns may exhibit behaviors, attitudes, or characteristics that, while of concern and requiring remediation, are not unexpected or excessive for training professionals. Problematic behavior is typically identified when one or more of the following characteristics exist:

- The intern does not acknowledge, understand, or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
- The quality of services delivered by the intern is sufficiently negatively affected.
- The problem is not restricted to one area of professional functioning.
- A disproportionate amount of attention by training personnel is required.
- The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

C. Due Process Procedures: Addressing & Managing Problematic Behavior

Minimum level of competency issues:

As stated under UR CAPS Doctoral Intern Evaluation, Retention, and Termination Policy, if an intern receives a score less than 3 on any training element at the mid-year evaluation, or if supervisors have reason to be concerned about the student's performance or progress, the primary supervisor provides specialized attention to increase the intern's functioning to the expected level of competency which may include remedial work. If an intern receives a rating of one on any element at mid-year, the Primary Supervisor, in collaboration with the Training Director, develops and institutes a specific remediation plan. At this time, the Training Director will provide the Academic Training Director with the written remediation plan and subsequently will provide follow-up documentation about the intern's progress in meeting the requirements of the plan.

Behavioral issues:

If a staff member or trainee has significant concerns about an intern's behavior (e.g., ethical or legal violations, professional incompetence), the following procedure will be initiated:

- a. In some cases, it may be appropriate to speak directly to the intern as soon as feasible about these concerns emphasizing the need to discontinue the inappropriate behavior; in other cases, a consultation with the Training Director will be warranted. This decision is made at the discretion of the staff (or other trainee) who has concerns about the intern.
- b. The staff member notifies the Training Director that there is a concern about the intern's skills or professional functioning.
- c. The Training Director initially consults with the primary supervisor (if not the staff member to bring the concern), other directly involved CAPS clinical staff, and members of the CAPS Admin Team (CAPS Assistant Directors and Director) if the problem pertains to clinical practice.
- d. Input will then be sought from the Training Committee. Depending on the situation, a Training Committee meeting may be called immediately to include as many CAPS staff as available. In other cases, the situation may be discussed in the next regularly scheduled supervisors meeting.
- e. The Training Director may also choose to consult with the intern's home program.
- f. At this point, one of the following may take place:
 - a. No Action – no action will be taken when the Training Committee determines that no problem actually exists
 - b. Verbal Notice – A verbal warning will be given to the intern to discontinue or change the behavior in question. If the behavior is discontinued or changed, no further action will be taken.
 - c. Written Acknowledgment – which provides the following:
 - i. Notification to the intern that there is unsatisfactory behavior
 - ii. Description of the unsatisfactory behavior
 - iii. Actions required to remedy the behavior
 - iv. Statement that more serious action is not deemed necessary
 - d. If the Training Director and Supervisor(s) determine that the alleged behavior in the complaint, if substantiated, would constitute a serious violation, the Training Director will inform the staff member who initially brought the complaint, and move to Notification.

D. Notification

It is important to have meaningful ways to address problematic behavior once identified and to do so as soon as feasible (e.g. next supervision session, next Training Committee meeting, and/or immediately once identified depending on seriousness of concern). In implementing remediation or sanctions, the training staff must be mindful and balance the needs of the intern, the clients involved, members of the intern's training group, the training staff, other agency personnel, and the campus community. All evaluative documentation will be maintained in the intern's file. At the discretion of the Training Director—in consultation with the Training Committee, Supervisor(s) and/or Director—the intern and intern's Academic Training Director will be informed through **Written Notice** that formally acknowledges:

- a. The Training Director is aware of and concerned with the behavior,
- b. The concern has been brought to the attention of the intern and the intern will have an opportunity to present information regarding the concern,
- c. The Training Director will work with the intern to rectify the problem or skill deficits.

**If at any time an intern disagrees with the aforementioned notices, the intern can appeal (see Section G below, Due Process Procedures: Appeals Process).*

E. Hearing

The Training Director and CAPS Admin Team meet to discuss the concerns and possible courses of action to be taken to address the issues. The Training Committee and Director will then meet with the Supervisor(s), to discuss possible courses of action.

The Supervisor will hold a Hearing with the Training Director and intern within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the Training Director is the supervisor who is raising the issue, an additional supervisor who works directly with the intern will be included at the Hearing. The intern will have the opportunity to present their perspective at the Hearing and/or to provide a written statement related to their response to the problem. Written notification will also be provided if the behavior(s) of concern are not significant enough to warrant more serious action.

F. Outcomes

The implementation of sanctions should occur only after careful deliberation and thoughtful consideration by members of the Training Committee. Remediation and sanctions listed below may not necessarily occur in this order. The severity of the problematic behavior plays a role in the level of remediation or sanction. This outcome will be communicated to the intern in writing within five working days of the Hearing.

1. **Remediation Plan** – The Training Director will communicate early and often with the intern and apprise the intern and intern’s Academic Training Director of the implementation of a remediation plan. The academic training director is contacted when the plan is developed to answer any questions they may have as well as to gather any information that may be relevant. The training director provides the intern and academic training director with the written remediation plan at the time that it is developed as well as follow-up documentation about how the intern is progressing in meeting the requirements of the plan.

A remediation plan will contain:

- a) Description of the unsatisfactory behavior/performance;
 - b) Actions required to correct the unsatisfactory behavior;
 - c) Timeline for correction;
 - d) Possible consequences/sanctions that may be implemented if the problem is not corrected; and
 - e) Notification that the intern has the right to request an appeal of this action*
2. **Schedule Modification** – the intern’s schedule is modified to allow the intern to focus on remediation of the area of concern. Schedule modification is conducted by the primary supervisor in consultation with the Training Committee, with the full expectation that the intern will complete the internship. Examples of possible modifications include:
 - a) Increasing the amount of supervision, either with the same or other supervisors
 - b) Changing the format, emphasis, or focus of supervision
 - c) Recommending seeking professional support

- d) Reducing the intern's clinical or other workload
3. **Probation** is also a time-limited, remediation-oriented, and more closely supervised training period for the intern. Its purpose is to return the intern to a fully functioning state. This period will include more closely scrutinized supervision conducted by the primary supervisor in consultation with the Training Committee. The intern, supervisor, and Training Committee will determine the termination of probation. Termination of probation is determined by the Training Committee at a specified future date. If the intern has not adequately changed the behavior by the specified date, probation may be continued, or some other action may be implemented. Report of the probation will be made to the home program. The intern will be given a written statement of the probation conditions, specifying the following:
- a. Description of the unsatisfactory behavior
 - b. Actions required to correct the unsatisfactory behavior
 - c. Timeline for correction
 - d. Explanation of the procedure that will be used to determine whether satisfactory progress has been made
 - e. Possible consequences if the problem is not corrected
4. **Temporary Withdrawal of Case Privileges** means that it has been determined that the welfare of the intern and/or the client has been jeopardized. Therefore, case privileges will be suspended for a specified period of time (i.e., no direct service functions), accompanied by remediation activities, both of which will be specified by the Training Committee. If the intern can demonstrate that the problem has been sufficiently addressed by the end of this period, activities will be resumed and will likely be accompanied by a probation period. This action will be communicated to the home program immediately. If the suspension interferes with the successful completion of the training hours needed for completion of the internship, this will be noted for the record.

The intern will be informed in writing of the conditions of the temporary withdrawal of activity privileges, specifying the following:

- a. Description of the unsatisfactory behavior
 - b. If applicable,
 - i. Actions required to correct the unsatisfactory behavior
 - ii. Timeline for correction
 - iii. Explanation of the procedure that will be used to determine whether satisfactory progress has been made
 - iv. Possible consequences if the problem is not corrected
5. **Dismissal**— Dismissal from UR CAPS may be initiated if it is determined by the Training Committee that imminent harm may occur to CAPS clientele if the intern continues with current behaviors or if remediation is found to be unsuccessful. The Training Committee will make a recommendation for dismissal to the Director of CAPS, who will make the final decision in accordance with University Policy and in consultation with Human Resources. The intern will receive written notice of the dismissal. The home program will be informed that the intern has not and will not successfully complete the internship.

Dismissal from the internship program might occur under the following circumstances:

- a) It is determined that remediation cannot be successfully accomplished.
- b) Serious violation of ethical standards
- c) Serious violation of CAPS policy and procedures
- d) Serious legal violation
- e) The intern is unable to complete the training program due to physical, mental, or emotional illness
- f) Any other condition that jeopardizes intern, client or staff welfare

G. Due Process Procedures: Appeals Process

In the event that an intern does not agree with any of the aforementioned notifications, remediation, or sanctions, the following appeal procedures should be followed:

1. The intern may file a formal appeal in writing with all supporting documents, with the CAPS Director. The intern must submit this appeal within five working days from their notification of any of the above (notification, remediation, or sanctions).
2. Within three working days of receipt of a formal written appeal from an intern, the CAPS Director will consult with the Training Committee and decide whether to implement a Review Panel or respond directly to the appeal.
3. If a Review Panel is convened, it will consist of the Training Director and two licensed supervisors. The CAPS Director will designate a Chair of the Review Panel. All material relevant to the appeal will be submitted to the Chair of the Panel and the Panel will arrive at a consensus based on the information provided. If the appeal involves the CAPS Director, the responsibility to appoint a Review Panel will be delegated to the Training Director.
4. In the event an intern files a formal written appeal to disagree with a decision that has already been made by the Review Panel and supported by the CAPS Director, then that appeal is reviewed by the CAPS Director in consultation with all CAPS licensed staff. The CAPS Director will determine if a new Review Panel should be formed to re-examine the case, or if the decision of the original Review Panel will be upheld.

Grievance Policy

Grievance Procedures are designed to address intern grievances against an individual, supervisor, other staff, or the Training Program as a whole. Example reasons for grievances include but are not limited to: Poor supervision, unavailability of the supervisor, workload issues, personality clashes, unethical behavior, lack of training experiences, and other staff conflict. If possible, interns are encouraged to informally resolve grievances with staff by first discussing their concerns directly with the involved staff member(s). If this discussion produces insufficient results or is not possible, the intern may also discuss the concern with the Training Director or CAPS Director who may assist in resolving the conflict. Should a grievance be directed toward the Training Program, to prevent a conflict of interest, grievances should be presented to the CAPS Director. Similarly, if the Training Director is the staff in question, the intern can present grievances to the CAPS Director.

1. Informal Problem Resolution Procedure

Interns are encouraged to informally resolve grievances with training staff by first discussing their concerns with that staff member. If an intern experiences a problem with a CAPS clinical or support staff member, the intern is encouraged to proceed by taking the following actions. If a step is not successful, the intern should proceed to the next step. We recognize that, in some situations, the intern may feel uncomfortable about talking directly with a staff member about an issue. If that is the case, the intern is advised to consult with the Training Director.

Step 1: First, attempt to address and resolve the problem with the individual as soon as possible.

Step 2: If addressing the issue with the staff member is not successful, or the intern does not feel safe or fears retaliation of first addressing the issue with the supervisor, they may consult with the Training Director. The Training Director will assist by using one or more of the following actions.

- a) Serving as a consultant to assist in deciding how best to communicate with the individual
- b) Facilitating a mediation session between the staff person and the intern
- c) Taking the issue to Admin Team members and/or the Training Committee for consultation and problem solving
- d) Consulting with the CAPS Director

In the case of an issue with the Training Director, the intern should consult with the Assistant Director for Clinical Services. In the case of an issue in which neither the Training Director or Assistant Director can be consulted, the intern should consult with the CAPS Director.

Step 3: If satisfactory resolution is still not attained, the intern may file a grievance.

2. Grievance Procedure: Initial Review

If the intern is unsuccessful in resolving the concern informally or prefers to address the issue by formal means, a formal grievance may be filed at any time using the procedures that follow:

A. Notice

The intern grievance should be communicated to the Training Director in writing, when possible within 5 working days of the event in question (i.e. receipt of evaluation).

B. Hearing

1. The Training Director will chair a review panel consisting of the Training Director, one Training Committee member chosen by the intern, and one Training Committee member chosen by the Training Director.

- i. If the Training Director is the training staff member against which the grievance is filed, the CAPS Director will appoint an alternate staff member to chair the panel and appoint the committee member.
2. The intern and any supervisors involved may present information relevant to their positions to the panel at a hearing and will have an opportunity to hear all information presented so that they may discuss this information.
3. After hearing all evidence, the panel will determine a recommendation regarding the matter by majority vote and will submit this recommendation to the CAPS Director within 5 working days of the hearing.
4. The CAPS Director then makes a final decision regarding the action to be taken and will communicate this decision to all parties within 5 working days.

3. Grievance Procedure: Second Review

In the event the intern does not agree with the handling of the grievance, the following procedures should be followed:

- A. A written appeal can be filed with the CAPS Director within 5 working days of being notified of the Director's decision.
- B. Within 5 working days the Director will conduct a hearing of evidence from the intern and other parties involved.
- C. An appeal decision will be made by the CAPS Director and all parties will be informed in writing of this decision within 5 working days of the hearing.
- D. If an intern continues to be dissatisfied with the CAPS Director's decision and/or the review panel determines the grievance cannot be resolved, the issue will be turned over to UR Human Resources to initiate the university due process procedures.

Part Six – Appendices

Individual copies of Resources and Forms are hyperlinked to the Box file, when available, with a few others listed here that are updated on a regular basis:

Resources

- [CAPS Policies and Procedures](#)
- [Case Presentation Outline](#)
- [Campus Partners Cheat Sheet](#)

Forms

- [Onboarding Checklist](#)
- [Recording Consent](#)
- [Training and Supervision Contract](#)
- [Offboarding Checklist](#)

Appendix I: Competencies: Detailed Descriptions

COMPETENCY # 1: ETHICAL AND LEGAL STANDARDS

Aim: Interns will develop knowledge and professional practices that assure adherence to current ethical standards for psychologists.

Elements:

- Be knowledgeable of and act in accordance with each of the following: o the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise and apply ethical decision-making processes to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

Training Activities: Orientation meetings focused on ethical considerations for this center, Intern Training Seminar, individual and group supervision with a focus on ethical decision-making in all professional activities, supervision of supervision with a focus on ethical considerations regarding provision of supervision, informal clinical presentations during group supervision, informal supervision presentations during supervision of supervision, clinical case presentations, and supervision presentation.

Evaluation Methods: Supervisors' evaluations, clinical case presentation evaluations, and supervision presentation evaluations.

COMPETENCY # 2: INTERVENTION

Aim: Interns will develop culturally-relevant, research-informed, and ethical psychological practice skills to support their functioning as emerging psychologists.

Elements:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Training Activities: Provision of direct service, including: brief consultations, crisis intervention, individual counseling, groups and programs, case management, consultation, and outreach programming/community education; Intern Training Seminars; individual supervision with review of direct observation of interventions provided; group supervision including informal clinical case presentations; supervision of group therapy including direct observation of interventions provided; clinical case presentations.

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

COMPETENCY # 3: ASSESSMENT

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

Elements:

- Demonstrate current knowledge of diagnostic classification system, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding human behavior within its context (e.g., family, social, societal, and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods such as the CCAPS and the Cultural Formulation Interview (CFI) and/or ADHD Screening instruments that draw from the empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents (ADHD Reports) the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Training Activities: Assessment of client concerns through Brief Consultation, Counseling Initials and Follow-ups, and Crisis appointments as well as associated supervision of those clinical services; incorporation of CCAPS into clinical work; use of the DSM-5 Cultural Formulation Interview (CFI) with two clients during the training year; conduct two ADHD screenings, include report writing per semester; orientation meetings focused on assessment; Intern Training Seminars; clinical case presentations; and Advocacy project.

Evaluation Methods: Supervisors' evaluations which are informed by direct observation and clinical case presentation evaluations.

COMPETENCY # 4: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

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

Elements:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.

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

Training Activities: Orientation meetings about consultation and with offices on campus; provision of consultation to other health service providers, campus partners, members of clients' support networks, and clients; consultation with other health service providers, campus partners, or members of clients' support network; provision of information regarding mental health and CAPS services at tabling events or outreach activities; participation in case conferences and staff meetings with a multidisciplinary team at this center; and individual and group supervision that addresses consultation and coordination of care.

Evaluation Methods: Supervisors' evaluations and Advocacy project evaluations by mentor and related to presentation.

COMPETENCY # 5: SUPERVISION

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

Elements:

- Apply this knowledge in direct or simulated practice with psychology interns, or other health professionals.
- Apply the supervisory skill of evaluating in direct or simulated practice.
- Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.
- Effectively establish and maintain ongoing supervisory relationships with psychology interns.
- Provide supervision that ensures client welfare, attends to ethical issues, and centers cultural considerations.
 - Provide feedback to peers and supervisees that recognizes their strengths and growth edges in a developmental, culturally-informed, and strength-based context.

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

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

COMPETENCY # 6: INDIVIDUAL AND CULTURAL DIVERSITY

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

Elements:

- Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

- Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
- Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, direct service, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Training Activities: Intern Multicultural Seminars, DEI-B discussions with all staff, provision of direct service to diverse student population, group and individual supervision with a focus on the integration of individual and cultural diversity factors in all professional activities, clinical case presentations, supervision of supervision presentation, and outreach presentations.

Evaluation Methods: Supervisor's evaluations, clinical case presentation evaluations, and supervision presentation evaluations.

COMPETENCY # 7: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOR

Aim: Interns will integrate foundational values of a psychologist and demonstrate behaviors and practices that are consistent with the professional identity of a psychologist.

Elements:

- Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasing complex situations with a greater degree of independence as they progress across levels of training.

Training Activities: Group supervision with focus on professional identity development, individual supervision with a focus on incorporating professional values in all professional activities, engagement in a way that is consistent with a professional staff member at CAPS, compliance with the policies and procedures of the center and university, incorporation of cultural considerations into all psychological practices.

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

COMPETENCY # 8: COMMUNICATION AND INTERPERSONAL SKILLS

Aim: Interns will engage in self-reflection and apply insights to professional relationships and communications.

Elements:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Training Activities: Staff meetings and case conferences with multidisciplinary staff; consultations with campus partners; collaborations with campus partners to develop outreach programs; outreach programs/community education; clinical case presentations; supervision presentation; individual and group supervision with a focus on using effective communication and interpersonal skills in all professional activities; documentation of clinical interactions in accordance with center policies and procedures.

Evaluation Methods: Supervisors' evaluation, including feedback from other members of the staff; clinical case presentation evaluations; and supervision presentation evaluations.

COMPETENCY # 9: RESEARCH

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

Elements:

- Demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
- Use research and scholarly literature to inform clinical decision making.
- Assist with data analysis for CAPS Annual Report

Training Activities: Intern and Multicultural Seminars (all informed by research) with a focus on integrating research into all professional activities, discussion of evidence-based interventions in individual supervision, inclusion of evidence-base in supervision presentation, and inclusion of evidence base in clinical case presentation.

Evaluation Methods: Supervisors' evaluations, supervision presentation evaluations, and clinical case presentation evaluations.

Appendix II: Recording Policy

All interns are required to record (digital video or audio) every client session for supervision purposes. Video recording is preferable if available. Exceptions to this policy must be negotiated between trainee and their primary supervisors.

Procedures:

- Interns will accurately communicate their trainee status to all clients, including the necessity to record most clinical activities, the nature of the training, and how information about them will be shared (individual supervision, case consultation, etc.).
- Interns will obtain written permission to record from clients prior to recording (recording consent is in appendices under forms)
- Recording supplies, such as webcams or laptops, may be checked out from the storage area at the beginning of each day and should be returned at the end of the business day.
- If digital video, each recording must be stored securely in the trainee's folder on Box (HIPAA compliant) and labeled with the client's initials and the date of the session. If digital audio, the recording device must be stored in a locked drawer when not in use with a log of the audio tracks, client's initials, and date of the session and kept in a locked office. Videos should be immediately saved in the above secure location following session and removed from device.
- Digital video recordings of client sessions should not be stored anywhere (such as on the desktop or on a flash drive) other than the secured Box folder unless the supervisor initiates this request for a specific reason and the Training Coordinator approves. Digital audio should not be record on personal devices such as a smartphone.
- Client recordings are not to leave the CAPS office or equipment without a specific reason or approval from the Training Coordinator and CAPS Director.
- Interns should negotiate with their primary supervisors at the beginning of their training regarding how long to retain client recordings and who is responsible for periodically deleting the files. Unless otherwise specified, videos should be retained for approximately two weeks, particularly if the session involves any discussion of risk. All files must be deleted by the end of the internship.
- Supervisors will specify expectations for interns' review of their recorded sessions at the outset of their supervisory relationship.
- By the end of their training experience, all interns recordings will be deleted permanently from the shared drive. It is the responsibility of the individual supervisor to confirm that this task is completed by the trainee's last day at CAPS.

Appendix III: Specialty Training Tracks

Trauma/Crisis track

During the trauma specialty track, interns will gain training and experience, with the support of an interdisciplinary team, observing and providing crisis risk evaluations, case management services, assessments, and trauma-focused individual, group, and couples/family therapy. Interns also engage in campus outreach efforts. Interventions are guided by a culturally-informed integrative theoretical model that incorporates interpersonal, cognitive-behavioral, mindfulness, existential/humanistic, attachment-oriented, and systemic-based perspectives. Group therapy opportunities are diverse and include co-facilitating and developing evidence-based therapy groups (e.g., Acceptance and Commitment Therapy, Managing Anxiety, Compassion-Based Meditation, Skills Training for Affect Regulation), and process groups (e.g., interpersonal).

Crisis track provides training on crisis assessment and skills. Crisis Care sessions are brief assessments focused on addressing the present needs or concerns of the students. Interns are provided training in crisis assessment, solutions-focused care, referrals, and suicide assessment. They will also be able to participate in police ride alongs, and assisting with the Peer Support Specialist Warmline undergraduate intern program.

Trauma/Crisis Track may include:

- **Individual Client work:** Small caseload of clients with trauma history deemed low risk of current SI/HI/risk factors
- **Group Work:** Assist with and develop programs
- **Relevant Meetings:** Case conference, trauma informed online and in-house trainings; i.e. CAMS, ACES
- **Liaison:** Residence Life, URPD
- **Other related activities:** Campus outreach
- **Supervisors:** Kris Day

Eating Disorders Specialty Track

This specialty track will provide interns with opportunities to work with students who present with eating concerns, disordered eating, body image concerns, and diagnosed eating disorders. Interns will become familiar with body image and eating concern assessment questions and tools. Interns will also learn appropriate interventions and therapeutic techniques that are guided by a culturally-informed integrative theoretical model that incorporates interpersonal, cognitive-behavioral, mindfulness, existential/humanistic, attachment-oriented, and systemic-based perspectives. Interns will learn when and how to make appropriate referrals to a psychiatrist, the school's registered dietitian, and when appropriate the Student Health Center.

Eating Disorder Specialty Track may include:

- **Individual Work:** Small caseload of clients with identified body image or eating concerns issues who are currently not needing or not willing to utilize more intensive treatment modalities.
- **Group Work:** The Body Project (A cognitive-dissonance-based body acceptance intervention that was designed to help adolescent girls and young women resist sociocultural pressures to conform to the thin-ideal and reduce their pursuit of thinness. This is a program based on prevention).
- **Relevant Meetings:** Eating Disorder Treatment Team Meeting, Case Consultations
- **Liaisons:** Registered Dietitian, Dean's Office, SHC
- **Book suggestions:** Eating in the Light of the Moon by Anita Johnston, PhD; Life without Ed by Jenni Schaefer; The Body Image Workbook by Thomas Cash; Treating Black Women with Eating Disorders: A Clinician's Guide by Charlynn Small, PhD and Mazella Fuller, PhD
- **Other:** Campus Outreach (I.e. Rho Gamma Training)
- **Supervisors:** Small, Delman, Turk

Athletics Specialty Track

The Athletics specialty track will immerse the graduate trainee in the world of collegiate athletics with the end goal of understanding the role of a mental health clinician working in athletics settings. Interns will partner with the Staff Psychologist for athletics to provide individual and group services, interact with several interdisciplinary teams, facilitate trainings and education, organize wellness related outreaches, and attend practices and games. Training will be provided to interns on performance interventions, eating concerns and disorders within student-athlete populations, and ethics specifically related to athletics settings (boundaries, multiple roles, confidentiality, etc.).

Each trainee in this specialty track will create an individualized training plan that will address the clinical need as identified by the staff psychologist and the needs and interests identified by the trainee. Interns will be expected to build relationships with athletics support staff and coaches to work collaboratively and best meet client needs. Interns will also be encouraged to create programming and outreach aligning with their interests and meeting the needs of the department.

- **Individual Client work:** caseload with varsity student-athletes for both mental health and sports performance concerns including sports injury appointments.
- **Group Work:** Interns will partner with staff psychologist to provide sessions to team and education/training for staff and coaches
- **Relevant Meetings:** Athletic Care and Concern Team, Spider Performance & Development, student-athlete related online and in-house trainings
- **Liaison:** Athletics Department
- **Other related activities:** Attend practices or games, Wellness Wednesday coordination and facilitation, assisting with as yoU aRe and Morgan's Message activities/planning, consultation sessions with athletics staff
- **Supervisor(s):** Rachel Turk

Outreach Specialty Track

The Outreach Specialty Track will provide the opportunity for interns to develop and grow in the field of health promotion and outreach. Interns will partner with the Assistant Director for Health Promotion to develop relationships with campus partners, conduct needs assessments of programming initiatives, create and implement programming in collaboration with campus partners, as well as assist with the supervision of the CAPS undergraduate outreach interns. Training will be provided to interns on outreach development and presentation skills.

- **Outreach Expectations:** provide 4-5 outreaches per semester
- **Relevant Meetings:** first year orientation planning, SCEI events planning, health promotion meetings; CAPS Outtern weekly meetings
- **Liaison:** Health Promotion and other Student Development offices
- **Other related activities:** assist with Mental Health Awareness week; finals study breaks, and orientation events
- **Supervisor(s):** Charlynn Small

Group Specialty Track

The Group Specialty Track will provide the opportunity for interns to develop and grow in the field of group counseling and psychoeducational programs. Interns will partner with the Group Coordinator to assist with group development, planning, and implementation. Training will be provided to interns on group development and skills. Interns also have the opportunity to supervise an AGT in their group work experiences as well.

- **Group Expectations:** provide 2-3 groups per semester; develop new group based on assessment of CAPS needs and intern's interest
- **Relevant Meetings:** marketing meetings; planning meetings with group coordinator; meet with campus partners for needs assessments and collaboration
- **Other related activities:** create facilitators guide and marketing materials
- **Supervisor(s):** Hilary Delman

Appendix G: Evaluations

Training/Multicultural Seminar Evaluation

Seminar Title: _____

Presenter: _____

In order to evaluate and improve the training seminars at UR CAPS, please rate the following in terms of satisfaction: 1=low satisfaction, 3=average satisfaction, & 5=high satisfaction

- ___ The topic was relevant to my training
- ___ The topic was interesting to me
- ___ The presenter(s) demonstrated knowledge about the topic
- ___ The written materials were useful (if applicable)
- ___ I was comfortable asking questions
- ___ I would recommend this presentation
- ___ I would recommend this presenter
- ___ This presentation was relevant to college counseling work

List strengths of the presentation/presenter

List areas of improvement for the presentation/presenter

University of Richmond CAPS
Competency Benchmarks in Professional Psychology

Intern Name:

Date Evaluation Completed:

Name of Person Completing Form (please include highest degree earned):

Type of Review:

Initial Review Mid-placement review Final Review Other (please describe):

Dates of Training Experience this Review Covers: _____

Rate each item using the scale below:

0 = Remedial: Performs inadequately for a psychology intern in this area. Requires significant and close supervision and monitoring of basic tasks in this area. Remediation plan required.

1 = Beginning/Developing Competence: Demonstrates marginal competence in carrying out basic tasks in this area; requires frequent supervision and close monitoring. Remediation may be considered or recommended or is available by intern request.

2 = Intermediate Competence: Demonstrates competence in carrying out basic tasks in this area. Requires training and ongoing supervision for developing.

3 = Proficient Competence: Demonstrates advanced skills of basic tasks in this area. Requires ongoing supervision for performance of advanced skills in this area. Occasionally and spontaneously demonstrates advanced skills in this area.

4 = Advanced Competence: Demonstrates mastery of basic tasks in this area. Often performs at the level expected for an early career professional.

N/O= Not Observed: Not enough information obtained at this time to provide an evaluation of competency.

After each section and near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the intern's current level of competence.

FOUNDATIONAL COMPETENCIES
I. PROFESSIONALISM

1. Professionalism: as evidenced in behavior and comportsment that reflect the values and attitudes of psychology.						
1A. Integrity - Honesty, personal responsibility and adherence to professional values						
Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values	0	1	2	3	4	[N/O]
1B. Deportment						
Communication and physical conduct (including attire) is professionally appropriate, across different settings	0	1	2	3	4	[N/O]
1C. Accountability						
Accepts responsibility for own actions	0	1	2	3	4	[N/O]
1D. Concern for the welfare of others						
Acts to understand and safeguard the welfare of others	0	1	2	3	4	[N/O]
1E. Professional Identity						
Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development	0	1	2	3	4	[N/O]

Additional Comments on Professionalism:

2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.						
2A. 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						
Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
2B. Others as Shaped by Individual and Cultural Diversity and Context						
Applies knowledge of others as cultural beings in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context						

Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others	0	1	2	3	4	[N/O]
2D. Applications based on Individual and Cultural Context						
Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
Additional Comments on individual and cultural diversity:						

3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.						
3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines						
Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations	0	1	2	3	4	[N/O]
3B. Awareness and Application of Ethical Decision Making						
Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma	0	1	2	3	4	[N/O]
3C. Ethical Conduct						
Integrates own moral principles/ethical values in professional conduct	0	1	2	3	4	[N/O]
Additional Comments on Ethical Legal standards and policy:						

4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.						
4A. Reflective Practice						
Displays broadened self-awareness; utilizes self-monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action	0	1	2	3	4	[N/O]
4B. Self-Assessment						

Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills	0	1	2	3	4	[N/O]
4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)						
Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice	0	1	2	3	4	[N/O]
4D. Participation in Supervision Process						
Effectively participates in supervision	0	1	2	3	4	[N/O]
Additional Reflective practice/self-assessment/self-care comments:						

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.						
5A. Interpersonal Relationships						
Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines	0	1	2	3	4	[N/O]
5B. Affective Skills						
Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively	0	1	2	3	4	[N/O]
5C. Expressive Skills						
Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language	0	1	2	3	4	[N/O]
Additional Comments on Relationships:						

III. SCIENCE

6. 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.

6A. Scientific Mindedness						
Values and applies scientific methods to professional practice	0	1	2	3	4	[N/O]
6B. Scientific Foundation of Psychology						
Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)	0	1	2	3	4	[N/O]
6C. Scientific Foundation of Professional Practice						
Demonstrates knowledge, understanding, and application of the concept of evidence-based practice	0	1	2	3	4	[N/O]
Additional Comments on Scientific Knowledge and Methods:						

7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.						
7A. Scientific Approach to Knowledge Generation						
Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology	0	1	2	3	4	[N/O]
7B. Application of Scientific Method to Practice						
Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs	0	1	2	3	4	[N/O]
Additional Comments on Research/Evaluation:						

FUNCTIONAL COMPETENCIES

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.						
8A. Knowledge and Application of Evidence-Based Practice						
Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	0	1	2	3	4	[N/O]
Additional Evidence-Based Practice:						

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9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.						
9A. Knowledge of Measurement and Psychometrics						
Selects assessment measures with attention to issues of reliability and validity	0	1	2	3	4	[N/O]
9B. Knowledge of Assessment Methods						
Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances	0	1	2	3	4	[N/O]
9C. Application of Assessment Methods						
Selects appropriate assessment measures to answer diagnostic question	0	1	2	3	4	[N/O]
9D. Diagnosis						
Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity	0	1	2	3	4	[N/O]
9E. Conceptualization and Recommendations						
Utilizes systematic approaches of gathering data to inform clinical decision-making	0	1	2	3	4	[N/O]
9F. Communication of Assessment Findings						
Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client	0	1	2	3	4	[N/O]
Additional Comments on Assessment:						

10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.						
10A. Intervention planning						
Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation	0	1	2	3	4	[N/O]
10B. Skills						
Displays clinical skills	0	1	2	3	4	[N/O]

10C. Intervention Implementation						
Implements evidence-based interventions	0	1	2	3	4	[N/O]
10D. Progress Evaluation						
Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures	0	1	2	3	4	[N/O]
Additional Comments on Assessment:						

11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.						
11A. Role of Consultant						
Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)	0	1	2	3	4	[N/O]
11B. Addressing Referral Question						
Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions	0	1	2	3	4	[N/O]
11C. Communication of Consultation Findings						
Identifies literature and knowledge about process of informing consultee of assessment findings	0	1	2	3	4	[N/O]
11D. Application of Consultation Methods						
Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings	0	1	2	3	4	[N/O]
Additional Comments on Consultation:						

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.						
12A. Knowledge						
Demonstrates awareness of theories of learning and how they impact teaching	0	1	2	3	4	[N/O]
12B. Skills						

Demonstrates knowledge of application of teaching methods	0	1	2	3	4	[N/O]
Additional Comments on Teaching:						

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.						
13A. Expectations and Roles						
Demonstrates knowledge of, purpose for, and roles in supervision	0	1	2	3	4	[N/O]
13B. Processes and Procedures						
Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices	0	1	2	3	4	[N/O]
13C. Skills Development						
Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals	0	1	2	3	4	[N/O]
13D. Supervisory Practices						
Provides helpful supervisory input in peer and group supervision	0	1	2	3	4	[N/O]
Additional Comments on Supervision:						

VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.						
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions						
Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals	0	1	2	3	4	[N/O]
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts						
Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning	0	1	2	3	4	[N/O]

14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes						
Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals	0	1	2	3	4	[N/O]
14D. Respectful and Productive Relationships with Individuals from Other Professions						
Develops and maintains collaborative relationships and respect for other professionals	0	1	2	3	4	[N/O]
Additional Comments on Interdisciplinary Systems:						

15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).						
15A. Appraisal of Management and Leadership						
Forms autonomous judgment of organization’s management and leadership	0	1	2	3	4	[N/O]
15B. Management						
Demonstrates awareness of roles of management in organizations	0	1	2	3	4	[N/O]
15C. Administration						
Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures	0	1	2	3	4	[N/O]
Additional Comments on Management Administration:						

16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.						
16A. Empowerment						
Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision	0	1	2	3	4	[N/O]
16B. Systems Change						
Promotes change to enhance the functioning of individuals	0	1	2	3	4	[N/O]
Additional Comments on Advocacy:						

Overall Assessment of Intern’s Current Level of Competence

Please provide a brief narrative summary of your overall impression of this intern’s current level of competence. In your narrative, please be sure to address the following questions:

- What are the intern’s particular strengths and weaknesses?

- Do you believe that the intern has reached the level of competence expected by the program at this point in training?

- If applicable, is the intern ready to move to the next level of training, or independent practice?

I confirm receipt of this evaluation and that it has been reviewed by my supervisor:

Intern Signature

Date Signed

Supervisor Signature

Date Signed

Intern Evaluation of Supervisor

University of Richmond CAPS Supervision Evaluation

Supervisor Name:

Semester:

Evaluator Name:

Date:

Ratings

0 – No Data/Not applicable, 1 = Needs improvement, 2 = Adequate, 3 = Good/helpful 4 = Excellent/very helpful

Please rate the supervision you received in the areas below using the above rating scale.

1. ___ Contributed to overall development of my professional skills.
2. ___ Established clear goals conjointly with me by which progress in supervision was measured.
3. ___ Modeled good task-orientation skills within the supervision session.
4. ___ Prioritized supervision (was regular in attending sessions, making up any missed sessions, on time).
5. ___ Was available for between session consultation when needed.
6. ___ Sampled and critiqued my work through use of audio/video tapes.
7. ___ Explained the criteria for evaluation clearly.
8. ___ Applied criteria fairly in evaluating my performance.
9. ___ Gave appropriate and clear feedback to me about negative professional behavior.
10. ___ Provided relevant literature or references.
11. ___ Challenged me to be flexible in my perceptions of the thoughts, feelings and goals of my clients and myself.
12. ___ Helped me organize relevant case data in planning goals and strategies with my clients.
13. ___ Provided suggestions for alternate ways of conceptualizing cases.
14. ___ Aided in fitting theory and research into practice.
15. ___ Helped me identify when personal factors or reactions may interfere with my work.
16. ___ Helped me develop strategies to prevent interference of personal factors in reactions to my work.
17. ___ Gave me emotional support when appropriate.
18. ___ Enabled me to express opinions, questions and concerns about my work.
19. ___ Appropriately addressed interpersonal dynamics between themselves/me.
20. ___ Provided me with the opportunity to adequately discuss major difficulties I was facing with my clients.
21. ___ Motivated me to assess my own work fairly and accurately.
22. ___ Encouraged me to work on developing my own therapeutic style.
23. ___ Allowed me to conceptualize cases using my own theoretical framework.
24. ___ Allowed me to conceptualize cases using other theoretical frameworks.

25. ___ Enabled me to brainstorm solutions, responses and techniques of interventions that would be helpful in future situations.
26. ___ Was flexible enough for me to be spontaneous and creative, both in supervision and in my work.
27. ___ Helped me feel accepted and respected as a profession-in-training.
28. ___ Helped me feel accepted and respected as a person.
29. ___ Was sensitive to my needs, anxieties or conflicts generated during the training experience.
30. ___ Was encouraging, motivational and supportive. Established good rapport with me.
31. ___ Could accept feedback from me in a non-defensive manner.
32. ___ Demonstrated sensitivity to individual differences.
33. ___ Recognized their own limits appropriately and responsibly.
34. ___ Modeled and discussed legal and ethical behavior.
35. ___ Served as advocate to the Center for me.

Please list what you believe were strengths in your supervisor's work with you:

What suggestions do you have for your supervisor to continue making improvements:

Please make any additional comments about your supervision:

Intern Evaluation of Program

University of Richmond
Counseling and Psychological Services (CAPS)
Agency and Training Program Evaluation Form

Date _____

This Program Evaluation is utilized to continually improve and enhance the doctoral internship training program. All responses are reviewed by the Training Committee and your feedback is carefully considered. Any ratings of "Poor" or "Fair" will result in action by the Training Committee to address the problematic item, so please include detailed explanatory comments wherever applicable in order to help us respond most effectively. Thank you for taking time to fill out this evaluation.

I: PROFESSIONAL EXPERIENCES

Please rate how well CAPS training contributed to the following professional experiences using the following scale.

Not Applicable	Poor	Fair	Good	Excellent
NA	1	2	3	4

Acquired and developed:

- ___ 1. Therapeutic skills
- ___ 2. Sensitivity to and increased competency in working with clients with identities different from my own
- ___ 3. Diagnostic skills
- ___ 4. Skills in relating to or developing my professional identity
- ___ 5. Skills to work with a range of clinical presentations and levels of clinical severity
- ___ 6. Skills developing a clinical conceptualization

Comments:

II. EXPERIENCES WITH STAFF AND INDIVIDUAL SUPERVISORS

Not Applicable	Poor	Fair	Good	Excellent
NA	1	2	3	4

- ___ 1. Individual supervisor availability for consultation and supervision
- ___ 2. Quality of individual supervision

- ___ 3. Quality of supervision of group work
- ___ 5. Supervisor(s) recognized my individual needs and abilities
- ___ 6. Individual Supervisor(s) were clear about expectations
- ___ 7. Group supervisors were clear about expectations
- ___ 8. Clinical caseload was appropriate in terms of skill level
- ___ 9. Clinical caseload was reasonable in terms of numbers of clients
- ___ 10. Supervisor(s) attentive to my development as a professional
- ___ 12. Training Director available for consultation
- ___ 14. Other Supervisors/Staff available for consultation
- ___ 15. CAPS staff commitment to training
- ___ 13. Staff provided professional role modeling
- ___ 14. Staff was sensitive to and proactive about diversity issues
- ___ 15. Staff demonstrated they valued and respected each other
- ___ 16. Professional ethics were adequately modeled.
- ___ 17. Professional ethics were adequately discussed.
- ___ 18. Interns were treated with respect.

Comments:

III. GROUP TRAINING OPPORTUNITIES

- | | Not Applicable
NA | Poor
1 | Fair
2 | Good
3 | Excellent
4 |
|--------------------------------------------------------------------------|-----------------------------|------------------|------------------|------------------|-----------------------|
| ___ 1. Case conference | | | | | |
| ___ 2. Training Seminar (every other week) | | | | | |
| ___ 3. Multicultural Seminar (every other week) | | | | | |
| ___ 4. Opportunities for professional socialization with training cohort | | | | | |

What have you found to be valuable about case conferences?

What suggestions do you have for improving case conferences?

What have you found valuable about the training seminar?

What are your suggestions for improving the training seminar?

What have you found valuable about the multicultural seminar?

What are your suggestions for improving the multicultural seminar?

PART III: CENTER OPERATION AND SERVICES

Not Applicable	Poor	Fair	Good	Excellent
NA	1	2	3	4

- ___ 1. Training program administration/Training Committee
- ___ 2. Office management (front desk staff)
- ___ 3. CAPS created an atmosphere that valued trainees
- ___ 4. Staff responded to conflict and handled situational problems
- ___ 5. Adequate resources available to function efficiently (i.e. rooms, computers)
- ___ 6. Condition of physical facilities (including equipment)
- ___ 7. Role clarity for interns, office staff, supervisors
- ___ 8. The internship provided sufficient structure in training
- ___ 8. Overall rating of your experience at CAPS

Comments:

Signature: _____

Thank you for your time!
When finished, please return to the Training Director