

West Virginia University

**Carruth Center for Counseling and
Psychological Services**

**Doctoral Internship
In
Health Service Psychology**

**Intern Training Handbook
2022-2023**

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TRAINING PHILOSOPHY

The Carruth Center for Counseling and Psychological Services (CCCPS) doctoral internship program in health service psychology aims to provide interns with the capstone practitioner experience at the doctoral level and prepare them for future practice as generalists in a University Counseling Center setting. The training program itself can be characterized as warm, supportive, and anchored in ethical principles. Training activities are designed to be developmentally appropriate, closely supervised, sequential, and experiential.

CCCPS has historically placed a great value in its doctoral internship program. Psychology interns are considered the lifeblood of the center—they help staff keep current and energized. We understand the work at a counseling center can be quite demanding at times, and that can be particularly so for interns. Because of this, CCCPS staff members strive to model professionalism, dedication to our students, self-care, and work-life balance, and we encourage interns do so as well.

Overall, we aspire to create a training environment in which interns feel supported in their efforts to grow both personally and professionally. During the internship year we encourage interns to further develop and integrate their scientific and professional knowledge, as well as practitioner skills, and to apply them to the internship practice setting. We also seek to increase their knowledge and skills through formal seminars, individual supervision, and consultation.

CCCPS and its doctoral internship program value and foster an appreciation of diversity. Training activities are designed in such a way that psychology interns are encouraged to question and develop their beliefs, attitudes, knowledge, and skills in order to increase their multicultural and clinical competence. CCCPS has a broad view of diversity, including but not limited to race, class, ethnicity, gender, sexual orientation, veteran status, socioeconomic status, religious affiliation, physical and mental abilities, and age. Additionally, we recognize and appreciate the rich cultural history of our Appalachian roots, and value the resilience that is often found within individuals who have grown up in underprivileged settings.

AGENCY OVERVIEW

CCCPS is a dynamic and integrated multidisciplinary agency which serves as the primary mental health service on campus.

CCCPS is staffed by a team of psychologists, clinical social workers, and licensed professional counselors. Interns also have opportunities to closely collaborate with medical and psychiatric providers at Student Health and Healthy Minds University. Doctoral interns are afforded the opportunity to interact and collaborate with mental health professionals from a variety of disciplines, providing them with rich and diverse experiences.



CCCPS is housed in a relatively new facility –the Health and Education Building (HEB), built in 2014— conveniently located next to our state-of-the-art [Student Recreation Center](#), two floors above [WVU Healthcare/Student Health](#), and one floor above the [Office of Wellness and Health Promotion \(OWHP\)](#), and [Healthy Minds University \(HMU\)](#). This facility further increases opportunities for collaboration and integration of students’ healthcare and mental health needs.

West Virginia University



West Virginia University has an enrollment of about 30,000 students and offers 360 bachelor's, master's, doctoral, and professional degree programs. Students come from throughout the Mid-Atlantic region as well as West Virginia, attracted in part by the area's natural beauty and outdoor activities. About half of WVU students come from out of state, and there is a strong international student community as well.

The University is made up of three separate campuses in Morgantown: Downtown, Evansdale, and Health Sciences. Additionally, there are two branch campuses: Beckley WVU Institute of Technology and Keyser WVU Potomac State College. Each Morgantown campus is linked by the [PRT \(Personal Rapid Transit\)](#), an elevated monorail with cabs driven by an automated system, as well as a bus system (Mountain Line Transit Authority).

[Morgantown](#) is a community of 30,000 residents and is located in the beautiful mountain country of north central West Virginia. "Mo'town" is approximately 75 miles from Pittsburgh, Pennsylvania, and 220 miles from Washington, D.C.

One of the primary advantages of the Morgantown area is its proximity to [many state and national parks in the Appalachian Mountain range](#). [The variety of outdoor activities](#) includes everything from backpacking to whitewater rafting.

There are numerous outdoor events scheduled throughout the year, including The Wine and Jazz Festival and the Arts on the River Festival. West Virginians have a well-earned reputation for being “neighborly”, and we think you’ll find Morgantown to be warm and friendly, with a relaxing pace of life and a surprising number of things to do!

A Diverse Community

The Carruth Center for Counseling and Psychological Services (CCCPS) is dedicated to fostering a supportive and inclusive environment for all members of the WVU community. We are grateful for the diversity of our Mountaineer family, which can span age, appearance, ethnicity and race, financial means, gender, language, military experience, nationality, citizenship status, physical and mental abilities, politics, religion and spirituality, region, body size, and sexual orientation.

We believe that acknowledging the cultural wealth of everyone helps us to recognize, at once, the uniqueness and the universality of the human experience. This recognition of our similarities and differences can make us mindful of how we define ourselves and treat other members of our Blue and Gold community. Join us as we encourage all members to engage in open and ongoing dialogue about the attitudes, values, and beliefs that shape us, individually and collectively, in this global age.

PROGRAM OVERVIEW

As part of their experience at CCCPS, incoming interns get direct service experience in consultation and outreach to the WVU community, individual and group therapy, triages and intakes, crisis intervention, assessment, and the provision of supervision. The internship program seeks to help develop nine profession wide competencies as part of an intern's preparation for practice as a health service psychologist (HSP). These nine profession wide competencies are:

1. Evaluation and dissemination of research
2. Ethical and legal standards,
3. Individual and cultural diversity,
4. Professional values and attitudes,
5. Communication and interpersonal skills,
6. Assessment,
7. Intervention,
8. Supervision,
9. Consultation and interprofessional/interdisciplinary skills.

Training in and evaluation of competency in each of these areas occurs in the context of a range of supervisory and educational activities including:

- At least two hours of individual supervision per week (two hours with a primary supervisor or divided between two supervisors)
- A weekly Assessment/Research seminar
- A weekly Supervision of Supervision seminar
- An Intern Seminar, about once every other week, on a variety of clinical topics facilitated by experienced in-house and community professionals.
- A Multicultural Supervision/Seminar three times per month
- A Crisis Seminar one time per month
- A Professional Development Seminar three times per semester, usually beginning half-way through the fall semester to help transition to professional life after internship
- A Group Therapy Seminar three times per semester

- Work in an area of emphasis (optional)
- Intern and Post Master's Fellow case conference
- Staff meetings

Direct Service Experiences

Individual Therapy: Interns at CCCPS conduct individual therapy approximately 17 hours per week with diverse students who are experiencing a wide range of presenting problems. These presenting problems cross the spectrum from academic and developmental issues (e.g., selecting a major, independence from family) to severe mental illness (e.g., bipolar disorder, PTSD). Most treatment is provided within a brief-therapy model. Each intern can also provide long-term therapy to a limited number of clients following approval by their clinical supervisor.

Group Therapy: CCCPS has a vibrant and growing group therapy program, and interns will gain experience as group therapists. Group topics are based on student needs and intern interests. Examples of past groups include an interpersonal process group, sexual assault survivor group, BIPOC student group, international student group, men's group, mindfulness group, women's group, social anxiety group, LGBTQIA+ group, etc. Interns typically co-lead a group in the fall with a more experienced staff member who supervises the intern's work and have the opportunity of pairing up with another intern or post Master's fellow in the spring semester.

Triage/Intake: Scheduled triages are the preferred point of access for students who are not experiencing a psychological emergency and are new to CCCPS or who have not accessed counseling services during the last three months. Interns will be scheduled approximately 3 triage hours a week. As the semester progresses, some of these hours may be converted, as needed, to personal counseling, consultation, or crisis intervention hours at the discretion of the clinical director. Triage appointments allow interns the opportunity to conduct risk assessments, form and document clinical impressions, and route clients to appropriate services. More detailed intake interviews and reports are then conducted during a client's intake appointment. Intakes are typically conducted with students after they have been assigned to a clinician for ongoing

counseling. An intake will generally not be required when a student is already a client, and an intake was completed within the last 12 months by a staff member.

Crisis Intervention: CCCPS has daily crisis/urgent clinic hours to provide timely brief assessment and crisis intervention for students experiencing urgent concerns or psychological emergencies. Interns provide 3-4 hours of crisis/urgent coverage per week. Additionally, interns will also serve as the supervised on-call counselor for the 24-hour crisis line five weeks total during the year (once in Fall semester, twice in Spring semester, and twice in Summer semester). Interns are provided with close support and supervision throughout all crises and receive didactic training on crisis management at the beginning of their year at CCCPS and during Crisis Seminar.

Assessment: Interns will attend a weekly Assessment/Research Seminar where they receive didactic training as a group. During this seminar, interns will review related research and be trained on a variety of assessments including multiple risk and suicide assessments, the CCAPS, and the Personality Assessment Inventory (PAI). Research related to clinical outcomes may also be reviewed. Interns will also receive supervision regarding intake and diagnostic assessments and assessing clinical outcomes during seminar.

Providing Supervision: Each intern is assigned a graduate trainee to supervise during the fall semester, and then is assigned a different trainee to supervise during the spring semester. Interns meet with their supervisees weekly to review their sessions and clinical notes and provide them with clinical supervision and related mentoring. Supervision occurs within the context of developmental supervision models. Supervisors are also expected to attend to multicultural and ethical competencies and frameworks. Supervisors should strive to avoid multiple relationships with supervisees and should speak with the Training Director should this concern arise.

Consultation & Outreach: Interns are expected to conduct an average of half an hour per week of consultation and outreach. Interns should expect to do more outreach activities during slower periods of the year and when they are not yet at their clinical capacity. These activities may involve developing and presenting workshops or presentations for various WVU units, forming liaison relationships with residence halls, or representing CCCPS at tabling events across campus. Interns are required to complete five outreaches in both the fall and spring semesters and three during the summer months.

Training Activities

Individual Supervision: Interns receive two to three hours of individual supervision per week. Two hours are spent with the primary supervisor. Depending upon staff availability and interns' areas of emphasis, one hour of individual supervision may be provided by a secondary supervisor (the secondary supervisor may be an unlicensed psychologist, LICSW, or LPC). Interns rank their preferences for individual and secondary supervisors and are assigned to supervisors based on training needs, clinical interests, availability, and goodness-of-fit. A new supervisor is assigned half-way through the internship year (or approximately mid-January). The primary supervisor oversees the intern's caseload, supervision of a practicum student, and triages conducted by the intern. In the case of a secondary supervisor being assigned, the secondary supervisor oversees the other half of an intern's caseload. Cases are assigned to supervisors on an alternating basis except for when a particular case may be better suited to a specific supervisor's area of expertise.

Group Supervision of Assessment/Research: Interns participate in an hour-long, weekly group supervision of their assessment, intake, and diagnostic activities. During the Intern Orientation, the primary focus is on didactic training, article reviews, practice administering assessments, and scoring and interpretation of results. During group supervision, interns review case studies, related literature, their assessment cases, intakes, and diagnostic impressions and receive feedback. Interns also discuss pertinent articles and review their feedback sessions with testing clients. Interns also receive didactic training in topics such as psychological testing with the PAI and the CCAPS.

Group Supervision of Supervision: Interns participate in a weekly 1.5-hour Group Supervision of Supervision seminar. In this seminar interns will learn various models of providing clinical supervision and how those models apply to their own work with supervisees. The seminar utilizes didactic material, review of intern supervision tapes, case presentations (one per intern per semester) and consultation on challenges experienced in supervision during the internship year.

Intern Rotating Seminar: Interns participate in a 1.5-hour biweekly Intern Rotating Seminar. Intern Rotating Seminars typically focus on basic aspects of service provision earlier in internship while more specialized topics are covered later in internship. For example, seminars

on ethical issues in treatment, boundaries in therapy, and crisis intervention may be offered earlier in internship, while seminars such as psychopharmacology, advocacy, and spiritual issues in therapy may be offered later. Seminars are presented by clinical staff and invited guest speakers.

Multicultural Seminar and Supervision: Interns participate in a 1.5-hour Multicultural Seminar and Supervision, three times a month. In this seminar interns review research related to multicultural competence, reflect on their own cultural identities, stimulus values, and multicultural competence, identify cultural influences on student development and treatment, examine guidelines relating to multicultural competence, and plan and execute clinical/outreach cultural programming initiatives. Seminar facilitators utilize didactic material, discussion, activities to encourage self-reflection, current, local, and national news events and a wide range of virtual materials to enhance the learning experience.

Professional Development Seminar: Interns participate in a 1.5-hour Professional Development seminar about three times per semester. Discussion topics include special readings in professional development issues, job search/application/interview process, early career psychologist issues, dissertation defense, research activities, licensing, credentialing, self-care, etc. During this seminar, interns will have an opportunity to discuss with the Training Director or another psychologist at the center their progress, goals, highlights, and concerns. This is also a space to provide ongoing feedback about the internship experience to the Training Director.

Crisis Seminar: Interns participate in a 1.5-hour Crisis Seminar approximately three times per semester. This seminar involves didactic training and orientation to theories and models of crisis risk assessment and stabilization. Related research, case studies, and current cases will be reviewed. Interns will have the opportunity to discuss clinical crisis experiences and consult with the Crisis Seminar facilitator.

Group Therapy Seminar: Interns participate in a 1.5-hour Group Therapy Seminar about three times a semester. This seminar is typically facilitated by the Group Coordinator and involves a combination of group discussion and didactic training regarding various group therapy-related topics. In addition, this seminar provides a space to participate in informal group case conference attended by the interns and the Group Coordinator or another staff member. During group case conference, interns informally discuss ongoing group therapy sessions for consultation and support.

Case Conference: During the Fall semester, interns and post master's fellows participate in an hour long weekly case conference which is facilitated by a staff member. During the Spring semester, interns and post master's fellows will join clinical staff for a weekly case conference. During case conference, clinical staff, interns, and post master's fellows present ongoing and complex cases for consultation and support. Clinicians are required to present all continuation of services requests at case conference. Interns complete two formal case presentation, one in both the fall and spring semesters, and are provided with related feedback by clinical staff.

Additional Trainings

Staff Meetings. Interns attend a 45-minute staff meeting approximately 2-3 times per month. These meetings involve updates on CCCPS policies and procedures, briefings on CCCPS and WVU goals and news, and professional development topics. Once per month, interns will be excused from staff meeting. Interns can use this time to connect and check in with one another and as support and prep time for clinical work, supervision, or seminars. A related schedule will be provided.

Training/Workshops. CCCPS, in collaboration with other departments on campus, will sometimes organize training workshops that are relevant to mental health clinicians in the area. The interns are encouraged to attend these trainings.

Committee Work. During the spring semester, interns have an opportunity to participate in various committees at the Carruth Center. In the past, interns have served as members of the clinical services committee, outreach committee, DivE In, and the training committee. When opportunities arise, interns are also provided with the chance to participate in broader Student Life and WVU committees. Participation in these committees must be approved by the Training Director and the Director. Additionally, interns participate in the intern selection committee from November to February every year.

Areas of Special Emphasis

Interns may devote three hours per week to develop and/or be exposed to an area of special emphasis, based on their training interests. These activities may fall under two broad

areas: clinical activities and non-clinical activities. Clinical activities are defined as providing direct services to clients (such as, but not limited to, working with diverse students, trauma informed care, group, crisis intervention, etc.)

Non-clinical activities include program development and evaluation, participation in counseling center research, and counseling center administration. Interns who choose non-clinical activities as part of their specialized training experience may be asked to do their specialization during the low clinical demand times of winter break and the summer months, so that they are able to accrue the necessary clinical direct service hours toward completion of their internship. In the past, interns have shadowed the Training Director, Clinical Director, or Director, participated in the CARE team (behavioral intervention team), developed specialized outreach, and designed quality assurance and clinical outcomes procedures and measures.

Developing an area of special emphasis is not a required activity of this internship program. For interns who choose not to develop an area of special emphasis, their three hours per week will be converted to seeing additional clients at the center.

Listed below are some examples of areas of special emphasis that have been available to our past interns. CCCPS strives to be as accommodating as possible to an intern's specific training needs, and this is especially true regarding areas of special emphasis. At the beginning of the internship year, interns will meet with the Training Director and discuss their interest in developing an area of special emphasis and to identify a supervisor who can mentor them in these activities.

Administration. Interns interested in the duties involved in administration of counseling center/clinical operations/training may opt to pursue an opportunity to work with the respective directors. This area of special emphasis may include discussion of administrative issues and functions with the respective director, committee work, working on ongoing projects and/or developing and completing a new administrative project.

LGBTQIA+ Students. Interns interested in working with the LGBTQIA+ community at WVU may opt to pursue this area of special emphasis that focuses on both outreach and clinical activities. Interns may serve on the LGBTQ+ Commission, help coordinate and co-facilitate Safe Zone trainings across campus, support LGBTQIA+ student groups, partner with the LGBTQ+

center, co-lead an LGBTQIA+ support group, and develop competency working with LGBTQIA+ clients in individual or group therapy.

Outreach. This area of emphasis provides interns with the opportunity to engage in both clinical and non-clinical activities surrounding outreach intervention and advocacy. This may include acting as a liaison between the Carruth Center and the Office of Health and Wellness Promotion to plan collaborative outreach campaigns, engaging in direct outreach with the campus community, and initiating connection with multiple campus offices and/or student groups to assess campus need and then planning outreach programs.

Multicultural Competency. The multicultural area of special emphasis provides opportunities to foster cultural competency with diverse student populations. Domains of activity can include: clinical work (e.g., co-facilitating a support group for LGBTQIA+ students or international students), outreach (e.g. social marketing for international students), research (e.g. utilization data of various groups on campus), developing trainings (e.g. for staff, interns, graduate assistants, and practicum students) and administrative (e.g. helping facilitate the DivE-In during the Spring semester).

Research & Evaluation. CCCPS recognizes the importance of measuring the impact of our services on those we serve. This area of emphasis involves learning about the unique opportunities and challenges of performing research and evaluation in a university counseling center. Domains of activity may involve discussing research issues, assisting in ongoing data collection and analysis, and conducting a research project within CCCPS.

Intern Weekly Schedule

The schedule listed below summarizes an intern's typical weekly activities. It should be noted that interns' weekly schedules are arranged to include working one evening per week from 5:00 – 7:00 p.m. It should also be noted that the expectation for scheduling four weeks during the year for After Hours Crisis duty is not listed here. Interns (and center staff) are also required to present/participate in outreach/consultation activities during evening hours and/or on weekends.

Training/Supervision

Individual Supervision

2 hours per week

Group Supervision of Assessment	1 hour per week
Group Supervision of Supervision	1.5 hours per week
Intern/Professional Development/Group Seminar	1.5 hours per week
Multicultural/Crisis Seminar	1.5 hours per week
Case Conference/Staff Development	1 hour
Staff Meeting	0.5 hours

Direct Service Delivery

Individual/group counseling	19 hours per week
Crisis/Urgent Clinic	3 hours per week
Consultation/Outreach	0.5 hour* per week
Practicum Student Supervision	1 hour per week
Area of Special Emphasis Activities	3 hours per week

Documentation/Other

Notes/tape review/supervision prep	7 hours
Outside Readings	1.5 hours
Average Total Number of Hours:	44**

*Consultation/outreach activities *average* .5 hours a week (e.g., you may do approximately two hour-long outreaches in a month)

**Averaging more than 40 hours a week is necessary because interns receive 5 weeks of vacation and are required by APA to accrue a total of 2000 hours in order to complete internship.

Interns meet with the Training Director prior to each semester to discuss training goals and scheduling for the upcoming semester. In addition to constructing the ongoing training goals, the Training Director assists interns in monitoring their progress toward meeting the requirement of 2,000 hours of on-site activities, including 500 hours of clinical direct services, for successful completion of the internship.

Interns will run their hours in Titanium and provide them to the Training Director and their supervisors on the following weeks of each semester:

- First full week of October (due by October 7, 2022)
- The week before Thanksgiving break (due by November 18, 2022)
- Before leaving for winter break (due by December 22, 2022)
- First full week of February (due by February 10, 2023)
- First full week of April (due by April 7, 2023)
- First full week of June (due by June 9, 2023)
- Final week of internship (due during offboarding)

INTERN EVALUATION

Evaluation of Intern Performance Definitions

N/A - No Basis for rating.

Generally, interns are expected to achieve an intermediate to advanced level of competency in almost all competencies specified in this evaluation. It will be very rare that a rating of “N/A” is assigned due to not having enough information.

5 – Advanced/Beyond Entry-Level

This rating signifies performance that is well above what would be expected for an intern who was successfully completing internship. This may be a significant strength area of expertise for this intern, or a skill that is far above what would ordinarily be observed. An intern at this level would exhibit functioning more than sufficient for autonomous, post-doctoral practice. Ratings at this level indicate that the intern is performing quite well and surpassing expectations. Interns would likely not receive this rating on many competencies, particularly during the mid-year evaluations, as they are most likely to benefit from continued professional development in most areas for the remainder of the internship and postdoctoral years.

4 - Entry-Level

Interns must be performing at this level or above on all competency averages in their final evaluation to successfully complete internship. This rating indicates independent and professional clinical functioning sufficient for early-career practice. Interns with this rating are likely to practice more autonomously than those at the supervised entry-level but would still benefit from continuing professional development.

3 – Internship Level

This rating indicates that the intern is performing as would be expected in the mid-year of their internship. They still require supervision in this area and would benefit from continued professional development. This rating represents someone meeting expectations and on track to complete internship.

2 - Beginner

This rating indicates that the intern is at a late practicum, early internship level. Interns may receive a few 2 ratings at mid-year, signifying an area in which the intern requires some additional work. This should indicate an area for further experience or more focused work in supervision during the second half of internship.

1 - Remediation needed

Interns receiving this score should know that in this area they are performing significantly below

expectations for interns and are likely to require formal remediation in this area.

Intern Evaluation Forms

EVALUATION OF INTERN PERFORMANCE: INDIVIDUAL SUPERVISOR (PRIMARY)

Intern: _____ Eval Period: Mid Year Final
 Supervisor: _____

	<i>Remediation Needed</i>	<i>Beginner</i>	<i>Internship Level</i>	<i>Entry-Level</i>	<i>Advanced; Beyond Entry-Level</i>	<i>No basis for rating</i>
Competency	1	2	3	4	5	N/A

I. Research

Demonstrates during supervision the substantially independent ability to critically evaluate research related to psychotherapy.						
Demonstrates during case presentation the substantially independent ability to disseminate research related to psychotherapy.						

Competency	1	2	3	4	5	N/A
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II. Ethical and Legal Standards

Demonstrates knowledge of, and acts in accordance with: the current version of the APA Ethical Principles of Psychologists and Code of Conduct.						
Demonstrates knowledge of, and acts in accordance with: relevant laws, regulations, rules and policies governing health service psychology at the organizational, local, state, regional, and federal levels.						
Demonstrates knowledge of, and acts in accordance with: relevant professional standards and guidelines.						
Recognizes ethical dilemmas as they arise, applies ethical decision making processes, and engages in appropriate consultation, in order to resolve the dilemmas.						

EVALUATION OF INTERN PERFORMANCE: INDIVIDUAL SUPERVISOR (PRIMARY)

Conducts self in an ethical manner in all professional activities supervised over this evaluation period.						
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Competency	1	2	3	4	5	N/A
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III. Individual and Cultural Diversity

Demonstrates an understanding of how their own personal/cultural history and attitudes and biases affect their clinical work.						
Demonstrates an understanding of how their clients' personal/cultural histories and intersectional identities impact counseling.						
Demonstrates an understanding of how the social, historical and cultural context in which counseling occurs impacts clients and counseling.						
Demonstrates knowledge of current theory and evidence based practice related to addressing diversity in counseling.						
Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered.						
Demonstrates the ability to work effectively with individuals whose diversity variables create conflict with their own.						
Independently applies the knowledge, awareness, and skills described above to address any skill deficits and effectively work with diverse clients.						

Competency	1	2	3	4	5	N/A
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IV. Professional Values and Attitudes

Behaves in ways that reflect the core values of psychology, including integrity, accountability, lifelong learning and concern for the welfare of others.						
Engages in self-reflection regarding personal and professional functioning.						
Demonstrates the ability to accurately assess and monitor their professional functioning.						

EVALUATION OF INTERN PERFORMANCE: INDIVIDUAL SUPERVISOR (PRIMARY)

Actively seeks and demonstrates openness and responsiveness to feedback and supervision.						
Responds professionally in increasingly complex situations with a greater degree of independence.						

Competency	1	2	3	4	5	N/A
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V. Communication and Interpersonal Skills

Develops and maintains effective relationships with colleagues, faculty and support staff.						
Demonstrates effective interpersonal skills.						
Produces verbal, nonverbal and written communications that are informative, well-integrated, and demonstrate a thorough grasp of professional language and concepts.						
Comprehends verbal, nonverbal, and written communications.						

Competency	1	2	3	4	5	N/A
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VI. Assessment (Psychodiagnostic)

Establishes an initial interpersonal climate that promotes client disclosure useful for clinical assessment purposes.						
Elicits and clarifies with the client the purpose of the interview (e.g. triage, crisis intervention, consultation).						
Gathers adequate information for the purpose of initial assessment, intervention, and case disposition.						
Communicates appropriately with the client regarding assessment outcomes and recommended interventions.						
Demonstrates understanding of the DSM-5 diagnostic system.						
Integrates all available information into appropriate DSM-5 diagnoses.						

EVALUATION OF INTERN PERFORMANCE: INDIVIDUAL SUPERVISOR (PRIMARY)

Assesses for risk to self, others, and consults appropriately with senior staff, as needed.						
Makes appropriate recommendations, when indicated, for additional assessment, including psychometric/psychiatric evaluations and long term counseling.						
Makes appropriate recommendations for auxiliary services for clients (e.g. Student Assistance Program, Learning Center, etc.) as needed.						
Completes the required documentation for triage/intake interviews and crisis interventions appropriately.						
Communicates verbally in an effective and timely manner with others in the interest of client welfare (e.g. crisis consultation, case disposition).						
Makes appropriate recommendations regarding case assignment.						

Competency	1	2	3	4	5	N/A
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VII. Intervention: Individual Psychotherapy/Counseling

Establishes and maintains rapport with clients.						
Demonstrates knowledge of theory relevant to the provision of individual psychotherapy/counseling.						
Conceptualizes cases based on theory, research, assessment data, diversity factors, contextual variables and any other relevant data.						
Designs and implements effective treatment plans based on case conceptualization and evidence based standards of practice.						
Accurately assesses treatment effectiveness and efficiency, modifies treatment plans as necessary, and submits continuation of service requests as needed.						

EVALUATION OF INTERN PERFORMANCE: INDIVIDUAL SUPERVISOR (PRIMARY)

Modifies evidence based approaches effectively when a clear evidence base in the literature is lacking.						
Works effectively utilizing time-limited approaches to psychotherapy.						
Works effectively with longer-term psychotherapy cases.						
Seeks appropriate consultation from supervisors, senior staff, and colleagues as necessary.						
Refers clients to a variety of resources both on and off campus, as appropriate.						
Accurately assesses client readiness for termination and terminates therapy appropriately.						

Competency	1	2	3	4	5	N/A
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IX. Consultation and Interprofessional/Interdisciplinary Skills

Demonstrates knowledge and respect for the roles and perspectives of other professions.						
Applies this knowledge in direct consultation with individuals and their families, other health care professionals, and faculty and staff.						

Receives a rating of "pass" on the clinical case	YES	NO	N/A
Fulfilled all afterhour requirements for this evaluation period.	YES	NO	N/A
Fulfilled group therapy responsibilities	YES	NO	N/A

Strengths exhibited over evaluation period:

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EVALUATION OF INTERN PERFORMANCE: INDIVIDUAL SUPERVISOR (PRIMARY)

Areas of growth over evaluation period:

Methods of Evaluation

Client File Review	<input type="checkbox"/>
Video Review	<input type="checkbox"/>
Co-Counseling	<input type="checkbox"/>
Case Discussion	<input type="checkbox"/>
Case Presentation	<input type="checkbox"/>
Crisis Case Consultation	<input type="checkbox"/>
Client Outcome Data	<input type="checkbox"/>
Direct Observation	<input type="checkbox"/>

Signature (Intern):

Signature (Primary Supervisor):

EVALUATION OF INTERN PERFORMANCE: SUPERVISION OF SUPERVISION

Intern: _____ Eval Period: Mid Year Final
 Supervisors: _____

	<i>Remediation needed</i>	<i>Beginner</i>	<i>Internship Level</i>	<i>Entry-Level</i>	<i>Advanced; Beyond Entry-Level</i>	<i>No basis for rating</i>
Competency	1	2	3	4	5	N/A

I. Research

Demonstrates knowledge of theoretical models and research relevant to providing supervision.						
Demonstrates the substantially independent ability to critically evaluate and disseminate research related to supervision.						

Competency	1	2	3	4	5	N/A
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II. Ethical and Legal Standards

Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.						
Demonstrates knowledge and acts in accordance to the Guidelines for Clinical Supervision in Health Service Psychology.						
Recognizes ethical dilemmas as they arise and applies ethical decision making processes in order to resolve the dilemmas.						
Conducts self in an ethical manner in supervision (avoids multiple relationships, adheres to professional boundaries, etc.).						

EVALUATION OF INTERN PERFORMANCE: SUPERVISION OF SUPERVISION

Competency	1	2	3	4	5	N/A
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III. Individual and Cultural Diversity

Demonstrates an understanding of how their own personal/cultural history, attitudes and biases may impact their work with their supervisee.						
Demonstrates an understanding of how their supervisee's personal/cultural history and intersectional identities may impact supervision and the supervisee's clinical work.						
Demonstrates an understanding of how the social, historical and cultural context in which supervision occurs may impact supervision.						
Demonstrates knowledge of current theory and evidence based practice related to addressing diversity in supervision.						
Demonstrates the ability to integrate awareness of self and context, and knowledge of individual and cultural differences, in supervision.						
Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered.						
Demonstrates the ability to work effectively with supervisees whose diversity variables create conflict with their own.						
Independently applies the knowledge, awareness, and skills described above to effectively work with supervisees.						

Competency	1	2	3	4	5	N/A
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IV. Professional Values and Attitudes

Behaves in ways that reflect core values of psychology, including integrity, accountability, lifelong learning and concern for the welfare of others.						
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EVALUATION OF INTERN PERFORMANCE: SUPERVISION OF SUPERVISION

Engages in self-reflection regarding functioning in supervision.						
Actively seeks and demonstrates openness and responsiveness to feedback and supervision.						
Responds professionally in increasingly complex situations with a greater degree of independence.						
Participates actively by discussing supervisory sessions.						
Participates actively by bringing materials (e.g., audiotapes, videotapes, files, evaluations) relevant to supervisory sessions.						
Attends seminar on a regular basis.						

Competency	1	2	3	4	5	N/A

V. Communication and Interpersonal Skills

Develops and maintains effective relationships with colleagues, faculty, and support staff.						
Produces verbal, nonverbal and written communications that are informative, well-integrated, and demonstrate a thorough grasp of professional language and concepts.						
Comprehends verbal, nonverbal, and written communications.						
Demonstrates effective interpersonal skills.						
Communicates trainee strengths.						
Communicates trainee weaknesses and recommendations for improvement.						

Competency	1	2	3	4	5	N/A

VIII. Supervision

Demonstrates the ability to conceptualize supervisory work based on knowledge of theories and research relevant to supervision.						
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EVALUATION OF INTERN PERFORMANCE: SUPERVISION OF SUPERVISION

Draws from a variety of models of supervision when conceptualizing supervisory work.						
Demonstrates ability to facilitate supervisory relationships that promote both supervisee development and client welfare.						
Establishes and maintains rapport with trainees.						
Provides specific treatment alternatives, readings, and/or resources for trainee, as appropriate.						
Assesses issues and progress of clients on trainee caseload.						
Discusses issues relevant to trainee's professional identity development, as appropriate.						
Is available for emergency consultation with trainee or assists trainee with identifying appropriate consultation strategies within the agency.						
Demonstrates openness to receiving feedback from trainee.						

Strengths exhibited over evaluation period:

EVALUATION OF INTERN PERFORMANCE: SUPERVISION OF SUPERVISION

Areas of growth over evaluation period:

Methods of Evaluation

Video Review

Supervision Case Discussion

Supervision Case Presentation

Seminar Participation

Direct Observation

Signature (Intern):

Signature (Supervisor):

EVALUATION OF INTERN PERFORMANCE: ASSESSMENT

Intern: _____ Eval Period: Mid Year Final
 Supervisor: _____

	<i>Remediation needed</i>	<i>Beginner</i>	<i>Internship Level</i>	<i>Entry-Level</i>	<i>Advanced; Beyond Entry-Level</i>	<i>No basis for rating</i>
Competency	1	2	3	4	5	N/A

I. Research

Demonstrates knowledge of research relevant to assessment.						
Demonstrates the substantially independent ability to critically evaluate and disseminate research related to assessment.						

Competency	1	2	3	4	5	N/A
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II. Ethical and Legal Standards

Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.						
Demonstrates knowledge and acts in accordance to the Standards for Educational and Psychological Testing.						
Recognizes ethical dilemmas as they arise and applies ethical decision making processes in order to resolve the dilemmas.						
Conducts self in an ethical manner.						

EVALUATION OF INTERN PERFORMANCE: ASSESSMENT

Competency	1	2	3	4	5	N/A
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III. Individual and Cultural Diversity

Demonstrates knowledge of current theory and evidence based practice related to addressing diversity in assessment.						
Demonstrates the ability to integrate awareness of self and context, and knowledge of individual and cultural differences to work effectively with clients in assessment.						

Competency	1	2	3	4	5	N/A
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IV. Professional Values and Attitudes

Behaves in ways that reflect core values of psychology, including integrity, accountability, lifelong learning and concern for the welfare of others.						
Engages in self-reflection regarding functioning in assessment.						
Actively seeks and demonstrates openness and responsiveness to feedback and supervision.						
Responds professionally in increasingly complex situations with a greater degree of independence.						
Participates actively by contributing to discussion of other interns' assessment materials.						

Competency	1	2	3	4	5	N/A
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V. Communication and Interpersonal Skills

Provides accurate and specific feedback to examinees regarding test results, including CCAPS scores.						
Produces verbal, nonverbal and written communications that are informative, well-integrated, and demonstrate a thorough grasp of professional language and concepts.						

EVALUATION OF INTERN PERFORMANCE: ASSESSMENT

Comprehends verbal, nonverbal, and written communications.						
Demonstrates effective interpersonal skills.						

Competency	1	2	3	4	5	N/A

VI. Assessment

Demonstrates knowledge of assessment instruments.						
Uses appropriate assessment instruments.						
Adequately explains rationale and purpose of any assessment completed.						
Integrates data from assessments into treatment with clients.						

Competency	1	2	3	4	5	N/A

IX. Consultation and Interprofessional/Interdisciplinary Skills

Demonstrates knowledge and respect for the roles and perspectives of other professions.						
Applies this knowledge in direct consultation with individuals and their families, other health care professionals, and faculty and staff.						

Strengths exhibited over evaluation period:

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EVALUATION OF INTERN PERFORMANCE: ASSESSMENT

Areas of growth over evaluation period:

Methods of Evaluation

Assessment File (data, report, etc.) Review

Video Review

Case Discussion

Seminar Participation

Direct Observation

Signature (Intern):

Signature (Supervisor):

EVALUATION OF INTERN PERFORMANCE: MULTICULTURAL SEMINARIntern: _____ Eval Period: Mid Year Final

Supervisor: _____

	<i>Remediation needed</i>	<i>Beginner</i>	<i>Internship Level</i>	<i>Entry-Level</i>	<i>Advanced; Beyond Entry-Level</i>	<i>No basis for rating</i>
Competency	1	2	3	4	5	N/A

I. Research

Demonstrates knowledge of theory and research relevant to individual and cultural diversity.						
Demonstrates the substantially independent ability to critically evaluate and disseminate theory and research related to individual and cultural diversity.						

Competency	1	2	3	4	5	N/A
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II. Ethical and Legal Standards

Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.						
Demonstrates knowledge and acts in accordance to the APA Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists, and other relevant guidelines for working with diverse populations.						

Competency	1	2	3	4	5	N/A
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III. Individual and Cultural Diversity

Demonstrates an understanding of how their own personal/cultural history, attitudes and biases may impact how they interact with people different from themselves.						
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EVALUATION OF INTERN PERFORMANCE: MULTICULTURAL SEMINAR

Demonstrates an understanding of how others' personal/cultural histories and intersectional identities may impact their ideas, thoughts and perceptions about the world.						
Demonstrates an understanding of how the social, historical and cultural context in which individuals exist impact their life experiences.						
Demonstrates the ability to integrate awareness of self and context, and knowledge of individual and cultural differences in their clinical work.						

Competency	1	2	3	4	5	N/A

IV. Professional Values and Attitudes

Behaves in ways that reflect core values of psychology, including integrity, accountability, lifelong learning and concern for the welfare of others.						
Attends seminar on a regular basis.						
Participates actively by contributing to discussion and/or providing resources during multicultural seminar.						

Competency	1	2	3	4	5	N/A

V. Communication and Interpersonal Skills

Produces verbal, nonverbal and written communications that are informative, well-integrated, and demonstrate a thorough grasp of professional language and concepts.						
Comprehends verbal, nonverbal, and written communications.						
Demonstrates effective interpersonal skills						

Presents on a multicultural topic (Spring)	YES	NO
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EVALUATION OF INTERN PERFORMANCE: MULTICULTURAL SEMINAR

Strengths exhibited over evaluation period:

Areas of growth over evaluation period:

Methods of Evaluation

Weekly Reflections

Final Presentation

Seminar Participation

Signature (Intern):

Signature (Supervisor):

EVALUATION OF INTERN PERFORMANCE: OUTREACH

Intern: _____ Eval Period: Mid Year Final
 Supervisor: _____

	<i>Remediation needed</i>	<i>Beginner</i>	<i>Internship Level</i>	<i>Entry-Level</i>	<i>Advanced; Beyond Entry-Level</i>	<i>No basis for rating</i>
Competency	1	2	3	4	5	N/A

II. Ethical and Legal Standards

Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.						
Recognizes ethical dilemmas as they arise, applies ethical decision making processes and engages in appropriate consultation in order to resolve dilemmas encountered in the provision of outreach services.						
Conducts self in an ethical manner in the provision of outreach services.						

Competency	1	2	3	4	5	N/A

III. Individual and Cultural Diversity

Demonstrates the ability to integrate awareness of self, context, and knowledge of individual and cultural differences in the planning and implementation of outreach programs.						
Independently applies the knowledge, awareness, and skills described above to effectively deliver outreach programs.						

EVALUATION OF INTERN PERFORMANCE: OUTREACH

Competency	1	2	3	4	5	N/A
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IV. Professional Values and Attitudes

Behaves in ways that reflect core values of psychology, including integrity, accountability, lifelong learning and concern for the welfare of others in the planning and implementation of outreach programs.						
Demonstrates accountability in regard to outreach programming.						
Responds professionally in increasingly complex situations with a greater degree of independence.						

Competency	1	2	3	4	5	N/A
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V. Communication and Interpersonal Skills

Establishes effective working relationships with WVU students, faculty, and staff.						
Produces verbal, nonverbal and written communications that are informative, well-integrated, and demonstrate a thorough grasp of professional language and concepts.						
Comprehends verbal, nonverbal, and written communications.						
Demonstrates effective interpersonal skills.						

Competency	1	2	3	4	5	N/A
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VII. Intervention

Demonstrates ability to plan, implement, and evaluate outreach programs tailored to the needs of the target audiences.						
Meets regularly with constituents and community partners to discuss outreach and programming needs.						
Demonstrates ability to incorporate feedback to improve delivery of the program.						

EVALUATION OF INTERN PERFORMANCE: OUTREACH

Competency	1	2	3	4	5	N/A
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**IX. Consultation and Interprofessional/
Interdisciplinary Skills**

Demonstrates knowledge and respect for the roles and perspectives of other professions.						
Applies this knowledge in direct consultation with WVU faculty and staff.						

Participates in required outreach programs over evaluation period.	YES	NO
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Strengths exhibited over evaluation period:

Areas of growth over evaluation period:

Methods of Evaluation

Planning Discussion

De-briefing Discussion

Co-facilitation

Direct Observation

EVALUATION OF INTERN PERFORMANCE: OUTREACH

Signature (Intern):

Signature (Supervisor):

Professional Wide Competencies

PROFESSIONAL WIDE COMPETENCY I: RESEARCH

Primary	
Demonstrates during supervision the substantially independent ability to critically evaluate research related to psychotherapy.	NA
Demonstrates during case presentation the substantially independent ability to disseminate research related to psychotherapy.	NA
Supervision	
Demonstrates knowledge of theoretical models and research relevant to providing supervision.	NA
Demonstrates the substantially independent ability to critically evaluate and disseminate research related to supervision.	NA
Assessment	
Demonstrates knowledge of research relevant to assessment.	NA
Demonstrates the substantially independent ability to critically evaluate and disseminate research related to assessment.	NA
Multicultural	
Demonstrates knowledge of theory and research relevant to individual and cultural diversity.	NA
Demonstrates the substantially independent ability to critically evaluate and disseminate theory and research related to individual and cultural diversity.	NA

PROFESSIONAL WIDE COMPETENCY II: ETHICAL AND LEGAL STANDARDS

Primary	
Demonstrates knowledge of, and acts in accordance with: the current version of the APA Ethical Principles of Psychologists and Code of Conduct.	NA
Demonstrates knowledge of, and acts in accordance with: relevant laws, regulations, rules and policies governing health service psychology at the organizational, local, state, regional, and federal levels.	NA
Demonstrates knowledge of, and acts in accordance with: relevant professional standards and guidelines.	NA
Recognizes ethical dilemmas as they arise, applies ethical decision making processes, and engages in appropriate consultation, in order to resolve the dilemmas.	NA
Conducts self in an ethical manner in all professional activities supervised over this evaluation period.	NA
Supervision	
Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.	NA
Demonstrates knowledge and acts in accordance to the Guidelines for Clinical Supervision in Health Service Psychology.	NA
Recognizes ethical dilemmas as they arise and applies ethical decision making processes in order to resolve the dilemmas.	NA
Conducts self in an ethical manner in supervision (avoids multiple relationships, adheres to professional boundaries, etc.).	NA
Assessment	
Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.	NA
Demonstrates knowledge and acts in accordance to the Standards for Educational and Psychological Testing.	NA

PROFESSIONAL WIDE COMPETENCY II: ETHICAL AND LEGAL STANDARDS

Recognizes ethical dilemmas as they arise and applies ethical decision making processes in order to resolve the dilemmas.	NA
Conducts self in an ethical manner.	NA
Multicultural	
Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.	NA
Demonstrates knowledge and acts in accordance to the APA Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists, and other relevant guidelines for working with diverse populations.	NA
Outreach	
Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.	NA
Recognizes ethical dilemmas as they arise, applies ethical decision making processes and engages in appropriate consultation in order to resolve dilemmas encountered in the provision of outreach services.	NA
Conducts self in an ethical manner in the provision of outreach services.	NA

PROFESSIONAL WIDE COMPETENCY III: INDIVIDUAL AND CULTURAL DIVERSITY

Primary	
Demonstrates an understanding of how their own personal/cultural history and attitudes and biases affect their clinical work.	NA
Demonstrates an understanding of how their clients' personal/cultural histories and intersectional identities impact counseling.	NA
Demonstrates an understanding of how the social, historical and cultural context in which counseling occurs impacts clients and counseling.	NA
Demonstrates knowledge of current theory and evidence based practice related to addressing diversity in counseling.	NA
Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered.	NA
Demonstrates the ability to work effectively with individuals whose diversity variables create conflict with their own.	NA
Independently applies the knowledge, awareness, and skills described above to address any skill deficits and effectively work with diverse clients.	NA
Supervision	
Demonstrates an understanding of how their own personal/cultural history, attitudes and biases may impact their work with their supervisee.	NA
Demonstrates an understanding of how their supervisee's personal/cultural history and intersectional identities may impact supervision and the supervisee's clinical work.	NA
Demonstrates an understanding of how the social, historical and cultural context in which supervision occurs may impact supervision.	NA
Demonstrates knowledge of current theory and evidence based practice related to addressing diversity in supervision.	NA
Demonstrates the ability to integrate awareness of self and context, and knowledge of individual and cultural differences, in supervision.	NA
Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered.	NA
Demonstrates the ability to work effectively with supervisees whose diversity variables create conflict with their own.	NA

PROFESSIONAL WIDE COMPETENCY III: INDIVIDUAL AND CULTURAL DIVERSITY

Independently applies the knowledge, awareness, and skills described above to effectively work with supervisees.	NA
Assessment	
Demonstrates knowledge of current theory and evidence based practice related to addressing diversity in assessment.	NA
Demonstrates the ability to integrate awareness of self and context, and knowledge of individual and cultural differences to work effectively with clients in assessment.	NA
Multicultural	
Demonstrates an understanding of how their own personal/cultural history, attitudes and biases may impact how they interact with people different from themselves.	NA
Demonstrates an understanding of how others' personal/cultural history and intersectional identities may impact their ideas, thoughts and perceptions about the world.	NA
Demonstrates an understanding of how the social, historical and cultural context in which individuals exist impact their life experiences.	NA
Demonstrates the ability to integrate awareness of self and context, and knowledge of individual and cultural differences in their clinical work.	NA
Outreach	
Demonstrates the ability to integrate awareness of self, context, and knowledge of individual and cultural differences in the planning and implementation of outreach programs.	NA
Independently applies the knowledge, awareness, and skills described above to effectively deliver outreach programs.	NA

PROFESSIONAL WIDE COMPETENCY IV: PROFESSIONAL VALUES AND ATTITUDES

Primary	
Behaves in ways that reflect core values the values of psychology, including integrity, accountability, life long learning and concern for the welfare of others.	NA
Engages in self-reflection regarding personal and professional functioning.	NA
Demonstrates the ability to accurately assess and monitor their professional functioning.	NA
Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	NA
Responds professionally in increasingly complex situations with a greater degree of independence.	NA
Supervision	
Behaves in ways that reflect core values of psychology, including integrity, accountability, lifelong learning and concern for the welfare of others.	NA
Engages in self-reflection regarding functioning in supervision.	NA
Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	NA
Responds professionally in increasingly complex situations with a greater degree of independence.	NA
Participates actively by discussing supervisory sessions.	NA
Participates actively by bringing materials (e.g., audiotapes, videotapes, files, evaluations) relevant to supervisory sessions.	NA
Attends seminar on a regular basis.	NA
Assessment	
Behaves in ways that reflect core values of psychology, including integrity, accountability, lifelong learning and concern for the welfare of others.	NA
Engages in self-reflection regarding functioning in assessment.	NA
Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	NA
Responds professionally in increasingly complex situations with a greater degree of independence.	NA
Participates actively by contributing to discussion of other interns' assessment materials.	NA
Multicultural	
Behaves in ways that reflect core values of psychology, including integrity, accountability, lifelong learning and concern for the welfare of others.	NA

PROFESSIONAL WIDE COMPETENCY IV: PROFESSIONAL VALUES AND ATTITUDES

Attends seminar on a regular basis.	NA
Participates actively by contributing to discussion and/or providing resources during multicultural seminar.	NA
Outreach	
Behaves in ways that reflect core values of psychology, including integrity, accountability, lifelong learning and concern for the welfare of others in the planning and implementation of outreach programs.	NA
Demonstrates accountability in regard to outreach programming.	NA
Responds professionally in increasingly complex situations with a greater degree of independence.	NA

PROFESSIONAL WIDE COMPETENCY V: COMMUNICATION AND INTERPERSONAL SKILLS

Primary	
Develops and maintains effective relationships with colleagues, faculty and support staff.	NA
Demonstrates effective interpersonal skills.	NA
Produces verbal, nonverbal and written communications that are informative, well-integrated, and demonstrate a thorough grasp of professional language and concepts.	NA
Comprehends verbal, nonverbal, and written communications.	NA
Supervision	
Develops and maintains effective relationships with colleagues, faculty, and support staff.	NA
Produces verbal, nonverbal and written communications that are informative, well-integrated, and demonstrate a thorough grasp of professional language and concepts.	NA
Comprehends verbal, nonverbal, and written communications.	NA
Demonstrates effective interpersonal skills.	NA
Communicates trainee strengths.	NA
Communicates trainee weaknesses and recommendations for improvement.	NA
Assessment	
Provides accurate and specific feedback to examinees regarding test results, including CCAPS scores.	NA
Produces verbal, nonverbal and written communications that are informative, well-integrated, and demonstrate a thorough grasp of professional language and concepts.	NA
Comprehends verbal, nonverbal, and written communications.	NA

PROFESSIONAL WIDE COMPETENCY V: COMMUNICATION AND INTERPERSONAL SKILLS

Demonstrates effective interpersonal skills.	NA
Multicultural	
Produces verbal, nonverbal and written communications that are informative, well-integrated, and demonstrate a thorough grasp of professional language and concepts.	NA
Comprehends verbal, nonverbal, and written communications.	NA
Demonstrates effective interpersonal skills.	NA
Outreach	
Establishes effective working relationships with WVU students, faculty, and staff.	NA
Produces verbal, nonverbal and written communications that are informative, well-integrated, and demonstrate a thorough grasp of professional language and concepts.	NA
Comprehends verbal, nonverbal, and written communications.	NA
Demonstrates effective interpersonal skills.	NA

PROFESSIONAL WIDE COMPETENCY VI: ASSESSMENT

Primary	
Establishes and initial interpersonal climate that promotes client disclosure useful for clinical assessment purposes.	NA
Elicits and clarifies with the client the purpose of the interview (e.g. triage, crisis intervention, consultation).	NA
Gathers adequate information for the purpose of initial assessment, intervention, and case disposition.	NA
Communicates appropriately with the client regarding assessment outcomes and recommended interventions.	NA
Demonstrates understanding of the DSM-5 diagnostic system.	NA
Integrates all available information into appropriate DSM-5 diagnoses.	NA
Assesses for risk to self, others, and consults appropriately with senior staff, as needed.	NA
Makes appropriate recommendations, when indicated, for additional assessment, including psychometric/psychiatric evaluations and long term counseling.	NA
Makes appropriate recommendations for auxiliary services for clients (e.g. Student Assistance Program, Learning Center, etc.) as needed.	NA
Completes the required documentation for triage/intake interviews and crisis interventions appropriately.	NA
Communicates verbally in an effective and timely manner with others in the interest of client welfare (e.g. crisis consultation, case disposition).	NA

PROFESSIONAL WIDE COMPETENCY VI: ASSESSMENT

Makes appropriate recommendations regarding case assignment.	NA
Assessment	
Demonstrates knowledge of assessment instruments.	NA
Uses appropriate assessment instruments.	NA
Adequately explains rationale and purpose of any assessment completed.	NA
Integrates data from assessments into treatment with clients.	NA

PROFESSIONAL WIDE COMPETENCY VII: INTERVENTION

Primary	
Establishes and maintains rapport with clients.	NA
Demonstrates knowledge of theory relevant to the provision of individual psychotherapy/counseling.	NA
Conceptualizes cases based on theory, research, assessment data, diversity factors, contextual variables and any other relevant data.	NA
Designs and implements effective treatment plans based on case conceptualization and evidence based standards of practice.	NA
Accurately assesses treatment effectiveness and efficiency, modifies treatment plans as necessary, and submits continuation of service requests as needed.	NA
Modifies evidence based approaches effectively when a clear evidence base in the literature is lacking.	NA
Works effectively utilizing time-limited approaches to psychotherapy.	NA
Works effectively with longer-term psychotherapy cases.	NA
Seeks appropriate consultation from supervisors, senior staff, and colleagues as necessary.	NA
Refers clients to a variety of resources both on and off campus, as appropriate.	NA
Accurately assesses client readiness for termination and terminates therapy appropriately.	NA
Outreach	
Demonstrates ability to plan, implement, and evaluate outreach programs tailored to the needs of the target audiences.	NA
Meets regularly with constituents and community partners to discuss outreach and programming needs.	NA
Demonstrates ability to incorporate feedback to improve delivery of the program.	NA

PROFESSIONAL WIDE COMPETENCY VIII: SUPERVISION

Supervision	
Demonstrates the ability to conceptualize supervisory work based on knowledge of theories and research relevant to supervision.	NA
Draws from a variety of models of supervision when conceptualizing supervisory work.	NA
Demonstrates ability to facilitate supervisory relationships that promote both supervisee development and client welfare.	NA
Establishes and maintains rapport with trainees.	NA
Provides specific treatment alternatives, readings, and/or resources for trainee, as appropriate.	NA
Assesses issues and progress of clients on trainee caseload.	NA
Discusses issues relevant to trainee's professional identity development, as appropriate.	NA
Is available for emergency consultation with trainee or assists trainee with identifying appropriate consultation strategies within the agency.	NA
Demonstrates openness to receiving feedback from trainee.	NA

PROFESSIONAL WIDE COMPETENCY IX: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Primary	
Demonstrates knowledge and respect for the roles and perspectives of other professions.	NA
Applies this knowledge in direct consultation with individuals and their families, other health care professionals, and faculty and staff.	NA
Assessment	
Demonstrates knowledge and respect for the roles and perspectives of other professions.	NA
Applies this knowledge in direct consultation with individuals and their families, other health care professionals, and faculty and staff.	NA
Outreach	
Demonstrates knowledge and respect for the roles and perspectives of other professions.	NA
Applies this knowledge in direct consultation with WVU faculty and staff.	NA

PROFESSIONAL WIDE COMPETENCY AVERAGES

COMPETENCY I - RESEARCH	#DIV/0!
COMPETENCY II - ETHICAL AND LEGAL STANDARDS	#DIV/0!
COMPETENCY III - INDIVIDUAL AND CULTURAL DIVERSITY	#DIV/0!
COMPETENCY IV - PROFESSIONAL VALUES	#DIV/0!
COMPETENCY V - COMMUNICATION AND INTERPERSONAL SKILLS	#DIV/0!
COMPETENCY VI - ASSESSMENT	#DIV/0!
COMPETENCY VII - INTERVENTION	#DIV/0!
COMPETENCY VIII - SUPERVISION	#DIV/0!
COMPETENCY IX - CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS	#DIV/0!

Case Presentation Evaluation

Intern: _____

Evaluator: _____

Date: _____

You are asked to evaluate the intern’s case presentation in several areas listed below. Your evaluation should be based on the skill level typical of interns at a comparable stage of training.

Please use the following scale to grade your evaluation:

<i>Not enough information</i>	<i>Poor</i>				<i>Good</i>			<i>Excellent</i>
0	1	2	3	4	5	6	7	

		Rating
1.	Clarity and theoretical soundness of case conceptualization	
2.	Thoroughness and accuracy of assessment and diagnosis	
3.	Appropriateness of goals for counseling	
4.	Attention to ethical principles and legal standards as relevant	
5.	Appropriateness of intervention strategy	
6.	Integration of diversity issues with regard to case conceptualization, treatment planning, and intervention.	
7.	Commitment to and concern for client welfare	
8.	Willingness and ability to take risks	
9.	Awareness of and use of self with regard to case conceptualization, treatment planning, and intervention	
10.	Appropriate use of time, ability to follow presentation guidelines	

Overall Grade (Please circle one): 1 2 3 4 5 6 7

Please comment on each of the following areas:

A. Particular strengths:

B. Suggested areas for further development:

RETURN TO TRAINING DIRECTOR

The TD makes copies for primary supervisor to provide feedback to intern. Only ratings completed by senior staff will be retained in the intern's file.

Workshop Evaluation

Title of Workshop: _____

Presenter(s): _____

Date: _____

Please rate the following items on a scale from 1 to 5 by circling the appropriate number:

1=Strongly Disagree (SD); 2=Disagree (D); 3=Not Sure (NS); 4=Agree (A); 5=Strongly Agree (SA)

	SD	D	NS	A	SA
1. I felt that the workshop was well organized and the main points were well covered and clarified.	1	2	3	4	5
2. I felt that the facilitator demonstrated comprehensive knowledge of the subject matter.	1	2	3	4	5
3. The facilitator helped me to understand how the workshop material related to my own life.	1	2	3	4	5
4. I felt that the facilitator conveyed ideas effectively and clearly and the material was informative and easy to understand.	1	2	3	4	5
5. I gained usable skills and will be able to apply them to my academic or personal life.	1	2	3	4	5

6. What was the most valuable aspect of the workshop?

7. What could have been done to improve the workshop?

8. Additional Comments or suggestions (Use the other side of this page if necessary):

COMMUNICATION BETWEEN DOCTORAL TRAINING PROGRAMS AND INTERNSHIP PROGRAMS

Although we provide evaluation of intern performance through the training year, the doctoral program is ultimately responsible for evaluation of the student's readiness for graduation and entrance to the profession. Therefore, evaluative communication between doctoral training programs and internship programs is critical.

Our training program has adopted the following practices regarding communication with doctoral programs:

- All students will be informed of the practice of communication between the doctoral program Training Director/Director of Clinical Training (or faculty designate) and internship Training Director (or designate).
- Once a student has been matched with an internship site, the internship and doctoral program Directors will communicate about the specific training needs of the student, so that the internship Training Director has sufficient information to make training decisions to enhance the individual student's development.
- During the internship year, the Directors of the two programs will communicate as necessary to evaluate progress in the intern's development. Communication will include a minimum of two formal evaluations (one at mid-year and one at the end of the year) and may also include regular formal (written) or informal communication.
- The student/intern has the right to know about any written communication that occurs and can also request and should receive a copy of any written information that is exchanged.
- If problems emerge during the internship year, the Directors of the two programs will communicate and document the concerns and the planned resolution to those concerns. Both doctoral training program and internship program policies for resolution of training concerns will be considered in developing necessary remediation plans. Progress in required remediation activities will be documented and that information will be communicated to the doctoral program Director.

INTERN EVALUATION PROCEDURES

Introduction

The Intern Training Staff (ITS), composed of all CCCPS staff providing supervision to interns on any given year, is asked as part of their commitment to supervision to provide ongoing feedback to interns regarding their progress toward completion of the internship, and to do so in accordance to the CCCPS intern evaluation procedures described below.

The CCCPS intern evaluation system includes both informal and formal evaluation procedures, as well as procedures for addressing concerns and grievances that may arise regarding intern performance and/or behavior and its evaluation during internship.

Due Process: General Guidelines

Due process ensures that decisions made by ITS and CCCPS staff about interns are not arbitrary or unfair. It requires that programs such as CCCPS identify specific evaluative procedures which are applied to all trainees and have appropriate appeal procedures available to the intern so they may challenge the program's actions if needed. General due process guidelines described in this handbook include:

1. Presenting interns, in writing, CCCPS's expectations related to professional functioning.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted.
3. Articulating in writing the various procedures and actions involved in making decisions regarding intern impairment.
4. Communicating with graduate programs of origin about any significant difficulties with interns and seeking input from these academic programs about how to address such difficulties.
5. Instituting, with the input and knowledge of the graduate program of origin when needed, a remediation plan for significant intern inadequacies, including a timeframe for expected remediation and consequences of not rectifying the inadequacies.
6. Providing the Intern Handbook at the outset of the training year to interns, including the policies and procedures and, more specifically, a description of Due Process and Grievance mechanisms.
7. Ensuring that interns have sufficient time to respond to any action taken by CCCPS.
8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documenting, in writing and to all relevant parties, the action taken by CCCPS and its rationale.

The Evaluation Process

At CCCPS interns are evaluated and given feedback by individual and area supervisors, as well as by other CCCPS staff involved in their training, in various ways throughout the internship year. This feedback serves to facilitate growth by highlighting ongoing areas of strength and areas for growth that can serve as foci during training at CCCPS and beyond.

Although formative evaluation and feedback is ongoing during internship year, there are four key moments in the regular evaluation process during the year, two informal and two formal (summative):

- 1) In the middle of the first term (**or approximately November 1**) interns and supervisors informally discuss interns' performance over the first 7 weeks of internship. This informal meeting is designed to review the progress of interns and discuss any ongoing concerns or challenges as they are being addressed by supervisors in their respective areas. This initial meeting also provides an opportunity for:
 - a. early intervention if significant concerns are raised about performance with the training director and other supervising staff (see **Procedures for Addressing Staff Concerns Regarding Intern Behaviors and Skills** below)
 - b. increasing supervising staff awareness of intern performance across professional wide competencies to tailor training over next few weeks in various supervised areas as needed.

Supervising staff are encouraged to discuss any concerns they have regarding intern performance with their supervisee throughout the semester and in a formative manner.

- 2) In **late-January**, the first **formal evaluation** occurs. Primary and Secondary supervisors, as well as Assessment, Multicultural, Supervision of Supervision and Outreach supervisors fill out formal evaluation forms for their areas, which are then reviewed and signed by each area supervisor and each intern. Primary and Secondary supervisors meet prior to completing their evaluation to ensure broad congruence in their ratings, and/or discuss lack thereof and possible rationale when there is lack of congruence. In the case of the latter, these differences are then explained to the intern by each supervisor. Evaluations are also provided to the intern's graduate program along with a letter regarding the overall intern's progress in the internship program.
- 3) In **mid-April**, supervising psychologists again informally discuss interns' progress over the second half of the year. Feedback from this discussion is shared with the primary supervisors and training director as is relevant.

- 4) In **early to mid-July**, final **formal evaluations** are completed by primary and secondary supervisors, as well as Assessment, Multicultural, Supervision of Supervision and Outreach supervisors, which are then reviewed and signed by each area supervisor and intern. Copies of all final evaluations are provided to interns' graduate programs along with a letter indicating successful completion of the internship program.

The original copies of formal evaluations become a permanent part of the intern's internship file.

Minimum Level of Achievement

Intern evaluation is operationalized according to a full-year perspective with progression toward independent, autonomous practice. Our minimal level of achievement (MLA) is a "4" on our 1-5 scale by end of year, with this indicating that the intern is performing at the minimum level to be expected for post-internship, entry-level practice. See the **Evaluation of Intern Performance Definitions** for more information on this scale. Average scores in each competency area are tabulated across evaluations (Primary Supervisor, Supervision of Supervision, Supervision of Assessment, Multicultural Seminar, and Outreach). The passage criterion at end of internship is an average rating of 4 (our MLA) or greater for each competency area, successful passing of two case presentations, and completion of 500 direct service hours within a full 2000-hour internship experience.

Intern Training Staff Concerns Regarding Intern Behavior and Skills: Definitions

There are three broad types of concerns regarding intern behaviors and skills, described below in order of severity from low to high.

Intern performance below the expected level of competency

Defined as a skill deficit in any one given supervised area or -more broadly- professional wide competency. It is typically identified by supervising staff in the course of their regular supervision/work with interns and leads to the development of an **informal remediation plan** to address the skill deficiency. This initial informal plan is developed in collaboration with the intern and may include the training director, upon the request of either party.

In instances in which the skill deficiency is still present by the time of the first **formal evaluation**, **intern performance below the expected level of competency** is defined as any rating below "3" in any single element of a written intern evaluation. Ratings of "1" in any single element mid-year automatically trigger a **formal remediation plan** (see below). Ratings of "2" mid-year may simply reflect ongoing work to improve in an area at the time of the evaluation, clearly identifying areas of concern with a plan, formal or informal, to address any concerns. By the end of the year, interns are expected to achieve ratings of "4" or above in all elements of their written final evaluation.

Intern unprofessional and/or problematic behavior

For purposes of this document, unprofessional and/or problematic behavior is defined broadly as behavior causing a significant interference in professional functioning that is reflected in one or more of the following ways:

- A. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- B. An inability and/or unwillingness to acquire professional skills in order to reach an acceptable level of competency, and/or,
- C. An inability and/or unwillingness to manage personal stress, psychological difficulties, and/or excessive emotional reactions which interfere with professional relationship and functioning.

Problems typically become identified as problematic and unprofessional when they include one or more of the following characteristics:

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

Intern violations of policy

Intern violations of policy, be it APA's code of ethics, CCCPS policies and procedures, West Virginia University's code of conduct and/or other state laws and regulations that may be severe enough (committing a felony, sexual/romantic contact with a client, gross violation of center or university policy etc.) to warrant immediate **suspension** or **dismissal** from the program.

Procedures for Addressing Staff Concerns Regarding Intern Behaviors and Skills

Most discussions regarding intern performance begin with individual and area supervisors. It is their responsibility to bring to the intern's attention skills, behavior and other actions which are perceived to be problematic or below the expected level of competency for an intern at any point during the internship year, and to offer and discuss strategies at that time to address these difficulties.

At times, the concerns over an intern behavior or skills may come from a CCCPS staff member not involved in the intern's supervision. In these instances, CCCPS staff members are asked to address their concerns first directly with the intern. If they are unsure how to address them, have attempted to do so but have been unable to, or have not received an appropriate response from the intern, they are asked to consult with their supervisor, the Training Director, and the primary intern supervisor for guidance on how to proceed. For serious concerns, please check Grievance Procedures for Staff Complaints Concerning a Psychology Intern below for detailed grievance procedures for staff complaints.

When concerns are perceived to be significant enough to warrant additional action, the following procedures may be initiated:

Informal Remediation

Informal Remediation can be started by any intern supervisor in consultation with the TD. It defines a relationship where a supervisor works closely with an intern to remediate perceived **performance below the expected level of competency** in any one given supervised area.

Informal remediation acknowledges through the TD and supervisor that:

1. the supervisor is aware of and concerned with the intern's skill deficit or problematic behavior;
2. the skill deficit or behavior in question has been brought to the attention of the intern
3. the supervisor in question will work with the intern to rectify the behavior or skill deficits identified, as needed (see **Schedule Modification** below) and,
4. the skill deficit or behaviors associated with the concern are not significant enough to warrant more serious action.

Once an **Informal Remediation** plan is implemented, it is expected that the status of the plan will be reviewed no later than the next evaluation period. Failure to improve by that time may lead to a **Formal Remediation** plan. **Informal Remediation** actions are documented in supervisor notes and with the training director.

Formal Remediation

Formal Remediation results from a decision made by a majority of supervising staff in consultation with the TD, and occurs typically after the first formal evaluation, although it may be started at any point in the year. It defines a relationship such that the supervising staff actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes, and/or otherwise improves the behavior associated with **performance below the expected level of competency** or **unprofessional and/or problematic behavior**. Formal Remediation requires a **written** statement to the intern that includes:

1. The actual behaviors associated with the formal remediation plan
2. The specific recommendations for addressing the problem (see **Schedule Modification** and **Suspension of Direct Service Activity** below)
3. The time frame during which the problem is expected to be ameliorated and,
4. The procedures designed to ascertain whether the problem has been appropriately rectified.

If a **Formal Remediation** plan is implemented, the TD will inform the intern's doctoral program, indicating the nature of the inadequate rating, the rationale for the ITS action and the plan as outlined by the ITS. The intern shall receive a copy of the letter to their doctoral program.

Once a **Formal Remediation** plan is implemented, it is expected that the status of the plan will be reviewed no later than the time frame identified in the written statement. If the concern has been addressed to the satisfaction of the ITS, the intern, doctoral program of origin and other appropriate individuals will be informed, and no further action will be taken.

Two types of interventions are typically used in **Informal** or **Formal Remediation plans**, with the nature of the intervention varying depending on the specific concern:

- a) **Schedule Modification:** A time-limited intervention designed to help an intern address a skill deficit, and professional and/or problematic behavior in the context of an **informal** or **formal remediation plan**. The length of a schedule modification period will be determined by the TD in consultation with the intern's primary supervisor, the Clinical Director, and the Director. The termination of the schedule modification period will be determined, after discussions with the intern, by the TD in consultation with the primary supervisor, the Clinical Director, and the Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These might include:
 1. Increasing supervision time, either with the same or other supervisors,
 2. Change in the format, emphasis, and/or focus of supervision,
 3. Recommending personal therapy (an FSAP referral and a list of community practitioners and other options will be provided),
 4. Reducing the intern's workload,
 5. Requiring specific didactics or academic coursework.

- b) **Suspension of Direct Service Activity (Partial or Complete):** requires a determination, made by the TD in consultation with ITS that the welfare of an intern's client/s or consultee/s has been jeopardized or is at significant risk of being jeopardized, and that partial or complete suspension of the intern's direct service activity is needed to prevent further injury.

In this instance, direct service activities will be suspended for a specified period as determined by the TD in consultation with the primary supervisor, Director and Clinical Director. At the end of the suspension period, the intern's supervisor in consultation with the TD will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

When **formal remediation plans** fail to improve intern's performance or change problematic or unprofessional behavior, the ITS will communicate in writing to the intern that the conditions of the remediation plan have not been met. Any of the following actions may then be taken and reflected in the written communication to the intern

1. An extension of the remediation plan (as stated in the original written document or modified by the ITS) for a specified added time period.
2. A recommendation to the Director of CCCPS for intern **dismissal** from the Training Program (see below)

Recommendation to the Director for Dismissal.

It results from either the **informal** and **formal remediation** process (see above), or as a direct consequence of a severe intern violation of policy (see **Grievance Procedures for Staff Complaints Concerning a Psychology Intern**, below).

Procedures for Intern Appeal

If the intern challenges any of the actions taken by the ITS as described above, they must inform the TD *in writing* of such a challenge within 10 days of receipt of the ITS's decision.

The TD will then convene a **Review Panel** consisting of two staff members selected by the TD and two staff members selected by the intern. The intern retains the right to hear all facts with the opportunity to dispute or explain their behavior.

A review hearing will be conducted, chaired by the TD, in which the challenge is heard, and the evidence presented. Within 5 days of the completion of the review hearing, the Review Panel submits a report to the Director, including any recommendations for further action. Decisions made by the Review Panel will be made by majority vote. The intern is informed of the recommendation.

Within 5 days of receipt of the recommendation, the Director of the CCCPS will either accept the Review Panel's action, reject the Review Panel's action and provide an alternative, or refer the matter back to the Review Panel for further deliberation. The Panel then reports back to the

Director within 10 days of the receipt of the Director's request for further deliberation. The Director then makes a final decision regarding the appeal.

Once a decision has been made, the intern, sponsoring university, and other appropriate individuals are informed in writing of the action taken.

Grievance Procedures for Intern Complaints Concerning a CCCPS Staff Member

In the event an intern encounters any difficulties or problems (e.g., poor supervision, personality clashes, inappropriate behavior, other staff conflict) during their training experiences, an intern is encouraged to:

1. Discuss the issue directly with the staff member(s) involved in an effort to informally resolve the problem
2. If the issue cannot be resolved informally, or if the intern is uncomfortable with directly approaching the persons involved, the intern may discuss the concern with their primary supervisor or, alternatively, the TD. If the primary supervisor and the Training Director are part of the complaint, the intern may speak with a different ITS member. The role of these individuals is to support, mentor and/or direct the intern in how best to proceed with the concern and to recommend appropriate resources for consultation. The ITS member will also consult with a member of the CCCPS leadership team on how to proceed.
3. If the Primary Supervisor, TD, or ITS member cannot resolve the issue, the intern can present a formal complaint following this procedure:
 - a) The intern should file a formal complaint, in writing and all supporting documents, with the TD.
 - b) If the formal complaint involves the TD, the Director will appoint a staff member from the counseling senior staff to fulfill the TD function with regard to the complaint.
 - c) Within 3 working days of a formal complaint, the TD or alternative designated staff member consults with the Director and implements Review Panel procedures as described in **Procedures for Intern Appeal**

Given that interns are staff members, they have access to the grievance procedures available to West Virginia University Employees available through Human Resources.

For more information, see below:

WVU, Division of Talent and Culture, Employee Relations

1-304-293-5700 ext. 5

EmployeeRelations@mail.wvu.edu**Grievance Procedure and Process** [<https://talentandculture.wvu.edu/employee-relations/filing-a-grievance>]**WVU, Division on Diversity, Equity and Inclusion**

1-304-293-5600

Diversity@mail.wvu.edu**Equity Assurance Complaint Form****Ethics**

1-304-293-5841

LegalAffairs@mail.wvu.edu**Ethics Line** [[WVU EthicsLine](#) | [Talent and Culture](#) | [West Virginia University](#)]

Interns can also reach out to APPIC and APA to seek consultation or file a complaint in order to seek resolution as a part of the above measures or if unable to satisfactorily do so via available WVU options.

APPIC Problem Consultation (Informal and Formal)<https://www.appic.org/Problem-Consultation>***APA Commission on Accreditation Complaint Procedure***<https://www.accreditation.apa.org/complaints-and-third-party-testimony>

Grievance Procedures for Staff Complaints Concerning a Psychology Intern

Any staff member of the Carruth Center may file with the TD, in writing, a grievance against an intern for any of the following reasons: 1) Unethical or legal violations of professional standards or laws; 2) Serious professional incompetence or negligence, or; 3) Infringement on the rights, privileges or responsibilities of others.

- A. The TD will review the grievance with the primary supervisor of the intern and determine if there is reason to proceed.
- B. If the TD and primary supervisor determine that the alleged behavior in the complaint, if proven, **WOULD NOT** constitute a serious violation, the TD shall inform the staff member who may be allowed to renew the complaint if additional information is provided.
- C. If the TD and primary supervisor determined that the alleged behavior in the complaint, if proven, **WOULD** constitute a serious violation, the staff member will be notified and the TD and primary supervisor will meet with the intern to inform them of the grievance and seek their response.

- D. If the intern wishes to challenge the grievance, a **Review Panel** (see in **Procedures for Intern Appeal** above) will be convened to examine the evidence and reach a decision.
- E. If the intern confirms the concerns as described in the grievance, **Procedures for Addressing Staff Concerns Regarding Intern Behaviors and Skills** would apply.
- F. Once a decision has been made, the intern, staff member, sponsoring university, and other appropriate individuals are informed in writing of the action taken.

Maintenance of Records

Intern evaluations, certificates of completion, important correspondence with home academic programs, and any records of formal remediation or grievance procedures are maintained indefinitely in a secure digital file by the Training Director for future reference and accreditation purposes.

CCCPS CLINICAL STAFF

T. Anne Hawkins, Ph.D. (she/her)

Director/Staff Psychologist

Education: Ph.D. in Counseling Psychology, West Virginia University (2005)

Licensure Status: Licensed Psychologist in West Virginia

Orientation: Integrates psychodynamic, interpersonal process, experiential and solution-focused frameworks within a developmental context

Emphasis: Individual & group counseling, multicultural issues, LGBT identity, acute and chronic mental illness, crisis intervention and risk assessment. Other interests include supervision, training and organizational consulting.

Bobbi Jo Witham, MA, NCC, LPC, BC-TMH (she/her)

Associate Director of Clinical Services

Education: MA in Community Counseling (Addiction Specialization), Slippery Rock University (2006)

Licensure Status: Licensed Professional Counselor in PA, pending endorsement license in WV

Orientation: Integrative therapist through a multicultural lens. Utilize a strength based, client centered, solution focused approach. Integrates physical exercise and skill building into treatment to help with sustainability of progress. Utilize a variety of counseling approaches to help meet the students where they are at.

Emphasis: Substance use, eating disorders, trauma, identity development, managing suicidal thoughts, crisis stabilization, resiliency building, self-care, first generation college students and utilizing physical activity with counseling techniques.

Jeneice Shaw, Ph.D. (she/her)

Interim Assistant Director/Training Director/Staff Psychologist

Education: Ph.D. in Counseling Psychology, West Virginia University (2019)

Licensure Status: Licensed Psychologist

Orientation: Integrative with an emphasis on humanistic, feminist/multicultural, and interpersonal approaches.

Emphasis: Individual and group counseling, LGBTQIA+ concerns, trauma, sexual health, multicultural and social justice issues, identity concerns, outreach.

Missy Pforr, M.S.W. (she/her)

Director of Student Assistance Program

Education: M.S.W, West Virginia University, 1993

Licensure Status: Licensed Social Worker in West Virginia

Orientation: Integrative specifically to fit the client's needs utilizing solution focused and strength based, MET, mindfulness, and client centered approaches.

Emphasis: Substance use, self-compassion, mindfulness, identify development, diversity, psychoeducation, and teaching.

Morgan Sharpless, M.S.W. (she/her)

Assistant Director of Care Management and Clinical Operations

Education: MSW, West Virginia University (2011)

Licensure Status: Licensed Social Worker in West Virginia

Orientation: Integrative specifically to fit the client's needs utilizing strengths, solution focused, MET, CBT, mindfulness-based and attachment approaches.

Emphasis: Identity development, crisis intervention, substance abuse, body-image, self-compassion, diversity and social justice issues, first-generation students

Kelly Bailey, Ph.D. (she/her)

Staff Psychologist

Education: Ph.D. in Counseling Psychology, West Virginia University (2014)

Licensure Status: Licensed Psychologist

Orientation: Humanistic, with integration of components from cognitive-behavioral, interpersonal, Acceptance and Commitment Therapy, and positive psychology

Emphasis: College counseling, strengths-based counseling, identity development, assessment, therapeutic experiences that include adventure, nature, exercise, self-reflection, and community.

Keegan Campbell, LICSW

Care Manager/Behavioral Health Therapist

Education: Master of Social Work

Licensure: LGSW, LICSW

Orientation: Integrative practice focused on client centered approaches, solution focused therapy and Cognitive Behavioral Therapy while assimilating experiential opportunities for growth.

Emphasis: Appalachian Culture, substance use, self-care and self-esteem, psychoeducation

Jaimie Choi, M.A. (she/her)

Behavioral Health Therapist

Education:

MA in Clinical Mental Health Counseling, University of Alabama (2021)

MA. in Cognitive Psychology, University of Alabama (2019)

Licensure Status: Provisionally Licensed Counselor

Orientation: Integrative/eclectic with holistic view of existentialism and CBT and DBT.

Emphasis: Individual and group counseling, identity concerns, meaning-making/purpose-creating, complex/childhood trauma, interpersonal relationship concerns, outreach and psychoeducation on behavioral changes.

Brianne Depcrymski, PsyD (she/her)

Supervised Psychologist

Education: PsyD in Counseling Psychology, Carlow University (2021)

Licensure Status: Supervised Psychologist

Orientation: Psychodynamic, with an emphasis in Object Relations Theory, feminist/positive psychology, DBT, and interpersonal approaches.

Emphasis: Individual and group counseling, complex trauma, women's issues, interpersonal and relationship concerns, and outreach.

Sara DiSimone, M.S., NCC, LPC (she/her)

Behavioral Health Therapist/Case Manager

Education: M.S. in Counseling Psychology, Frostburg State University
Licensure Status: Licensed Counselor in West Virginia
Orientation: Person Centered, Eclectic approach to meet the needs of the individual, utilizing cognitive behavioral therapy, solution focused and strength-based techniques.
Emphasis: LGBTQ+ concerns, anxiety and depression, identity development, outreach

Heather Kanka Doherty, Ph.D. (she/her)

Staff Psychologist

Education: Ph.D. in Clinical Psychology, Wayne State University (2021)

Licensure Status: Supervised Psychologist

Orientation: Integrative with emphasis on emotional awareness and expression and affect avoidance/defenses

Emphasis: family of origin issues, somatic symptom disorders, and working with survivors of sexual and gender-based trauma

Megan Dunlavey-Schule, LICSW, AADC (she/her)

Behavioral Health Therapist/Groups Coordinator

Education: MSW, University of Montana, 2010

Licensure Status: LICSW

Orientation: Trauma-informed and person-centered care

Emphasis: Anxiety, Trauma, Assertiveness, Self-Compassion, Finding a sense of belonging

Adrian Ferrera, PhD, LPC, ALPS, CMPC (he/him/his)

Director, Clinical & Sport Psychology

Education: PhD Sport and Exercise Psychology, West Virginia University (2014)

Licensure Status: Licensed Professional Counselor

Orientation: Relational Cultural Theory, Solution Focused

Emphasis: Working with athletes and high performers, athletic identity, transitions

Ashley Freeman Taylor, MSW, LGSW (she/her)

Behavioral Health Therapist/Substance Use Disorder Specialist

Education: MSW, West Virginia University, 2020

Licensure Status: Licensed Graduate Social Worker, Supervised Social Worker

Orientation: CBT, DBT, Solution-Focused, Humanistic

Emphasis: Substance Use, Sexual Assault/Interpersonal Violence/Trauma

Colby Hampton, Psy.D. (he/him/his)

Supervised Staff Psychologist

Education: Psy.D. in Clinical Psychology, George Fox University (2021)

Licensure Status: Supervised Psychologist

Orientation: Integrative. Primarily Humanistic with emphasis on Person-Centered and Gestalt.

Emphasis: Individual and group counseling, LGBTQIA2S+ concerns, identity concerns, shame, religion and spirituality, relational and sexual concerns, outreach.

Seth Haxel, M.A. (he/him)

Behavioral Health Therapist at the WVU Health Sciences Center (HSC)

Education: M.A. in Counseling, West Virginia University

Licensure Status: Licensed Professional Counselor in West Virginia

Orientation: My primary theoretical orientation is Cognitive Behavioral Therapy (CBT). I utilize CBT through a multicultural lens by recognizing the unique experiences that each individual brings into the counseling sessions.

Emphasis: Anxiety and related disorders, substance use, exposure therapy

Layne M. Hitchcock, M.A., LPC, ALPS (she/her)

Behavioral Health Therapist at the WVU Health Sciences Center (HSC)

Education: M.A. in Counseling (Community Specialization), West Virginia University (2012)

Licensure Status: Licensed Professional Counselor in West Virginia

Orientation: Integrative, with an emphasis on Cognitive-Behavioral, Humanistic, Existential, and Adlerian approaches.

Emphasis: Individual and group counseling with specific focus on academic concerns, issues related to relationships, spirituality, and gender/sexual identity, as well as grief and trauma. I am also very passionate about training and providing supervision.

Julie Kennedy-Rea, LPC (she/her)

Urgent/Crisis Clinic Coordinator/Behavioral Health Therapist

Education: M.A. in Counseling from West Virginia University

Licensure Status: Licensed Professional Counselor in West Virginia

Orientation: Integrative approach with an emphasis on interpersonal process with a combination of cognitive behavioral therapy, positive psychology, and strengths-based techniques.

Emphasis: Individual and group counseling; trauma; multicultural, diversity, and social justice issues; LGBTQ+ concerns; women's issues; domestic violence; autism (ASD); substance abuse.

Emily Melhorn, Psy.D. (she/her)

Supervised Psychologist

Education: M.A. in Clinical Psychology, Marywood University, PsyD in Clinical Psychology, Marywood University (2021)

Licensure: Supervised Psychologist

Orientation: Integrative orientation with a focus on cognitive-behavioral and interpersonal approaches.

Emphasis: Trauma, grief and loss, relationship distress, the impact of chronic illness, anxiety disorders, identity exploration, and outreach.

Elizabeth Moore, Ph.D., LPC, NCC (she/her)

Practicum Coordinator/Behavioral Health Therapist

Licensure: Licensed Professional Counselor in WV and PA

Education: Ph.D. Counselor Education and Supervision, Duquesne University, 2018

M.S.Ed. Marriage and Family Counseling, Duquesne University, 2004

Orientation: Integrative approach tailored to clients' needs drawing upon solution focused brief therapy, humanistic, cognitive behavioral and systemic approaches. EMDR trained, certification in process.

Emphasis: trauma, anxiety/depression, family and relationship issues, mindfulness and self-compassion, identity development, grief/loss, training/supervision

Courtney Nuzum, LGSW (she/her)*Care Manager/Behavioral Health Therapist***Education:** Master's Degree in Social Work, West Virginia University (2021)**Licensure Status:** Licensed Generalist Social Worker; Under Supervision for LICSW**Orientation:** Integrative, client-centered approach that draws from humanistic psychology, internal family systems, dialectical behavioral therapy, and psychodynamic theory to best meet the needs of the client.**Emphasis:** I enjoy working with individuals who survive depression, anxiety, traumatic experiences, mood disorders, personality disorders, issues with family of origin, relationship/sexuality concerns, LGBTQ+ specific issues, phase of life transitions, difficulties related to self-image, challenges surrounding identity exploration/development, as well as other variations of distress or adversity.**Mitch Pegg, LPC***Behavioral Health Therapist/Substance Use Disorder Specialist***Education:** Master's in Clinical Mental Health Counseling, Cal U of PA**Licensure Status:** Licensed Professional Counselor in West Virginia**Orientation:** Roots in Adlerian Therapy with Emphasis on Existential Processes while integrating concepts and practices of ACT and REBT**Emphasis:** 10 years of experience working with individuals with varying degrees of substance use disorders at different stages of their treatment. Interests in case conceptualization and consultation, as well as human growth and development.**Sofia España Pérez, Ph.D.** (she/her)*Clinical and Sports Behavioral Health Therapist***Education:** Ph.D. Sport and Exercise Psychology, West Virginia University (2021)

MA in Counseling, West Virginia University, (2021)

Licensure Status: Provisional - Licensed Professional Counselor**Orientation:** Integrative with an emphasis on CBT, ACT and intrapersonal process theory.**Emphasis:** Individual counseling, athletic performance, anxiety, trauma, multicultural issues.**Kathleen E. Servian, MA LPC ALPS ICGC-II** (she/her/hers)*Behavioral Health Therapist, Embedded Counselor-WVU College of Law***Education:** M.A, Counseling, West Virginia University (2006)

B.A, Psychology, West Chester University of Pennsylvania (1999)

Licensure Status: Licensed Professional Counselor, Approved Licensed Professional Supervisor, International Certified Gambling Counselor**Orientation:** cognitive behavioral therapy, dialectical behavior therapy, humanistic therapy, gestalt therapy, integrative therapy**Emphasis:** Anxiety, depression, grief/loss, interpersonal struggles, adjustment, mindfulness, first generation students, diversity and social justice issues, LGBTQ+, substance use, and problem gambling**Haley Slagle, MS, NCC, LPC** (she/her)*Behavioral Health Therapist*

Education: M.S. in Clinical Rehabilitation and Mental Health Counseling, West Virginia University

Licensure: Licensed Professional Counselor

Orientation: Integrative, Cognitive-Behavioral Therapy, Solution-Focused Therapy, Person-Centered

Emphasis: Depression, Anxiety, Thought Disorders, LGBTQ+, Religion/Spirituality

Non-Clinical Staff:

Jamecia James, Mental Health Outreach Coordinator [CCCPS & WELLWVU]

Administrative Staff

Wendy Lazzell, Senior Office Administrator (she/her)

Cynthia Armstrong, Administrative Associate

Melanie Ball, Database Technician II (she/her)

Wendy Livengood, Administrative Associate (she/her)

Joseph Zavilla, Program Assistant (he/him)

STATEMENT ON TRAINEE SELF-DISCLOSURE

The CCCPS chooses to adhere to Standard 7.04 of the APA Ethical Principles of Psychologists and Code of Conduct (2002) by identifying our expectations of trainees with respect to self-disclosure of personal information during training. We do not require trainees to self-disclose specific personal information as a matter of course. However, our training model is one that values both personal and professional development.

We believe that becoming a competent and ethical psychologist often involves exploration of those experiences that have shaped one's worldview. In both individual and group supervision, the supervisors seek to create a safe environment for trainees to willingly engage in the process of self-examination in the service of their training and in the service of their clients.

This process may involve trainee self-disclosure of personal information as it relates to the trainee's clinical work and/or professional development. Thus, trainees at the CCCPS can expect to engage in some degree of self-exploration in the context of safe supervisory relationships as a means of furthering their professional development.

As noted in the Ethical Principles, we may require self-disclosure of personal information if the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training or professionally related activities in a competent manner or posing a threat to the students or others (APA, 2017). Otherwise, trainees can expect that we will support and respect their personal boundaries. Trainees who would benefit from personal growth and/or counseling experiences will be referred to FSAP to help identify appropriate resources.

American Psychological Association. (2017). Ethical principles of psychologists and code of conduct (2002, amended effective June 1, 2010, and January 1, 2017).

<http://www.apa.org/ethics/code/index.html>

INTERN BENEFITS PACKAGE

Annual Salary

Intern annual salary is currently set at \$40,100.

Intern Professional Development

Interns are encouraged to engage in professional development activities in discussion with the Training Director. These may involve presenting at and/or attending regional or national conferences, presenting at local agencies, etc.

Interns are given the option to attend the yearly WV/VA Intern and Training Director Retreat, usually occurring over the summer before the end of internship at one of the West Virginia and Virginia Counseling Center APA accredited training sites. Hotel and travel expenses for this retreat are covered by CCCPS.

Interns will be given professional development leave if they are presenting at a conference while they are an intern at CCCPS (maximum 3 days for the year).

CCCPS does not pay for expenses related to attending conferences (presenting or not).

Interns should use annual leave for job interviews, dissertation defense, etc.

Intern Vacation (Annual Leave)

WVU offers generous vacation time to all its full-time employees. Interns are entitled to 180 hours (24 days) of vacation during the year. As part of an APA-accredited internship program, an intern is required to complete 2000 hours of internship activity during the internship year. To meet the minimum requirement of 500 hours of direct service, extended vacation time during the fall and spring semesters will not be approved. Interns are strongly encouraged to use their vacation time during the winter break and summer sessions, when the demand for services is less and it will have less impact on meeting their direct service requirements. **All Interns are asked to take five days of vacation during their final week of internship (last week of July) so their offices can be readied for the incoming new interns.**

Most training activities (group supervisions, seminars) occur either on Tuesday or Wednesday mornings, and therefore interns are discouraged from being absent on these days. If an intern is considering taking three or more days of vacation at any time of the year, they must discuss it with the Training Director in advance (before applying for vacation). Extended vacations during the academic year for all interns, post master's fellows, and staff must be approved by the leadership team.

Intern Sick Leave

Interns also accrue 1.5 days of sick leave a month (18 days a year). According to University policy, an employee may not use sick leave before it has been earned. Sick leave may be used when the employee is ill or injured and unable to work; for employee medical appointments; or when a member of the employee's immediate family is seriously ill or dies. Please see agency manual for related information.

Unplanned sick leave: If an intern gets sick during the week, they need to call the office between 8:30 and 9 am to inform the front desk staff. The front desk staff will take care of rescheduling their appointments for that day. Upon their return, they need to apply for sick leave. Interns should also inform the Training Director that they will be out.

Planned sick leave: Interns may plan their sick leave for medical appointments in advance. In these situations, it is an intern's responsibility to inform/reschedule their clients and other activities as necessary. If they plan to be away for three or more days, they must discuss it with the Training Director before applying for sick leave. Note: sick leave in these instances is provided for the medical appointment and any associated recovery time.

To read more about this policy, please visit the WVU website:

<https://talentandculture.wvu.edu/policies-forms-and-resources/hr-policies/sick-leave>

Please see agency manual for related information.

Parental Leave

West Virginia University adheres to the requirements of the West Virginia state Parental Leave Act. Parental Leave provides interns up to 12 weeks of unpaid family leave during a twelve-month period following exhaustion of all their annual leave. To meet eligibility requirements for Parental Leave, interns must have been hired and worked at least 12 consecutive weeks.

Given the uniqueness of the one-year appointment of the internship program, combined with requirements for a specific completed number of direct service and general working hours, every effort is made to assist interns wishing to take parental leave to still meet the requirements of the internship program without having to extend their time at CCCPS; however, if this cannot be accommodated, an intern's time at CCCPS may be extended to satisfy the hours requirements of the internship program. In the service of this, a specific schedule will be agreed upon between the intern, CCCPS staff, and WVU's Talent and Culture division on a case-by-case basis.

To read more about this policy, please visit the WVU website:

<https://talentandculture.wvu.edu/benefits-and-compensation/medical-management/parental-leave>

MISCELLANEOUS

Supervision Contract and Informed Consent

Carruth Center for Counseling and Psychological Services (CCCPS) Supervision Contract for Psychology Interns and Practicum Counselors

Goals of Supervision

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

Supervisor's Role and Responsibilities

- Abide by ethical guidelines, as outlined by the American Psychological Association and statutes of the State of West Virginia, as well as the policies and procedures of the CCCPS.
- Establish parameters of supervisory role (e.g., style, issues covered, etc.).
- Do not engage in dual/multiple relationships with trainee.
- Negotiate appropriate training goals with trainee.
- Foster meeting training goals.
- Monitor trainee's clinical cases.
- Monitor the trainee's record keeping in a timely manner (progress notes, intake reports, case management, etc.).
- Facilitate trainee's ability to conceptualize cases and develop treatment plans.
- Serve as consultant in crisis/emergency situations.
- Enhance trainee's self-awareness.
- Provide ongoing feedback on trainee's clinical skills, style, dynamics, etc., in a manner that is facilitative and constructive.
- Provide early feedback to the supervisee and the Assistant Director for Training in the case of concern about the trainee's progress, professionalism, or competence.
- Complete scheduled evaluations of the trainee and process the evaluations within supervision.
- Process, within supervision, trainee's written evaluation of supervisor.
- Inform Training Director of any trainee challenges impacting their client care and fulfillment of other responsibilities.
- Serve as a professional role model for trainee.
- Demonstrate respect for trainees, acknowledging diversity in values, culture, and experience.
- Take primary responsibility for the supervisory relationship and when there are difficulties, take responsibility to address or resolve those difficulties either directly or through consultation.
- Assist the supervisee in balancing agency demands.
- Attend to supervisee's administrative needs in a manner that does not compromise clinical supervision goals.

- Facilitate the professional growth of the supervisee by attending to professional issues, career issues, and transition issues concerning development.
- When asked by trainee to serve as a reference, provide honest, straightforward information.

Supervisee's Responsibilities

- Abide by all ethical guidelines, as outlined by the American Psychological Association and statutes of the State.
- Negotiate appropriate training goals with the supervisor.
- Inform each client of trainee status and name of supervisor.
- Keep supervisor informed of all cases.
- Keep timely records and make them available to the supervisor.
- Prepare for supervision by providing recordings of sessions, records needing to be reviewed, and questions or concerns about case management.
- Remain open and responsive to feedback and supervisory suggestions. Implement supervisor directives, if any.
- Process, within supervision, supervisor's written evaluations of the trainee's work.
- Complete scheduled evaluations of the supervisor (if any requested) and process them within supervision.
- Participate actively in supervision and take increasing responsibility for the working relationship as the year proceeds.
- Demonstrate respect for clients, the supervisor, and other staff members, acknowledging diversity in values, culture, and experience.
- Inform supervisors and practicum coordinator (for trainees) and assistant director for training of any absences related to training obligations, clients, supervision, or administrative duties.

Trainee must seek immediate consultation from a supervisor (or another licensed staff member) if any of the following should occur:

- Mental health emergencies requiring immediate action.
- High risk situations, i.e. cases in which clients evidence suicidal thoughts, gestures, or attempts or a significant history of attempts; cases in which clients present with a history of, propensity for, or threats of violence; cases where clients appear to be significantly decompensating emotionally, cognitively or physically.
- Departures from standards of practice or exceptions to general rules, standards, policies, or practices.
- Suspected or known ethical errors, e.g. breach of confidentiality.
- Allegations of unethical behavior by clients, colleagues, client's friends, family, or others
- Threats of a complaint or lawsuit; any other pending litigations.
- Legal issues, such as possible reporting obligations related to suspected abuse of a child or vulnerable adult, or ethical violations by other professionals.

Trainees should notify the supervisor of the following issues at their earliest convenience, and no later than the next supervision session:

- **Contact from a client's family members, academic personnel, or others requesting information about a client**
- Unexpected terminations or no-shows with therapist or psychiatric providers

- Disputes/conflicts with clients or impasses in the therapy process
- Suspected or known clinical errors and related countertransference issues
- Contact with clients outside the context of treatment
- Any indirect attempts at contact from the client, e.g. from social media sources

Confidentiality

The nature of our training site means that aspects of supervision sessions will not be confidential. For instance, the supervisor may discuss a client (and clinical information gathered via supervision with other clinicians attending to the case) or may discuss the supervisee's work and progress with other staff members as needed for training and evaluation purposes. In addition, supervision of a practicum student by a doctoral intern may be recorded and discussed in the intern's supervision of supervision meeting for the purpose of the intern's supervision skills development. However, the supervisor will keep confidential any personal material that is not relevant to those purposes. Performance issues and related information however are not confidential. The confidentiality of clients is also of paramount importance. Any notes, recordings, or other client information must be treated as carefully and as sensitively as possible and should only be discussed in an appropriate confidential context and not outside the counseling center.

Multiple Role Relationships

The supervisor will avoid any dual or multiple role relationships with the supervisee, which could reasonably be expected to lead to exploitation or loss of objectivity.

Evaluation Procedures

Supervisors are responsible for providing ongoing feedback to the trainee regarding progress, including strengths and areas in need of improvement. In addition to ongoing feedback, trainees are provided written evaluations of their clinical work regularly. These evaluations are discussed with the trainee and are forwarded to the practicum coordinator or assistant director for training to become part of the trainees' record. Evaluations will also be provided to the trainees' home program.

Policy for Dealing with Trainee Competency Problems/Deficiencies

In the event there are concerns about the trainee's progress, ethics, professionalism or competence, the supervisor will consult with the assistant director for training who will follow the appropriate due process procedures. Interns are asked to refer to the appropriate section in the intern manual for more information. Practicum counselors are referred to the due process policy for trainees.

Complaint Procedures and Due Process

Ideally, any disagreement between supervisor and trainee can be resolved between them. In the event of a disagreement that is not resolvable at this level, Supervisors and Interns/Practicum Counselors are asked to refer to relevant procedures in their respective Training Manual and to consult with the assistant director for training or practicum coordinator.

Terms of the Contract

This contract serves as verification and a description of the clinical supervision provided by _____, as the

Primary Supervisor for _____ hour(s) per week

Secondary Supervisor _____ hour(s) per week

(check one)

for _____, Supervisee Name

This contract is effective for _____ (start date) to _____ (finish date).

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

Supervisee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervision Disclosure Form

West Virginia University
 Carruth Center for Counseling and Psychological Services
 Second Floor, Health and Education Building
 P.O. Box 6422, Morgantown, WV 26506
 304-293-4431

In addition to providing psychological and psychiatric services, CCCCPS serves as a training clinic. This means that one of our functions is to provide clinical experience for graduate students, doctoral interns, post-doctoral fellows, and other clinicians working to become fully-licensed psychologists, counselors, or social workers or to obtain additional credentials.

My name is _____, and I am under supervision at the Center.

I am a _____, which means I am training to be a _____.

Title of clinician under supervision *Professional title*

By law, I am being supervised by licensed psychologists, counselors or social workers. The name (s) of my supervisor (s) is (are) _____ / _____. My supervisor(s) will be directly responsible for overseeing the treatment you receive – I am practicing under his or her license. You have the right to meet with my supervisor if you wish. My supervisor(s) and I may be reached at the phone number above.

We will discuss confidentiality and its limitations today as outlined in our privacy policy. Both my supervisor and I are bound by confidentiality laws as specified in our privacy policy.

Because it is important for my supervisor to provide me with feedback regarding my performance as your therapist, notes from our sessions will be shared with them. I also record sessions using video or audio recording devices. Session recordings are for supervisory and training purposes only and are kept on a secure server with access limited only to Carruth clinical staff. Any information that you reveal, whether oral or written, will not be discussed or shared with anyone outside Carruth clinical staff without your prior written permission. The recordings are erased promptly after my supervisor provides me with feedback or by the end of the semester.

If you have any questions or concerns about these policies, please feel free to let me know today. You can also bring up your concerns at any time in the future.

Your signature below indicates your agreement to have your sessions recorded under the above conditions as well as agreement that you understand the statements above.

 Name of Client (Please print)

 Signature of Client and Date

 Clinician Signature

 Date

 Signature of Supervisor

 Date

 Signature of Supervisor

 Date

Learning Objectives For Trainees

Semester:

Year:

Supervisee: _____ Supervisor: _____

1.

2.

3.

4.

5.

Strengths:

Growth Areas:

Record of Supervisory Sessions

Client Initials: _____ Demographics: _____

Presenting Concerns and Goals for Treatment:

Supervision Disclosure in File? _____

	Session # & Type	Session # & Type	Session # & Type
Attendance			
<i>If No Show, is there documentation?</i>			
Safety Concerns			
Focus of Session			
Interventions			
Diagnosis <i>Principal by end of 1st PC Session?</i>			
Plan			
Miscellaneous			
Supervisors Feedback			

Supervision Preference Form

This form is to allow you to indicate your preferences for clinical supervisors. Please understand that, although we will do our best to accommodate your preferences, there are many variables to factor into which supervisors are matched with which supervisees (e.g., supervisor availability, competing preferences of other trainees). Please also be aware that supervision assignments will change at the end of the semester, so if you do not get to work with a preferred supervisor during the first semester, it is possible that you may work with that supervisor the following semester.

In very rare instances there may be a supervisor whom you strongly feel would be an incompatible match with you (e.g., you have a pre-existing relationship with the supervisor that would constitute an unhealthy multiple relationship). If you feel that a supervisor is in that category, and that you therefore should not work with that supervisor, please approach the Training Director to discuss your concerns of being matched with that supervisor.

Please rank the following available supervisors with “1” being your most preferred supervisor.

_____ Kelly Bailey

_____ T. Anne Hawkins

_____ Jeneice Shaw

INTERN STAFF RELATIONS

Training Staff Responsibilities

1. *Issues of Professionalism*

Trainers (supervisors and all staff involved in providing training) will demonstrate the same respect for interns/trainees that they grant other colleagues.

2. *Individual Differences*

Trainers will respect individual differences among interns/trainees, particularly regarding prior experience/training and articulation of current training needs.

3. *Issues of Training*

- a. Trainers involved in providing training will provide models for ethical, professional behavior.
- b. Training staff will provide models for honoring organizational parameters, values, and goals.
- c. Within the context of their own interests, staff will be available for consultation, supervision, co-therapy experiences and direct teaching.
- d. Trainers will provide clear expectations of interns, explicit guidelines for involvement in training activities and vehicles for tapping and utilizing interns' ideas, perspectives, experiences, and energy.
- e. Trainers will provide professionally appropriate feedback to the interns regarding their performance during their training experiences. Because training is a process that entails both teaching and evaluations, it is essential for trainers to provide continuous feedback. With ongoing feedback, final/formal evaluations are neither a surprise nor a hindrance, but a cumulative experience.
- f. Trainers will consult with other members of the professional staff who have contact with their supervisee to develop a broad picture of the interns' competencies and areas where further attention are needed.
- g. Trainers will discuss with the Training Director their questions and problems that arise in the supervision.
- h. Supervisors will attend Supervisor Meetings to discuss their experience and to develop effective interventions to resolve difficulties within the training program.
- i. When trainers encounter problems with a predoctoral intern, trainers will follow the due process procedures that have been developed.
- j. Supervisors must document their supervision and maintain a file for their supervisee that consists of supervision agreement, supervision session notes and a copy of all evaluations.

Trainee / Staff Relationships

CCCPS' training mission is to promote the personal and professional development of all trainees in the context of providing clinical and outreach services to students. This process of development is fostered by respect for each trainee as an individual and an atmosphere of openness and directness in communication. Our goal is to create an environment conducive to learning where trainees feel safe and respected.

The training environment can be an emotionally charged atmosphere that provides a catalyst for trainee or staff member to experience a variety of feelings, including sexual attraction, towards each other. Interns are at an early stage of professional collegial relationships that will go through many evolutionary stages. Each trainer, however, provides a model of ethical and professional behavior and it is incumbent on the training staff to honor the boundaries of the professional relationships that are formed with the trainees. There is no such thing as a consensual sexual/romantic relationship between trainee and staff due to the power imbalance and authority the staff member has over the trainee. Thus, sexual/romantic relationships between trainees and staff are in violation of agency policy.

There is a need to distinguish sexual/romantic attraction from sexual/romantic acting out. Supervisors/trainers who feel a sense of attraction to a trainee that may be interfering with that staff member's sense of objectivity and ability to provide service should consult with their supervisor, the Training Director, or the Director.

Trainers are encouraged to discuss any feelings they have about the trainees. This will provide staff an opportunity to assess their current needs and the implications of any possible courses of action. Trainees who find themselves attracted to staff are encouraged to talk about their feelings with colleagues, supervisors, or the Training Director to assess their current needs and possible future behaviors.

Friendships and business relationships between staff and trainees are also problematic as these can also impair objectivity in training. If a trainer's behavior crosses the boundaries of a professional relationship with a trainee, an administrative review of the situation will be conducted. The staff/trainer may be subject to disciplinary action by the Director according to the relevant West Virginia University's policies and procedures.

Trainers are advised to be familiar with CCCPS policies regarding multiple relationships (CCCPS Manual page 16) as well as APA's Ethics Code regarding multiple and exploitative relationships.

Supervision

Interns/trainees are offered the opportunity to indicate their preferences for supervisors from the eligible licensed staff members at CCCPS. An effort is made to match supervisors with trainee preferences. Supervisors are generally assigned for 6 month-long experience.

Supervision is meant to provide a supportive and challenging environment in which interns can share their goals, strengths, and growth areas. Our goals in providing these meetings are to help

each trainee make the most out of their training experience, to facilitate personal and professional development, and ensure client welfare.

Supervisors meet on a weekly basis with their supervisees. Supervisors discuss the supervision contract with their supervisees thoroughly and clarify any questions supervisees may have about the contract. Supervisors meet with each other quarterly to discuss and review trainees' progress and the training program. These meetings serve a purpose of also allowing supervisors the ability to share their own supervisory work and style with each other. There are three important factors to keep in mind about supervision:

1. Supervision is not therapy and as such is not a "confidential" relationship.
2. Supervisors respect what trainees disclose in supervision and share information judiciously.
3. If a supervisor feels the need to discuss sensitive information that a trainee has disclosed during supervision, the supervisor will inform the trainee and discuss the limits of the disclosure.

COVID-19 ADDENDUM

Updated July 12, 2022, 2021

Additional changes and updates are likely prior to the start of the 2022-2023 Internship Year

Given the unprecedented challenges of providing doctoral internship training while in the global COVID-19 pandemic, several changes were made to the internship program. Training policies hinge on CDC, state, university, and center guidelines and policy. More information on related university guidelines can be found at <https://coronavirus.wvu.edu/>.

While this is a challenging time to be an intern, it is also an opportunity to practice flexibility and to learn things you never expected. Significant changes to the internship training program are delineated in the categories below.

Telehealth and In-Person Services

Most services are currently provided in person. We offer on-site presence to field any in-person emergency visits via our Crisis Clinic, although many such interventions are still provided via telehealth. Our interns are also given opportunity post-vaccination to meet with clients in larger rooms or for outside “Walk and Talks” as clinically indicated, taking extra precaution with privacy and client informed consent to such treatment. Such services are delivered with appropriate physical distancing and utilization of masks. Vaccinated interns can continue to provide in-person psychological assessment services (see below).

Group Therapy Changes

Interns remain able to participate in cofacilitating therapy groups, although these now primarily take place in a telehealth environment.

Triage Changes

CCCPS transitioned from typical drop-in hours in 2020 to a telehealth Crisis Clinic for self-identified emergencies. A larger number of scheduled triage appointments were also made available. For higher-risk students, the option for in-person intervention was offered. Interns participate in both scheduled triages and Crisis Clinic coverage, although they are paired with a senior staff early in the training year until receiving supervisory approval for independently carrying out these clinical activities.

Providing Supervision Changes

Our interns continue to provide supervision in-person supervision to practicum students.

Consultation & Outreach Changes

Outreach is provided primarily in a teleconferencing environment, although there are options for outdoor outreach opportunities with appropriate physical distancing and safety precautions.

Individual Supervision Changes

Individual supervision is provided in-person We maintain ability to have direct observation of services provided via a recording function in our teleconferencing software.

Seminar Changes

Seminars are provided primarily in-person. In some cases, these can be conducted via teleconferencing to allow for guest speakers. Our standard seminar offerings are provided with no major content changes.

Staff Meetings/Case Conference/Committee Work Changes

Staff meetings, case conference, and committees are provided primarily in-person. Interns currently provide formal case presentations via teleconference.

After-Hours/On-Call Changes

After-hours phone coverage has remained largely unchanged. In-person interventions are a possibility. If these are necessary, they are provided with appropriate physical distancing and use of masks. As is always the case, our interns always have a senior staff paired with them as secondary on call whenever they are carrying the phone.

Telesupervision Policy

Telesupervision is defined as clinical supervision that is provided via an electronic communication device, in real-time, via audio and/or video rather than in person.

In normal conditions, as per the APA Commission on Accreditation, telesupervision may not account for more than one hour (50%) of the minimum required two weekly hours of individual supervision, and two hours (50%) of the minimum required four total weekly hours of supervision for doctoral interns.

However, in the event of unprecedented global health crises such as the 2020-21 COVID-19 pandemic, expansion of the use of telesupervision has been allowed and may in some cases be the primary form of supervision.

Rationale:

Telesupervision is utilized as an alternative form of supervision when in-person supervision is not practical or safe. Our rationale is that telesupervision allows for continuation of high-quality training even in extenuating circumstances that might preclude in-person supervision.

Consistency with Training Aims and Outcomes:

Telesupervision allows our supervisors to be engaged and available to assigned trainees, to oversee client care, and to foster trainee development, even in circumstances that preclude in person interactions. In these ways, it is fully consistent with our training aims. Certainly, in-person supervision has unique benefits, including availability of non-verbal and affective cues that can assist in relationship formation and evaluation of competence. We work to ameliorate the drawbacks of telesupervision by discussing inherent challenges of the format with each trainee and collaboratively working to identify strategies for maximizing what can be done in this format. This can include discussion of potential for: miscommunication, environmental distractions, temptation to multitask, technology failures, lack of dedicated workspace, etc. We work to set clear expectations and learning objectives at supervision outset and regularly check in on these throughout the supervisory relationship. Trainees will continue to receive ongoing formative feedback as well as summative feedback to ensure they are progressing appropriately within core competency areas.

How and When Telesupervision is Used:

Telesupervision is used in place of in-person supervision when meeting physically is not possible or is not safe (such as extenuating schedule, travel, life event, or public health emergency situations). It is not used for the sole purpose of convenience. We implement telesupervision by using a videoconferencing platform, Zoom Healthcare. Supervisors and supervisees may access telesupervision either from their individual offices and in some cases from a secure and confidential space within a home.

Trainee Participation:

All trainees will be afforded the opportunity to have telesupervision as an option for receiving supervision when telesupervision is indicated or reasonable.

Supervisory Relationship Development:

Ideally, in-person meetings between supervisor and supervisee are encouraged (if safety can be reasonably assured in the case of public health emergencies). This can be especially important early on in supervisory relationship development. We also encourage our supervisors to check in regularly on how supervisees are experiencing the telesupervision format. Our supervisors and other clinical staff are readily available via phone or Microsoft Teams between supervision sessions for consultation and for informal discussions. Such availability for consultation and socialization as well as our demonstrated interest in the learning and development of our trainees serves to foster development of strong supervisory relationships.

Professional Responsibility for Clinical Cases:

The supervisor conducting the telesupervision continues to have full oversight and professional responsibility for all clinical cases discussed. On-site and/or remotely-working clinical staff are also available to our trainees and maintain communication with the direct supervisor regarding any assistance they provide in responding to a trainee's needs or client care.

Management of Non-scheduled Consultation and Crisis Coverage:

Supervisors are available by email, text, phone, or Microsoft Teams in the event of need for consultation between sessions. Other clinical staff are also available via such forms of communication if a direct supervisor is unavailable. If a trainee is working out of their office, we are maintaining our open-door policy and clinical staff can also be approached in this manner. Supervisors or other clinical staff can be invited to virtual client sessions to assist in cofacilitation in the event telehealth is being utilized and if there are any client emergencies that necessitate intervention of senior staff.

Privacy/Confidentiality of Clients and Trainees:

Supervisors and supervisees will only conduct supervision that pertains to discussion of confidential client information from settings in which privacy and confidentiality can be assured, whether this be in the office or in a home-based setting. Our videoconferencing platform, Zoom Healthcare, provides end-to-end encryption and meets HIPAA standards.

Technology Requirements and Education:

Telesupervision will occur via Zoom Healthcare. During their orientation weeks, trainees will receive telehealth training, specific training on utilizing Zoom Healthcare, and training on being prepared for supervision, be this in-person or via teleconference. Our staff receive continuing education and training on providing services in a teleconferencing environment. Individual supervisors will review the Telesupervision Supervision Agreement Addendum at the time the standard Supervision Agreement is reviewed.

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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