

RSH-CAPS Doctoral Internship Training Program in Health Services Psychology

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INTRODUCTION:

This handbook describes the responsibilities and expectations of doctoral psychology interns at 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 a number of locations. The College Avenue Campus office at 17 Senior Street is the primary location. As of the start of the 2019-20 academic year, Community Based Counselors are embedded in academic and cultural communities on campus to provide support and counseling services. The College Avenue Campus office is the primary assigned location for most of the training related activities for doctoral psychology interns.

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). CAPS also has strong partnerships with a variety of community mental health treatment offices and providers.

CAPS is available to approximately 43,000+ undergraduate and graduate students at Rutgers University – New Brunswick. Rutgers is widely reported to be one of the most diverse student bodies in the country, with variability in ethnicity, race, sexual orientation, and socio-economic status among students. The range of presenting problems is equally diverse, giving interns experience with a wide range of diagnostic issues. The creative application of 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.

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 forty clinicians on staff at CAPS, including staff psychologists, social workers, counselors, psychiatrists, and drug and alcohol counselors. In addition to doctoral psychology interns, CAPS trains psychology practicum students and social work interns, as well as a post-doctoral clinician and a post-MSW clinician. CAPS interns benefit from working as part of an integrated and multidisciplinary team and learn from practitioners with a wide variety of experiences.

THE MISSION:

The Center's mission is to strive to be a comprehensive mental health resource center for the campus community. CAPS offers a variety of high quality counseling services to Rutgers students in order to enhance both academic and personal achievement and progress.

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 (e.g., Graduate School of Applied and Professional Psychology, School of Social Work), CAPS supports research and training in best practices of prevention, intervention and follow-up support for students.

CLINICAL SERVICES:

CAPS provides professional clinical mental health 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). CAPS supports students dealing with a broad spectrum of personal, social, and emotional concerns as well as more severe pathologies. Offering individual and group counseling, crisis intervention, triage/intake assessment and referral, CAPS collaborates with students to develop individualized treatment plans and is regularly called upon to provide a variety of educational and consultative activities throughout the University. All interns participate in the center's 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 several evenings per week until 9:00pm. Doctoral psychology interns do not typically provide any services during the evening hours, unless otherwise arranged with the Associate Director for Clinical Training. Doctoral psychology interns may only be physically present in a

CAPS office when a licensed staff member with supervisory responsibility is also physically on-site.

THE 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 bases about both clinical work and the client population with whom they work. The didactic seminars are structured to both mirror and facilitate the interns' developmental process, and cover topics related to assessment, intervention, professional development, and diversity. 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, and then building upon and expanding 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 by first observing senior staff members, then, performing under observation, and ultimately working independently with appropriate supervision. Video recording of individual counseling 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, Dean of Students). 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 consultations in addition to supervision.

While every attempt is made to individualize the intern training experience to the particular interests and training experiences of the intern, it is expected that interns will participate in all aspects of the work at CAPS, with varying emphases to be worked out with the Associate Director for Clinical Training. Some of the more important components of the intern training experience, in brief, are as follows:

- Proactively maintain a schedule of approximately 10-15 individual therapy hours per week (depending on other clinical responsibilities)
- Co-facilitate 2 therapy groups per semester
- Complete triage/intake assessments on all newly assigned clients in a timely manner
- Actively participate in community-based activities
- Work one afternoon per week in the on-call/crisis service
- Receive two hours of individual supervision and two hours of group supervision per week by licensed psychologists
- Participate in the following training meetings:
 - Weekly Group/peer supervision of all interns
 - Periodic Professional Development Seminar (in-service training with all CAPS staff)
 - Bi-Weekly Group Psychotherapy Supervision/Training meeting
 - Weekly Clinical Topics Seminar
 - 📅📅📅 Weekly ADAP supervision/training meeting

- Weekly Administrative Staff Meeting
- Weekly Multi-Disciplinary Case Consultation Meetings
- Completion of all paperwork (intake summary, session progress notes, and termination summary) in a timely manner.
- Review and follow all applicable Rutgers Student Health policies and procedures.
- Maintain and adhere to the highest of ethical standards as put forth by the American Psychological Association; and adhere to applicable New Jersey State Board of Psychological Examiners regulations, as well as applicable laws.
- 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., Monday through Friday) at a minimum throughout the year, unless other scheduling or remote work arrangements are reviewed and approved in writing by the Associate Director for Clinical Training. There will be times when additional hours are required to fulfill responsibilities (e.g., documentation for provided services). Doctoral psychology interns are expected to be on time for scheduled meetings and appointments. Any changes to the schedule must be approved by the Associate Director for Clinical Training. In the event of a necessary absence (e.g., illness, emergencies), the Associate Director for Clinical Training and appropriate designated front desk staff should be contacted as soon as possible.

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 Rutgers Student Health and maintain the ethical standards put forth by APA (see Ethical Principles of Psychologists and Code of Conduct, 2002; a copy is included in your materials). Interns are expected to adhere to all applicable New Jersey State Board of Psychological Examiners regulations, as well as applicable laws.

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 that may be requested by Residence Life staff or other university partners. This will usually involve roughly two presentations per semester, which may take place in the evening.

10. Interns are expected to keep all appointments up to date in the database management system (Medicat One). Appointments (therapy, supervision, community activities, etc.) should be in place at least 1- 2 weeks in advance.

If you have any questions or concerns about any aspect of your training experience, do not hesitate to ask the Associate Director for Clinical Training or other members of CAPS Training Committee.

TELESUPERVISION

Telesupervision may be used on a regularly scheduled basis when psychology interns or supervisors work remotely on a regularly scheduled basis using the Flexible Work Arrangement policy or may be utilized occasionally when unforeseen circumstances necessitate a shift to working remotely for any trainee or supervisor. Utilizing telesupervision allows for the continuity of supervision and ongoing support from and access to supervisors rather than disrupting the supervision schedule on these types of occasions. Given the increasing use of telehealth and telesupervision in the fields of psychology and mental health, psychologists in training should have exposure during their training to utilizing video conferencing for multiple professional roles, which could include supervision, other meetings, and clinical work. Thus, providing telesupervision is consistent with the aims of the internship to train clinical/counseling psychologists in the provision of psychological services and the range of roles of a psychologist on a college campus and to prepare clinical/counseling psychology doctoral interns to become entry-level Health Service Psychologists. Providing psychological services and both providing and receiving supervision through a synchronous audio and video format is a generally expected skill of entry-level Health Service Psychologists.

Telesupervision is always utilized within the context of relationships with supervisors who are also primarily on-site. Supervisees have regular interaction with their supervisors in person as well as remotely. Supervisors should make every effort to meet in person for supervision sessions when possible, particularly early in the internship year to build the relationship before shifting to meeting via telesupervision.

It is expected that telesupervision will not account for more than 2 hours of the required 4 weekly hours of total supervision. Supervision above and beyond these minimum hours can be done in any format that is deemed appropriate by supervisors.

Trainees who are performing adequately in the program are generally eligible for telesupervision. In a situation in which a trainee is not performing adequately in the program, has demonstrated problematic behavior, and/or is on a remediation plan to support skill attainment, the Training Committee will discuss whether telesupervision remains an appropriate supervision modality for this trainee. Any changes to these expectations will be communicated to the trainee and should be outlined in any remediation plan or other discussion about additional support to address the concerns.

Even with telesupervision and remote work, the licensed psychologist supervising each case maintains professional responsibility for clinical cases. Trainees are informed of how to contact supervisors when consultation and crisis coverage or assessment are needed. If a trainee needs to contact a supervisor when they or the supervisor is not physically in the office, they can utilize internet-based chat options or phone. All trainees have the office and personal phone numbers of all supervisors. A licensed psychologist supervisor is always available to be contacted during work hours.

Confidentiality and privacy expectations for telesupervision remain the same as expectations for confidentiality of clinical sessions. Telesupervision is conducted via HIPAA-secure Zoom, and all trainees and supervisors receive training in using this software at the beginning of the training year. Telesupervision is expected to be done via synchronous audio and video. All doctoral psychology interns will be equipped by Rutgers Student Health with necessary technology to engage in telehealth and telesupervision. Diversity, equity, inclusion, and accessibility issues are regularly considered by the Training Committee and feedback is regularly sought from all relevant stakeholders to the internship program.

RECORDS RETENTION POLICY

Our internship records comply with the APA's records retention policy, in which accurate records of the interns' training experiences, evaluations, and certificates of internship completion are permanently maintained. Our program retains these files indefinitely to be used by the program to provide verification for licensure and credentialing of former interns.

COMPETENCIES AND AIMS OF THE INTERNSHIP TRAINING PROGRAM:

Competency 1.0.0: Assessment

Aim 1.1.0: The intern will demonstrate initial telephone/triage consultation and assessment skills

Aim 1.2.0: The intern will demonstrate initial intake interviewing and assessment skills

Aim 1.3.0: The intern will demonstrate on-call and crisis intervention assessment skills

Competency 2.0.0: Intervention

- Aim 2.1.0: The intern will demonstrate knowledge and skills in clinical interventions
- Aim 2.2.0: The intern will demonstrate knowledge and skill in providing group treatment skills
- Aim 2.3.0: The intern will demonstrate clinical skills and competencies to provide initial assessment and clinical services to students with substance use disorders

Competency 3.0.0: Community-Based Services

- Aim 3.1.0: The intern will demonstrate the theoretical and practical framework for outreach and consultation in a college environment
- Aim 3.2.0: The intern will provide consultation and/or community-based services to multiple audiences in a college environment

Competency 4.0.0: Supervision

- Aim 4.1.0: The intern will demonstrate knowledge and skills in providing clinical supervision

Competency 5.0.0: Research

- Aim 5.1.0: The intern will demonstrate knowledge and understanding of the theoretical basis that informs clinical perspective
- Aim 5.2.0: The intern will demonstrate knowledge and understanding of the historical and current research that informs the clinical practice of psychology
- Aim 5.3.0: The intern will demonstrate the capacity to integrate knowledge of theories and research into their clinical practice

Competency 6.0.0: Professional Values, Attitudes, and Behaviors

- Aim 6.1.0: The intern will demonstrate a professional identity as an emerging psychologist
- Aim 6.2.0: The intern will incorporate accepted standards of professional psychological practice into their clinical documentation and file management responsibilities
- Aim 6.3.0: The intern will embrace an ongoing commitment to continued learning in both didactic and supervisory venues
- Aim 6.4.0: The intern will follow policy, procedures, and guidelines set by CAPS

Competency 7.0.0: Individual and Cultural Diversity

- Aim 7.1.0: The intern will demonstrate knowledge, sensitivity, and clinical skills needed to work with diverse populations

Competency 8.0.0: Multi-Disciplinary Collaboration

- Aim 8.1.0: The intern will demonstrate a multi-disciplinary collaborative approach in the delivery of clinical services

Competency 9.0.0: Ethical and Legal Standards

Aim 9.1.0: 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 health service psychology

Competency 10.0.0: Communication and Interpersonal Skills

Aim 9.2.0: The intern will demonstrate strong written and oral communication skills, and will develop and maintain effective relationships with a wide range of individuals

COMPONENTS OF THE INTERNSHIP:

The internship training program at Rutgers CAPS is highly experiential. Approximately one-fourth to one-half of the intern's hours are spent in direct clinical service, such as individual therapy, group therapy, triage, intake, and crisis intervention. Interns also participate in staff meetings and case conferences to permit them opportunities to work collaboratively with a multidisciplinary staff. 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 Psychotherapy.** CAPS clinicians primarily engage in short-term, evidence-based therapy. 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 approximately 10-15 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 Associate Director for Clinical Training and individual supervisors), 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 benefit from group treatment modalities.

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 utilize symptom checklists (e.g., CCAPS-62, CCAPS-34) and may have opportunities to utilize other standardized assessment measures when clinically indicated and appropriately supervised.

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 (note each on-call case is reviewed by the on-call supervisor). Doctoral psychology interns also assist in providing backup support for CAPS' Evening On-Call Clinicians, with each intern typically providing this support two weeks per semester.

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 correspondences. 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.

8. *Group Supervision.* The focus of group supervision will be applying psychological theories to cases and discussion of various treatment considerations. 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. Relevant professional development topics may also be discussed in group supervision.

9. *Multidisciplinary Case Conference/Peer Supervision.* Interns participate in peer supervision with each other and with the multi-disciplinary staff at Rutgers CAPS during weekly Multi-Disciplinary Team case consultation meetings. Small peer consultation groups are formed at the beginning of each semester and are, at times, rotated to provide for exposure to a variety of colleagues' perspectives.

10. *Individual Supervision.* Each intern will have two individual supervisors. They will meet once a week with each supervisor, each meeting for one hour for individual supervision related primarily to the individual counseling caseload.

11. *Supervision Training.* Interns will have the opportunity to provide individual supervision to two trainees in the psychology practicum program. Participation in a supervision of supervision seminar will be required.

12. *Practice Requiring Knowledge of and Sensitivity to Diversity Issues.* Given the highly diverse composition of the student population at Rutgers, an inclusive perspective characterized by cultural humility 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 each didactic training seminar and supervision session.

INTERN STIPEND, BENEFITS AND RELEASE TIME:

The yearly stipend for the full-time internship is \$32,000 with health benefits. Should circumstances prevent the intern from finishing the internship, the stipend will be pro-rated to the amount of time that was been completed. The compensation package includes 15 days of paid time off, plus all of the designated University holidays for staff. Additional days of conference time may be taken for professional development or dissertation completion with the Associate Director for Clinical Training's approval.

EVALUATIONS:

As noted above, feedback regarding trainee progress and performance is an ongoing process frequently discussed in individual supervision and with the Associate Director for Clinical Training. Individual 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 can 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 minimum level of achievement for completion of the internship program requires the intern to achieve a score of 3 (“Competent”) or higher for the overall score for each of the 10 competency areas assessed on the final evaluation. In the event that it is determined that a particular intern is not making adequate progress or is otherwise not meeting expectations, the intern will receive both verbal and written feedback on the nature of the problem(s) with recommendations on how to improve the deficiencies. Supervisory support will guide the intern to remedy the situation and performance will be re-evaluated approximately one month later (with re-evaluation potentially taking place sooner depending on the time of year and nature of any concerns). If improvement has not been made at the time of re-evaluation, 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 internship activities at least 37.5 hours per week, not including a 1-hour lunch period each work day. Interns are required to complete 1,950 hours of internship activities during the internship year; a minimum of 25% of internship activities must be provision of direct clinical services.

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 program in clinical psychology, counseling psychology, or school 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 work (may be a combination of intervention and assessment hours).
- All CAPS staff members and trainees are expected to respect the right of colleagues and clients to affirm gay, lesbian, bisexual, and other sexual orientations as well as trans- or other gender identities.

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 in their application materials or during interviews.
- Demonstrate interest and experience in university counseling center work through practicum, volunteer work, employment, or other such activities.

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.

Appendix A

Policy on Professional Competence Problems by a Trainee

Rutgers Student Health – Counseling, ADAP & Psychiatric Services (CAPS)

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 Associate Director for Clinical Training.
- 3) If the trainee's performance is still in question, then the issue of "impairment" should be discussed during the evaluation process, or sooner depending on the time of year and nature of the concern (involving the trainee, Associate Director for Clinical Training, and other supervisors as deemed appropriate by either the Associate Director for Clinical Training).
- 4) Should the Associate Director for Clinical 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 – CAPS Director, Associate Director of Clinical Training, and appropriate trainee supervisors as identified by the Associate Director for Clinical Training (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 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 Associate Director for Clinical Training will meet with the the trainee, as well as relevant supervisors as identified by the Associate Director for Clinical Training, 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 Associate Director for Clinical 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 Associate Director for Clinical Training, then the trainee's 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 Associate Director for Clinical Training is not satisfied with trainee performance, following the end of the probation period, or
- 3) When a 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 Associate Director for Clinical Training, 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 Associate Director for Clinical 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 Associate Director for Clinical 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 other members of the review panel.

Appendix B
DOCTORAL INTERN EVALUATION

Rutgers Student Health - CAPS (RSH-CAPS) Doctoral Intern Evaluation
Doctoral Intern Name:

Intern Evaluation Instructions

Individual supervisors as well as component specific (group, outreach, substance use treatment, multi-disciplinary, on-call and sup of sup) supervisors will complete the formal, written evaluations for their respective supervisees twice throughout the internship plus a preliminary evaluation in December. CAPS has developed standard, behaviorally anchored item evaluation forms directly tied to the aims, competencies, and training outcomes of the internship that are used for this purpose. Evaluations are included in the Doctoral Internship Training Handbook in Appendix D. Please speak to the Associate Director for Clinical Training (Training Director) if there are any questions.

1. The Associate Director for Clinical Training (TD) will notify all supervisors (individual and component-specific) and trainees when evaluations are due:

3-month Evaluation: December 1, 2025

6-month Evaluation: March 1, 2026

12-month Evaluation: August 1, 2026*

2. EVALUATION PROCESS: All component-specific supervisors will complete the written evaluations for each trainee being supervised and then set up a brief face-to-face meeting with the trainee to review the evaluations, provide feedback and obtain signatures. Completed evaluations should be provided to the Training Director. The Co-Individual supervisors should meet to synthesize trainee feedback and discuss any discrepancies amongst themselves. When the evaluation is complete, copies should be sent to the trainee approximately one week prior to a face-to-face meeting with the trainee to review the completed evaluation. Once evaluations and feedback sessions have been completed, the final evaluation should be sent to the Training Director.

3. Component-specific evaluations include:

Group Psychotherapy Competencies
On-Call/Crisis Competencies
Community-Based Services and
Consultation Competencies
Substance Use Disorder Assessment and Treatment Competencies
Consultation and
Interpersonal/Interdisciplinary Skills
Supervision Competencies

4. The specific sections of the evaluation to be completed by the various supervisors are as follows:

Supervisor(s)

Individual

Competencies/Aims

1.1-1.2: Assessment

2.1: Intervention (Individual)

5: Research

6: Professional Values, Attitudes, and Behaviors

7: Individual and Cultural Diversity

8: Consultation and Interpersonal/Interdisciplinary Skills

9: Ethical and Legal

Standards

10: Communication and

Interpersonal Skills

*Overall scores for competency**areas 1, 2, 5, 6, 7, 8, 9, 10*

Group

2.2: Intervention (Group)

On-Call/Crisis

1.3: Assessment (On-call)

Community-Based
Services/Consultation

3: Community-Based Services and Consultation

*Including overall score for
competency area 3*

ADAP

2.3: Interventions (SUD)

Sup of Sup

4: Supervisory Skills

*Including overall score for
competency area 4***RSH-CAPS Trainee Evaluation Form****Description of Rating Scale**

This evaluation form was developed to reflect the RSH-CAPS competency-based training model. Aims are grouped into the profession-wide competencies and reflect the critical areas of knowledge, awareness, and skills for the practice of health service psychology. Aims are operationalized and measured by multiple behaviorally grounded indicators. Trainees should be provided feedback based on their level of professional development, not relative to their peers. Please use the following scale to rate your supervisee in the areas you supervise. The sections pertaining to Group, On-Call/Crisis, Community-Based Services, Substance Use Assessment/Treatment, Consultation and Interpersonal/Interdisciplinary Skills, and Supervision will be completed by supervisors in those areas. Use the comments area to describe particular strengths and areas for growth.

- 5 Consistently 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 his/her work as an emerging psychologist and is evident in his/her daily professional practice.
- 4 Highly Competent: The intern has a highly developed competence in the knowledge, awareness or skill being evaluated. This level of competence is characterized by the intern's ability to utilize the knowledge, awareness or skill with minimum 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 his/her work as an emerging psychologist.
- 3 Competent: The intern has achieved an intermediate level of competence appropriate to an entry-level psychology practice and is actively working to further enhance 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 his/her 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 his/her direct service work and the application of learning to practice may be inconsistent. This is the minimal level of competence in each overall competency area needed for successful completion of the training program.
- 2 Emerging Competence: 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/O Not Observed/Applicable: 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.

Competency 1.0.0: ASSESSMENT

Assessment method(s) for competencies:

	Direct Observation		Review of Written Work
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	Videotape		Case Presentation
	Discussion of Clinical Interaction		Seminar Presentation
	Comments from Other Staff		Other (please list)

TRIAGE ASSESSMENT

Aim 1.1.0: The intern will demonstrate initial telephone/triage consultation and assessment skills.

Development of Alliance

SV1

SV2

Indicator 1.1.1: Establish initial rapport with clients.

Indicator 1.1.2: Incorporate sensitivity and knowledge of issues of diversity in contact with clients.

Identification of Presenting Issues

Indicator 1.1.3: Identify and clarify nature of client's presenting issues.

Indicator 1.1.4: Identify environmental stressors and support systems that bear on client issues.

Assessment of Strengths and Risk Factors

Indicator 1.1.5: Perform an adequate risk assessment for health and safety of clients and others.

Indicator 1.1.6: Assess client strengths and problem areas.

Development of Initial Plan for Services

Indicator 1.1.7: Develop a tentative working diagnosis.

Indicator 1.1.8: Show accurate judgment regarding case dispositions.

Indicator 1.1.9: Seek multi-disciplinary consultation as appropriate.

Indicator 1.1.10: Facilitate a referral, when appropriate.

Indicator 1.1.11: Complete clinical documentation accurately and in a timely manner.

INITIAL INTAKE ASSESSMENT

Aim 1.2.0: The intern will demonstrate initial intake interviewing and assessment skills.

Assessment of Strengths and Risk Factors

Indicator 1.2.1: Perform an adequate mental status exam.

Indicator 1.2.2: Evaluate client motivation and determine readiness/ appropriateness for counseling.

Development of Initial Plan for Services

Indicator 1.2.3: Construct an accurate, integrated conceptualization of client needs.

Indicator 1.2.4: Identify and establishes realistic initial counseling goals.

ON-CALL / CRISIS ASSESSMENT

Aim 1.3.0: The intern will demonstrate on-call and crisis intervention assessment skills.

Indicator 1.3.1: Identifies and establishes realistic immediate counseling goals.

Indicator 1.3.2: Is accessible during on-call shifts.

Indicator 1.3.3: Effectively de-escalates and supports students or others in crisis.

Indicator 1.3.4: Effectively navigates unpredictability of on-call clinician role.

COMMENTS:

OVERALL ASSESSMENT
COMPETENCY AREA RATING

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Competency 2.0.0: INTERVENTION

Assessment method(s) for competencies:

	Direct Observation		Review of Written Work
	Videotape		Case Presentation
	Discussion of Clinical Interaction		Seminar Presentation
	Comments from Other Staff		Other (please list)

Aim 2.1.0: The intern will demonstrate knowledge and skills in clinical interventions.

INDIVIDUAL PSYCHOTHERAPY

Development of Therapeutic Relationship

Indicator 2.1.1: Develops a positive therapeutic relationship with clients.

Indicator 2.1.2: Demonstrates awareness and responsiveness to cognitive, affective and behavioral material presented by client.
Indicator 2.1.3: Demonstrates empathic understanding of client and clients concerns.
Indicator 2.1.4: Elicits and explores client thoughts, feelings and behaviors.
Indicator 2.1.5: Recognizes and is responsive to client non-verbal behavior.

Conceptualization

Indicator 2.1.6: Demonstrates awareness and responsiveness to cognitive, affective and behavioral material presented by client.
Indicator 2.1.7: Develop a theoretically grounded case conceptualization of client problem to guide the treatment.
Indicator 2.1.8: Considers various treatment approaches and the implications of each.
Indicator 2.1.9: Works effectively with clients who are ambivalent or resistant to medication evaluation.
Indicator 2.1.10: Develops and follows a treatment plan and treatment goals in collaboration with clients.

Strategies/Skills in Therapeutic Work

Indicator 2.1.11: Provides effective, theoretically grounded clinical interventions appropriate to needs of the client.
Indicator 2.1.12: Elicits and explores client thoughts, feelings and behaviors.
Indicator 2.1.13: Recognizes and maintains responsiveness to client non-verbal behavior.
Indicator 2.1.14: Identifies issues of individual and cultural diversity that may be impacting the client, the relationship with the client and the treatment.
Indicator 2.1.15: Demonstrates a basic knowledge of psychotropic medications, in order to communicate in an informed manner with clients regarding referrals for medication evaluation or ongoing medication regimes.

Closure to Therapeutic Relationship

Indicator 2.1.16: Is sensitive to, and appropriately manages, termination issues of both client and counselor.

Case Management, Collaboration and/or Referral

Indicator 2.1.17: Can articulate the full range of available resources that can be used to meet identified student needs.
Indicator 2.1.18: Demonstrates the ability to refer students to care providers outside of the university setting.

Indicator 2.1.19: Facilitates referral of students to services within the CAPS Department, including appropriate case management follow-up as needed.

GROUP TREATMENT

Aim 2.2.0: The intern will demonstrate knowledge and skill in providing group treatment skills.

Attentiveness to Group Process Issues

Indicator 2.2.1: Conceptualizes the developmental stages of groups and the interventions that stem from that understanding.

Indicator 2.2.2: Provides effective group therapy interventions at the individual level, between group members and at the process level.

COMMENTS:

SUBSTANCE USE TREATMENT

Aim 2.3.0: The intern will demonstrate clinical skills and competencies to provide initial assessment and clinical services to students with substance use disorders.

Integration of Theory into Practice

Indicator 2.3.1: Is able to articulate theoretical perspectives of substance use, addiction, and recovery.

Conceptualization of Care

Indicator 2.3.4: Demonstrates the ability to assess level of care for students with substance abuse issues.

Indicator 2.3.5: Demonstrates understanding of the importance of substance use assessment and intervention.

Development of Therapeutic Relationship

Indicator 2.3.6: Effectively develops empathic working relationships with students presenting to CAPS with substance use concerns.

COMMENTS:

OVERALL INTERVENTION
COMPETENCY AREA RATING

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Competency 3.0.0: COMMUNITY-BASED SERVICES

Assessment method(s) for competencies:

	Direct Observation		Review of Written Work
	Videotape		Case Presentation
	Discussion of Clinical Interaction		Seminar Presentation
	Comments from Other Staff		Other presentation

Aim 3.1.0: The intern will demonstrate the theoretical and practical framework for outreach and consultation in a college environment.

Indicator 3.1.1: Demonstrates awareness and responsiveness to the importance of community-based service and activities in a college setting, including attention to the impact of individual and cultural identity/diversity issues impacting the outreach activity.

Indicator 3.1.2: Demonstrate understanding of basic models of clinical consultation.

Aim 3.2.0: The intern will provide consultation and/or community-based services to multiple audiences in a college environment.

Indicator 3.2.1: Volunteers for various outreach workshops and presentations on an ad-hoc basis.

COMMENTS:

OVERALL COMMUNITY-BASED SERVICES
COMPETENCY AREA RATING

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Competency 4.0.0: SUPERVISION

Assessment method(s) for competencies:

	Direct Observation		Review of Written Work
	Videotape		Case Presentation

	Discussion of Clinical Interaction		Seminar Presentation
	Comments from Other Staff		Other (please list) SUP of SUP

Aim 4.1.0: The intern will demonstrate knowledge and skills in providing clinical supervision.

Indicator 4.1.1: Develops a positive working relationship with supervisee(s).

Indicator 4.1.2: Applies theories of supervision in conceptualizing and intervening with supervisee(s).

Indicator 4.1.3: Sets appropriate and effective goals for supervision with supervisee(s).

Indicator 4.1.4: Communicates effectively in giving feedback to supervisee(s).

Indicator 4.1.5: Provides honest and constructive feedback to supervisee(s) regarding their clinical strengths and limitations.

Indicator 4.1.6: Teaches basic counseling skills to supervisee(s) effectively.

Indicator 4.1.7: Integrates principles of individual and culturally sensitive clinical practice into supervision.

DIVERSITY

COMMENTS:

**OVERALL SUPERVISION
COMPETENCY AREA RATING**

Competency 5.0.0: RESEARCH

Assessment method(s) for competencies:

	Direct Observation		Review of Written Work
	Videotape		Case Presentation
	Discussion of Clinical Interaction		Seminar Presentation
	Comments from Other Staff		Other (please list)

Aim 5.1.0: The intern will demonstrate knowledge and understanding of the theoretical basis that informs clinical perspective.

THEORY

Indicator 5.1.1: Can articulate and demonstrates in clinical practice, theories and research related to the practice of brief therapy.

Indicator 5.1.2: Can articulate and demonstrates in clinical practice, the theoretical perspectives of abuse, addiction and recovery.

RESEARCH

Aim 5.2.0: The intern will demonstrate knowledge and understanding of the historical and current research that informs the clinical practice of psychology.

Indicator 5.2.1: Can identify empirically supported treatments in the treatment of various client problems.

Indicator 5.2.2: Articulates when and why a specific empirically supported treatment may be appropriate to a particular client and/or problem.

INTEGRATION

Aim 5.3.0: The intern will demonstrate the capacity to integrate knowledge of theories and research into their clinical practice.

Indicator 5.3.1: Demonstrates the ability to integrate scholarly knowledge and science in the practice of psychology/incorporates knowledge of the professional literature into the clinical work/translates psychological theory into clinical practice.

Indicator 5.3.2: Demonstrates the ability to integrate various clinical perspectives when conceptualizing client problems and developing effective treatment planning.

COMMENTS:

OVERALL RESEARCH COMPETENCY AREA RATING

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Competency 6.0.0: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

Assessment method(s) for competencies:

	Direct		
	Observatio		Review of Written Work
	n		Case Presentation
	Videotape		
	Discussion of Clinical		Seminar Presentation
	Interaction		

	Comments from Other Staff		Other (please list)
	<u>Aim 6.1.0: The intern will demonstrate a professional identity as an emerging psychologist.</u>		
DIVERSITY	<u>Indicator 6.1.1: Shows self-evaluation, self-direction and motivation for professional growth.</u> <u>Indicator 6.1.2: Demonstrates the ability to cope with personal issues which might interfere with professional studies, services or relationships.</u> <u>Indicator 6.1.3: Can articulate how his/her clinical work is influenced by his/her own cultural beliefs and identities.</u> <u>Indicator 6.1.4: Manages stress appropriately.</u> <u>Indicator 6.1.5: Tolerates ambiguity.</u> <u>Indicator 6.1.6: Conducts self in a manner consistent with the professional standards in this setting.</u> <u>Indicator 6.1.7: Demonstrates an appropriate professional demeanor in appearance and behavior.</u> <u>Indicator 6.1.8: Establishes productive working relationships with peers, supervisors and staff.</u> <u>Indicator 6.1.9: Completes commitments in a prompt and professional manner.</u> <u>Indicator 6.1.10: Demonstrates awareness of personal style and use of self in counseling.</u> <u>Indicator 6.1.11: Identifies issues of diversity that may be impacting the client, the relationship with the client and the treatment.</u>		
	<u>Aim 6.2.0: The intern will incorporate accepted standards of professional psychological practice into their clinical documentation and file management responsibilities.</u>		
	<u>Indicator 6.2.1: Completes written documentation of intakes thoroughly, clearly, and in a timely manner.</u> <u>Indicator 6.2.2: Keeps clients appointments punctually.</u> <u>Indicator 6.2.3: Keeps thorough and timely written documentation for case progress notes on all clients.</u> <u>Indicator 6.2.4: Makes thorough and timely follow-up contact on client management issues with/for clients.</u> <u>Indicator 6.2.5: Recognizes the importance of reviewing samples of clinical work and readily provides such samples.</u>		
	<u>Aim 6.3.0: The intern will embrace an ongoing commitment to continued learning in both didactic and supervisory venues.</u>		
PARTICIPATION IN LEARNING	<u>Indicator 6.3.1: Participates actively in professional meetings, supervision and training seminars.</u>		
USE OF SUPERVISION			

Indicator 6.3.2: Articulates own training needs with appropriate assertiveness.

Indicator 6.3.3: Brings relevant and important cases and management issues into supervision.

Indicator 6.3.4: Shows awareness of personal limitations and recognizes the need for supervision, referral or consultation.

Indicator 6.3.5: Understands how own strengths, limitations and emotional reactions are impacting the theory and relationship.

Indicator 6.3.6: Discusses and analyses own behavior as a therapist (e.g: countertransference issues).

Indicator 6.3.7: Actively solicits, and remains open and responsive to feedback and supervisory suggestions.

Indicator 6.3.8: Differentiates between supervision and personal therapy (e.g: maintains appropriate level of self-disclosure, makes appropriate requests of supervisor.

Indicator 6.3.9: Demonstrates consistency, punctuality and preparedness for supervision.

Indicator 6.3.10: Provides honest, constructive feedback regarding strengths and limitations of supervisors and training experiences.

Aim 6.4.0: The intern will follow policy, procedures and guidelines set by CAPS.

Indicator 6.4.1: Demonstrates effective oral and written communication with support staff.

Indicator 6.4.2: When out sick, calls promptly to review his/her schedule.

Indicator 6.4.4: Is respectful of support staff.

COMMENTS:

OVERALL PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS
COMPETENCY AREA RATING

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Competency 7.0.0: INDIVIDUAL AND CULTURAL DIVERSITY

Aim 7.1.0: The intern will demonstrate the knowledge, sensitivity and clinical skills needed to work with diverse clinical populations.

Indicator 7.1.1: Can articulate an understanding of how own clinical work is influenced by his/her own cultural beliefs and identities.

Indicator 7.1.2: Demonstrates an understanding of possible contributions of culture, ethnicity, nationality, gender, sexual orientation, physical challenge, religion, and other sources of difference to client's experience of his/her concerns.

Indicator 7.1.3: Demonstrates knowledge of multicultural populations.

Indicator 7.1.4: Demonstrates proficiency in integrating self-awareness and knowledge of culturally diverse populations into work.

Indicator 7.1.5: Demonstrates theoretical knowledge and ability to employ effective techniques with special populations.

Indicator 7.1.6: Can articulate and understanding of the impact of client diversity on the counseling relationship.

Indicator 7.1.7: Seeks out information to increase self-knowledge on issues of diversity.

COMMENTS:

OVERALL INDIVIDUAL AND CULTURAL
DIVERSITY COMPETENCY AREA RATING

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Competency 8.0.0: MULTI-DISCIPLINARY COLLABORATION

Aim 8.1.0: The intern will demonstrate a multi-disciplinary collaborative approach in the delivery of clinical services.

PLANNING

Indicator 8.1.1: Demonstrates understanding of services and strengths of constituent groups within multidisciplinary team in college counseling setting (e.g: ADAP, Psychiatry, Social Work, and Psychology).

Indicator 8.1.2: Develops treatment plans for students with consideration of multidisciplinary components for care.

COLLABORATIVE CARE

Indicator 8.1.3: Seeks multi-disciplinary consultation when developing treatment goals and plans with/for clients.

Indicator 8.1.4: Recognizes when consultation with specific clinicians (e.g: psychiatrist, case manager, referral coordinator, group coordinator) is appropriate and/or essential for a given client.

Indicator 8.1.5: Communicates with and interacts effectively with multi-disciplinary stakeholders (psychologists, psychiatrists, social workers, substance abuse specialists and clinical case management coordinators) in order to coordinate treatment plans.

Indicator 8.1.6: Respectfully negotiates differences in clinical perspectives to the best interests of the client.

COMMENTS:

OVERALL MULTIDISCIPLINARY
COLLABORATION COMPETENCY AREA
RATING

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Competency 9.0.0: ETHICAL AND LEGAL STANDARDS

Aim 9.1.0: 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 health service psychology.

Indicator 9.1.1: Demonstrates knowledge about ethical principles, legal mandates and standards of professional conduct.

Indicator 9.1.2: Demonstrates a working knowledge of and adheres to APA ethical guidelines and standards.

Indicator 9.1.3: Recognizes and analyses ethical dilemmas and legal issues using ethical decision-making skills across a range of professional activities in the clinical setting.

Indicator 9.1.4: Behaves ethically across all aspects of professional work.

COMMENTS:

OVERALL ETHICAL AND LEGAL
STANDARDS COMPETENCY AREA
RATING

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Competency 10.0.0: COMMUNICATION AND INTERPERSONAL SKILLS

Aim 10.1.0: The intern will demonstrate strong written and oral communication skills, and will develop and maintain effective relationships with a wide range of individuals.

Indicator 10.1.1: Establishes productive working relationships with peers, supervisors, and staff.

Indicator 10.1.2: Participates actively in professional meetings, supervision, and training seminars.

Indicator 10.1.3: Articulates own training needs with appropriate assertiveness.

Indicator 10.1.4: Demonstrates effective oral and written communication with support staff.

Indicator 10.1.5: Is respectful of support staff.

COMMENTS:

OVERALL ETHICAL AND LEGAL
STANDARDS COMPETENCY AREA
RATING

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RSH-CAPS Supervisor(s) Signature Page

Signature of Co-Individual Supervisor:

Signature of Co-Individual Supervisor:

Signature of Group Therapy Supervisor:

Signature of On-Call/Crisis Supervisor:

Signature of Community-Based
Services/Consultation Supervisor:

Signature of Substance Use
Treatment/Assessment Supervisor:

Signature of Supervision Supervisor:

Intern Signature:

Date:

Appendix C

Intern Evaluation of Supervisor

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

Trainee: _____ Supervisor: _____

Date of Evaluation: _____ ☐ Fall ☐ Spring ☐ Summer

The following questions are to be used solely for the purpose of facilitating an open dialogue between supervisor and supervisee with the intention of providing valuable feedback and improving the supervisory experience. Access to this form will be 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 individual supervision you have been receiving at the center using the following scale:

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

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
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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. N/A		1	2	3	4	5
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. N/A		1	2	3	4	5
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. N/A		1	2	3	4	5
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
30. Attends to and supports my various identities. N/A		1	2	3	4	5

31. The things my supervisor does that I find the most helpful are:

1. _____

2. _____

3. _____

32. The things my supervisor does that I find the least helpful are:

1. _____

2. _____

3. _____

33. The things I would like my supervisor to do more of are:

1. _____

2. _____

3. _____

34. Additional Comments:

Trainee

Date

Supervisor

Date

Supervisors Response:

Appendix D - APA Ethical Principles for Psychologists (link)

<https://www.apa.org/ethics/code>

Appendix E – New Jersey State Board of Psychological Examiners Statutes and Regulations (link)

<https://www.njconsumeraffairs.gov/psy/Pages/regulations.aspx>