

RUTGERS
Student Affairs

Counseling, ADAP
and Psychiatric Services

RSH-CAPS Doctoral Internship Training Program in Health Services Psychology

**Michelle L. Drapkin, Ph.D.
Director of Training**

**Reese Mayer, Ph.D.
Assistant Director of Training**

Main Office

**17 Senior Street
New Brunswick, NJ 08901
Phone: 848/932-7884
Fax: 732/932-8278**

Nichol Avenue Office

**61 Nichol Avenue
New Brunswick, NJ 08901
Phone: 732/932-9150
Fax: 732/932-2213**

Table of Contents

	Page #
I. Introduction	3
II. The Setting	3
III. The Staff	3
IV. The Mission	3
V. Clinical Services	4
VI. Pre-Doctoral Internship Training Program Overview	4
VII. Training Model and Philosophy	4
VIII. Intern Training Responsibilities – General Expectations	6
IX. Goals and Objectives of the Training Program	7
X. Components of the Internship	8
XI. Stipend, Benefits and Release Time	10
XII. Evaluations	11
XIII. Internship Hours	11
XIV. Eligibility and Selection Criteria	11
XV. Non-Disclosure Policy	12
XVI. General Policies and Procedures for Interns	13
XVII. FAQ	17

Appendixes

Appendix A	Mental Health Resource List	24
Appendix B	Policy on Professional Competence Problems and Due Process	25
Appendix C	Senior Staff List: Description of Specialties and Interests	29
Appendix D	Intern Evaluation Form	39
Appendix E	Internship Training Program Evaluation Form	42
Appendix F	Supervisor Evaluation Form	50
Appendix G	APA Ethical Principles for Psychologists	56

INTRODUCTION:

This handbook describes the responsibilities and expectations of the APA-accredited Doctoral Internship Program in Health Services Psychology at Rutgers Student Health-Counseling, Alcohol and Other Drug Assistance (ADAP) & Psychiatric Services (RSH-CAPS). Included are an overview of the program, information about supervision and instruction, and evaluation procedures.

THE SETTING:

Rutgers University Counseling, ADAP & Psychiatric Services (CAPS) is a department within Rutgers Student Health, a component of Student Affairs. CAPS services are offered at two locations. The College Avenue office at 17 Senior Street is the primary location. A second smaller office is located at 61 Nichol Avenue on the Cook/Douglass Campus. All psychology interns, practicum students and social work interns are assigned to the College Avenue Office. As part of Rutgers Student Health, CAPS has close, collaborative relationships with the departments within Medical Services. CAPS also enjoys valuable partnerships with resources such as Rutgers University Behavioral Health Care which offers Acute Psychiatric Services (APS; a 24-hour psychiatric screening facility), an Adult Inpatient Unit (AIPU) for students in need of hospitalization and Early Intervention and Support Services (EISS). In addition to counseling services, CAPS provides psychiatric and alcohol and other drug services CAPS is available to approximately 32,000 undergraduate and approximately 8,500 graduate students in the New Brunswick/Piscataway area. The client population is extremely diverse in terms of ethnicity, race, sexual orientation and socio-economic status. In fact, Rutgers has one of the most diverse student bodies in the country including a significant number of international, Asian-American, Hispanic-American and African-American students. More than half of the 2015 incoming class identified as non-Caucasian. The range of presenting problems is equally diverse, giving interns experience with a wide range of diagnostic issues. The creative application of structured, evidence-based interventions in the context of sound theoretical formulation is critical. Supervision guides the intern in becoming gradually more independent.

In addition to traditional counseling services, CAPS provides significant community-based educational, prevention and postvention services. Interns are involved in assessing the needs of our campus community partners and in designing, developing and delivering effective community based programs. In conjunction with the Health Outreach, Promotion and Education (HOPE) program, interns participate in a variety of suicide prevention and other wellness focused efforts.

The CAPS internship provides extensive training in a challenging, supportive and intellectually stimulating environment. While clearly in the role of “trainee,” interns are seen as advanced learners who function as integral members of the CAPS team carrying many responsibilities (with appropriate supervision and support). The goal of the program is to prepare interns to function confidently and competently as independent professionals as part of a university counseling center or any of a wide range of professional settings.

THE STAFF:

There are approximately fourteen doctoral level psychologists on staff, six licensed clinical social workers, five psychiatrists and four drug and alcohol counselors. Please refer to the Meet the Staff [page](#) for a list of current (as of August 2016) staff members for a description of clinical training and interest areas. In addition to doctoral interns, CAPS trains psychology practicum students, and social work interns. CAPS interns benefit from working as part of a truly integrated and multidisciplinary team and learn from practitioners with a wide variety of experiences.

THE MISSION:

The Center's primary mission is to support students with a broad range of mental health and substance use concerns and to promote the health and wellness of our diverse student body and the university community.

CAPS supports the educational mission of the University by providing advanced training for aspiring mental health practitioners, and by establishing partnerships with faculty, Deans, student organizations and off-campus resources. In partnership with the graduate programs in the mental health related disciplines (Graduate School of Applied and Professional Psychology, Social Work, School of Education etc.). CAPS supports research and training in best practices of prevention, intervention and follow-up support for students.

CLINICAL SERVICES:

CAPS provides professional counseling services, a variety of community based education and prevention efforts and consultation to our campus partners (including 24/7 telephone support for our campus partners assisting students in distress). We support students dealing with a broad spectrum of personal, social, and emotional concerns as well as more severe pathologies and personality disorders. Offering individual, couples and group counseling, crisis intervention, triage/intake assessment and referral, CAPS collaborates with students to develop individualized action plans and is regularly called upon to provide a variety of educational and consultative activities throughout the University. Trainees are involved in all of these activities as well as a growing amount of psychological assessment/testing. All interns participate in our on-call service, gaining experience in rapid assessment and referral with students in crisis. CAPS staff practice from a variety of perspectives including Motivational Interviewing (MI), Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT) and others with a common thread of evidence-based practices. CAPS is dedicated to maximizing our resources by offering the most appropriate level of high quality service possible to the greatest number of students. CAPS does not have a prescribed session limit and, like any other critical resource, has a responsibility to maximize the benefits to our students by developing efficient models of care.

CAPS is open from 8:30am to 5:00pm Monday through Friday. We also offer limited evening hours for services provided by practicum students several evenings per week until 8:00pm. Special arrangements with the Director of Training are required to see clients during evening hours.

THE PRE-DOCTORAL INTERNSHIP TRAINING PROGRAM OVERVIEW:

Counseling, ADAP & Psychiatric Services (CAPS) at Rutgers offers a fully APA-accredited doctoral internship training program in health services psychology to qualified graduate students in clinical and counseling psychology. The purpose of the internship program is to train practitioners who are interested in developing the competence and confidence for work as psychologists in a comprehensive university counseling service and a wide variety of clinical and professional settings. The training experience includes the supervised practice of a broad range of professional skills, including rapid and extended assessment, individual and group counseling, community consultation, crisis management, postvention and program development. The internship also allows for the development and implementation of preventative programs and interventions for issues or populations of the intern's own choosing. Interns develop supervision skills by supervising practicum students (under close supervision).

The internship program At Rutgers CAPS has been developed in accordance with the standards of both APPIC and APA, and has been fully accredited since March, 2012. The multi-disciplinary staff is involved in all aspects of the training experience and views the interactions with trainees as an integral part of keeping CAPS a vibrant place of learning and growing.

TRAINING MODEL AND PHILOSOPHY:

Rutgers CAPS emphasizes teaching the interns how to apply the knowledge acquired through their classes, seminars, research and readings to clinical work. Didactic seminars and readings are provided to increase the interns' knowledge base about both clinical work and the client population they work with. The didactic seminars are structured to both mirror and facilitate the interns' developmental process. Thus, the center's model of training emphasizes the importance of teaching interns how to integrate theory and scientific knowledge into practice while attending to the intern's developmental needs. The training model also places high importance on teaching interns about professionalism and being part of a collaborative clinical team in addition to learning basic clinical skills. The program also takes a developmental perspective and individualized approach to assessing each intern's initial skill level and throughout the course of the year, builds upon and expands that skill level. This is accomplished by incorporating the following into the training program:

- Didactic seminars to enhance the intern's knowledge of the current literature and theoretical perspectives so they can integrate these into clinical practice.
- Guided self-observation of direct clinical experience.
- Opportunities to share clinical work, discuss experiences, and teach others in both formal and informal formats (e.g. supervision sessions, participation as members of multi-disciplinary teams and working groups).
- Opportunities to learn through direct observation or listening to staff discussions of clinical work.

Training at CAPS is designed to proceed in a sequential fashion challenging interns to gradually assume increasing levels of autonomy. For example, assessment skills (e.g. intake sessions, on-call rapid/crisis assessment) are learned by observing senior staff members, performing under observation, and ultimately working independently with supervisory consultation. Video recording of sessions is a critical part of the supervisory process.

CAPS training staff believe that intern training needs to extend beyond clinical work and incorporate other basic professional skills of team collaboration and developing administrative skills. Interns are active participants in staff meetings and meetings with other offices within the Division of Student Affairs (e.g. Residence Life, Deans of Students, Student Services). This allows interns to experience the full range of counseling center operations and to develop an appreciation for the importance and value of working with the campus community. The training program at CAPS also focuses on the development of a strong ethical sensibility in interns. Ethical issues and dilemmas are addressed in seminars as well as within staff meetings and case conferences and, of course, in supervision.

While every attempt is made to individualize the intern training experience to the particular background and training experiences of the intern, it is expected that interns will participate in all aspects of the work at CAPS, with varying emphasis to be worked out with center staff. Some of the more important components of the intern training experience, in brief, are as follows:

- Proactively maintain a schedule of 10-15 individual therapy hours per week (depending on other clinical responsibilities)
- Run or co-facilitate 1-2 therapy groups per semester
- Complete triage/intake assessments on all newly assigned clients in a timely manner
- Actively participate in community-based activities such as presentations to students in residence halls or other settings during the evening, and, depending on interest areas, developing an outreach project or taking a significant role in a senior staff member's project
- Work one half-day per week in the on-call/crisis service
- Receive two hours of individual supervision per week
- Participate in the following training meetings:

- Weekly Group/peer supervision of all interns
- Periodic Professional Development Seminar (in-service training with all CAPS staff)
- Weekly Group Psychotherapy Supervision/Training meeting
- Weekly Clinical Topics Seminar
- Weekly ADAP supervision/training meeting
- Participate in the weekly Administrative Staff Meeting
- Participate in weekly Multi-Disciplinary Case Consultation Meetings
- Completion of all paperwork (intake summary, session progress notes, and termination summary) in a timely manner
- Maintain and adhere to the highest of ethical standards as put forth by the APA and ACA and adhere to New Jersey Board of Psychological Examiners regulations for the practice of psychology under supervision
- Other clinical or community based activities as assigned

INTERN TRAINING RESPONSIBILITIES: GENERAL EXPECTATIONS:

1. Interns are expected to be onsite for the full workday (8:30 a.m. – 5:00 p.m.) at a minimum throughout the year. There will be times when additional hours are required to fulfill responsibilities (e.g., documentation for provided services must be completed before leaving for the day). This means arriving on time for scheduled meetings and appointments. Any changes to the set schedule must be approved by the Director of Training and the individual supervisor. In the event of a necessary absence (illness, emergencies), the front desk and supervisor should be contacted as soon as possible. A message may be left on the answering machine after hours and the Director of Training should be informed of all unplanned absences.
2. Interns are expected to demonstrate and maintain professional demeanor and to work cooperatively, collaboratively and collegially with staff members including clinical and administrative staff as well as other trainees. CAPS staff members share a high level of mutual respect and strive to actively model professionalism in all aspects of our work. CAPS interns recognize that psychologist and non-psychologist clinical staff members each bring a wealth of knowledge and experience from which they can learn.
3. Interns are expected to work in a conscientious, thoughtful and respectful manner in their clinical, community based, case management, and administrative work at the center.
4. Interns are expected to adhere to all the policies and procedures of Counseling, ADAP and Psychiatric Services and maintain the ethical standards put forth by the APA (see Ethical Principles of Psychologists and Code of Conduct, 2002; a copy is included in your materials).
5. Interns are expected to demonstrate initiative in managing their caseloads (in consultation with their individual supervisor and the Director of Training) in a timely fashion. Rather than focus on a caseload limit or target number of cases, the focus should be on maintaining the required number of clinical hours.
6. Interns are expected to come to supervision prepared to discuss their individual cases (including video recordings) as well as other clinical and community based activities they might be involved in at the center. Supervision is an extremely important aspect of internship training and should be approached in a proactive fashion to improve and/or refine clinical skills.

7. Interns are expected to complete all paperwork (intern contract, intakes, progress notes, termination summaries, computer updates etc.) in a timely fashion consistent with CAPS policy.
8. Interns are expected to participate actively in the training/supervision meetings held throughout the week (group supervision, didactic seminars, etc.).
9. Interns make themselves available for community-based services and presentations when requested by Residence Life staff or other university partners. This will usually involve roughly three to four evening presentations per semester. This responsibility will be shared by all students in training (interns, practicum students, and post-docs). Interns also develop a “signature outreach project” during the year.
10. Interns are expected to keep all appointments up to date on the database management system (Medicat). Appointments (therapy, supervision, community activities, etc.) should be in place at least 1-2 weeks in advance. This is extremely important for many reasons but, particularly important, so that front desk staff are aware of which staff are in the building and when.

If you have any questions or concerns about any aspect of your training experience, do not hesitate to ask the Director of Training, the Assistant Director of Training, your supervisor, the Director, or any member of staff.

GOALS, OBJECTIVES AND COMPETENCIES OF THE INTERNSHIP TRAINING PROGRAM:

GOAL 1.0.0: THE CONSOLIDATION OF PROFESSIONAL CLINICAL SKILLS IN PSYCHOLOGY

Objective 1.1.0: Assessment Interventions: The intern will function competently in a full array of clinical assessment roles/utilize various methods of clinical evaluation and assessment at CAPS effectively.

Competency 1.1.1: The intern will demonstrate initial telephone/triage consultation and assessment skills.

Competency 1.1.2: The intern will demonstrate initial intake interviewing and assessment skills.

Competency 1.1.3: The intern will demonstrate on-call and crisis intervention assessment skills.

Objective 1.2.0: Clinical Interventions: The intern will demonstrate the requisite knowledge and skills in clinical interventions for entry into the practice of professional psychology.

Competency 1.2.1: The intern will demonstrate knowledge and skills in clinical interventions.

Competency 1.2.2: The intern will demonstrate knowledge and skill in providing group treatment skills.

Competency 1.2.3: The intern will demonstrate clinical skills and competencies to provide initial assessment and clinical services to students with substance abuse disorders.

Objective 1.3.0 Outreach and Consultation: The intern will provide consistent and competent clinical consultation, as well as engaging and informative outreach presentations, to a wide range of audiences in a college environment.

Competency 1.3.1: The intern will understand the theoretical and practical framework for outreach and consultation in a college environment.

Competency 1.3.2: The intern will provide consultation and/or outreach services to multiple audiences in a college environment.

Objective 1.4.0: Supervisory Skills: The intern will provide competent, culturally sensitive and collaborative clinical supervision of trainees in the field of psychology.

Competency 1.4.1: The intern will demonstrate knowledge and skills in providing clinical supervision.

GOAL 2.0.0: THE INTEGRATION OF A PROFESSIONAL IDENTITY AS A PSYCHOLOGIST

Objective 2.1.0 Integration of Theory and Research: The intern will have a thorough understanding of the theory and research of psychological thinking that informs their clinical practice and allows them to provide clinical services of the highest quality.

Competency 2.1.1: The intern will demonstrate knowledge and understanding of the theoretical basis that informs clinical perspective.

Competency 2.1.2: The intern will demonstrate knowledge and understanding of the historical and current research that informs the clinical practice of psychology.

Competency 2.1.3: The intern will demonstrate the capacity to integrate knowledge of theories and research into their practice.

Objective 2.2.0 Professionalism: The intern will develop an integrated professional identity that supports their Objectives of independent functioning as licensed psychologists.

Competency 2.2.1: The intern will demonstrate a professional identity as an emerging psychologist.

Competency 2.2.2: The intern will incorporate accepted standards of professional psychological practice into their clinical documentation and file management responsibilities.

Competency 2.2.3: The intern will embrace an ongoing commitment to continued learning in both didactic and supervisory venues.

Competency 2.2.4: The intern will be knowledgeable of, and insightful to the implications of, the ethical and legal standards that apply to the field and practice of psychology.

Objective 2.3.0: Cultural Diversity: The interns will develop a professional identity that incorporates an awareness of self and an understanding of and respect for diversity.

Competency 2.3.1: The intern will demonstrate the knowledge, sensitivity and clinical skills needed to work with diverse populations.

Objective 2.4.0: Multi-Disciplinary Collaboration: The intern will demonstrate ability to work effectively in a multi-disciplinary clinical setting.

Competency 2.4.1: The intern will demonstrate a multi-disciplinary collaborative approach in the delivery of clinical services.

COMPONENTS OF THE INTERNSHIP:

The internship training program at Rutgers CAPS is highly experiential. Approximately half of the intern's hours are spent in direct service: individual therapy, group therapy, triage, intake, crisis intervention. Interns also participate in staff meetings and case conferences to permit them opportunities to work collaboratively with a multidisciplinary staff, to seek feedback on their work and to become actively involved in the process of policy decision making. Interns witness staff members' work as they observe intakes, co-lead or observe group therapy, and attend case conferences. Mentorship is an important part of the intern's experience. The wide variety of supervisory experiences allows interns to have individual contact with a number of staff members, providing a variety of mentors and role models.

Specific components of the program are as follows:

- 1. Intake Assessment.** Interns provide regularly scheduled intake evaluations (new appointments) each week. Intakes form the basis for establishing rapport, clarification/assessment of client needs and goals, behavioral observation, diagnostic assessment, and treatment planning. The number of intakes will vary from week-to-week in order to assist interns in building an initial caseload and to maintain a reasonable number of cases for training purposes.

- 2. Individual and Couples Psychotherapy.** Psychotherapy is primarily individual although the intern may have the opportunity to gain some exposure to couples therapy depending on availability of such cases. The Center's orientation is toward brief, evidence-based therapy and training will be provided in a variety of approaches. Rutgers CAPS does not employ a session limit, as staff members make an individualized assessment of the client's needs. Interns are typically expected to conduct 12-15 individual sessions per week, although the number may be higher in times of peak demand and lower during breaks and summer sessions. One of the valuable skills interns develop is managing clinical volume expectations (in consultation with the Director of Training and individual supervisor) keeping in mind clinical hour requirements for the year and the natural ebb and flow of service volume in a university counseling center.
- 3. Group Work.** A central component of the clinical service, the group program is vibrant and ever evolving. With a strong emphasis on evidence-based practices, therapy groups, interpersonal groups, specific population-oriented support groups, and skill building groups offer students a myriad of opportunities to grow through challenges. Interns are encouraged to develop groups in their own areas of interest with the guidance of the professional staff.
- 4. Assessment.** In addition to conducting intakes, interns will get extensive training and supervision in clinical triage where they will hone their skills at rapid assessment, diagnosis, case conceptualization and treatment planning. Interns will also learn how to provide ongoing outcome assessments using standardized measures (e.g., the OQ45 symptom checklist and others). Interns will also conduct mandated assessments of clients with substance abuse issues. All interns will conduct Psychological assessments using standardized instruments (e.g. Personality Assessment Inventory). The extent of psychological testing will depend, in part, on the intern's interests and available opportunities, but all interns will have some exposure to this aspect of the service.
- 5. Community-Based Services and Consultation.** Interns are involved with the Center's community-based services and consultation services. The opportunity to educate and support students, faculty and staff around myriad student issues is a critical learning experience and develops widely applicable skills. Our campus partners recognize CAPS staff as important members of the university community offering valuable expertise and proactive collaboration. Community-based services include activities such as training residence hall assistants, participating in student and parent orientation programs and focused presentations and workshops within the university community. Interns will conduct several outreach programs per year. Consultation involves work with student groups, liaisons with campus offices, and case-based assistance to students, staff, faculty, and parents.
- 6. On-Call Crisis Intervention and Consultation.** Interns are involved in on-call services for a half-day per week. Daytime on-call services include seeing walk-in clients requiring immediate clinical attention and responding to phone calls from students or "concerned others" about urgent clinical matters. Interns begin the year working in conjunction with the on-call team providing triage, conducting evaluations, crisis intervention, and consultations. As interns develop competence in these areas they progress to a more independent role in providing daytime on-call services with supervisory consultation always available (each on-call case is reviewed by the supervisor). Rutgers CAPS staff provide for after-hours coverage for on-call and postvention on a rotating basis. Interns

will participate in the rotation of this coverage at the discretion of the Director of Training and with supervisory support provided by senior staff clinicians.

- 7. Case Management.** Interns are expected to conduct case management activities relevant to the clients with whom they are working. This includes writing comprehensive intakes, progress notes, termination summaries, and necessary correspondence. Interns also make necessary referrals to and contacts with faculty, administrators, treatment professionals, and parents as appropriate, and work with their supervisors to conduct case management in an ethical and legal manner. They are responsible along with their supervisors for making sure that relevant documents are counter-signed.
- 8. Group Supervision.** The focus of group supervision will be applying psychological theories to cases and considering the treatment implications of specific diagnoses. The emphasis is on evidence-based approaches. Interns participate actively in group supervision by exchanging feedback with supervisor(s) and other trainees in a constructive, supportive way. Discussion of these cases is facilitated by the group supervisor who models consultative feedback to the presenting intern. Interns make formal and informal case presentations throughout the training year. Interns and supervisors use video recordings of sessions to illustrate important points or to seek input and guidance on challenging clinical situations. A format for case presentation will be provided early in the training year.
- 9. Multidisciplinary Case Conference/Peer Supervision.** Interns participate in peer supervision with each other and with the multi-disciplinary staff at Rutgers CAPS during the weekly case consultation. Small peer consultation groups are formed at the beginning of each semester and are rotated to provide for exposure to as many staff members as possible. Once a month, the full clinical staff will meet for “Mini Grand Rounds” when a more formal, collaborative presentation will be prepared by interns and staff.
- 10. Individual Supervision.** Each intern will have two individual supervisors with whom they will meet once a week for one hour for individual supervision.
- 11. Supervision Training.** Interns will have the opportunity to provide individual supervision to at least one trainee in the practicum program. Supervision of practicum trainees will be provided in dyad format and focus on a small number of cases using audio recordings of sessions. A series of seminars addressing the content and process of supervision will be provided in conjunction with this experience. Participation in a supervision of supervision seminar will be required.
- 12. Practice Requiring Knowledge of and Sensitivity to Diversity Issues.** Given the increasingly diverse composition of the student population at Rutgers (one of the nation’s MOST diverse campuses), an inclusive perspective is a critical component of clinical competence. Knowledge of and sensitivity to diversity issues are essential in all areas of clinical practice and are included in the didactic training seminar. There, the range of cultural theories and specific group issues will be addressed by seminar leaders and invited guests. Diversity issues are also attended to in individual supervision and group supervision.

INTERN STIPEND, BENEFITS AND RELEASE TIME:

The yearly stipend for the full-time internship is \$25,000, with health benefits. The stipend will be spread out over the year, and paid as an hourly employee. Should circumstances cause the intern to not be able to finish the program; the stipend will be pro-rated to the amount of time that has been completed. The compensation package includes two weeks of vacation time, plus all of the designated University holidays for staff (such as the week between Christmas Day and New Year's Day). Up to five days of conference time may be taken for professional development or dissertation completion. There is no formal sick time with the position, but the intern will be able to take days as needed for illness within the guidelines of the University's standard of one day per month.

EVALUATIONS:

As noted above, feedback regarding trainee progress and performance is an ongoing process frequently discussed in individual supervision and with the Associate Director and Director for Clinical Training. Individual "primary" supervisors as well as component specific supervisors will complete the formal evaluations for their respective supervisees periodically throughout the internship. CAPS has developed standard, behaviorally anchored intern evaluation forms directly tied to the goals of the internship that are used for this purpose (See Intern Evaluation Forms – Appendix D). If the intern's academic program has specific requirements for evaluation, they should be informed that the training program has carefully developed evaluation forms based on APA standards that will be shared with the interns' academic program.

In addition, interns have the opportunity to evaluate both their supervision experience at CAPS and the overall internship training program. The supervisor evaluation is completed twice per year, at the end of the first semester and at the completion of the internship (See Appendix F). The evaluation of the internship training program is also completed twice, at the end of the first semester and again at the end of the internship. This evaluation was designed to provide the center with feedback about the various components of the training program and to make refinements and improvements where applicable (See Appendix E).

In the rare event that it is determined that a particular intern is not making adequate progress, or her/his performance is not in adherence to the standards set forth in the "Intern Responsibilities" form, the intern will receive both verbal and written feedback on the nature of the problem(s) with recommendations on how to improve the deficiencies¹. Supervisory support will guide the intern to remedy the situation and performance will be re-evaluated approximately one month later. If improvement has not been made at that time, further steps will be taken as appropriate (see Impaired Trainee Policy, Appendix B).

The entire staff at CAPS is committed to providing the best possible training experience within our means. We encourage each intern to take advantage of as many of the available opportunities as possible. While the Associate Director for Clinical Training and your individual supervisors are primarily responsible for overseeing your work while at the center, please feel free to consult with any of the senior staff about any concerns or questions you may have about your internship experience.

INTERNSHIP HOURS:

Interns will be involved with training activities at least 40 hours per week. Interns are required to complete 2000 hours of training during the internship training year including a minimum of 500 hours of direct service.

ELIGIBILITY AND SELECTION CRITERIA:

Applicants for the Rutgers CAPS doctoral internship training program must meet the following minimum requirements:

- Be enrolled in an APA accredited doctoral programs in Counseling or Clinical Psychology that requires internship training.
- Pass their comprehensive examinations by the application deadline.
- Successfully defend their dissertation proposals by the application deadline.
- Be completed with all doctoral coursework no later than the beginning of the internship.
- Be certified as ready for internship by their doctoral programs.
- Have completed a minimum of 500 hours of supervised clinical practicum.
- All CAPS staff members and trainees are expected to respect the right of colleagues and clients to affirm a gay, lesbian, bisexual orientation and/or transgender identity.

In addition to the requirements outlined above, preferences will be given to applicants who:

- Have shown a serious interest in learning to apply evidence-based interventions.
- Demonstrate a strong and genuine commitment to the study and application of multicultural counseling principles as evidenced by a variety of activities such as coursework, practica, community or professional experiences, research, presentations or publications, other life experiences etc.
- Demonstrate a strong and genuine commitment to working in a multi-disciplinary setting with a variety of mental health professionals (psychologists, psychiatrists, social workers, drug and alcohol counselors, clinical case managers) as evidenced through prior experience or being able to articulate the value of working from a multi-disciplinary perspective during the interview.
- Demonstrate interest and experience in university counseling center work through practicum, volunteer work, employment or other such activities.
- Rutgers is one of the most richly diverse universities in the United States. We value diversity on the CAPS staff and encourage members of minority groups to apply.

NON-DISCLOSURE POLICY:

Training staff at Rutgers CAPS value the power and complexity of the therapeutic relationship. Interns are encouraged to develop an awareness of their own beliefs, assumptions and reactions as relevant to their ability to provide effective care. Such exploration and disclosure is not intended to serve as psychotherapy for the trainee, but to enhance self-awareness and professional development as related to the trainee's clinical practice during the internship. Supervisors and other training staff are expected to explore relevant information in a respectful, non-coercive manner, within the context of a safe and supportive professional relationship. Also in accordance with APA ethics code, section 7.5, it is important for trainees to be aware that the due process procedures for our training programs indicate that the staff may require trainees to obtain psychotherapy in those cases in which a trainee's behavior is deemed to be consistently problematic.

Counseling, ADAP and Psychiatric Services General Policies and Procedures for Interns

Welcome to Counseling, ADAP and Psychiatric Services!

This handbook offers you information on many of the center's policies and procedures to ease your transition into working with clients and staff. This is intended as a brief overview of CAPS operation for use by our pre-doctoral Interns. Many areas are further elaborated on in other parts of the CAPS Policy and Procedure Manual, which you will get a copy of at a later time.

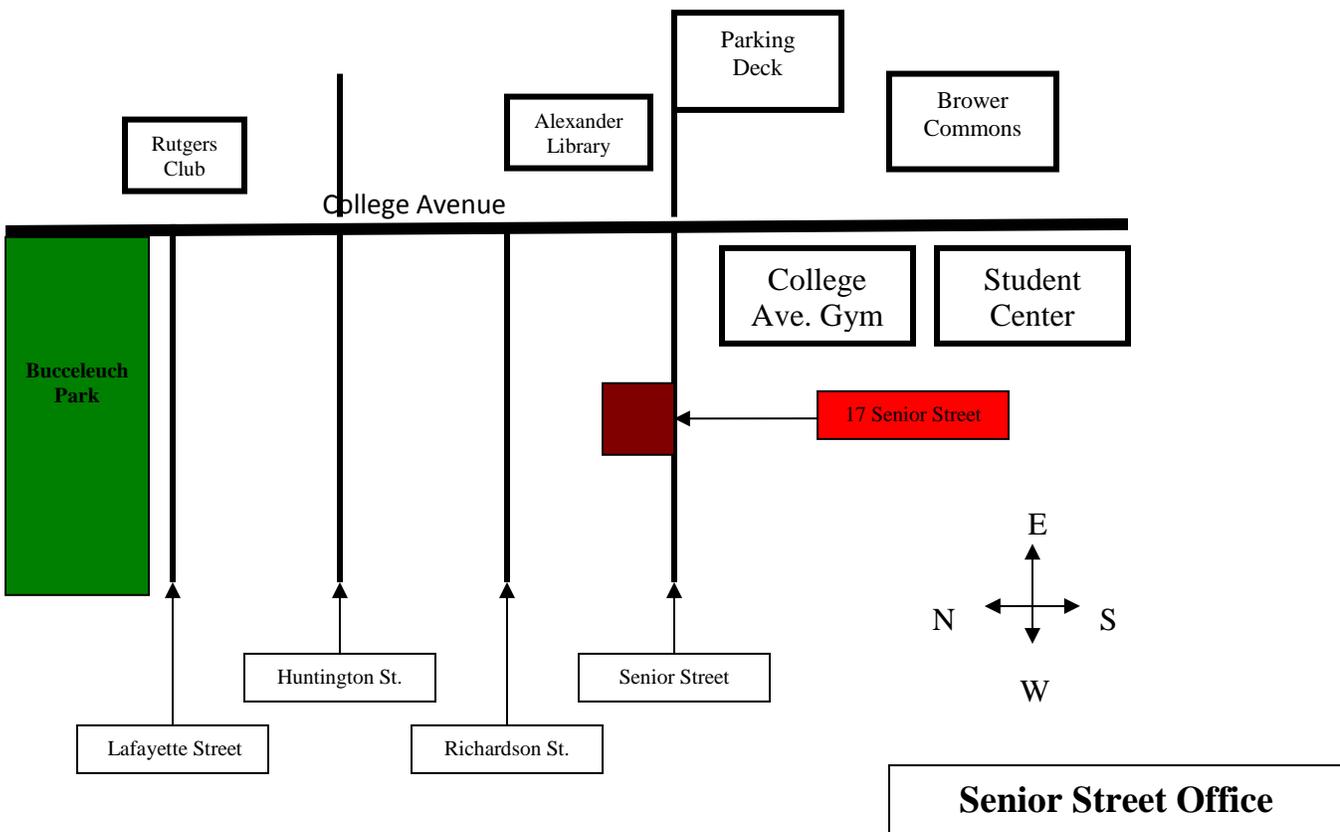
Statement of Purpose

CAPS provides psychological services to a large and diverse group of students at Rutgers University in New Brunswick/Piscataway, including both undergraduate and graduate students and all of the professional schools (e.g. Schools of Engineering, Pharmacy, Mason Gross School for the Arts, School of Environmental and Biological Sciences). The range of direct services provided includes triage assessment, individual, couples, and group psychotherapy, crisis intervention and referral to appropriate campus and/or community agencies.

CAPS is also involved in a wide variety of indirect services. These include a multitude of outreach and psycho-educational programs under the auspices of our Coordinator of Outreach Services. In addition, many of our staff serve on various University-wide Task Forces and participate in educationally- based prevention programs.

Where are the Counseling Offices located?

The main CAPS office is located at 17 Senior Street on the College Ave Campus. We have an additional counseling office located at 61 Nichol Avenue on the Cook/Douglass Campus



What are the hours of operation of Counseling, ADAP and Psychiatric Services?

The Counseling Center is generally open from 8:30am to 5:00pm, Monday – Friday. Three evenings per week (Tuesday-Thursday) the College Avenue Office is open until 8:00pm for our psychology practicum program. For interns, appointments should be scheduled during regular business hours (8:30 – 5:00), unless arrangements have been made with another Senior Staff member (there must be at least one licensed Senior Staff member in the building when interns are with clients).

Record-keeping:

The records kept by CAPS are limited but extremely important. They include an intake evaluation, progress notes, and a termination summary. The intake includes a several page form the client fills out along with the intake therapist's write-up of the case. In addition, there are three simple pieces of information that need to be entered into the computer and printed out for inclusion in the file. These include a brief clinical information checklist, a diagnosis, and a disposition. The disposition is particularly important as it indicates the status of the case (who is seeing the client or where the client was referred). While you are working with a client, you should keep weekly progress notes on a form supplied by the center. These notes are kept in the client's file along with other communications (e.g. phone contact, letters). Upon termination, a brief summary of the treatment should be written, reviewed and signed by your supervisor and included in the client's file. And lastly, an updated disposition should be entered on the computer, printed out and included in the file. All terminated files are stored in the filing cabinets by year when service was provided.

Ethical Concerns:

A copy of the American Psychological Association's "Ethical Principles of Psychologists and Code of Conduct" is included in this handbook. Interns should become familiar with these and use them to guide their behavior, as senior staff are also expected to do. Among these principles is the avoidance of dual relationships, which is the assumption of two conflicting roles (e.g., therapist and lover, therapist and teacher, supervisor and friend, supervisor and business partner etc.) with clients or supervisees. Assuming two roles with a client is unethical and violates the rules of CAPS. If in doubt, talk to your supervisor. Having sexual feelings about your clients is natural, given the intimate nature of the work that we do. Discussing these feelings with your supervisor will help you understand and appropriately use your feelings in your work as a therapist, without acting out these feelings.

Confidentiality:

This is the basic premise upon which the psychotherapeutic relationship is built. Clients give informed consent to supervision. Forms authorizing the use of audio and video tapes for supervisory purposes are to be signed by your clients (generally during your first meeting) and included in their file. If you receive a request for information about a client, the extent and nature of the disclosure should be discussed with your supervisor and with the client, and a release must be signed before any information is disclosed or released. If you receive a telephone call from a family member, friend, etc. regarding your client, it is best to refer the caller to our Clinical Coordinator or another senior staff member (preferably not, at least initially, your supervisor). This allows us to assess the information being offered by the person without breaching confidentiality or even giving the appearance of doing so. ***Any instances in which you believe confidentiality should be broken must be discussed with your supervisor (or other senior staff person if your supervisor is unavailable) before releasing any information.*** Confidentiality, including concerns for clients' privacy, also dictates a sense of discretion in discussing client information. It can be very exciting to see your first clients and discuss that work with your colleagues. Be sure that you do not do so anyplace at the center where you might be overheard.

It is best not to discuss cases outside the center. If you refer to clients in classes, be extremely careful about the information you give and always conceal the identity of the client. It is just those interesting, idiosyncratic bits of information that come to your mind that are likely to identify the client to someone who knows him or her. Universities are very small, with frequent overlapping worlds.

Circumstances overriding the limits to confidentiality include a clear and present danger to self or an identifiable other, any reported instance of current physical or sexual abuse to a child, or a court order (not simply a subpoena, which must be responded to by asserting the client's privilege unless the client releases the records). ***Any concern you feel about the possibility that a client could be dangerous to self or others should be discussed immediately with your supervisor or other senior staff person.*** A detailed record of the consultation, your attempts to assess the degree of dangerousness, data gathered, and any actions taken in response to your assessment of risk should be written and kept in the client's file (see "Suicide Risk Assessment Form" and "Special Concerns Checklist Form").

OFFICE PROCEDURES:

Mailbox:

Every intern (and senior staff person) has a mailbox located in the file room on the first floor. Please check your mailbox frequently for messages, internal memos, correspondence, etc. This is a primary source of communication in our office. Make sure you're up-to-date. The computer database has a message center for checking messages internally; and for leaving messages for the secretary to convey to clients when you are not at the center. This will be explained in detail during orientation.

Scheduling Appointments:

The CAPS computer database is where all the center staff's appointments are recorded. Please check and update frequently. ***This is extremely important!*** The computer database program is user-friendly and will be explained and demonstrated to all new interns. Interns should put all appointments, supervision meetings and outreach events in the computer in a timely fashion. Any time during your regular hours here that is not scheduled in the computer is considered open for scheduling appointments. For example, if you forget to enter regular clients, you may find yourself with two clients expecting to see you at the same time. A good practice is to put your next scheduled appointment time in the computer at the end of each session.

If you would like to change your regular hours at CAPS (not encouraged), please discuss this with your supervisor and the Associate Director for Clinical Training before doing so. When this has been agreed upon, please inform the secretaries as well, so they can mark the appointment book accordingly. It is also recommended that you keep a record of your clients' phone numbers with you. This can prove useful in the event of lateness and unexpected cancellations, or in order to reschedule appointments. Be sure to call any changes in to the office, so they can be entered in the master appointment book. The obvious principle here is.....***communication.***

Computer Database:

We keep track of our clients and services by means of a database management system called "Medicat." In order for this database to be useful, we all have to be conscientious about keeping the system up-to-date. For interns, the most important obligation is to see that your caseload is accurately noted on the database. Any new client with a scheduled appointment should receive a treatment plan (disposition) naming you as their therapist and any terminated client should receive an additional treatment plan (disposition) specifying termination. Your supervisor will be happy to walk you through these computer procedures (and any others necessary), in addition to the formal training you will receive at the beginning of your internship. In addition, see the "computer instructions" section of the blue book, which has step-by-step directions for any computer record-keeping you'll need to do.

Client Charts:

RSH-CAPS has recently become "paperless" as all clinical information is kept in electronic form on our computer database management system (Medicat). Any form completed by clients will be scanned into the clients' records on the

computer and then shredded. Some files for the ADAP service are kept on paper. ADAP staff train interns in proper maintenance of these files. ***Clinical materials of any kind are not to be removed from the building for any reason!***

Typing:

There is a typing folder at the front office on the first floor for any client-related correspondence you are unable to do yourself, though it is expected that you will type the majority of your own letters and correspondences. There are computers in every office for your use. Each is equipped with MS Word, MS Publisher, the CAPS shared drive, our database program, as well as internet hookup, and is networked to both B&W and color printers.

Equipment and Supplies:

Digital audio recorders (and microphones, if necessary) are available for your use as well as digital video camcorders. Video recording is an essential component of the supervision process. Both the audio and video taping equipment is stored in the administrative secretary's office on the first floor and must be signed out daily. Sign-out sheets are posted on the side of the file cabinet next to the equipment. Training in the use of the digital equipment will be given during orientation. Please report any defective equipment to the Associate Director for Clinical Training, the Director, or another senior staff member.

General office supplies are located in the supply closet on the second floor. Copies of all general office forms are also located on the first floor in the general secretary's office, in bins that are clearly marked with the name of the particular form. If you can't find what you need, please ask one of the secretaries or another staff member.

Staff Library:

There are a number of standard references (including the DSM-5), as well as some other clinical books at the center for your use located in the "pods" and group room B on the second floor. We would prefer you use these books at the center. If you do borrow them, there is a sign-out sheet posted on the side of the bookcase(s). We ask that all borrowed books are returned within a two-week period. ***The DSM-5 may not be removed from the building.*** There is also information on other offices at the University, opportunities for special training, job listings, upcoming conferences and other useful information posted on the bulletin board in the staff lounge on the first floor. In addition, there is a self-help library for clients in the second floor waiting room. Clients will be able to check out these books for a small deposit. You might want to familiarize yourself with what's available, in order to be able to make appropriate recommendations to your clients.

Referrals:

There are a number of campus and community resources to which we routinely refer, as well as local private practitioners who see clients for a reduced fee. Acute Psychiatric Service (APS), a 24-hour suicide assessment and acute inpatient unit of Robert Wood Johnson's Mental Health Unit, is physically located on the Busch Campus and can be reached at 732-235-5700 or by walk-in. Thorough training in the procedures for hospitalizing a client will be given during orientation and will be reviewed at other times throughout the internship year. Psychiatric evaluation and treatment may be obtained by one of the CAPS psychiatrists located at the College Avenue Office. Any referrals should be cleared with your supervisor before being made. A list of important phone numbers of campus and community resources is included in the appendix. An extensive list of private practitioners in the nearby (and surrounding) areas is maintained on the computer database.

FREQUENTLY ASKED QUESTIONS ABOUT INTERNSHIP:

Where will I see clients?

Rooms for counseling are scheduled by the Associate Director for Clinical Training. Every intern will be assigned an office in the main office on College Avenue. Each intern is assigned a separate, specific office where they will see all of their clients during their year at CAPS. Keys to the office will be given out during your first day at the center. Interns will also be given a Rutgers identification card which can also be used to enter the building. All keys will be returned at the end of internship. Practicum students will be using the intern and post-doc offices during evening hours (M-F, 5pm – 8pm). Please be sure to leave your office by 5pm.

How are new appointments scheduled?

You will be assigned clients in one of several ways. The primary way is to put a First Appointment Routine (FAR; also called an Extended Assessment or EA) into your schedule which is filled directly from the initial client telephone screening (referred to as a “triage”). Additionally, the Associate Director for Clinical Training may bring appropriate cases into the weekly group supervision/training meeting to discuss and assign. Your supervisor or another staff member may also select clients that will be especially appropriate for your training experience, once they get to know you. When you end with a client, you should inform your supervisor that you have an opening and put an FAR into your schedule. Once you have an appointment scheduled with a client, they will be officially assigned to you on the computer, which will allow you access to their clinical information through the database management system. When trying to schedule or reschedule a client, in the event you get an answering machine, leave a message for the client to call the center and be sure to then leave a message for the secretary indicating what you want her to tell the client when they call. It is probably a good idea to keep a list of your clients and telephone numbers with you so that you will be able to reach them at times when you are not at the center.

What if I don't have any clients scheduled?

The first couple of weeks of internship will be devoted to orientation. You will gradually build up your caseload after that. Given the demand for services at the center, it is not expected that there will be long periods of time with no clients scheduled. In general however, we expect you to be on-site for your assigned hours unless you have an unavoidable conflict (discussed ahead of time with the Director of Training). If you do not have clients, there are activities you can engage in that relate to improving yourself as a clinician, such as shadowing senior staff, seeking consultation on complex cases, perusing the self-help library, reading professional literature, listening or viewing your own therapy audio or video-tapes or those of your supervisee, viewing tapes from the training tape library, etc. The staff library is located in the group room on the second floor of the Senior Street building. Interns are not encouraged to work on their dissertations during office hours, because it is not part of the training experience. Interns should also be alert to the possibility that even working on the dissertation after office hours could cut into the background reading and preparation needed to make the most of clinical and outreach work.

How do I know I have a client scheduled?

You can check your schedule on the Counseling Center Database Management System (Medicat) that is installed on every computer in each of the CAPS buildings. Interns will manage their own schedules after extensive training during orientation.

What is the Database Management System?

The Counseling Center Database Management System or “Medicat” is our computer appointment scheduling system. The system also holds a variety of clinical information on each client that is seen at the center along with several other useful functions. It is a wonderful way for the staff and receptionists to communicate about appointment availability

and client attendance. It allows for both buildings to “communicate” with each other and has the ability to store and compile statistics on the work that is done at the center. As part of Rutgers Student Health, CAPS is fully integrated with the medical services on campus. Currently CAPS staff have access to all of a client’s medical information. Medical services currently has access only to CAPS information regarding attendance, diagnosis and medication. You will be getting extensive training on the database system within your first couple of weeks at the center, during orientation.

What if I get sick or have to cancel appointments?

In case of emergency or illness, please notify the secretary and/or your supervisor. Generally, the secretary will call the clients to cancel, but on rare occasions you may need to call your clients yourself (this is one reason to make sure that all your clients’ phone numbers are with you). In most cases your clients will be offered another appointment for the same-time-next-week unless you specify otherwise. The secretary will leave a note in your mailbox or on the message out section of the database management system on the computer telling you how your client was rescheduled. It is your responsibility as the counselor to make a determination about the clinical appropriateness of a same-time-next-week appointment rather than rescheduling the client for a sooner time. If you need to cancel or reschedule an appointment for reasons other than illness or emergency, it is your responsibility to contact the client.

What do I do if I plan to be away for vacation or a conference?

We use a computerized program called “SharePoint” to request time off. Requests for time off are sent to the Associate Director for Clinical Training for approval. Once approved, you will be notified by e-mail and the time off will be recorded in the master schedule by one of the administrative assistants. Please inform both your individual supervisor and the Associate Director for Clinical Training if you plan to be away for any reason (other than illness) during your regularly scheduled hours at the center. It is then your responsibility to indicate on the computer when you will be out of the office. While it is understood that things may come up from time to time that will necessitate your absence, it is expected that you will take your responsibility to your clients (and the Center) seriously, and attempt to limit absences to those that are strictly necessary.

How do I know if the client has arrived?

When the client arrives for their appointment they should check in at the front desk. After the clients check in, the receptionists will check the client in on the computer (the client name will then turn blue and blink in your schedule), and then will buzz you in your office to let you know that your client has arrived. It is also a good idea for you to periodically check the waiting room for your client, in case the secretary has stepped out, or didn’t notice the student come in. It is your responsibility to check for your own clients when the secretary is out for the day. A rule of thumb for assuming a “no-show” is 15-20 minutes after the scheduled time but may vary depending upon the client’s prior pattern of attendance. The front desk should notify you if your client has called to cancel, either by phone or with a message in your mailbox or on the computer.

My client is here, what's next?

Introduce yourself to the client and take them to your office. Making small talk is a personal decision and may vary depending on the theoretical model you are most comfortable with. You should have plenty of time to speak to your supervisor about specific strategies prior to your first meeting with the client.

WHAT DO I HAVE TO COVER DURING THE FIRST SESSION?

Confidentiality:

Clients need to know that counseling sessions are confidential, but that there are limits to confidentiality. Basic information regarding confidentiality is found on the Informed Consent Statement given clients at intake. However, you

may also want to stress to clients that you are ethically and legally mandated to maintain confidentiality unless there is imminent danger to them or someone else, or in the case of court subpoena. You may also need to assure clients that you will not release any personally identifiable information about them to anyone outside the agency without their written consent, including the information that they are a client in our agency. Should a situation arise about which you feel a need to break confidentiality or consult about a client with someone outside the counseling center, talk to your supervisor before taking any action.

General Session Policies:

You may want to discuss with your client your general understanding of the nature of their problems and that you will be working together in a short-term way to address those concerns. The actual number of sessions you will be working with your client will depend on several factors. The actual number is based on an individually tailored assessment of your client in conjunction with attending to other clients needing services. While we are generally mandated to offer short-term counseling at the center, most interns benefit from the experience of working with a few of their clients throughout the full year of their training, if clinically warranted. If you have predetermined with your supervisor that you will be working in a short-term way with a particular client, it is generally advisable to make that clear to the client at the beginning of treatment. You will also want to remind clients to call ahead if they are unable to attend an appointment. The decision to terminate a client due to no shows is made on a case-by-case basis. A clear pattern of cancellations and/or no-shows should be discussed with your supervisor and thought about both clinically and pragmatically. It is generally unwise to reschedule someone same-time-next-week after a no-show. It is fine for you to call a client who has no showed, particularly if you are concerned about her or his welfare. In your message you might say that you need them to call you by a certain day/time to preserve their spot on your caseload if they have said it is OK to leave identifiable messages. We will be discussing the handling of no-shows and cancellations in more detail during group supervision/training meetings.

Permission to Record and Supervisor Disclosure Forms:

Clients may have already been told about the need to audio or video-tape sessions before being assigned to you, but you will need to review this with the client during the first session and have them sign the audio/video-tape consent form. The consent forms (and all other forms) can be found on in the EMR section of the database management system. Recording equipment will be given to you as needed.

Because you are in training it is a requirement to disclose your training status to your client(s) from the beginning to treatment so no misunderstandings occur. While the triage counselor likely reviewed this with the client during the initial assignment to you, it is wise to review this during the first session. We will be discussing this in detail during orientation.

Overview of How Counseling Works:

It can be helpful to clients to hear an explanation about how counseling works. You can tell clients that it is your role to listen to their concerns and help them clarify their thoughts and feelings. In addition, you will work with them to identify specific goals for resolving their difficulties. It is their role to decide what concerns they need to deal with in counseling, discuss their feelings and experiences regarding these, and to experiment with new behaviors they have identified as being desirable. Some clients will be quite knowledgeable about how therapy works while others may have significant misconceptions (such as the idea that you will solve the problem for them). This may be a good time to begin talking about their goals for treatment so that they can think more concretely about their counseling goals.

Counselor Information:

You might want to share some things with the client about yourself. It is required that you tell them you are an intern and that you are being supervision. It is acceptable also to tell them what program you are in, and other information you

believe to be therapeutically relevant. We will be discussing this in greater detail during orientation and group supervision meetings, as this is often a concern to beginning therapists.

Do I take notes during the interview?

Whether to take notes during the interview is a personal decision that should be discussed with your individual supervisor. When counselors have many clients, it may be useful to take notes during sessions to ensure accurate record keeping, although it is not required. Note taking does not have to take away from relationship and rapport-building if done properly and can assist you with accurate listening. You may write factual information during the session. In addition, you may want to experiment with taking down key words on a small note pad or writing solely from memory after session. If you write your progress notes in the 10 minutes between sessions, you are more likely to be successful with the "memory only" approach. Otherwise, it is easy to forget important points after seeing yet another client. You can discard any paper with personally identifiable client information using the shredder (there is one located in each building)

How do I schedule the client for future sessions?

All clinicians at CAPS are responsible for scheduling their own clients – generally on your own computer at the end of a session.

How do I write proper case notes?

At CAPS we are moving towards a paperless system, so case or progress notes should be done on the computer database system. There are a couple different templates you can choose for the structure of the notes. Decide with your individual supervisor which format works best for you. Below is a description of the DAP format. You should complete case notes as soon as possible following a session (ideally immediately after the appt) but must be completed within 24 hours of the session. Case notes regarding crisis contacts must also be completed at least within 24 hours of the contact.

Case notes should be written with professional language and consideration of a professional audience, including other counselors and lawyers.

The following format is one way to structure case notes:

Case notes will be legible and written in the **D(ata) - A(ssessment) - P(lan)** format on the Case Progress Note form. The Data section will contain information from the client or observations of the client. The Assessment section will contain the counselor's conceptualization of the client's issues or progress in the session. The Plan section will describe recommendations to the client (i.e., referrals, homework, bibliotherapy, etc.) as well as comments regarding the direction of future sessions. Each case note should be signed with the counselor's name and degree (e.g., Jane Smith, M.A.). If handwritten, all case notes will be **written legibly**.

Case notes should be written with clarity sufficient to provide a documentation of the services provided and to enable continuity of care for the client.

Counselors are encouraged to use non-heterosexist language in clinical documentation. (For example, *partner, dating partner, romantic partner*, rather than *girl/boyfriend or husband/wife*). Counselors should be sensitive to the potential of release or subpoena of a client's file or of the file review by the client him/herself. If a client is seeking services regarding Gay/Lesbian/Bisexual/Transgender issues, counselors should be mindful of the potential misuse of information about the client's sexual orientation or identity, should the file be released at some future time. Counseling records are customarily requested in the event of a client or former client seeking security clearance for a job or military service or in cases of child custody, although it is center policy not to release records for administrative (rather than clinical) purposes. If a counselor believes that particular documentation may jeopardize the client receiving fair

treatment, the counselor is encouraged to discuss with the client the potential release of the file, use of information outside of the therapy, and appropriate language to use in documenting the counseling.

Your individual supervisor will be giving you feedback on your progress notes throughout the year. Your supervisor will sign off on all your case notes within a week's time frame and they will sign off on folders before they are closed.

How do I refer to groups?

Group therapy is frequently the treatment of choice over individual, if a client needs a place to practice interpersonal interactions or needs to have their experience normalized by others having a common experience. Some clients will benefit from having individual counseling until their group gets started. Many clients participate in individual counseling and then move on to group. And some, though very few, will benefit from receiving both individual and group each week. Your supervisor will be your resource for making those decisions. If you believe that group would be beneficial, here are some things you can tell your clients about group:

- 1) Group is a great place to both give and receive support from people with similar issues. Clients say "It is a safe place away from family and friends to work on issues".
- 2) It is common to feel anxious about starting a group, but that the anxiety goes away quickly as you start to get to know people in the group and feel some relief from meeting others struggling as you are.
- 3) Groups typically meet for 90 minutes a week and it is expected that you make a semester long commitment for regular weekly attendance. If you are unsure about group, leaders usually ask that clients give it a three session try before quitting.
- 4) To join a group, you will most likely need to go through a 30 minute screening interview, at which you will have an opportunity to learn more about that particular group and whether you feel comfortable with the leaders. In addition, the leader will ask you to share their goals for change and assess whether you fit into their particular group.
- 5) You can schedule the client for the group screen yourself. Most clinicians hold the time of the group open for screenings during the few weeks prior to group. It is OK for the client to screen with more than one group, for example, a client may be undecided between a DBT versus general interpersonal group. Make it clear to the client that they still have an appointment with you in addition to the group screenings, unless you are choosing to not see them.
- 6) Most groups and workshops have descriptions written on the group schedule. You may want to refer to these descriptions when speaking with the clients.
- 7) Feel free to call or email the Group Program Coordinator with any questions you or you student may have in order to ensure greater compliance with group referrals.

All interns participate in a weekly supervision/training seminar on group psychotherapy.

I need to send or get information from another agency, what do I do?

You will use the Release of Information form which is located on the database management system. The client must sign the form in front of a witness (usually a therapist or receptionist).

How do I refer for an evaluation for medication?

You may consider recommending an evaluation for medication if your client is reporting serious somatic symptoms of anxiety or depression or is unable to function adequately to meet their academic demands. There is often a several week wait to see a psychiatrist, depending upon the time of year. Reassure clients that seeing the psychiatrist does not commit them to taking medications, but gives them an opportunity to learn what their options are, possible side effects and make their own decision. It is also important to warn clients that it may take a few tries to find the right medication and dosage and that some antidepressants take 3-4 weeks before creating an effect. You will be given detailed training in how to set up an appointment with one of the CAPS psychiatrists. It is generally best to set up the appointment while

the client is in the room (especially if you are concerned about their following through) or you can give them the main CAPS number and tell them to call or stop in and make an appointment.

When another agency might be helpful in conjunction with therapy: what are the referral resources?

The "Mental Health Resource List" (Appendix A) lists our most frequently used referral agencies. If that listing is not adequate for your needs, consult a senior staff member for ideas. We have compiled a more extensive list of community resources – there is a list of mental health resources on the computer broken down into private practitioners and mental health clinics and agencies. We also maintain a referral list of practitioners in the tri-state area.

What do I do if my client is in crisis and may need to go to the hospital?

If you have a client in crisis, you are required to consult with a senior staff member. First try to find your supervisor for consultation. If s/he is unavailable, seek out one of the other senior staff members in the building – the secretary can help you identify who is available and they can pull someone out of an activity for a crisis. Here at Rutgers we are lucky to have a 24-hour psychiatric emergency screening center (called APS) physically located on the Rutgers Busch Campus. All students requiring hospitalization must be screened by this agency. Extensive training on procedures for hospitalizing a client will be given during orientation and reviewed at other times during the year.

What do I do if my client needs more intensive treatment than I can offer?

You will discuss the case with your supervisor to determine what the appropriate course of action will be. This could include seeing the client more than once per week, referring the client for adjunct treatment (psychiatry, group, drug and alcohol services, etc.), or referring the client out to a more intensive form of treatment (intensive outpatient, inpatient etc.).

What if my client will need more individual counseling after the end of my time here?

If someone needs continued individual counseling and you are at the end of your internship, consult with your supervisor regarding possible referral sources. You and your supervisor will also look at the number of sessions that had been contracted for originally in determining continued services. Your supervisor can determine the appropriate process for reassigning the client if that is necessary.

What do I do when I end with a client?

Counselors are expected to terminate a professional relationship when it becomes reasonably clear that the client no longer needs the service, is not benefiting from services, or is being harmed by continued service. Prior to termination, except where precluded by the client's conduct, the counselor discusses the client's views and needs, provides appropriate pre-termination counseling, suggests alternative service providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the client needs one immediately. If it is a planned termination, make sure you leave plenty of time to process the ending with the client, as this is often one of the more therapeutic aspects to treatment. Endings are not easy for most people and many avoid them if they have the chance. It is important that you give your client (and yourself) the opportunity to explore the meaning the therapy has had for them and get some closure from the process.

Following termination of a client, the intern is required to complete a termination summary on the client, and assign a final disposition to the case so the case can be officially closed and the client is taken off the students' case load. The counselor should document the primary treatment issues, progress toward goals, significant events and interventions and considerations for client activities to maintain progress and/or promote continued growth. There is a template in medicat with this information included.

Supervisory Review Procedure

The intern's clinical supervisor will review and sign off on the termination summary and will make sure that all progress notes have been completed and signed, and any other paperwork completed before officially closing the case.

What do I do if I cannot possibly remember all the stuff in this handbook?!?

Don't worry, you're normal! Ask your supervisor, secretary, Director of Training, or any other staff member for help. If you get ambitious, much of this information and more is located in the more extensive CAPS policy and procedure manual.

APPENDIX A
PSYCHOLOGICAL COUNSELING/MENTAL HEALTH SERVICES
FOR STUDENTS AT RUTGERS IN NEW BRUNSWICK

COUNSELING • ALCOHOL & DRUG ASSISTANCE • PSYCHIATRIC SERVICES (CAPS)

Counseling, Alcohol and Other Drug Assistance & Psychiatric Services are offered to all university undergraduate and graduate students. Offices are staffed by psychologists, drug & alcohol counselors, psychiatrists and social workers. Services are free for students, and strictly confidential. Short-term psychotherapy, crisis intervention, medication, D&A counseling, groups, and referral.

- *College Avenue Campus – main office, 17 Senior Street, 932-7884*
- *Cook/Douglass Campus office, 61 Nichol Avenue, 932-9150*

OTHER CAMPUS SERVICES

Other services and programs that can provide assistance to students include the following. Services for all are free and confidential.

- *Office for Violence Prevention and Victim Assistance, 932-1181*
- *Disability Services, 445-6800*
- *Learning Centers, 932-1443*
- *Office of Social Justice and LGBTQ Concerns, 445-4141*
- *Career Services, 932-7997 or 445-6127*
- *Academic Advising, 932-7731*
- *Religious Life Council, 932-6978*

HOTLINES

Professionally staffed hotline, open 24 hours a day for crises only:

- *Acute Psychiatric Service, University Behavioral Health Care (near Busch Campus), 732-235-5700*

Peer counseling services, staffed by student volunteers trained in active listening and making referrals:

- *Scarlet Listeners (formerly 56 Place), Bishop House (third floor), 732-247-5555*
- *The Gatehouse, Douglass/Cook Campus, 732-846-0957*

SPECIAL SERVICES ON CAMPUS

There are several specialty clinics on campus, as well as a training clinic that offers longer-term psychotherapy. Therapists are mostly graduate students in psychology, with experienced supervisors.

- *Psychological Clinic, Graduate School of Applied and Professional Psychology, Psychology Bldg. Annex, Busch Campus, (848)445-6111. Small fee charged, currently \$20.00; no fee for Student Health Insurance*
- *Anxiety Disorders Clinic, Center for Applied Psychology, 797 Hoes Lane West, 445-5384. Fee charged.*
- *Eating Disorders Clinic, 41 Gordon Road, Livingston Campus, 445-2292*
- *Cognitive Behavior Therapy Clinic (contact through Psychological Clinic, above)*

OFF-CAMPUS SERVICES

- *University Behavioral Health Care (community mental health center), Piscataway and New Brunswick, 1-800-969-5300*
- *Therapists in private practice - referral available through counseling centers and health centers.*

**Policy on "Professional Competence Problems" by a Trainee
Rutgers Student Health – Counseling, ADAP & Psychiatric Services (CAPS)**

Studies on pre-doctoral internships (e.g., Hahn & Molnar, 1991) suggest that there may be a nationwide problem with sites graduating "impaired" interns (see definition below). It has been hypothesized that the intern's graduate faculty (hereafter referred to as academic programs) may contribute to this problem by the failure to identify and/or intervene successfully in the case of an intern's professional and personal weaknesses. Further, many pre-doctoral interns are placed in internship sites outside of their academic program's geographical area (Gloria & Robinson, 1994). Thus many internship (and practicum) sites (hereafter referred to as training programs) often have a limited amount of information with respect to assessment and intervention of impairment and/or skill deficits.

Clearly, trainee impairment that is not adequately assessed and remediated compromises the welfare of the client, the welfare of the trainee, and the goals of the training program. Both the American Psychological Association (1992) and the American Counseling Association (1993) have instituted ethical guidelines designed to (a) observe ethical and legal protection of clients' and trainees' rights; (b) meet the training and professional needs of trainees in ways consistent with the clients' welfare and programmatic requirements; and (c) establish policies, procedures, and standards for implementing programs. Given the aforementioned issues, RSH – Counseling, ADAP & Psychiatric Services has developed an "impaired trainee" plan.

I. Procedures for Responding to Inadequate Performance by a Trainee

A. Definitions

1) Trainee impairment: an interference in professional functioning as a result of one or more of the following:

- a. an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior
- b. an inability to acquire professional skills in order to reach an acceptable level of competency; and/or
- c. an inability to control personal stress or other emotional reactions.

Criteria which link this definition of impairment to particular professional behaviors are incorporated into the competency-based evaluation forms which are completed by supervisors at the end of each semester.

2) Trainee problem: behaviors, attitudes, or characteristics, while of concern and receiving attention in supervision, are perceived to be expected for that trainee's level of experience. Problems typically become identified as "impairments" when they include one or more of the following characteristics:

- a. the trainee repeatedly and chronically does not acknowledge, understand, or address the problem when it is identified.
- b. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training.
- c. the quality of services delivered by the trainee is significantly compromised.

- d. the problem is not restricted to one area of professional functioning.
- e. a disproportionate amount of attention by training personnel is required.
- f. the trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
- g. the trainee is unable/unwilling to fulfill training program responsibilities.
- h. training staff members and peers identify the trainee as having repeated difficulties relating to others professionally.

B. Assessment

The following steps should precede a determination that a trainee is "impaired":

- 1) Consistent feedback from the clinical supervisor to the trainee.
- 2) Consistent feedback from the clinical supervisor to the Director of Training.
- 3) If the trainee's performance is still in question, then the issue of "impairment" should be discussed during the mid-semester evaluation process (involving the trainee, trainee's clinical supervisor, and Director of Training).
- 4) Should the Director of Training feel that a review of the trainee's performance is necessary, then the trainee will be required to attend a formal meeting with counseling center staff--director, Director of Training, and trainee supervisor (hereafter referred to as the "review panel").
- 5) The review panel will come to one of three decisions: (a) trainee performance is acceptable; (b) trainee performance indicates one or more problem areas (typical for level of experience), and recommendations for supervision and training can be made; or (c) trainee performance is impaired, and the focus of the review panel will move to remediation.

C. Remediation

- 1) Several possible, and perhaps concurrent courses of action to remediate identified impairments include but are not limited to:
 - a. Increased clinical supervision, either with the same or other supervisors,
 - b. Change in the format, emphasis, and/or focus of clinical supervision,
 - c. Recommendation/requirement of personal therapy when the problems are psychological in nature,
 - d. Reduction of the intern's clinical workload and/or the requirement of specific academic course work, and/or
 - e. Recommendation, when appropriate, of a leave of absence and/or a second practicum/internship at another setting.

2) When a combination of the above interventions do not, after a 30-day probation period, rectify the impairment, or when the trainee seems unable or unwilling to alter his/her behavior, the training program may need to take formal action, including such actions as:

- a. Giving the trainee a limited endorsement, specifying those settings in which she/he could function adequately,
- b. Communicating to the trainee and academic program that the trainee has not successfully completed practicum/internship,
- c. Recommending and assisting in implementing a career shift for the trainee, and/or
- d. Terminating the intern from the practicum or internship.

All of the above steps need to be adequately and appropriately documented in ways that are consistent with the due process procedures that are outlined explicitly in the following section of this policy.

II. Due Process Guidelines

A. General Guidelines

Due process ensures that decisions made by programs about trainees are not arbitrarily or personally based, requires that programs identify specific evaluation procedures which are applied to all trainees, and have appropriate appeal procedures available to the trainee so he/she may challenge the program's action. General due process guidelines include:

- 1) Presenting trainees, in writing, with the training program's expectations related to professional functioning,
- 2) Stipulating the procedures for evaluation, including when and how evaluations relate to professional functioning,
- 3) Articulating the various procedures and actions involved in making decisions regarding impairment,
- 4) Communicating with the academic program (i.e., trainee's practicum/internship instructor and/or field placement advisor), prior to meeting with the review panel, about any suspected difficulties with trainees, and seeking input from the academic programs as to how to address such difficulties,
- 5) Instituting, with the input and knowledge of the academic program, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies,
- 6) Providing a written procedure to the trainee which describes how the trainee may appeal the review panel's recommendation. Such procedures should be included in the Training Handbook and made available to the trainee at the beginning of the semester,
- 7) Ensuring that trainees have sufficient time to respond to any recommendation made by the review panel, and
- 8) Documenting, in writing and to all relevant parties, the review panel's recommendation.

B. Specific Procedures

If a trainee is thought to be "impaired" by the review panel, then the following procedures will be initiated:

- 1) The training coordinator will meet with the trainee's clinical supervisor and the trainee to discuss trainee performance and determine what action (if any) needs to be taken.
- 2) The trainee will be notified, in writing, if any formal review is occurring, and the Director of Training will receive any information or statement from the trainee related to his/her response to the impending review.
- 3) The review panel will meet with the trainee to assess impairment and subsequent remediation (if necessary). In discussing the inadequate rating and trainee response, the review panel may decide on any of the courses of action outlined in the section on remediation.
- 4) The Director of Training will then meet with the trainee to review the panel's recommendation. The trainee may choose to accept or institute grievance procedures (see Section III).
- 5) Once the recommendation is made by the review panel, it is expected that the status of the rating will be reviewed no later than the next formal evaluation period.
- 6) If the rating has been rectified to the satisfaction of the Director of Training, then the trainee's supervisor and academic program will be informed and no further action taken.

III. Situations in which Grievance Procedures are Initiated

A. There are three situations in which grievance procedures can be initiated:

- 1) When the trainee challenges the action recommended by the review panel,
- 2) When the training coordinator is not satisfied with trainee performance, following the end of the probation period, or
- 3) When a senior staff member initiates action against a trainee (i.e., unethical or illegal practice/behavior).

B. If the trainee decides to initiate grievance procedures, he/she must inform the training coordinator, in writing, of such a challenge, within 5 days of receipt of the decision reached in one of the three situations described above.

- 1) The Director of Training will individually meet with the Center Director.
- 2) The trainee will meet individually with the Center Director.
- 3) The Center Director, within five days of meeting individually with the Director of Training and the trainee, will either accept the review panel's action, reject the review panel's action, or provide an alternative course of action.
- 4) Once a decision has been made, the Center Director will inform, in writing, the trainee as well as the members of the review panel.

Appendix C
Counseling, ADAP and Psychiatric Services
Senior Staff List - Description of Specialties and Interests



Jill Richards, Psy.D.

Director of CAPS
17 Senior Street

Chicago School of Professional Psychology (CSPP-Chicago). Dr. Richards is responsible for providing leadership and oversight to all aspects of Counseling, ADAP & Psychiatric Services (CAPS). Special interests include culturally sensitive, integrated, evidence based mental health care; professional identity development through the lifespan; and young adult struggles with severe mental health concerns. Is an LGBTQ Liaison.



Lisa Laitman, MEd, LCADC

Director of Alcohol and Drug Assistance Program (ADAP)
17 Senior Street

Director of the Alcohol and Other Drug Assistance Program (ADAP) within the Rutgers Health Service and CAPS. She is recognized as for her work in developing assessment and intervention services for students at risk for alcohol and other drug problems and for creating an on-campus recovery support community that includes the Recovery House. In existence since 1988, the Recovery House; an on campus residence hall for students in recovery from addictions, is the first of its kind on a college campus in the US. She is a Senior Researcher with the Rutgers Center of Alcohol Studies, and serves on the University Alcohol Policy

Committee, the CAPS Leadership Group and has several publications. She has a thirty-year career in the substance abuse field in both administrative and clinical roles.



Steve Sohnle, Psy.D.

Associate Director of Clinical Services
17 Senior Street

Chicago School of Professional Psychology. His special interests include the training and development of professional psychologists and the application of cognitive behavior therapy to depression and generalized anxiety/chronic worry. He particularly enjoys working with students of the fine and performing arts and non-traditional students.

Michelle Drapkin, Ph.D.
Associate Director of Clinical Training
17 Senior Street

Dr. Drapkin received her PhD from Rutgers and completed both her Clinical Psychology internship and postdoctoral fellowship in treatment outcomes research at the University of California, San Diego/VA San Diego. She is trained in and practices a variety of evidence-based practices including Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Dialectical Behavior Therapy (DBT), Prolonged Exposure for PTSD, Acceptance and Commitment Therapy (ACT), etc. Dr. Drapkin has particular interests in general behavior change, addictions, problems often comorbid with addictions (anxiety, depression, etc.), and veterans.

Diane Simmons, Psy.D.

Assistant Director, Nichol Avenue
61 Nichol Avenue

Rutgers University. Special interests: women's issues, psychotherapy training and supervision, depression, abuse and trauma, crisis intervention, cultural diversity. Is an LGBTQ Liaison.

Najmi Shaikh, M.D.

**Director of Psychiatry
17 Senior Street**

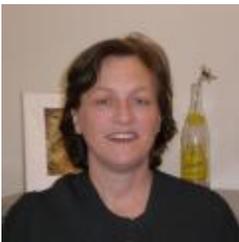
Government Medical College, Nagpur, India. Internship, Residency at UMDNJ, Newark, NJ. Theoretical orientation: eclectic. Special interests: affective disorders, psychotic disorders, first-generation immigration issues, gender identity issues, professional identity issues in young adults. Additional languages: Urdu, Hindi.



Charity Wilkinson, Psy.D.

**Psychologist
17 Senior Street**

Indiana University of Pennsylvania.



Beverly Andres, LCSW, MSW

**Group Program Coordinator
17 Senior Street**

Rutgers University. Special Interest: Mood disorders, young adults, coping skills, group therapy, crisis intervention, mindfulness, and issues surrounding adoption and the impact across the lifespan.



Irina V. Efremova, M.D.

**Staff Psychiatrist
17 Senior Street**

Clinical Assistant Professor, Department of Psychiatry, UMDNJ-RWJ Medical School in New Brunswick, NJ. M.D. from I. P. Pavlov Saint Petersburg State Medical University, St. Petersburg, Russia. Internship, Residency and Fellowship at Albert Einstein College of Medicine, New York City. Board Certified in Adult Psychiatry. Professional interests: affective disorders, cross-cultural issues, professional identity development in young adults, burnout prevention. Additional language: Russian.



Irene Gabrial, M.D.

**Staff Psychiatrist
17 Senior Street**

The Faculty of Medicine Cairo University, Egypt. Psychiatric residency at Albert Einstein Medical center Philadelphia, PA. Child and Adolescent psychiatry and

Geriatric psychiatry fellowship training at UMDNJ-RWJ Medical School, NJ. Board Certified in Adult Psychiatry. Professional interests: pervasive developmental disorders, affective disorders.



Siobhan Gibbons, Ed.D.

**Staff Psychologist
61 Nichol Avenue**

Rutgers University. Special interests: mindfulness meditation; Mindfulness Based Stress Reduction; stress management; attention regulation and ADD/ADHD; Autism spectrum issues; cultural diversity, immigration and identity development, especially with Muslim, Middle Eastern and South Asian students. Has completed the Teacher Development Intensive at the Center for Mindfulness, Medicine, Health Care and Society in University of Massachusetts Medical School and is a certified Yoga Teacher.



Nicky Isaacson, LCSW, MSS, Ph.D.

**Clinical Social Worker/Clinical Informaticist
17 Senior Street**

Bryn Mawr College, Graduate School of Social Work and Social Research. Rutgers University (PhD in Sociology) Special Interests: transition and adjustment in early adulthood, sexuality (including sexual dysfunction, sexual health, sexual orientation and gender expression), anxiety disorders; group psychotherapy and clinical informatics (analysis, implementation and evaluation of health information and communication systems to enhance individual and population mental health care outcomes).



Barbara Kachur-Karavites, LCSW, LCADC

**Senior Substance Abuse Counselor
17 Senior Street**

Rutgers University. Special interests; Co-occurring disorders, addiction, ACOA, trauma, supervision.



Brian Kaye, LCADC, MA, MSW

**Substance Abuse Counselor
17 Senior Street**

Rutgers University. Special Interests: Addiction and recovery, ACOA and family of origin issues, anger management, coping skills, harm reduction skills.



W. Reese Mayer, Ph.D.

**Assistant Director of Practicum Training
17 Senior Street**

Louisiana Tech University. Dr. Mayer has experience in working with issues regarding mood, anxiety, substance use, relationships, families of origin, grief and loss, developmental transitions, stress management, head injuries, memory and other cognitive concerns, and living with chronic and/or serious health conditions. Additional interests include motivation, personality, and mind-body interaction.



Maressa Nordstrom, LCSW, LCADC, CTTT

**Clinical Social Worker
17 Senior Street**

Rutgers University. Special Interest: Co-occurring disorders, Tobacco Cessation, Mindfulness, Young Adults, Women's issues, Case Management, Sexual Orientation issues (works with LGBTQ communities; LGBTQ liaison), works with veterans.



Julissa Perez, LCSW

**Clinical Social Worker
17 Senior Street**

Rutgers University. Special Interest: Multicultural Issues and underserved populations (is an LGBTQ Liaison), Chronic Mental Illness, Adjustment Disorders, Case Management.



Tam Rovitto, LCSW

**Clinical Social Worker
17 Senior Street**

Columbia University. Special Interests: Mood disorders, grief and loss, stress management, outreach, rapid assessment. First generation college students, multicultural, immigration and refugee adjustment issues. Supervision and training of MSW students.



Racquel San Juan, D.O.

**Staff Psychiatrist
17 Senior Street**

University of Medicine and Dentistry of New Jersey – School of Osteopathic Medicine, Stratford, NJ. Psychiatry residency at Robert Wood Johnson Medical School, Piscataway, NJ. Board certified in psychiatry. Professional interests: depression, anxiety, international students.



E. (Ellen) Shane Uber, LCSW, MSW

**Clinical Social Worker
17 Senior Street**

Rutgers University. Special interests: Resiliency, family coaching with college students, immigration and acculturation issues, lifecycle transitions, ethnicity and family therapy, accessing and linking people with community resources, case management, crisis intervention and case stabilization, use of genograms as assessment and intervention tool.



Anmarie Wacha-Montes, Psy.D.

**Staff Psychologist
17 Senior Street**

Nova Southeastern University. Special interests: addictions (e.g., substance and eating issues), trauma, suicide prevention, crisis intervention, stabilization, PTSD, health issues, mood disorders, and co-occurring disorders, women's issues, guided self-change and sexual orientation issues (works with LGBTQ communities; LGBTQ liaison), works with veterans.



Patricia M. Woodin-Weaver, Ed.D.

**Staff Psychologist
17 Senior Street**

Rutgers University-Graduate School of Education. Dr. Woodin-Weaver is the Chairperson for the RSH Multi-disciplinary Team that develops and coordinates services for students with Eating Disorders. She is the Staff Trainer for delivery of guided self-help treatment for Binge Eating Disorder; trained as a Response Team Advocate for the RU Violence Prevention and Victim Assistance Department; and is a trained Liaison for the LGBTQA community through the Center for Social Justice Education Dept. Special interests include: advocacy related to and treatment of eating disorders; violence prevention and supportive response to victims of sexual assault and domestic violence; safe community building and support for LGBTQA students; college transition and adjustment issues; healthy relationships in young adulthood, especially in case of social anxiety; crisis intervention, case management and stabilization services for students with chronic mental health issues, including community implications; learning differences and their impact on adult learners; mental health outreach in college communities; resilience and creativity in adult development and treatment; supervision and training for emerging psychological professionals.



Audra Yacka, Psy.D.

**Staff Psychologist
61 Nichol Avenue**

Pace University. Special interests: transitional and adjustment issues; crisis intervention and stabilization; mindfulness techniques. Is an LGBTQ Liaison.

Daniel Chung, Psy.D.
Staff Psychologist
17 Senior Street

Zaynab Kahn, Psy.D.
Staff Psychologist
61 Nichol Avenue

Pierre Albert, Ph.D.
Staff Psychologist
17 Senior Street

Appendix D
DOCTORAL INTERN EVALUATION

Name:	Supervisor:	Date:
-------	-------------	-------

Description of Rating Scale for Intern Evaluation Reports

- 5** **Competent:** The intern has a strongly established competence in the knowledge, awareness or skill being evaluated. The intern functions in this competency area at a level that could allow him/her to work independently. The use of the knowledge, awareness or skill is consistently incorporated into the intern’s understanding of their work as an emerging psychologist and is evident in their daily professional practice.
- 4** **Highly Developed:** The intern has a highly developed competence in the knowledge, awareness or skill area being evaluated. This level of competence is characterized by the intern’s ability to utilize the knowledge, awareness or skill with minimal structured assistance. The intern is aware of the competence, seeks greater learning about and understanding of the competence area as a form of ongoing development and frequently applies the knowledge, awareness or skill to the practice of their work as an emerging psychologist.
- 3** **Developing:** The intern is actively working to develop competence in the knowledge, awareness or skill area being evaluated. The intern is aware of the competency area and can utilize this awareness to inform their work in the internship setting, although the intern may still need moderate assistance from the didactic or supervisory aspects of the training setting in order to utilize the training in their direct service work and the application of learning to practice may be inconsistent.
- 2** **Emerging:** The intern has a basic foundation in the knowledge, awareness and skill domains that are contained in the internship training program and begins the work of moving eagerly toward acquiring competence in the respective goal areas. Although aware of the baseline goal areas, the intern is most comfortable or capable of working with the learning in structured settings such as supervision sessions or seminar settings involving either role-play or didactic learning experiences.
- 1** **Student:** The intern is not aware of competency areas that would be expected to be foundationally in place at this time of the training experience OR the intern exhibits behaviors indicating lack of readiness for the work that will be required in the internship setting. A doctoral intern evaluated at this level will require immediate augmented supervision or structured training opportunities.
- N/A** **Not Applicable/Observed:** This is not an area of evaluation for the intern in this evaluation report either because it was not a component of this clinical/programmatic area, or because the supervisor did not assess this competency area at this time.

Goals, Objectives and Competencies of Internship that Evaluation will be based on

GOAL 1.0.0: THE CONSOLIDATION OF PROFESSIONAL CLINICAL SKILLS IN PSYCHOLOGY

Objective 1.1.0: Assessment Interventions: The intern will function competently in a full array of clinical assessment roles/utilize various methods of clinical evaluation and assessment at CAPS effectively.

Competency 1.1.1: The intern will demonstrate initial telephone/triage consultation and assessment skills.

Competency 1.1.2: The intern will demonstrate initial intake interviewing and assessment skills.

Competency 1.1.3: The intern will demonstrate on-call and crisis intervention assessment skills.

Objective 1.2.0: Clinical Interventions: The intern will demonstrate the requisite knowledge and skills in clinical interventions for entry into the practice of professional psychology.

Competency 1.2.1: The intern will demonstrate knowledge and skills in clinical interventions.

Competency 1.2.2: The intern will demonstrate knowledge and skill in providing group treatment skills.

Competency 1.2.3: The intern will demonstrate clinical skills and competencies to provide initial assessment and clinical services to students with substance abuse disorders.

Objective 1.3.0 Outreach and Consultation: The intern will provide consistent and competent clinical consultation, as well as engaging and informative outreach presentations, to a wide range of audiences in a college environment.

Competency 1.3.1: The intern will understand the theoretical and practical framework for outreach and consultation in a college environment.

Competency 1.3.2: The intern will provide consultation and/or outreach services to multiple audiences in a college environment.

Objective 1.4.0: Supervisory Skills: The intern will provide competent, culturally sensitive and collaborative clinical supervision of trainees in the field of psychology.

Competency 1.4.1: The intern will demonstrate knowledge and skills in providing clinical supervision.

GOAL 2.0.0: THE INTEGRATION OF A PROFESSIONAL IDENTITY AS A PSYCHOLOGIST

Objective 2.1.0 Integration of Theory and Research: The intern will have a thorough understanding of the theory and research of psychological thinking that informs their clinical practice and allows them to provide clinical services of the highest quality.

Competency 2.1.1: The intern will demonstrate knowledge and understanding of the theoretical basis that informs clinical perspective.

Competency 2.1.2: The intern will demonstrate knowledge and understanding of the historical and current research that informs the clinical practice of psychology.

Competency 2.1.3: The intern will demonstrate the capacity to integrate knowledge of theories and research into their clinical practice.

Objective 2.2.0 Professionalism: The intern will develop an integrated professional identity that supports their Objectives of independent functioning as licensed psychologists.

Competency 2.2.1: The intern will demonstrate a professional identity as an emerging psychologist.

Competency 2.2.2: The intern will incorporate accepted standards of professional psychological practice into their clinical documentation and file management responsibilities.

Competency 2.2.3: The intern will embrace an ongoing commitment to continued learning in both didactic and supervisory venues.

Competency 2.2.4: The intern will be knowledgeable of, and insightful to the implications of, the ethical and legal standards that apply to the field and practice of psychology.

Objective 2.3.0: Cultural Diversity: The interns will develop a professional identity that incorporates an awareness of self and an understanding of and respect for diversity.

Competency 2.3.1: The intern will demonstrate the knowledge, sensitivity and clinical skills needed to work with diverse populations.

Objective 2.4.0: Multi-Disciplinary Collaboration: The intern will demonstrate ability to work effectively in a multi-disciplinary clinical setting.

Competency 2.4.1: The intern will demonstrate a multi-disciplinary collaborative approach in the delivery of clinical services.

Instructions for Completion: Please click on the shaded boxes below, or put your cursor directly in the shaded areas below (the shaded areas will expand to fit limitless amounts of text) PRINT this evaluation when you have completed it. It will remain anonymous.

OVERALL OBJECTIVES of the Internship:

Below are listed eight major objectives of the internship program. Please review these objectives and provide feedback on the degree to which the training program provided an opportunity to meet these objectives; the degree to which these objectives were met; and the strengths of the program and staff in meeting these objectives.

OBJECTIVE 1.1.0: Assessment Interventions: The intern will function competently in a full array of clinical assessment roles/utilize various methods of clinical evaluation and assessment at CAPS effectively:

Opportunities to meet this goal:

Not available 1 2 3 4 5 Very available

Degree to which this goal was met:

Not at all 1 2 3 4 5 Very much

Strengths of training program and staff in meeting this goal:

Poor 1 2 3 4 5 Excellent

Comments:

OBJECTIVE 1.2.0: Clinical Interventions: The intern will demonstrate the requisite knowledge and skills in clinical interventions for entry into the practice of professional psychology:

Opportunities to meet this goal:

Not available 1 2 3 4 5 Very available

Degree to which this goal was met:

Not at all 1 2 3 4 5 Very much

Strengths of training program and staff in meeting this goal:

Poor 1 2 3 4 5 Excellent

Comments:

OBJECTIVE 1.3.0: Outreach and Consultation: The intern will provide consistent and competent clinical consultation, as well as engaging and informative outreach presentations, to a wide range of audiences in a college environment:

Opportunities to meet this goal:

Not available 1 2 3 4 5 Very available

Degree to which this goal was met:

Not at all 1 2 3 4 5 Very much

Strengths of training program and staff in meeting this goal:

Poor 1 2 3 4 5 Excellent

Comments:

OBJECTIVE 1.4.0: Supervisory Skills: The intern will provide competent, culturally sensitive and collaborative clinical supervision of trainees in the field of psychology:

Opportunities to meet this goal:

Not available 1 2 3 4 5 Very available

Degree to which this goal was met:

Not at all 1 2 3 4 5 Very much

Strengths of training program and staff in meeting this goal:

Poor 1 2 3 4 5 Excellent

Comments:

OBJECTIVE 2.1.0: Integration of Theory and Research: The intern will have a thorough understanding of the theory and research of psychological thinking informs their clinical practice and allows them to provide clinical services of the highest quality:

Opportunities to meet this goal:

Not available Very available
1 2 3 4 5

Degree to which this goal was met:

Not at all Very much
1 2 3 4 5

Strengths of training program and staff in meeting this goal:

Poor Excellent
1 2 3 4 5

Comments:

OBJECTIVE 2.2.0: Professionalism: The intern will develop an integrated professional identity that supports their goals of independent functioning as licensed psychologists:

Opportunities to meet this goal:

Not available Very available
1 2 3 4 5

Degree to which this goal was met:

Not at all Very much
1 2 3 4 5

Strengths of training program and staff in meeting this goal:

Poor Excellent
1 2 3 4 5

Comments:

OBJECTIVE 2.3.0: Cultural Diversity: The intern will develop a professional identity that incorporates an awareness of self and an understanding of and respect for diversity:

Opportunities to meet this goal:

Not available Very available
1 2 3 4 5

Degree to which this goal was met:

Not at all Very much
1 2 3 4 5

Strengths of training program and staff in meeting this goal:

Poor Excellent
1 2 3 4 5

Comments:

OBJECTIVE 2.4.0: Multi-Disciplinary Collaboration: The intern will demonstrate ability to work effectively in a multi-disciplinary clinical setting:

Opportunities to meet this goal:

Not available Very available
1 2 3 4 5

Degree to which this goal was met:

Not at all Very much
1 2 3 4 5

Strengths of training program and staff in meeting this goal:

Poor Excellent
1 2 3 4 5

Comments:

SPECIFIC ASPECTS OF THE TRAINING PROGRAM

Please rate the following and add any additional comments you may have

SUPERVISION:

Assignment of Supervisors:

Poor Excellent
1 2 3 4 5

Quality of Supervision:

Poor Excellent
1 2 3 4 5

Appropriateness of Patients Selected:

Poor Excellent
1 2 3 4 5

Amount of Supervision for Individual Patients:

Poor Excellent
1 2 3 4 5

Amount of Supervision for Group Patients:

Poor Excellent
1 2 3 4 5

Amount of Supervision for Intakes:

Poor Excellent
1 2 3 4 5

Amount of Supervision for Triage/Walk-In Coverage:

Poor Excellent
1 2 3 4 5

Amount of Supervision for Outreach groups/workshops:

Poor Excellent
1 2 3 4 5

Amount of Supervision for ADAP mandated assessments and follow-ups:

Poor Excellent
1 2 3 4 5

Overall Rating of Supervision:

Poor Excellent

1 2 3 4 5

Comments: _____

CLINICAL TOPICS SEMINAR – OVERALL RATINGS:

Range of Clinical Topics in Seminar Offered

Poor Excellent
 1 2 3 4 5

Relevance of Seminars Offered:

Poor Excellent
 1 2 3 4 5

Responsiveness to the interns' feedback/needs/interests:

Poor Excellent
 1 2 3 4 5

Quality of seminar presenters/facilitators:

Poor Excellent
 1 2 3 4 5

Helpfulness/value as a learning experience:

Poor Excellent
 1 2 3 4 5

Overall rating of Clinical Topics Seminar:

Poor Excellent
 1 2 3 4 5

Please offer your comments/criticisms/suggestions for improvement:

MULTI-DISCIPLINARY CASE CONSULTATION: EVALUATION BY INTERNS

Format of consultation:

Poor Excellent

1 2 3 4 5

Quality of group participation:

Poor Excellent
 1 2 3 4 5

Quality of leadership/facilitation/supervision:

Poor Excellent
 1 2 3 4 5

Helpfulness/value as a learning experience:

Poor Excellent
 1 2 3 4 5

Please offer your comments/criticisms/suggestions for improvement:

PROFESSIONAL DEVELOPMENT SEMINARS:

Format of professional development seminars:

Poor Excellent
 1 2 3 4 5

Quality of readings:

Poor Excellent
 1 2 3 4 5

Quality of presented material/discussions:

Poor Excellent
 1 2 3 4 5

Quality of leadership/facilitation:

Poor Excellent
1 2 3 4 5

Helpfulness/relevance of material:

Poor Excellent
1 2 3 4 5

Value of seminar for my professional growth/learning:

Poor Excellent
1 2 3 4 5

Please offer your comments/criticisms/suggestions for improvement:

OVERALL IMPRESSIONS:

Please respond to the following open-ended questions regarding your internship experience:

- A. What are some of the most valuable aspects of the internship in your view?
- B. What are some of the least valuable aspects of the internship in your view?
- C. What changes do you recommend to improve the training program so that it will be a more valuable experience for future trainees?
- D. How do your experiences in the internship relate to your present and future professional work?
- E. How have your internship experiences directly contributed to your own personal growth?
- F. Final comments are encouraged:

*Please note: this evaluation is under revision as our program revises materials to be in line with the current Standards of Accreditation.

Appendix F
RSH – Counseling, ADAP & Psychiatric Services
Intern Evaluation of Supervisor

Trainee: _____

Supervisor: _____

Date of Evaluation: _____

Fall

Spring

The following questions are to be used solely for the purpose of facilitating an open dialogue between supervisor and supervisee with the intention of improving the supervisory relationship and experience. Access to this form will be strictly limited to the supervisor, supervisee and the Associate/Assistant Director for Clinical Training. Your candor is encouraged.

Directions: Please circle the number that best represents how you feel about the supervision you have been receiving at the center from your primary supervisor using the following scale:

1	-----	2	-----	3	-----	4	-----	5			
<i>Not at all</i>									<i>All the time</i>		
5	<i>Supervisor consistently demonstrated this supervisory skill and is a clear strength for this supervisor. Supervisor implemented this skill in a very impactful, effective, and helpful manner.</i>										
4	<i>Supervisor consistently demonstrated this supervisory skill. Supervisor implemented this skill in an effective and helpful manner.</i>										
3	<i>Supervisor occasionally demonstrated this supervisory skill. Supervisor implemented this skill in a somewhat effective and helpful manner.</i>										
2	<i>Supervisor infrequently demonstrated this supervisory skill. Supervisor implemented this skill in a slightly effective and helpful manner.</i>										
1	<i>Supervisor did not demonstrate this supervisory skill OR supervisor was ineffective or unhelpful in implementing it.</i>										
N/A	<i>Not applicable for this supervision format or training experience.</i>										

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. Is available to me, within reason, when I need him/her. | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Accepts and respects me as a person. | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Recognizes and encourages further development of my strengths and capabilities. | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. Gives me useful feedback when I do something well. | 1 | 2 | 3 | 4 | 5 | N/A |

5. Provides me the freedom to develop flexible and effective counseling styles.	1	2	3	4	5	N/A
6. Encourages and listens to my ideas and suggestions for developing my counseling skills.	1	2	3	4	5	N/A
7. Provides suggestions for developing my counseling skills.	1	2	3	4	5	N/A
8. Helps me understand the implications and dynamics of the counseling approaches I use.	1	2	3	4	5	N/A
9. Encourages me to use new and different techniques when appropriate.	1	2	3	4	5	N/A
10. Helps me to understand the link between theory and technique.	1	2	3	4	5	N/A
11. Helps me define and achieve specific concrete goals for myself during the practicum experience.	1	2	3	4	5	N/A
12. Gives me useful feedback when I do something wrong.	1	2	3	4	5	N/A
13. Allows me to discuss problems I encounter in my internship setting.	1	2	3	4	5	N/A
14. Attends to the needs of both my clients and myself.	1	2	3	4	5	N/A
15. Focuses on both verbal and nonverbal behavior in me and in my clients.	1	2	3	4	5	N/A
16. Helps me define and maintain ethical behavior in counseling and case management.	1	2	3	4	5	N/A
17. Encourages me to engage in professional behavior.	1	2	3	4	5	N/A
18. Maintains confidentiality in material discussed in supervisory sessions.	1	2	3	4	5	N/A
19. Deals with both content and process when supervising.	1	2	3	4	5	N/A
20. Focuses on the implications and consequences of specific behaviors in counseling and supervision.	1	2	3	4	5	N/A
21. Helps me organize relevant case data in planning goals and strategies with my client.	1	2	3	4	5	N/A
22. Helps me formulate a theoretically sound rationale of human behavior.	1	2	3	4	5	N/A

23. Offers resource information when I request or need it.	1	2	3	4	5	N/A
24. Helps me develop increased skill in critiquing and gaining insight from my counseling tapes.	1	2	3	4	5	N/A
25. Allows and encourages me to evaluate myself.	1	2	3	4	5	N/A
26. Explains his/her criteria for evaluation (expectations) clearly.	1	2	3	4	5	N/A
27. Applies his/her criteria fairly in evaluating my counseling performance.	1	2	3	4	5	N/A
28. Is well prepared, in terms of listening to tapes, reviewing notes, and remembering what we have discussed.	1	2	3	4	5	N/A
29. Maintains appropriate professional boundaries in our relationship.	1	2	3	4	5	N/A

Trainee

Date

Supervisor

Date

Supervisor's Response:

Appendix G - APA Ethical Principles for Psychologists