



Northwestern
University

COUNSELING AND PSYCHOLOGICAL SERVICES

Training
Policies and Procedures
Handbook

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COUNSELING AND PSYCHOLOGICAL SERVICES

Training Policies and Procedures

CAPS MISSION AND PHILOSOPHY OF TRAINING

Counseling and Psychological Services (CAPS) is a comprehensive counseling center whose mission is to support the broad academic mission of the university: to establish and enhance excellence in its academic and professional programs. Its primary charge is to provide services which promote the psychological health of Northwestern students, to enhance their functioning in academic and professional programs and in the university/social environment. This charge is carried out by trained mental health professionals who specialize in the psychological development and needs of students at all levels. The core competencies of CAPS professionals include psychological counseling and therapy, consultation, outreach, training, and research.

Hoshmand and Polkinghorne (1992) recognized the importance of experientially-based knowledge as a complement to the formal body of professional knowledge of psychologists, emphasizing the fundamental role of reflective thinking in the evaluation and synthesizing of information into a useful, contextually relevant conceptual construction which then informs practice. At CAPS, the integration of theoretical, scientific, and local knowledge/information is achieved within an agency culture that places high value on reflective thinking through open discussion and professional collaboration--in the process, creating a collective, collaborative experiential knowledge of practice. CAPS staff regularly and routinely share information and ideas, collaboratively assembling information into a meaningful picture which then guides their work. This is accomplished in a variety of forums: staff meetings, staffing team/case disposition meetings, informal consultations, in-service/didactic trainings, and staff planning retreats.

The philosophy of training at CAPS logically extends from its philosophy of practice, and supports Hoshmand and Polkinghorne's belief that "professional education should be focused on the development

of reflective judgment of the type conceived in expert practice” (p. 61-62). CAPS’s philosophy of training incorporates the following tenets:

- learning is sequential, cumulative, and developmental
- learning is relational and reciprocal
- learning best occurs through experience with and exposure to multiple sources of knowledge/information (theory, research, and experiential) which is meaningfully evaluated, integrated, and synthesized via skilled, disciplined reflective thinking
- reflective thinking is learned and promoted through open discussion and shaped by expert guidance of more advanced clinicians
- socialization into the practice and profession of psychology occurs through mentoring, i.e. exposure to and collaboration with professional role models

CAPS TRAINING MODEL

The work of the multidisciplinary clinical staff at CAPS is characterized well by the philosophy of the “local clinical scientist” (Stricker & Trierweiler, 1995). We believe that our work as clinicians must be informed by the body of scientific and theoretical knowledge in psychology, with constant consideration of the “unique nature of the local situation [which] provides natural boundaries to the immediate applicability of most aspects of this body of knowledge” (p. 996). CAPS clinicians stay current with scientific and theoretical literature in the field through individual and staff development activities. Local knowledge is considered essential in tailoring services to the particular needs of the Northwestern University community. Clinicians draw from regional and institutional research data to understand the composition of the local population and to identify developmental and psychological needs particular to Northwestern students. Agency research data add further to this knowledge base to provide a better understanding of the concerns and needs of its service recipients.

The training program maintains a philosophy that trainees learn through observation of and interaction with more advanced clinicians, and thus become socialized into the profession. CAPS upholds a **developmental/mentoring method of training**, which emphasizes the acquisition and progressive advancement of professional skills and identity through apprenticeship to and supportive collaboration with experienced mental health practitioners. Trainee development along the continuum toward expert practitioner is promoted at CAPS through a process of graduated apprenticeship. The professional tasks expected of trainees increase over time in intensity, frequency, duration, complexity, and difficulty. Trainees progress from a position of dependency on the knowledge and guidance of supervisors and trainers, to interdependency, to independent practice that is collegial and collaborative. Because development is viewed as lifelong and spanning the duration of one’s professional career, CAPS also

promotes the continuing education of all its staff through in-service programs, case conferences, and other staff development activities.

Apprenticeship is at the core of many training activities, especially in the early stage of the training year. When developing a new skill, trainees learn by observation and then by doing, working collaboratively with individual supervisors and training staff to observe how professional practice is conducted within a university counseling center. In many cases, trainees initially co-conduct an activity (e.g. outreach program) or clinical service (e.g., intake interview or ECPM, therapy group) with a supervisor or other member of the training staff. This permits the use of trainer modeling and allows for increasing degrees of trainee involvement and responsibility until it is mutually determined that the trainee is ready to provide the service more independently while still utilizing supervision and training meetings for consultation and guidance. Ongoing mentoring occurs through didactic learning, modeling, direct supervision, and collaborative service delivery. All components of the CAPS Training Program seek to exemplify this model of training, and its policies and procedures are developed within this context.

THE DIVERSITY VALUES OF CAPS & INTERNSHIP

Northwestern CAPS is fully committed to providing services that affirm the dignity, worth, and value of all individuals. We believe in creating an atmosphere of openness, trust, respect, and safety where diverse attitudes, beliefs, values, and behaviors can be explored and discussed. We seek to understand and honor individual differences, including but not limited to experiences related to: race, ethnicity, national origin, religious and spiritual beliefs, gender, sexuality, physical and mental abilities, size and appearance, and socio-economic status.

Mental health concerns are often affected by social forces in the environment related to power and privilege, such as racism, sexism, classism, homophobia, heterosexism, and other forms of marginalization and oppression. Often pervasive and institutionalized, these forces are unacknowledged in many settings, leaving the impacted individuals to feel alone, voiceless, and invalidated. Our staff and trainees consider these forces in the struggles of students who seek help at CAPS, and actively address them in a culturally sensitive manner, employing approaches that include empowerment and advocacy.

Our commitment to culturally sensitive communications extends to interactions with colleagues, trainees, faculty, staff, parents, and the greater local, national, and international community. We strive to make CAPS an open, affirming, and safe working environment in which all parties feel understood, valued, and accepted. We take personal and organizational responsibility to grow in our awareness, reduce barriers and bias, and strengthen our multicultural competence.

We understand that inclusiveness and social justice require an ongoing endeavor, and we can never assume to have reached the final point. At times, values may conflict, but we are committed to supporting and challenging each other through difficult dialogues. Courage and empathy are necessary building blocks for a community in which differences are celebrated.

Diversity among trainees and staff in terms of academic, theoretical, ethnic/racial, cultural, sexual orientation, physical abilities, and experiential backgrounds brings a range of perspectives to bear upon the sensitivity and relevance of CAPS's mission. In addition to advancing their own professional growth during the training year, it is expected that interns will contribute significantly to the Center's general mission in meeting the needs of Northwestern students for psychological services and in enriching the ongoing development of other trainees and staff.

ADMINISTRATIVE STRUCTURE OF THE TRAINING PROGRAM

All policies and procedures are established by the Training Director in conjunction with the Training Committee and the Director of CAPS. The policies of the Training Program as well as those of CAPS adhere to the Ethical Principles of Psychologists and Code of Conduct (2002) and related guidelines of the American Psychological Association.

The Training Committee

The Training Committee serves as an advisory board to the Training Director, and may share oversight for aspects of the training program. The Training Committee is a planning, policy making, and evaluating body in that it establishes the expectations and goals of the program, plans the specific components of the program, and evaluates trainee progress over the course of training. It monitors the effectiveness of the diverse components of the program through formal feedback from trainees and through self-examination.

All clinical staff and Postdoctoral Fellows are eligible to participate as members of the Training Committee according to interest and qualifications. The Training Committee meets approximately twice a quarter, and more frequently as needed. The purpose of the meetings include review and coordination of the different training components, periodic progress assessments of the trainees including due process issues, and planning and development of the program.

Intern Selection Committee

Each year, the Training Committee works together to select Doctoral Interns through the process organized by APPIC (Association of Psychology Postdoctoral and Internship Centers). The Training Director leads the process of selection and communicates with applicants and candidates regarding their inquiries and logistics. The committee sets selection criteria, develops an interview protocol, conducts interviews, and determines the rank order candidacy of applicants.

Training Staff Meetings

The training staff is comprised of all senior staff members. Training staff provides clinical supervision either individually or in small groups, teaches seminars, provides supervision of consultation/outreach activities, and/or serves as co-facilitators with interns in providing therapy groups

and outreach programs. The training staff meets with the Training Director as needed to discuss training area policy and procedural issues, supervisor skills and interventions, and to review current professional literature relevant to the training program. Twice each quarter, the training staff meets in Informal Supervisors' Meetings to provide and receive consultation, support, and professional development in their role as clinical supervisors.

Supervision

Interns receive supervision over all professional activities that comprise their training experience at CAPS. Supervision occurs individually and in small group meetings. Supervisors of interns who primarily oversee interns' clinical training must be psychologists licensed in the State of Illinois. In the rare case of having unlicensed or uncertified training staff members serve as clinical supervisors for interns, those supervisors are themselves under direct supervision for their supervisory responsibilities by a designated licensed psychologist. Other clinical supervisors are licensed or certified as appropriate for their mental-health professions.

Individual Supervision: Interns are assigned two licensed clinical psychologists as individual supervisors. Each supervisor oversees a portion of the intern's clinical psychotherapy caseload. The assignment of supervisors is made after careful consideration of several factors: the expressed interests of the interns and training staff's availability and areas of expertise. The Caseload/Crisis/Consultation Supervisor provides 1.5 hours of individual supervision per week to monitor and oversees approximately half of an intern's individual psychotherapy clients; crisis intervention and assessment, and third-party consultation; triage assessment (a.k.a., Initial Care Plan Meeting, or ICPM, or Resources & Referral Meeting, or R&R); and afterhours crisis coverage. The Caseload/ECPM Supervisor oversees the intern's other individual therapy clients; intern's intake assessment (a.k.a., Extended Care Plan Meeting, or ECPM), diagnosis, treatment planning, and case management for those intake clients. Both supervisors oversee interns' ongoing coordination of care of clients that may include collaboration and referrals to other professionals or third-parties at CAPS, on campus, or in the community. Consultations may involve the Care and Referral Coordinator at CAPS, psychiatrists at CAPS or in the community, health providers in the community, the Dean of Students Office and their Student Assistance & Support Services (SASS) team, academic advisors or deans, various services at Northwestern, as well as students' parents and social support network. Both supervisors integrate feedback from other staff members, and guide and promote the intern's general development in clinical theory and techniques and in the formation of their professional identity.

For intern's group therapy, the staff member who serves as the intern's group co-therapists weekly provides individual supervision following each group therapy. In case of interns' process observation of interpersonal group therapy, the intern receives weekly individual supervision by the staff group therapist who co-facilitates the group observed by the intern.

Group Supervision: Interns receive weekly group supervision for their group therapy work during the three academic quarters. Interns receive group supervision for their leadership and participation in peer supervision group. Interns receive weekly group supervision for their work in evidence-based practice in psychology (EBPP) in the summer (approximately 6 weeks).

The basic coordination of all training experiences for each intern rests with their team of supervisors in conjunction with the Training Director and, if appropriate, the other training staff and the Training Committee. However, all supervisors and training staff collaborate, under the direction of the Training Director, to guide and evaluate the distinctive progress of all interns. The developmental-mentor model is the foundation of the supervisory relationship. Supervisors assess the intern's developmental level of skill and provide supervisory interventions appropriate to that level. Each supervisor seeks to promote the essential challenging and supportive context for examining the dynamics of the client, of the therapist, and of the interpersonal interaction between them, as well as the parallel processes in the supervisory relationship. Supervisors help the intern consider alternative therapeutic models and strategies, become more sensitive to the implications of cultural differences, hone the sense of professional responsibility and values, and incorporate the various components of the training experience.

At least once a quarter, each intern's team of supervisors meet to collaborate and consult on the intern's training progress. These meetings always include the Training Director. The intern's supervisors (two individual supervisors, Supervisor of Group Therapy) and the Training Director meet with the intern at the beginning of the training year. After one full academic quarter at NU, the same team of supervisors meets with the intern once again in December to provide direct, comprehensive feedback to the intern in a meeting called the **Intern Advisory Meeting**. The same supervisor team convenes with the intern again in July at the end of the training year to provide the final feedback for the intern in the second Intern Advisory Meeting.

The intern has the immediate responsibility for the treatment plan and implementation for their psychotherapy, crisis, intake (ECPM), consultation, and triage (ICPM) clients, and for keeping their supervisors informed about all significant and current aspects of each case. The intern also has the responsibility of keeping various activities accurate on CAPS's center-wide scheduling program. The supervisor has the final and the legal responsibility for all the cases carried by the intern. Thus, major

therapeutic decisions by interns, including selection of certain clinical clients, type and frequency of treatment, transfer and termination issues, crisis intervention, and communication with third parties, should be reviewed with the appropriate supervisor before they are carried out. It is intended that over the course of the year interns will develop relatively more competency and autonomy in the exercise of clinical judgment within the supervisory relationship.

Responsibilities of Individual Supervisors

- To monitor the case selection, treatment plans and delivery of services for the client(s) for whom supervisory responsibility is held.
- To be aware in individual supervision of the overall caseload of the intern, and to monitor the proportion of clients being seen in brief vs. longer treatment.
- To meet on a regularly scheduled and reliable basis with the intern in order to review the clinical work of the intern and to provide assistance in those efforts.
- To provide a clear and mutually agreed upon set of supervisory expectations so that the intern understands clearly what is required of them in supervision.
- To inform and educate the intern about agency procedures, protocols, forms and policies to ensure integration with CAPS mission and function.
- (For one of the Supervisors) To support the intern's competency in crisis assessment and intervention that may occur during office hours or in afterhours consultation.
- (For one of the Supervisors) To support the intern's competency in assessing clinical presentations and needs from telephone consultation, also known as triage or ICPM at CAPS, and the clinical judgment for the consideration of the optimal care and referral as the next step.
- (For one of the Supervisors) To support the intern's proficiency in intake assessment (ECPM): conducting intake interviews, data gathering, making preliminary diagnosis, forming personalized treatment plan, discussing with and assisting intake clients, making optimal referrals and case management, and writing a comprehensive intake report.
- To support the intern's development of competencies in interprofessional consultation and collaboration. The work frequently emerges from crisis and intake (ECPM), but may also be present in ongoing psychotherapy. Consultation and coordination of clinical care often occur in the interface with third-parties such as students' parents, peers, university faculty and staff, the Dean of Students Office, university police, various academic and health-care professionals, both at the university and outside.
- To support the intern's multicultural competencies in clinical care which includes factoring in cultural factors in case conceptualization, treatment planning, and interventions. Further, support the intern's identity development as a cultural being, which includes cultural humility and curiosity, and awareness of their stimulus values, biases, and blind spots.
- To periodically review and sign off clinical documentation (see Guidelines below), and to read and ensure that proper documentation is included in client electronic chart (e.g., treatment plans, session notes, case management notes, closing summaries, any emergency procedures which need to be documented).

- To provide ongoing feedback and regularly scheduled written evaluations (with input from other staff) for interns regarding their progress. Interns are provided written evaluations twice a year. Interns and the Training Director should be provided a copy of the evaluation.
- To cooperate with the intern's Academic Program in responding to their particular requirements for evaluation of and feedback to interns. A copy of any evaluation form completed for an Academic Program should be submitted to the Training Director for the intern's permanent training file.
- To ensure that all interns maintain an accurate record of the number of hours worked, clients seen in treatment, and supervision received.
- To facilitate the intern's growth and consolidation of professional identity as an early career psychologists-in-training.

Supervisory Guidelines for Signing Off on Intern Clinical Records

For more detailed policies regarding clinical documentation, please refer to CAPS Policies and Procedures Manual, available on the S Drive. The supervisory signature provides a record that a case has been reviewed and discussed by the clinician who bears legal liability. All signatures are entered electronically on Titanium. Supervisors should provide their signature on all reviewed clinical documents. Electronic records should be signed by supervisors frequently in the following manner:

1. Within a reasonable timeframe after the service was provided (see below), the intern completes the clinical documentation (e.g., Progress Note, ICPM and ECPM Note, Termination Note, Case Management Note, Crisis Note, etc.), signs on the first line, and then forwards it to their supervisor. The following time lines (from the CAPS Policies and Procedure Manual, see also Guidelines for Completing Clinical Documentation in this Training Manual) are for clinicians' documentation of their clinical services, and exclude the time needed for interns to incorporate supervisors' feedback into their documentation, and time needed for supervisors' counter-signatures.
 - (a) Intake (ECPM): Holding note completed by the next day and final note completed within three days (excluding days out of the office).
 - (b) Triage (ICPM), Crisis, and Third-party Consultation Notes: completed the same day, OR clinically adequate holding note completed the same day and note finished within three days.
 - (c) Termination Summaries: Completed by the end of the quarter in which last expected appointment occurred.
2. The supervisor checks their "Task List" on Titanium to identify files that need review and signature. The supervisor reviews the file and does one of the following two options if the note is approved: (a) signs on the third line in case of staff supervisor, (b) signs on the second line in case of intern supervisor or unlicensed supervisor. The signing off is thus complete.
3. If the supervisor requires revision by the intern, they can send it back to the intern ("forward to") with recommendations for revision in the "Forward to note" space. The intern unlocks their own signature, revises the clinical document within a reasonable timeframe, and repeats step 1. Supervisors aim to countersign all interns' notes within a week after interns have forwarded their notes to the supervisors' Task List.

Training Program's Evaluations

A central belief of the CAPS Training Program is that the most successful training is ensured by an ongoing dialogue between staff and interns in which feedback is constructively offered in both directions in a timely manner.

Evaluations Required by the Training Program

Interns are provided formal, detailed, written evaluations by each supervisor of their overall performance at the end of the first academic quarter (in December) and at the end of the internship year. Interns are evaluated by their individual supervisors for their clinical skills and their general performance in training, integrating the general feedback from other staff provided in training staff meetings. While Individual Supervisors compile a comprehensive assessment integrating their own observations and the feedback of other staff, specific comments by other staff members should be conveyed directly by those individuals to the intern:

- Group therapy co-therapists evaluate interns for their therapeutic skills in conducting groups.
- Outreach Supervisors provide evaluations of outreach and education activities.
- Supervisor of Peer Supervision Group provides evaluations for the interns' leadership and participation in peer supervision group.
- Other training staff contribute their informal impressions to provide as thorough a picture as possible for the intern's development. Copies of all written evaluations are provided to the Training Director as part of the formal training record.

Interns' Individual Supervisors, Group Therapy Supervisor, and the Training Director meet with each intern in three yearly feedback sessions (***Intern Advisory Meetings***). In these meetings, supervisors directly discuss with interns feedback about interns' competencies in areas of individual psychotherapy, initial clinical assessment, crisis intervention, clinical consultation, case management, advocacy, and professional identity development. Timelines for supervision, reviews, and evaluations of interns are organized in the tables at the end of this section.

The evaluation of interns at CAPS involves a number evaluation instruments, a number of evaluators, formative and summative evaluations with multiple points of assessment and discussion. Qualitative as well quantitative data are used. Observations of competencies are made through multiple modes, including live observations, review of records and documentations, interns' self-assessment and self-report, and in some situations, client surveys. The multi-modal, multiphasic, multidimensional network of evaluation is consistent with the recommendations from APA Board of Educational Affairs' Task Force on Assessment of Competence in Professional Psychology (Kaslow et al., 2009).

Evaluation forms at CAPS are designed to address specific areas of nine areas of Profession-Wide Competencies (PWCs). For each competency, interns are evaluated based how they compare to the developmental norm in their particular stages of professional training, along the developmental continuum. Items on the evaluation forms are derived from input from supervisors at CAPS, while following closely the wording in the required Standards of Accreditation (SoA) in Health Service Psychology and the Implementation Regulations (IRs) published by APA's Commission on Accreditation (CoA). Items for evaluation are complemented by the competencies and behavioral anchors proposed by the Benchmarks Work Group authorized by the APA Board of Educational Affairs (see Fouad et al., 2009).

Evaluations of Interns Required by the Academic Program

Each academic program has different requirements regarding the number and frequency of evaluations required for their students. Typically, the academic program provides its own form which the supervisor completes (in addition to the CAPS evaluation forms) in consultation with the intern. Completed copies of the evaluation form for the academic program should be provided to both the intern and the CAPS Training Director for the intern's permanent training file. Interns are responsible for ensuring that appropriate forms are completed and returned to their home programs. Upon successful completion of the CAPS training program, interns will receive a certificate documenting satisfactory completion of all training program requirements. For interns, the Training Director will provide a letter to accompany the Individual Supervisors' evaluation of an intern to the intern's academic program director at the midyear evaluation point and at the conclusion of the internship year, and will report on the successful completion of internship requirements.

Evaluations of Supervisors by Interns

Interns provide formal, detailed, written evaluations of each individual supervisor twice during the training year (at the end of the first academic quarter and near the closing of internship). These evaluations are intended to provide focus for dialogue regarding the training needs of the intern, and to clarify ways in which supervisors can best meet intern needs in their supervisory sessions. Copies of intern evaluations of their supervisors are provided to the Training Director.

Evaluations of the Training Program by the Interns

Interns are encouraged to provide feedback throughout the year about any aspect of the training program that may be of concern or problematic. Interns may typically discuss such concerns with Individual Supervisors but are encouraged to provide feedback to any leader of a training activity. Interns

are invited to speak directly with the Training Director about any training concern. When appropriate, the Training Director may bring the concerns to the individual training staff member involved, the Training Committee, or to the full training staff to raise awareness and engage in constructive problem-solving. At the end of the training year, interns are requested to provide both oral and written evaluations of all aspects of the program to assist staff in evaluation of their efforts and in planning the next year's program. For interns, an additional follow-up program evaluation will be sent one year post-internship to obtain interns' input about the internship program at that point. Training staff routinely review training program evaluation data at the start of the new training year and make modifications of the delivery of training where appropriate.

Timeline for Supervision, Reviews, and Evaluations of/by Interns | 2020-21

Month	Participants						Supervision, Meetings, and Evaluation Activities
	Individual Supervisor #1	Individual Supervisor #2	Group Therapy Supervisor	Outreach Supervisor	Supervisor of Peer Superv'n	Interns	
August & September	★	★	★			❖ ★	❖ Interns' Self-Assessment – Beginning of the year (6 copies for yourself, TD, and the following supervisors: both Individual Supervisors and Group Therapy Supervisor) ★ Intro to Supervisors: intern meets w/ their Supervisory "Team" by the week of 9/21
October & November	🕒	🕒	🕒				🕒 Supervisors meet to review their team's intern (twice for each intern this quarter)
December	★ ★	★ ★	★ ★	★	★	★ ◻	★ Intern Advisory Meeting #1: Each intern meets w/ their Supervisory "Team" the weeks of 11/30 & 12/7 ★ All supervisors write evaluation #1 for interns 12/1 – 12/19 ◻ Interns write eval #1 of Supervisors (both Individual Supervisors & Group Therapy Supervisor) 12/1 – 12/19
January & February	+ 🕒	+ 🕒	🕒				🕒 Supervisors meet to review their team's intern (once this quarter; more if needed)
March							
April & May	🕒	🕒	🕒				🕒 Supervisors meet to review their team's intern (once this quarter; more if needed)
June			★	★	★	◻	★ Outreach Supervisor & Supervisor of Peer Supervision write evaluation #2 by 6/30 ◻ Group therapy supervisor and interns write evaluation for each other by 6/30
July	★ ★	★ ★	★			★ ◻ ❄️	★ Intern Advisory Meeting #2: Each intern meets w/ their Supervisory "Team" 7/13-7/31 ★ Both Individual Supervisors write evaluation #2 for interns 7/14 – 8/7 ◻ Interns write evaluation #2 of both Individual Supervisors 7/14 – 8/7 ❄️ Interns complete Interns' Project by 7/24
August						❖ ❄️	❖ Interns' Self-Assessment Year-End (to be given to TD) ❄️ Interns' Evaluation of CAPS Internship

THE DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

The aim of the internship at CAPS is to prepare students in the final stages of their graduate training to be able to function broadly, competently and responsibly as professional psychologists. The internship provides interns with the opportunity to develop and refine general skills fundamental to the practice of clinical and counseling psychology and applicable to a wide variety of professional settings. There are nine profession-wide competencies: integration of science and clinical practice; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; psychological assessment; individual and group therapy; crisis intervention; outreach and education for the campus community; supervision and training; and interprofessional and interdisciplinary consultation. Interns are encouraged to build productive relations with fellow interns and with clinical staff. They are expected to deepen their sense of professional identity by functioning effectively as members of a multifaceted mental health and student development system for the campus community. The objectives are both to become proficient in the provision of psychological services and to enhance the personal and professional qualities necessary to participate cooperatively and creatively in an organizational setting. By the end of the training year, the intern should have developed an increasingly sophisticated and autonomous range of professional skills and emerging professional identity, upon which their future careers and more specialized areas of concentration can be built.

Optimally, an intern will use the training year to extend capabilities already established and incorporate new understandings and techniques into more a comprehensive repertoire as a general professional psychologist. The internship is an experience which encourages breadth as well as depth of attainment. It requires a high degree of flexibility, vision, dedication, respect for differing theoretical and practical orientations, and appreciation for and sensitivity to the range of human diversity. Narrow or concentrated specialization on particular orientations, services, clienteles or patient populations is considered more appropriate for either postdoctoral training or for advanced supervision in a work setting after the doctorate has been awarded.

Internship Program Structure

The internship program is based on an eight-hour day for five days a week, for twelve months, with University holidays, benefits, and vacation. Interns are considered employees of Northwestern University and as such are held to the policies and procedures of the university as well as CAPS. The program begins the final week of August and is completed one year later. It includes time outside the regular agency hours that may be needed for program planning, research and preparation for services, writing of reports and other documents, and delivery of special activities. Thus, the actual work week of an intern is typically 40 – 45 hours per week. Interns are included in afterhours on-call emergency coverage, shared with other staff on a rotating basis; interns generally cover one week per quarter. The total training comprises at least 2000 hours of supervised experience. The arrangements for supervision meet the supervisory requirements of the Illinois Department of Professional Regulations Rules, which mandate personal supervision by a licensed psychologist who has overall responsibility for the training experience and meets with the supervisee for a minimum of 75 hours [“Notice of Emergency Amendments” (Section 1400.40, part b, page 19)].

Note: The activities comprising the internship training program are on the following pages.

These details about the internship program are our best effort to describe the internship program for the 2020-2021 academic year. In response to the COVID-19 global pandemic, we have adjusted our services to the needs of students who attend the university remotely and in-person, while adhering to public health guidelines and the university's plan for students, staff, and faculty. These guidelines are most likely to continue to evolve. We take into consideration legal restrictions on mental-health practice across states. We are mindful of our own resources and limitations to facilitate staff and interns' ability to manage the workload and optimize their well-being. Therefore, interns' clinical activities and supervision described here are only an approximation of interns' training experience based on what we know at the time of this update. The implementation of changes for all clinicians will necessitate the entire center's adjustments of service and training activities while continuing to (a) uphold the quality and integrity of interns' training, (b) adhere to public health guidelines for the containment of the COVID-19 pandemic, and (c) the internship program's adherence to APA's internship accreditation standards. When necessary, the internship program is in consultation with APA's Commission on Accreditation about substantive changes in the training program.

ACTIVITY	PROGRAM DESCRIPTION (HOURS PER WEEK)	
DIRECT SERVICES	Individual Therapy (including 2 long-term clients)	11
	Group Therapy	1.5
	Initial Care Plan Meeting and Referral & Resource (ICPM & R&R)	1.5
	Urgent Care (a.k.a. Crisis)	3
	Extended Care Plan Meetings (ECPM, a.k.a. Intake)	1
	Case Management, Follow-up, Consultation, and Advocacy	4
	Let's Talk	1
	Afterhours and Weekend On-Call	(1 week/qtr)
	Total Clinical Service	23
OUTREACH & EDUCATION	Other Outreach (including virtual outreach)	(variable)
SUPERVISION	Supervision by Individual Supervisors	2.5
	Group Supervision of Group Therapy	1.5-2
	Supervision of Group Therapy by Co-Therapist	0-0.5
	Supervision of Peer Supervision Group	1
	Evidence-Based Practice Group Supervision (Summer)	(2)
	Supervision of Outreach and Consultation	(1-2 x/qtr)
	Total Supervision	5-6
SEMINAR	Intern Seminar	2
MEETINGS & OTHERS	Clinical Consultation Team	1
	Staff Meeting	1.25
	Intern Support Group	1
	Cultural Dialogue Group	1 every 2 wks
	Other: Eating Concerns Team/Student Athlete Care Team/etc.	(variable)
	Intern Project (mostly summer)	(variable)
	Total Meetings	3-5
ADMINISTRATION	Clinical Documentation and Other Training Activities	4
OTHER	Lunch Hours	5
TOTAL	APPROX. 39.5 HOURS / WEEK + 5 HOURS OR MORE FOR LUNCH & NON-REGULAR ACTIVITIES	

The parentheses represent non-regular hours that vary from week to week, and are not included in the calculation of the typical work week.

Training Activities

- *Individual Clinical Supervision.* Interns are assigned two individual supervisors with whom they meet for a total of 2.5 hours per week for the duration of the internship year. The supervision of the intern's individual therapy caseload is divided between by two Individual Supervisors who focus on the intern's developing skills in case conceptualization (including diagnosis), treatment planning, intervention, and multicultural competence. The two Individual Supervisors also share the oversight and supervision of the intern's triage and intake assessment (ICPM and ECPM), crisis assessment and intervention, clinical consults, and case management and advocacy skills. Issues related to interns' professional development are covered by both Individual Supervisors. Both individual supervisors are matched with interns at the beginning of internship year. All matches are determined by the Training Director based on input from the interns and the training staff.
- *Individual Supervision for Group Psychotherapy.* Interns receive individual supervision of their group therapy once a week for 30 minutes during the quarter when they co-lead a therapy group with a senior staff member. All interns are involved in one therapy group during the academic year, and likely begin in the fall quarter as a process observer of an interpersonal process therapy group. The Group Psychotherapy Supervisor provides orientation for interns about the process of screening group therapy clients, and may co-conducts the group screening interviews with interns. Interns meet with their co-therapist following the provision of the therapy group to debrief the session, discuss group process and conceptualization, and plan for future interventions.
- *Group Supervision of Group Psychotherapy.* In addition to the individual supervision of group psychotherapy by the group co-therapist, interns also receive group supervision of group psychotherapy by two licensed senior staff members for 1-2 hours per week during the academic year. This avenue of learning is built on both the consultative model and the peer supervision model. The group supervisors facilitate the interns' learning about group therapy by providing comments, challenges, recommendations, and modeling in a supportive environment. The group supervision format contributes to interns' experiential and observational learning through didactic instructions, supplemental readings of the literature on group therapy, viewing of group therapy video-recordings, and discussion of group-related topics. Interns are also expected to contribute to each other's learning through supportive and challenging discussions, reflecting the model of professional development in which clinicians continue to grow through lifelong learning and consultation.
- *Supervision of Outreach and Education.* Interns participate in outreach and psychoeducational workshops (including designing, promoting, conducting, and evaluating) in all four quarters. The Assistant Director for Outreach and Education provides training discussion of issues related to workshop/outreach program development.

There are a number of requirements for interns' participation in outreach. For example, each intern provides informal drop-in consultation for students at a designated *Let's Talk* location on campus (or virtual Let's Talk) for all the quarters that Let's Talk is offered. Each intern also conducts at least 2 suicide prevention workshops. Each intern works with the Associate Director for Outreach and Education to provide social medial outreach for one month. For the full list of minimum requirements of outreach activities, please refer to the Requirements for the Successful Completion of the Internship later in this Handbook. There are multiple opportunities for interns to have more outreach and education experience than the minimum requirements, including in-person or virtual tabling events, the Stress Management Clinic, virtual gathering spaces and workshops. The Outreach Supervisor meets with interns to discuss

the plan for the intern's choice of outreach activities, in consideration of the intern's learning goals for outreach competency, review progress, and process the interns' experience.

- *Peer Supervision Group.* Interns have an opportunity to have experiential learning in peer supervision with fellow psychologists-in-training. The experience begins with an overview of the practice of clinical supervision and the various models of supervision, then the exploration of the commonalities and differences among training supervision, peer supervision, peer support, and consultation. The goal of peer supervision is to build a sound, lifelong mechanism for consultation that is foundational to effective, reflective, sustainable, and ethical clinical practice. Skills in peer supervision include expression of peer support and compassion, giving and receiving feedback, self-examination, problem-solving, healthy negotiation of self's and others' power and needs, and mindfulness of group dynamics, countertransference, and parallel process as applied to the peer supervision group. Interns rotate to take the group leadership role. Peer supervision leader's tasks are moderating (facilitate structure, rapport, and safety, help focus the session, keep the peers on tasks, summarize the themes discussed by the peers, facilitate discussion and feedback among the peers, facilitate the application of theory, multicultural and social justice considerations, ethics, and problem-solving) and process observation tasks (help the group members become aware of group dynamics including group development stages, how group deals with conflict, parallel process, and encourage expression of reactions, feelings, and behaviors). Interns' peer supervision is facilitated by a licensed psychologist ("Supervisor of Peer Supervision Group").
- *Intern Seminar.* This weekly seminar is designed to span a broad range of interns' learning needs during the internship year. Utilizing a format of case presentations, session recordings, discussion of readings, brief didactic presentations, and utilization of agency data, the seminar exposes interns to in-depth and intensive training in core areas over the course of the year: (a) Psychotherapy and Crisis Intervention, (b) Clinical Assessment, (c) Multicultural and Social Justice Issues in Psychotherapy, (d) Legal and Ethical Issues in Psychotherapy, (e) Psychiatric Consult, and (f) Professional Development.

The fall quarter's Intern Seminar begins with the Brief Psychotherapy Module, led by a licensed psychologist. The module is aimed to broaden and deepen interns' theoretical knowledge and enhance their skills in brief psychotherapeutic interventions and conceptualization. Discussion topics include the motivation for change in therapy, intern beliefs about the effectiveness of short-term treatment, differences in the value systems of brief and longer term treatment, developing a focus for treatment, and principles of crisis intervention, transference and countertransference issues, and termination issues. The format includes discussion of various readings, case presentations, use of training videos, and guest presenters.

Another module in the Intern Seminar is the Psychiatric Consult competency area. A CAPS psychiatrist presents psychiatric topics such as mental status examination, the DSM diagnostic system, collaboration between psychologists and psychiatrists, bipolar disorders, sleep disorders and treatment, and psychopharmacology. During the fall Intern Seminar, another core content area was also presented: professionalism and professional development. Interns think critically about the meaning of professionalism as applied to psychologists, interns, and university setting. They also attend a series on professional development aimed at helping with the next step of their professional growth, including job selection and application, writing a cover letter, developing a curriculum vita, interviews, and offer negotiation.

The Intern Seminar in the winter quarter continues with coverage of the remaining core areas. The Multicultural and Social Justice Issues Module is a series of presenters and panels who address a variety of topics related to multicultural competency in clinical work. Issues of multicultural competency are also addressed in other presentations throughout the year.

Addressing various aspects of clinical competency, the Intern Seminar continues in a 110-minute weekly meeting format in the spring and summer quarters. For the competencies related to psychotherapy, topics of presentations have included the assessment and/or treatment of substance and alcohol, eating disorders, trauma, personality disorders, anxiety disorders, working with emotions, and empirically validated biopsychological approaches for stress and anxiety reduction, including mindfulness techniques, cognitive-behavioral techniques, and biofeedback.

More opportunities for interns' professional development are in the spring. They may practice professional clinical presentations ("job talk") to prepare for the eventual on-site job interviews. In the series called *Emerging Expertise Presentations*, interns may present to the CAPS staff a 1-hour presentation designed to translate their academic and scientific knowledge into a didactic presentation for clinicians. This is a stimulus for interns to integrate science with practice, and conceive the inception of their professional expertise to be further developed in their career. The Intern Seminar concludes in late July or early August.

Other Training Activities

- *Interns' Summer Group Supervision on Evidence-Based Practice in Psychology (EBPP)*. Interns have weekly group supervision during the summer quarter. They take turns presenting a case from their caseload using a case conference format for presentation. In keeping with the training philosophy that integrates science with clinical practice, interns address case diagnosis, conceptualization, and treatment planning in the framework of Evidence-Based Practice in Psychology (APA Presidential Task Force on Evidence-Based Practice, 2006; Levant & Hasan, 2008). Client-reported data, progress monitoring, and video recordings are crucial of parts of the case presentation.
- *Staffing Team*. Each intern participates in one of three weekly, one-hour staffing meetings attended by all CAPS service providers (psychologists, psychiatrists, postdoctoral fellows, and interns). Intake (ECPM) cases are presented for consultation and the staffing team discusses treatment options (modality; psychological and psychiatric), interventions, resources, and transference/countertransference issues.
- *Intern Support Group*. Interns meet weekly for one hour three times a month in a confidential, unfacilitated process support group. The meetings are intended to provide the opportunity for interns to get to know each other better and develop cohesiveness, as well as to discuss, process, or react to the internship experience and other emerging concerns. The agenda and direction of the meetings are determined by the group.
- *Monthly Meeting with the Training Director*. The Training Director meets with interns to discuss general issues related to their experiences in the internship for one hour once a month, or more if appropriate. Issues such as professional development, identity as a psychologist, working collaboratively within a larger system, and managing multiple responsibilities and roles are also appropriate for this meeting. The format is open discussion with no set sequence of topics; the focus of discussion is often related to interns' perceptions and experience of current events occurring within the agency or the training program. Concerns and feedback about the internship program may be discussed as well.
- *Intern Project*. This interns' group activity is determined by intern interest and agency needs, and will vary over the course of the year. One hour per week (typically during the summer quarter) is allotted for work on an intern project, but actual level of activity will vary depending on the nature of the project and the time of year. Interns are involved in projects such as comprehensive consultative projects with an academic department or professional program, or

development of the CAPS annual report. A primary training goal for this activity is for interns to negotiate working as a team together. Examples:

- The 2006-2007 class made use of the Big Ten Counseling Center Conference hosted by CAPS at Northwestern in March 2007; they participated in subcommittees that planned and organized events and reviewed submitted proposals for programs.
- The 2007-2008 class created a handbook that provides clinicians with guidance and specific ideas when assessing a vast array of psychological disorders and clinical presentations.
- The 2008-2009 class hosted the summer Midwest Intern Retreat in Monticello, Illinois, where attendees were interns and training directors from seven doctoral internship programs at university counseling centers from three states.
- The 2009-2010 class compiled information useful for the orientation of future interns who relocate to Chicago, addressing the work-life balance issues.
- The 2010-2011 class created electronic forms on the center's scheduling and records software to increase the efficiency and convenience of everyday clinical work.
- The 2011-2012 class compiled the self-help section for students on of the CAPS webpage, covering a range of psychological topics and conditions.
- The 2012-2013 class worked with NUAMPS (Northwestern University Advanced Media Production Studio) to produce a video to promote the Doctoral Internship program at CAPS.
- The 2013-2014 class, in consultation with the International Office at NU, created an information brochure about CAPS in a number of languages.
- The 2014-2015 class created a series of psychoeducational materials on the topics of eating and body image concerns.
- The 2015-2016 class created a printed brochure that compiles resources for students with financial hardship.
- The 2016-2017 class selected, edited, and catalogued videorecordings of group therapy to enrich the training new group therapists.
- The 2017-2018 class compiled psychoeducational resources (documents, links, worksheets, videos) for mental health and well-being to be made available to students on the CAPS webpage.
- The 2018-2019 class, in collaboration with the Eating Concerns Assessment and Treatment Team (ECATT), coordinated a campus-wide outreach campaign on Body Acceptance during Eating Disorders Awareness Week in February 2019.
- The 2019-2020 class collaborated in a professional presentation at the Big Ten Counseling Centers Conference in Evanston, IL, as well as contributed to the CAPS's planning and execution of the conference.

Direct Service Activities

- *Individual Psychotherapy.* Each intern carries 11 hours per week of virtual or in-person individual psychotherapy clients and one therapy group per week, with case management and system linkage, client advocacy, and clinical documentation as required. All individual therapy clients are seen in a short-term model, except for two who are seen longer-term up to almost a full year. Interns seek consultation and approval from their Caseload Supervisors about the selection of longer-term clients based on (a) client's clinical needs, (b) reasons related to client's

access to care and social justice issues, and (c) interns' training needs with certain client concerns and populations.

- *Group Psychotherapy.* Each intern co-leads a 1.5-hour process-oriented in-person or virtual psychotherapy group with a Senior Staff co-therapist. The intern is involved in the pre-group screening interviews. The intern also shares the responsibility with the senior co-therapist for the clinical documentation.
- *Extended Care Plan Meeting (ECPM, or Intake) Assessment.* Interns provide extended care plan assessments (a.k.a. intakes) with at least one-hour slot each week. In this assessment, a variety of data are available to the ECPM Counselor, including information from the Initial Care Plan Meeting, client's demographic, academic, and other sociocultural variables, client's self-administered questionnaire to assess symptoms (Counseling Center Assessment of Psychological Symptoms, or CCAPS) and alcohol use/abuse (Alcohol Use Disorders Identification Test, or AUDIT). The intern integrates these data with clinical information gathered from the ECPM interview, including client's reported presenting symptoms, treatment history, family history, mental status examination, and level of risk. The intern develops a diagnostic formulation and treatment plans for the client, and collaborates with the client to initiate appropriate services, which may be a case assignment to a CAPS therapist, a referral to community providers, and/or coordination with appropriate third-parties. The intern is responsible for the follow-up case management for each client seen at the ECPM. The intern completes a written ECPM documentation and seeks consultation from one of the individual supervisors designated to oversee the intern's ECPM work. The Supervisor co-signs the ECPM note. In the fall quarter of the academic year, the intern verbally presents information from the ECPM with DSM diagnostic formulations and treatment recommendations at a weekly Staffing Team where feedback and comments are shared. In subsequent academic quarters, all clinicians communicate weekly with the Clinical Director by submitting an online form indicating the dispositions of clients they have seen that week for ECPM and crisis appointments.
- *Initial Assessment, Consultation, and Crisis Intervention Services.* At the Evanston CAPS, each intern serves as a counselor in Initial Care Plan Meetings (1.5 hours/week) and Daytime Urgent Care (3 hours/week) during the academic year. During the summer months, each intern serves as a crisis counselor one full day (8 hours) each week. During these shifts, interns provide telephone and in-person clinical assessment, respond to psychological emergency situations, and provide consultation for third-parties, including concerned parents, faculty and staff, and peers. The initial care plan meeting could be by telephone or in-person and it is the first contact students have with a CAPS clinician. The counselor gathers information about the student's clinical presentation, brief background information, and risk level, and determines the type of services that will most suit the student's needs, including an extended care plan meeting, a crisis appointment, referral, or follow-up case management.
- *Afterhours Coverage.* Interns rotate with staff to provide afterhours on-call crisis coverage; on average, interns are responsible for covering one week of afterhours on-call per quarter. CAPS uses the third-party external agency (ProtoCall) that screens call from students during evenings and weekends, and they manage most of the students' urgent needs. CAPS on-call counselor is contacted only when the agency's counselor needs consultation, assistance with emergencies that require hospital care, or systems coordination. Case management, consultation, and follow-up related to ECPM, urgent, and crisis contacts will vary over the year, but will average 2 to 3 cases per month. In recent years, CAPS has worked with ProtoCall to raise the threshold of consultation with the CAPS afterhours counselor in order to limit the afterhours workload for CAPS staff to only extreme and necessary circumstances.

- *Outreach & Education.* Interns co-facilitate semi-structured to structured workshops throughout the year. Some of the workshops are under the rubric of CAPS's Stress Management Clinic, which uses biopsychological techniques to help students reduce stress and anxiety, including biofeedback, meditation, mindfulness, and cognitive-behavioral approaches. Outreach programs are both in-person or virtual, and vary in topic and format, and might include presentations on developmental or mental health issues for students (e.g. eating disorders, stress management), paraprofessional skill training sessions, debriefing sessions for critical events, or presentations about CAPS services.

Requirements for Successful Completion of the Internship Program

The aim of the Doctoral Internship at Northwestern CAPS is to create environments and opportunities for interns to build profession-wide competencies (PWCs) to enter the profession of health service psychologists. In accordance with the internship's aim, interns must fulfill the following requirements to graduate from the internship program.

COMPETENCY I: RESEARCH (Integration of Science and Practice)

With science as the foundation of health service psychology, interns are expected to integrate science and theory into clinical practice.

Requirements for Completion:

- (a) Successful completion of the Intern Project.
- (b) Ratings averaged across supervisors of 6.5 or greater on the developmental scale¹ averaged across all items with valid values in the Evaluation of Doctoral Interns' Competency I: Research (Integration of Science and Practice).

COMPETENCY II. ETHICAL AND LEGAL STANDARDS

Interns are expected to respond ethically and legally in increasingly complex situations with a greater degree of independence across levels of training.

Requirements for Completion:

Ratings averaged across supervisors of 6.5 or greater on the developmental scale averaged across all items with valid values in the Evaluation of Doctoral Interns' Competency II: Ethical and Legal Standards.

COMPETENCY III: INDIVIDUAL AND CULTURAL DIVERSITY

Effectiveness in health service psychology requires that interns can conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to a diverse population. Therefore, interns must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. APA's Commission on Accreditation (CoA) defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

Requirements for Completion:

Ratings averaged across supervisors of 6.5 or greater on the developmental scale averaged across all items with valid values in the Evaluation of Doctoral Interns' Competency III: Individual and Cultural Diversity.

¹ The developmental scale was devised for therapists in training that conceptualizes their competencies and skills on a developmental continuum from 1-2 ("*Early Stages of Doctoral Trainee*"), to 3-6 ("*the Doctoral Internship Year*"), to 7 ("*Early Postdoctoral*") and beyond. The normative values for interns' competencies are expected between 3.0 and 6.9, and the use of decimal points is encouraged to increase variability.

COMPETENCY IV: PROFESSIONAL VALUES AND ATTITUDES

Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Requirements for Completion:

Ratings averaged across supervisors of 6.5 or greater on the developmental scale averaged across all items with valid values in the Evaluation of Doctoral Interns' Competency IV: Professional Values and Attitudes.

COMPETENCY V: COMMUNICATION AND INTERPERSONAL SKILLS

Communication and interpersonal skills are foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction, and are evident across the program's expected competencies.

Requirements for Completion:

Ratings averaged across supervisors of 6.5 or greater on the developmental scale averaged across all items with valid values in the Evaluation of Doctoral Interns' Competency V: Communication and Interpersonal Skills.

COMPETENCY VI: ASSESSMENT

Interns demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.

Requirements for Completion:

- (a) Completed 12 months of weekly responsibilities in CAPS's initial clinical assessment of NU students, including telephone and in-person initial care plan meetings (ICPM) and extended care plan meetings (ECPM)
- (b) Ratings averaged across supervisors of 6.5 or greater on the developmental scale averaged across all items with valid values in the Evaluation of Doctoral Interns' Competency VI: Assessment based on the intern's assessment in a variety of services at CAPS, including telephone assessment, clinical interview, crisis assessment, and consultation.

COMPETENCY VII: INTERVENTION

Interns demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention includes individual and group psychotherapy, crisis intervention, advocacy, and case management, and outreach/education. Interventions may be derived from a variety of theoretical orientations or approaches.

Requirements for Completion:

1. Individual Psychotherapy/Counseling Intervention
 - (a) Treated a minimum of 20 individual therapy clients by the end of the internship year, in addition to the ongoing caseload of case management clients seen for brief intervention and service coordination.
 - (b) A minimum of 75% of caseload was provided under 12 sessions.
 - (c) Ratings averaged across supervisors of 6.5 or greater on the developmental scale averaged across all items with valid values in the Evaluation of Doctoral Interns' Competency VII.A: Individual Psychotherapy/Counseling Intervention.

2. Group Psychotherapy Intervention
 - (a) Completed at least one interpersonal process therapy group during the internship year, including group screening, co-facilitating the group, and group termination.
 - (b) Ratings averaged across supervisors of 6.5 or greater on the developmental scale averaged across all items with valid values in the Evaluation of Doctoral Interns' Competency VII.B: Group Psychotherapy Intervention.
3. Crisis Intervention
 - (a) Completed 12 months of weekly responsibilities as a daytime and afterhours crisis counselor at CAPS.
 - (b) Ratings averaged across supervisors of 6.5 or greater on the developmental scale averaged across all items with valid values in the Evaluation of Doctoral Interns' Competency VII.C: Crisis Intervention based on the intern's daytime and afterhours crisis work.
4. Outreach and Education Intervention
 - (a) Completed a virtual or in-person drop-in informal consultation programs on campus (Let's Talk) in all of the quarters in which Let's Talk is offered that academic year.
 - (b) Co-facilitated two suicide prevention trainings (QPR).
 - (c) Completed one month of social media outreach in collaboration with marketing in winter or spring quarter.
 - (d) Ratings averaged across supervisors of 6.5 or greater on the developmental scale averaged across all items with valid values in the Evaluation of Doctoral Interns' Competency VII.D: Outreach and Education Intervention.

COMPETENCY VIII: SUPERVISION

Supervision is integral to the activities of health service psychology. At CAPS, interns participate in a peer supervision group with fellow psychologists-in-training to build a mechanism for lifelong peer supervision and consultation.

Requirements for Completion:

- (a) Completed the entire course of peer supervision group.
- (b) Ratings averaged across supervisors of 6.5 or greater on the developmental scale averaged across all items with valid values in the Evaluation of Doctoral Interns' Competency VIII: Supervision.

COMPETENCY IX: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

The CoA views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.

Requirements for Completion:

- (a) Completed 12 months of weekly responsibilities at CAPS as a clinical consultant for third-party consultees who seek support regarding students' mental health. Responsibilities include consulting with other healthcare, academic, and law enforcement professionals as well as students' parents, peers, and partners.

- (b) Ratings averaged across supervisors of 6.5 or greater on the developmental scale averaged across all items with valid values in the Evaluation of Doctoral Interns' Competency IX: Consultation and Interpersonal/Interdisciplinary Skills.
-

Vacations, Professional Development Leave, Sick Leave, and Absences

Types of Leave

- (1) Interns are given approximately **10 university holidays** (see Northwestern University's Human Resources webpage for all dates).
- (2) Northwestern provides 15 days of vacation for first-year employees. To enable interns to acquire enough total and direct service hours for state licensing boards, specific modifications to the university policy are made. Interns must use **all 10 days of vacation** any time during the training year prior to the penultimate week of the internship. The remaining **5 days of vacation** should be used during the final week of internship (approximately the 3rd week of August) unless the intern has difficulty achieving the needed number of internship hours. Interns must report these 15 vacation days to the university human resources on Northwestern's online timecard.
- (3) Northwestern also offers **3 personal floating holidays** per year to employees. To ensure enough total and direct service hours for the interns' licensing eligibility, these 3 days are not available to interns, given that there are many informal work-at-home breaks during the holidays in late December and spring break in late March (also known as "skeletal coverage" or "limited coverage," referring to times during which CAPS's daytime coverage is scaled down when CAPS clinicians are assigned to staff the office on a rotating basis). Interns do not report these 3 personal floating holidays on the online KRONOS timecard.
- (4) Interns are also given **7 days for professional development**, defined as time interns can use for (a) defending their dissertation, (b) interviews for post-internship employment (including limited travel time), (c) collecting data for dissertation, (d) writing or analyzing data for dissertation, (e) attending or presenting at conferences or professional meetings, and (f) graduation ceremony. Professional development days may **not** be used for (a) preparing for a conference or job application, and (b) studying or preparing for licensing examination. Other professional development activities not mentioned here can be discussed with the Training Director. Interns do not report these 7 days on the university's online timecard.
- (5) Up to **10 days of sick leave** are available over the 12-month period. Sick days can be used for the intern's illness, doctor's appointment, providing care for ill close family or significant others, and funeral leave. According to ethical and professional code, sick days are used only when these health reasons are present, and employees do not take sick days only because they are available.

Compensation Time ("Comp Time") is not available for interns in order to ensure the total experience of 2,000 hours.

At the end of every calendar month, interns are responsible for reporting days (or fractions of a day) of sick leaves, vacation leaves, and personal floating holidays on Northwestern's online timecard (KRONOS). On the other hand, the professional development leave days are not recorded on KRONOS. For assistance call the KRONOS help line at 847-467-7606.

Staff-Wide Procedures for Requesting Leave and Leave-Related Responsibility

All planned time off should be submitted with as much advance notice as possible. Planned time off includes – professional development, vacation, personal days, and planned sick leave. The leave request should be submitted via the CAPS intranet on the **Leave Request** calendar page.

- This policy applies to all permanent CAPS staff, Postdoctoral Fellows, and Doctoral Interns. Staff members are responsible for ensuring that they have available vacation, and sick days in accordance to their request.
- As per the NU Staff Handbook*, there are peak work periods during which leave may be prohibited or restricted.
- CAPS has a limit for planned leave of 5 consecutive business days during clinically busy periods:
 - Evanston Campus: Sept. 1st to fall exam period; Jan. 2nd to winter exam period; and spring quarter to spring exam period.
 - Chicago Campus: The peak time periods for the Chicago campus are much different than the Evanston campus given the varying calendars of programs. Therefore, requests from Chicago CAPS staff will be approved by the Director of Clinical Services in Chicago with consideration of the calendar and needs on that campus.
- Leave requests will be granted on a first come, first served basis. The number of staff out of the office at the same time during peak periods will be limited. Therefore, **indicate your leave request on the Intranet as early as possible, and send an email to the Training Director immediately after that to enhance the likelihood that your leave request will be approved.**
- Requests for extended leave (over 5 days) during peak periods will be considered and need to be submitted to the Executive Director via email (as well as the Leave Request calendar page). The Executive Director will confer with Directors of Clinical Services to ensure there is adequate clinical coverage and then make a determination about approval of the extended leave.
- Late leave requests – When any leave request is submitted less than 3 business days in advance, staff should submit the request via email to the Executive Director as well as the Leave Request calendar page.
- Staff taking leave should make sure all responsibilities are covered. Their Titanium schedule should clearly indicate who will be providing coverage in their absence.
- Staff are expected to set their email notifications to an out of office message prior to their leave.
- Psychiatrists' leave will be managed by the Associate Director for Student Psychiatric Services under the supervision of the Executive Director. Due to the nature of their part-time schedules, guidelines around peak periods may differ.

Non-CAPS Employment

The internship at CAPS is a rigorous full-time commitment of 40-45 hours per week. Because of the intensity of training and services at certain times of the year, we advise interns against having concomitant employment outside of CAPS. Outside professional employment during the internship year may interfere with the intern's achievement of the full learning experience from the training program and the intern may face substantial challenges with time management and optimizing work-life balance. In some situations, such as when extenuating financial circumstances necessitate additional income, the intern must obtain permission from the Training Director. Following the request, the Training Director will conduct case-by-case consultation with the Training Committee and relevant CAPS staff and supervisors. Outside employment may not interfere with the intern's ability to perform required duties, nor it may conflict with the requirements and schedule of the training program. No outside employment can be performed during the regular business hours of CAPS, which is 8:30 a.m. to 5:00 p.m., Monday through Friday, with flexible hours for after-hours groups, crisis coverage, or outreach/consultation.

GENERAL ADMINISTRATIVE PROCEDURES FOR INTERNS

Counseling Center Hours

CAPS is open regularly from 8:30 a.m. to 5:00 p.m., Monday through Friday. Interns are expected to be on the premises during these times, on the days for which they are scheduled, with an hour for lunch and additional work hours according to need. When all CAPS staff are required to work remotely from home either exclusively or partially to de-densify human presence at the office, interns observe the expectations that apply to staff, and must be ready for telemental-health presence during those hours. Interns are expected to work an average of 40 hours a week. Any major change in the schedule must be arranged with the Individual Supervisors and the Training Director, and communicated with CAPS Reception.

Weekly Activity and Service Statistics

All interns, along with senior staff, are required to complete weekly statistics to record all clinical, training, consultation, outreach and education, and administrative activities. Interns record their daily activity on the CAPS computer software system. In addition, they maintain an updated caseload list of therapy cases and case management and follow-up cases, which is shared with the intern's supervisor(s) and is submitted to the Training Director at the end of the training year.

Scheduling, Messages, and Client Records

All interns are required to outline and maintain a planned schedule for their activities at CAPS and are responsible for ensuring that this schedule is entered in the CAPS computerized scheduling system. Interns must update their schedules on a weekly basis to accurately reflect all scheduled appointments, supervision, and other activities. The scheduling of ECPM and therapy appointments, handling of telephone messages, and record management must follow the guidelines and procedures set by the administrative/reception staff, and conform to the policies and procedures of CAPS. Client records, including hand-written notes, ECPMs, and session notes, are not to be taken outside of the CAPS under any circumstance. Taking any forms of client records outside of CAPS will be recognized as an ethical violation. ICPM, ECPM, R&R and therapy session notes can be written on Titanium on a personal computer or other devices outside of CAPS, using an encrypted virtual private network, only if there is adequate security measure to limit the access to only the CAPS clinician. Seek consultation with Student Affairs IT to ensure that the confidentiality of clients is protected and secure, and make

adjustments in your home environment so that you can work from home without jeopardizing client's confidentiality.

Guidelines for Completing Clinical Documentation

The following are guidelines for documentation completion:

- Extended Care Plan Meeting (Intake): “Holding note” (i.e., note with all essential clinical information, but still unpolished) completed by the next day. The final note should be completed and sent to the supervisor to co-sign within three days (excluding days out of the office).
- Progress Notes (or Session Notes): completed within one week.
- Triage (ICPM), Crisis, and Third-Party Consultation Notes: completed the same day, OR clinically adequate holding note within the same day and completed note finished and sent to supervisor within three days.
- Termination Summaries: Completed by the end of the quarter in which last expected appointment occurred.

The time lines are for clinicians’ documentation of their clinical services, excluding the time needed for interns to incorporate supervisors’ feedback into their documentation, and time needed for supervisors’ counter-signatures. Supervisors aim to complete the counter signatures within a week after interns forward notes to the supervisors’ task list.

Flexible clinical time (sometimes referred to as “skeletal coverage”) at the end of each quarter is intended to be used for documentation. During the first week of the new quarter, supervisors will check task lists to ascertain whether charting is up-to-date.

Client Termination and Transfer Procedures

Northwestern students are eligible for CAPS services if they are enrolled for six hours or more per quarter or are considered a full-time student within their academic school. Individual psychotherapy is limited to the short-term course, often loosely defined as up to 5-10 sessions per the student’s academic degree. With the consultation with and approval from interns’ Caseload Supervisors, up to two clients can be seen by interns for up to one academic year based on client’s clinical needs and their access to care elsewhere, and interns’ training needs. Interns seek to complete their therapeutic services within the training period; terminations must be coordinated with the treating psychiatrist when concurrent services have been offered. When the service has not been completed and the client is still eligible for further therapy at the Center at the end of the training period, a transfer may be made to another counselor in the Center, with the prior approval of the supervisor and the Clinical Director. It is not appropriate for interns to arrange to continue treatment of NU clients at another location after completion of their training at CAPS.

Guidelines for Grooming, Apparel, and General Appearance

Quality of services is important to clinical staff members at CAPS. Along with the quality of services, the professional appearance of our staff members, including our trainees, contributes to the image of CAPS, and clients' comfort when visiting CAPS. It is important that our clothing styles and our offices do not send a message of being overly casual, distracting, sexualized, or provocative. Professionals are expected to be neat, clean, and exhibit good hygiene in their appearance, grooming, and choice of apparel, and office housekeeping, all of which to reflect proper self-care, civility, respect of boundaries, and an effort to create a comfortable environment. Keeping a private, professional, and non-distracting environment is expected for the clinician's telepresence when providing telemental-health services. Clothing should not be overtly soiled, wrinkled, threadbare, or revealing. When working in-person, colognes, perfumes, and room fragrances (such as scented candles), when used, should be selected with the awareness that many individuals have sensitivity or adverse reactions to scents.

Every staff member and trainee is responsible for self-reflection and careful consideration of one's stimulus value. Clinical supervisors are responsible for providing feedback with respect to the dress standards and are expected to act as role models for their supervisees. Clinicians working under clinical supervision are expected to engage with any of their supervisors' questions or concerns about the supervisee's apparel, grooming, and stimulus value. Professionalism is contextually, culturally, and individually defined, and there is room for disagreement, misinterpretation, and confusion. It is not uncommon to have two professionals who make different judgment calls about their professional conduct, especially with appearance and demeanor. Therefore, if there are any questions or concerns about professional or office appearance (e.g., a display of personal photographs), interns are encouraged to consult with their supervisor(s) and/or the Training Director.

Use of E-mail, Electronic Communication, and Social Media

All employees of CAPS are expected to be familiar with the university acceptable use policy regarding computers (which they agree to abide by each time an NU computer is turned on). Likewise, the NU Staff Handbook (<http://www.northwestern.edu/hr/forms/oncampus/handbook.pdf>) also addresses acceptable use of the university computer network, and the responsibility of the individual to respect the rights of others and protect the integrity of the university network. Staff are expected to be familiar with relevant university policy and procedure regarding computers.

Staff is discouraged from communicating with clients using text messages, Twitter, Facebook, and any electronic communication other than e-mail. Because confidentiality in e-mail communications

cannot be guaranteed, e-mail communication is best when it is brief and omits highly sensitive material. A statement regarding the limits of confidentiality should be included in the e-mail signature when e-mail is used to communicate with anyone regarding clients. In addition, clinicians will discuss e-mail communication with clients including discussion of e-mail communication statement in CAPS informed consent form. E-mail communication with clients should be entered into the electronic clinical record.

According to the American Psychological Association’s social media policy (<https://www.apa.org/about/social-media-policy>), “First and foremost, public social networks are not private. Some may be open only to invited or approved members but even then, users should not expect privacy among the members. If you choose to participate on such forums, assume that anything you post will be seen, read, and open for comment. Anything you say, post, link to, comment on, upload, etc. can and may be used against you by your peers, colleagues, employer, potential employers, fellow members, and so on.”

Based on the APA’s cautionary statement, interns should be mindful of how their communication may be perceived by clients, colleagues, university staff and faculty, and others in the professional community when using social media (e.g., Facebook, LinkedIn, Twitter, Instagram, etc.) and other forms of electronic communication. Interns should make every effort to minimize material that may be deemed inappropriate for mental health professionals or trainees. All security settings should be considered carefully, and privacy setting is at the most stringent level for personal social media communications. Interns should avoid posting information or using any language that could jeopardize their professional image or that of CAPS or Northwestern University. Interns should never include clients in their personal social network, or include any information that (a) might lead to the identification of a client, (b) compromise client confidentiality, or (c) reference the clinician’s mental-health and outreach services even with de-identified information. Interns should consider limiting the amount of personal information posted on these sites.

If interns report doing, or are depicted behaving online in an unethical or illegal manner, that information may be used by CAPS or Northwestern University to determine disciplinary action. CAPS advises that all staff and trainees to approach social media thoughtfully and ethically.

(Note: this policy is adapted from the policies developed by the University of California, Davis, Natacha Foo Kune; University of Denver, Jenny Cornish; University of Albany; University of Kansas, Michael Roberts; and San Diego State University, Elizabeth Klonoff)

Training and Bilingual Therapy

As a university counseling center that serves a diverse and multilingual community, we strive to deliver the highest quality linguistically and culturally appropriate services that adhere to ethical standards

within our profession. The training staff at CAPS periodically receive requests from bilingual trainees to deliver mental health services to bilingual clients in a non-English language. We recognize the current disparity in the quality and availability of training for bilingual graduate trainees. At CAPS, we also recognize the value of providing such supervised training to further a trainee's development of their professional skills in a second language.

Supervisors are typically selected with the appropriate linguistic competency when considering such requests. Supervision of mental health services conducted in a non-English language that the supervisor does not speak presents clinical and ethical dilemmas for both intern and supervisor, and only on rare occasions can be negotiated.

(Note: this policy is adapted from the policies developed by Training Committee at the University of Delaware's Center for Counseling & Student Development)

Intern and Training Program Rights and Responsibilities

The applied training at the graduate level in psychology is an essential component in the transition from student to professional. The CAPS Training Program has certain general expectations of all interns regarding their professional behavior and performance. Likewise, there are general responsibilities that the intern may expect from the program to assist them in attaining an acceptable level of professional competency. Each of these sets of expectations and responsibilities are identified below.

Training Program Expectations of Interns

Professional Standards. Interns are expected to:

1. know and abide by the guidelines and requirements as stated in the APA Ethical Principles of Psychologists and Code of Conduct (2002), and other relevant professional documents or standards which address psychologists' ethical and personal responsibilities
2. know and abide by the laws and regulations governing the practice of psychology, including the Illinois Mental Health and Developmental Disabilities Code and the Illinois Psychology Licensing Act
3. be familiar with and abide by CAPS's administrative requirements, as outlined in its Policies and Procedures Manual
4. be familiar with and abide by CAPS's Training Program Policies and Procedures as outlined in this Handbook
5. know and abide by the policies and procedures for employees of Northwestern University as outlined in the NU Staff [Employee] Handbook

The Training Program recognizes that knowledge of the above guidelines and principles is not always sufficient. Interns need to demonstrate the ability to integrate appropriate standards into their

own repertoire of professional conduct. They should demonstrate awareness of ethical issues that arise in work with clients, carry out appropriate decision-making in other professional situations, and demonstrate awareness of ethical considerations in their own and others' professional work. Interns should demonstrate the ability to appropriately and readily consult with senior staff for any concerns or questions that arise regarding professional practice.

Professional Competency. By the end of the training year, interns are expected to demonstrate competencies at the appropriate level of professional development in the following areas:

1. knowledge and skills in individual psychotherapy/counseling as required for the successful maintenance of the required clinical caseload at the agency (with interns performing at a significantly higher level in terms of the quantity, diversity, severity and urgency of their caseloads), including theoretical conceptualization, treatment planning, and therapeutic interventions
2. psychodiagnostic assessment skills conducted through intake interviews (ECPM) for interns, and for interns through crisis assessments and diagnostic testing
3. case management and crisis intervention skills as required with intakes (ECPMs), ongoing clients, and other emergency situations; this would include any follow-up as needed for case management, especially for clients at risk, and for interns would include walk-in/on-call services
4. for interns, knowledge and skills in group psychotherapy
5. research and evaluation skills as required for the successful completion of contracted activities within the agency
6. skills in psychoeducational workshop and outreach and education planning, implementation, and evaluation
7. consultation with individuals and systems
8. for interns, demonstrate competencies in psychotherapy supervision

The expectations for competency require that interns make adequate progress in the above areas (as assessed by periodic evaluations) and achieve satisfactory degrees of skill by the completion of training, enabling an intern to begin to function at a postdoctoral level as a general professional psychologist within the scope of the state's licensure of practice.

Personal and Interpersonal Functioning. The Training Program recognizes there are relationships among the level of one's personal functioning, one's interpersonal working relationships with colleagues, and one's general effectiveness as a professional psychologist, when fulfilling the role of a clinician delivering professional services in a counseling center. Physical, emotional and/or situational complications may interfere with the quality of an intern's professional performance. Such problems include, but are not limited to:

1. educational deficits or learning difficulties;
2. difficulties with psychological adjustment and/or inappropriate emotional responses;

3. inappropriate management of personal stress;
4. inadequate level of self-directed professional development;
5. disregard of training and service responsibilities;
6. conflictual or disrespectful patterns of interaction with clients, peers or staff; and
7. inappropriate use of and/or response to supervision.

When such problems appear to seriously compromise clinical effectiveness and potential for growth, the training concerns will be discussed with the intern and may be formally conveyed in writing to the intern, generally by the intern's Individual Supervisors after consultation with the Training Director and possibly the training staff. The program, in conjunction with the intern, will then attempt to formulate strategies and procedures to ameliorate such problems. If such efforts do not eventuate in an improved and acceptable level of performance within a set, reasonable period of time, more severe consequences, up to termination from the program, may result. Specific procedures for due process are described in more detail in subsequent sections.

General Responsibilities of the Training Program

Corresponding to the expectations of interns by the program, the following obligations are assumed by the CAPS Training Program in its commitment to interns:

1. The Training Program will provide reasonably sufficient opportunities for learning, via supervised practice and related seminars, to enable interns to develop and refine basic clinical competencies, appropriate to their level of training and advancing over the course of the training year.
2. The Training Program will provide necessary guidelines, professional standards and administrative requirements in its Policies and Procedures Handbook as well as in ongoing supervision and seminars to inform interns of what is expected of them.
3. The Training Program will delineate the general criteria and procedures by which the performance of interns are to be evaluated, including mechanisms by which inappropriate intern behavior affecting professional functioning is brought to the attention of the intern. The Training Program will also maintain guidelines for due process as well as grievances, to address and remediate perceived problems as they relate to professional standards, professional competency, and/or professional functioning. These guidelines shall include the means by which an evaluation can be appealed for review and reconsideration.
4. Formal written evaluations of an intern's progress will be provided at set intervals designed to facilitate their professional development; evaluations will incorporate the collective perspectives of all members of the training staff who work with the intern, and offer guidance and recommendations regarding areas identified as in need of improvement. Evaluations will address interns' knowledge of and adherence to professional standards, their professional skill competency, and their personal functioning as it relates to the delivery of professional services.
5. The Training Program will solicit formal feedback from interns regarding all principal aspects and components of training, in order to implement corrective adjustments where indicated in the areas of supervision, seminars, or delivery of services.

6. The Training Program will maintain communication with the intern's graduate department regarding the intern's progress during the training year. At the minimum, the Training Director or designee will communicate with the intern's Academic Program to verify satisfactory performance or coordinate recommendations as needed for improvement or remediation in areas of concern.

In addition to the acquisition and refinement of knowledge and skills, a major focus of internship is to facilitate the consolidation of a professional identity by assisting interns in integrating their personal values, attitudes and functioning as individuals with their professional functioning. The CAPS Training Program believes that self-awareness plays an essential role in the development of professional skills. The program is committed to promoting a learning environment where each intern can meaningfully explore personal issues which relate to their clinical work and professional development, including consideration of personal qualities, dynamics and/or history that the intern brings to the professional encounter. Supervisors and trainers support interns in such self-examination only as it serves as an avenue for the development of personal characteristics that will contribute to greater effectiveness as a professional. The supervisory or training relationship must be characterized by trust, safety and respect to foster this process. Supervision is never viewed as psychotherapy, and the supervisor or trainer bears the responsibility to maintain an appropriate boundary so that intern self-exploration and disclosure is voluntary and is not perceived as coerced. An intern always determines how much or how little to disclose in the course of self-examination, and always maintains the right to refuse to disclose personal information. Expectations related to intern self-exploration and self-disclosure are consistent with the American Psychological Association's Revised Ethical Principles of Psychologists and Code of Conduct (2002), Ethical Standard 7.04 (Student Disclosure of Personal Information).

Maintenance of Intern Training Records

Interns' training records are stored at CAPS in a secure location. Each intern's training records comprises the intern's formal application materials (the APPIC Application for Psychology Internships, or AAPI, starting with the 2010-2011 intern cohort), appointment letter and their formal acceptance, self-assessment, evaluations of the intern by supervisors, the intern's evaluations of supervisors, the intern's consent for having their names and information about their academic program and institution, their one-year follow-up survey, and their first post-internship employment. Communication with the intern's academic programs, remediation plans, and accommodations are also a part of intern training records. Various checklists and logs are stored, including records of interns' client demographics, worksheets for collecting hours of service, and end-of-year checkout list. Other relevant professional

records are also stored, including a copy of the intern's certificate, and licensing forms. Intern training records are stored indefinitely.

Accommodation of Disabilities and Pregnancy

As employees of the university, interns with a disability or a pregnancy may be eligible for reasonable accommodations that will allow them to perform the essential functions of their internship. CAPS is committed to collaborating with Northwestern University's Office of Equity to provide reasonable accommodations. Interns are advised to learn more about accommodations and resources by visiting the Office of Equity's webpage where instructions on how to seek accommodations are provided. See the webpage's URL on the final page of this document.

DUE PROCESS: INTERN EVALUATION AND PROGRAM RESPONSE ²

Due Process: General Guidelines

Due process ensures that decisions made by the Training Program regarding interns are not arbitrary, subjectively biased, or otherwise unfair. It requires that the program establish evaluative procedures which are applied equally to all interns, with appropriate appeal procedures available to review the program's actions. CAPS follows the general guidelines for due process generated by Lamb et al (1987); these include:

1. presenting interns, in writing, with the program's general performance requirements;
2. stipulating the procedures for evaluation of interns, including when and how evaluations will be conducted; such evaluations should occur at appropriate and set intervals, during the training year and at its conclusion;
3. articulating in writing the procedures and guidelines involved in making decisions regarding impairment [these appear below];
4. communicating with Academic Programs about observed difficulties with interns, to coordinate with them about how to address such issues;
5. instituting, in conjunction with the Academic Program when needed, a remediation plan for identified deficits, including a time frame for required improvement and consequences if the difficulty is not rectified;
6. providing the program's Policy and Procedures at the outset of the training year to the intern, including the description of Due Process and Grievance mechanisms;
7. ensuring that interns have sufficient time to respond to any action taken by the program;
8. using input from multiple training sources when making decisions or recommendations regarding the intern's performance; and
9. documenting, in writing and to all relevant parties, actions taken by the program and the rationale.

The Evaluation Process

Interns are evaluated and given feedback throughout the year by their individual supervisors as well as by other staff involved with their training. Feedback facilitates intern professional growth by acknowledging strengths as well as identifying areas of focus for further skill development; it can also

² All guidelines and procedures were developed based on recommendations established by Lamb, Cochran and Jackson (1991) and Lamb, Presser, Pfost, Baum, Jackson and Jarvis (1987), which have become standard references for APA-accredited internship programs.

serve to identify performance or conduct areas that need improvement. Each supervisor provides the intern and the Training Director with formal written evaluations at the midpoint and conclusion of the year for interns. The evaluations cover three major areas: (a) the awareness and incorporation of relevant professional standards, (b) the acquisition and demonstration of expected professional skills and abilities, and (c) the appropriate management of personal concerns and interpersonal conduct as they relate to professional functioning in the Counseling Center.

At least once per quarter the training staff meets for a comprehensive review of the progress of CAPS interns. Information is gathered from clinical supervisors, seminar leaders, and other training staff who have had significant contact with the intern. After the review, the supervisors integrate all evaluations and meet with the intern to provide them with a summary evaluation and comprehensive feedback. Both intern and supervisor discuss how the training experience is proceeding, and the intern has the opportunity to give their reactions to the feedback and offer critiques of the training experience. The Individual Supervisors and the intern may negotiate for a modification of the training program to address particular needs and recommendations for development; however, any significant deviations from the training program structure should be negotiated with the Training Director. Discrepancies between the training staff's evaluation and that of the intern should be addressed and where possible, resolved. Procedures for addressing unresolved differences are described below.

When formal, written evaluations have been completed and discussed, both the supervisor and intern sign the evaluations indicating that they have been reviewed by both parties, and the intern appends any comments they wish to note. A copy of the evaluation is then provided to the Training Director for the intern's permanent training file.

Communication with the Intern's Academic Program

The Training Director is responsible for ensuring that the intern's sponsoring academic program is kept apprised of the intern's progress and performance. The Training Director communicates with the intern's academic program as needed, and at a minimum, provides mid-year (December) and year-end (August) summative evaluations from the intern's supervisor(s). In the event that problems arise in the training experience of an intern, the Training Director may initiate consultation with the intern's academic program to convey any concerns or modifications of the intern's training contract with CAPS.

Problems with Intern Performance

Definitions

The Training Program recognizes that problems arise for a variety of reasons, and that most are perceived to be not unexpected or not excessive for professionals in training. However, intern behaviors may become problematic when they cause interference in professional functioning. Supervisors and/or trainers may perceive that an intern's behaviors, attitudes, or characteristics are disrupting the quality of his or her clinical services, relationships with peers and trainers, or their ability to comply with appropriate standards of professional behavior. If not adequately assessed and remediated, such behavior may compromise the welfare of a client, the welfare of an intern, and/or the goals of the training program. Ethical guidelines set by the American Psychological Association (2002) and the American Counseling Association (ACES, 1993) assert the importance of protecting the rights of both clients and interns; CAPS upholds this responsibility by instituting relevant policies and procedures for these reasons. To address these issues, policies and procedures related to problematic intern behavior/performance are outlined below.

In reviewing the literature on trainee impairment and problematic behavior, Forrest, Elman, Gizara, and Vacha-Haase (1999) concluded that there is confusion in the field over terminology and definitions of problematic behaviors, and recommended that trainers develop clearer definitions which would then lead to "more accurate assessments, more appropriately designed remediation plans, and more defensible decisions to dismiss" (p. 665). For example, a distressed condition may not necessarily impact directly on a trainee's professional performance and so it would not in itself constitute problematic behavior. However, when it does adversely and significantly affect professional performance, it is considered problematic. When difficulties are noted, evaluative criteria should address particular professional behaviors, through clear feedback by the supervisors at set intervals during training.

For the purposes of this document, intern behavior becomes a serious concern when it interferes in professional functioning in one or more of the following ways:

- *Unethical behavior or violation of policies.* An inability and/or unwillingness to acquire and integrate essential professional standards into one's repertoire of behavior
- *Inadequate performance* An inability to acquire professional skills in order to reach an acceptable level of competency for the intern's stage of development (as operationalized by developmental scale of competency levels on CAPS evaluations)

- *Problematic performance or conduct.* An inability to control personal stress, psychological dysfunctions, and/or inappropriate emotional reactions which disrupt professional functioning

In general, it is a matter of professional judgment as to when difficulties in an intern's behavior reach the level of **problematic performance or conduct**. Behaviors typically become identified as problematic performance or conduct 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 didactic training and/or further supervised practice
3. the quality of services delivered by the intern are significantly affected in negative ways
4. the problem is not restricted to one area of professional functioning
5. a disproportionate amount of attention by training personnel is required to attempt to contain and/or ameliorate the consequences
6. the intern's behavior does not change as a function of feedback, remediation effort, other corrective experience, and/or time
7. the problematic behavior has potential for ethical or legal ramifications if not addressed
8. the intern's behavior negatively impacts the public view of the agency
9. the problematic behavior negatively impacts peer and/or professional relationships

Procedures for Responding to Problematic Performance or Conduct

The procedures for due process at CAPS are intended to promote fair, balanced and thorough discussions of concerns regarding intern performance in the effort to achieve remediation and/or resolution; they follow a sequential path with the possibility of resolution at any step but identify a subsequent step if resolution is not achieved.

All discussions regarding intern performance begin in the individual supervision meetings; it is the responsibility of the supervisor to bring to the intern's attention skills, behaviors, or other actions which are evaluated as inadequate or problematic and to discuss strategies for skill acquisition or ways to improve intern performance. If an intern's behavior or performance continues as seriously problematic or inadequate at any time (including but not limited to the times at which formal evaluations are made), the supervisor will discuss the areas of concern with the intern and subsequently notify the intern and the Training Director of the basis and rationale for the evaluative rating of the behaviors of concern. The intern will be afforded the opportunity to respond formally through written response to the evaluation, and may provide any additional information with reference to the identified problems. The Training Director, in consultation with the Training Committee and the CAPS Director,

would then review the rating, its rationale and any response to it from the intern, to determine what subsequent action should be taken to address the problems identified. Possible actions include:

1. **Informal Intervention:** In many cases the concern may be addressed informally through re-negotiation of the intern's training goals. The Training Director may make recommendations regarding supervisory interventions or training changes, or may choose to bring the matter to the Training Committee for further discussion and recommendations.
2. **Acknowledgement Notice:** The Training Director, in conjunction with the Training Committee, may choose to issue an "Acknowledgment Notice" that formally acknowledges awareness of and serious concern with the intern's performance as evaluated by the supervisor and training staff. Its intent would be to identify specific areas or behaviors of concern, expectations regarding behavior change, and emphasize how relevant training staff will work with the intern to rectify the problem. In this situation, the behaviors associated with the rating are not considered significant enough at that point to warrant more serious action.
3. **Probation Notice:** In more serious instances, the Training Director and Training Committee may issue a "Probation Notice," which establishes a process for a set period of time in which the Committee will actively and systematically monitor, through the intern's supervisors, the intern's efforts to address, change, and/or improve the problem behaviors. The probation statement should include:
 - (a) the specific behaviors associated with the evaluative rating
 - (b) the Committee's recommendations for rectifying the problem, including any immediate action that should be taken
 - (c) the time frame for the probation during which the problem is expected to be ameliorated
 - (d) the procedures designed to ascertain whether the problem has been appropriately rectified.

The Training Director or designee will then meet with the intern and the intern's supervisors to review the probationary conditions. The intern may choose to accept the conditions or may choose to appeal the action. The procedures for appeal are presented in a later section.

The intern's Academic Program will be informed if an Acknowledgment Notice or a Probation Notice is issued. Notification will indicate the nature of the evaluative rating, its rationale, and the action taken by the Training Program; a copy of the formal supervisory evaluations raising the concerns would be included. The intern shall receive a copy of any letter sent to the Academic Program.

Once an Acknowledgment or Probation Notice is issued, it is expected that the status of the evaluated behavior(s) will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the performance has been rectified to the satisfaction of the Training Director and the Training Committee, the intern, the Academic Program and other appropriate individuals will be informed, and no further action will be taken.

Types of Remediation Recommendations

When formal actions are taken, a group meeting is held with the intern and their supervisors to discuss the evaluative concerns and to establish specific expectations regarding intern improvement/change. Expectations are negotiated amongst all parties, and subsequently documented in written form as a revised training contract. It is important to clearly establish the appropriate means to address a condition of inadequate performance or problematic performance/conduct once it has been identified. Several possible, and perhaps concurrent, courses of intervention designed to remediate problems may include but are not limited to:

1. increasing supervision either with the same or another supervisor
2. changing the format, emphasis, and/or focus of supervision
3. requiring specific readings or coursework
4. personal therapy may be encouraged. Recommendation for treatment will be in consultation with Human Resources, with a clear statement about the manner in which such therapy contacts will be used in the evaluation process
5. reducing the intern's clinical or other workload
6. recommending, when appropriate, a leave of absence and/or a second internship
7. the intern's academic department may be consulted on the remediation plan for collaboration

Monitoring of progress and evaluative feedback would occur on an ongoing, active basis in the intern's individual supervision meetings. The Training Director would be kept informed of progress made in meeting the revised training goals.

Failure to Demonstrate Sufficient Improvement

When a combination of interventions does not rectify the problematic performance or conduct within a reasonable period of time under the conditions stipulated, or when the intern seems unable or unwilling to alter their behavior, the Training Program may need to take more formal action. The Training Director will meet with the Training Committee to discuss the intern's status in the Training Program. Any of the following actions may be taken:

1. a continuation of the probation for a specified time period
2. a suspension, whereby the intern is prohibited from engaging in certain professional activities until there is evidence that the problem behaviors in question have improved
3. the intern may voluntarily withdraw from the CAPS Training Program
4. a recommendation to the Director of CAPS that the intern be terminated from the program

If the determination of insufficient improvement is made at the end of a training year, the Committee may:

1. give the intern a limited endorsement, including the specification of those settings or roles in which s/he could function adequately
2. determine that the intern has not successfully completed the Training Program, with the recommendation of a subsequent internship
3. when the Training Committee and Training Director conclude that the intern is not suited for a career in professional clinical practice, recommend a career shift for the intern and facilitate this if possible

The Training Program decision will be given to the intern in writing. Within one week of the receipt of the Program's determination, the intern may respond by either accepting or appealing the action. A lack of response by the intern to the Training Program's decision will be interpreted as accepting the action. If an appeal is made the intern must, within one week, provide in writing to the Training Director and the Training Committee the reasons why the intern maintains that the action is unwarranted. If the intern appeals the Program's action, the procedures outlined in the section below on "Intern Appeal" will be implemented. Whatever actions are taken, it is important that the steps are appropriately documented. The intern's Academic Program will be notified in writing of the Training Program's determination.

Violations Meriting Immediate Suspension

Some violations of policy or procedure are serious enough to warrant immediate action. Should the intern commit a felony, have sexual or romantic contact with a client, or perform any other serious violation of ethical conduct or the university policy, they will be placed on immediate suspension. Further disposition will be determined by the Director in consultation with the Training Director, the Training Committee, and/or other training staff and with Human Resources in accordance with relevant university policies and procedures. The intern's academic program will be notified of the violation and actions taken by CAPS.

Procedures for Intern Appeal

If the intern appeals an action taken by the Training Program as described above, they must inform the Training Director in writing within one week of the receipt of notification of the action. A Review Panel will then be convened, consisting of the Training Director as chair, two staff members selected by the Director, and two staff members selected by the intern. A review hearing will be conducted in which the appeal is heard and the evidence presented. The intern retains the right to be present and hear all facts with the opportunity to dispute or explain his or her behavior, prior to discussion by the Review Panel. Decisions by the Review Panel will be made by majority vote. Within

one week of the completion of the review hearing, the Review Panel will submit a report to the Director of CAPS, with a copy to the intern, including any recommendations for further action.

Within one week of receipt of the Panel's report, the Director of CAPS will either accept the Review Panel's recommendation for action, reject it and provide an alternative, or refer the matter back to the Review Panel for further deliberation. In the latter instance, the Panel would then report the results for further deliberation. The Director then will make a final decision regarding what action is to be taken. When the final decision has been reached, the intern, the Academic Program and other appropriate individuals are informed in writing.

Due Process Procedures: Complaint by Staff Member

When a staff member of CAPS has a concern with an intern regarding a perceived violation of ethical or legal standards, serious professional incompetence or negligence, or major infringement on the rights of others, the staff member should discuss the concern directly with the intern and the intern's supervisors for reasons of education and enlightenment. If this discussion should be unsatisfactory in resolving the concern, and/or the intern behavior is serious enough to warrant it, the staff member may submit a complaint, in writing, to the Training Director. The Training Director will notify the intern and the intern's supervisors of the allegation and convene a subcommittee with the intern's Individual Supervisors and when appropriate the Clinical Director, unless one of them is the individual filing the grievance. If so, a different staff person will be appointed to the subcommittee. The subcommittee will review the complaint to determine if there is reason to proceed with an investigation or whether the behavior in question is in the process of being rectified and without negative consequence.

If the subcommittee determines that the alleged behavior is not substantiated or would not constitute a serious violation, the Training Director shall inform the intern and the staff member, who may be allowed to renew the complaint if additional information is provided. When a decision has been made by the subcommittee that there is probable cause, the procedures for responding to problematic performance/conduct outlined above will be implemented.

Grievance Procedures: Concerns Regarding a Staff Member

Complaint Against a CAPS Staff Member

There may be situations in which an intern has a complaint (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, personality clashes, workload issues, other conflicts)

regarding a supervisor, another member of the CAPS training staff, or with the program itself. The recommended steps would be:

1. The intern should attempt to discuss the concern directly with the individual involved in an effort to informally resolve the problem.
2. If this is insufficient to resolve the problematic situation, or it is inappropriate to raise the issue directly with the individual concerned, the intern should raise the issue with a supervisor (or the Training Director if the concern is regarding a supervisor) for consultation and guidance. Following this consultation, the intern:
 - (a) may then personally discuss the matter with the staff member involved
 - (b) accompanied by a supervisor, may meet and talk with the staff member involved in an effort to seek resolution
 - (c) possibly with a supervisor, may meet with the Training Director to discuss the concerns and efforts made to date to seek resolution
3. When the Training Director becomes involved, any of the following steps may be taken to seek resolution:
 - (a) The Training Director may talk privately with the staff member involved
 - (b) The Training Director may talk with the staff member and intern together to seek resolution of concerns
 - (c) The Training Director, intern, intern's supervisor(s), and the staff member involved may meet together to seek resolution
4. If these steps fail to resolve the matter, the Training Director will consult with the CAPS Director to develop appropriate procedures to review and investigate the complaint.

If the Training Director is the object of the complaint or grievance, the intern should consult with a supervisor and together consider the following sequence of steps:

1. The trainee may meet privately with the Training Director to raise concerns and seek resolution
2. The trainee and a supervisor together may meet with the Training Director to seek resolution
3. The trainee and supervisor may raise the issue with the CAPS Director, who would then advise on the appropriate steps to be taken, including but not limited to mediation by another party. If resolution is not achieved, the CAPS Director or their designee would assume administrative responsibilities for the trainee in the Training Director's stead. An outside professional determined by the CAPS Director may be offered as a consultant to the process, to provide independent support and guidance related to the complaint or grievance.
4. If the Training Director is one of the trainee's supervisors and the matter cannot be resolved:
 - (a) The trainee and Training Director may agree to continue with supervision under stipulated conditions (e.g. the focus of supervision remains on specific tasks or areas)
 - (b) Another senior staff member may be assigned to assume supervisory responsibilities for the trainee in the Training Director's stead; responsibilities would include formal evaluations of the trainee's performance

If the trainee wishes to file a more formal complaint, this should be in writing and submitted to the Training Director and/or the Director of CAPS. The Director will then establish a procedure to review and investigate the complaint. This does not preclude attempts at resolution made at the university/institution level. It is the policy of Northwestern University to provide an avenue for individuals who may have a complaint regarding the behavior(s) of any university employee (see below).

The NU Staff Handbook describes the university policies and procedures for employee complaints, and can be accessed online at www.northwestern.edu/hr and states the following:

“Employees who believe that they have been treated unfairly on the job should voice their complaints and have them reviewed. An employee who believes that he or she has not been treated fairly in accordance with University policies and who has been unsuccessful in satisfying the complaint through discussion with the supervisor or within the department may use the complaint procedure to obtain an administrative review of the conditions or actions causing the complain. Complaints are to receive review and response without retaliation against the employee voicing the complaint.” (p 48)

The Northwestern Staff Handbook recommends consultation with Human Resources regarding complaints to explore options for addressing the situation. Procedures for filing complaints are outlined in the NU Staff Handbook.

In addition to university policy, trainees may be guided by APA Ethical Principles which suggest that individuals concerned about a possible ethical violation “attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved” (Ethical Standard 1.04, APA, 2002).

Professional Conduct and Workplace Commitment

Northwestern University is committed promoting a welcoming, positive, and safe work environment for all staff members, CAPS adheres to the Requirements in the Workplace (Chapter 3 in the Northwestern Staff Handbook) that covers ethics, conflict of interest, preventing violence, drug and alcohol policy, emergency preparedness, and other issues. As Northwestern employees, Doctoral Interns are required to review these requirements in addition to this handbook. Northwestern is also committed to providing a respectful, accessible, and inclusive environment for all members of its community. To achieve this, all employees are required to familiarize themselves with expectations and resources outlined in Workplace Commitment section (Chapter 4 in the Northwestern Staff Handbook) that cover discrimination and harassment, Title IX policy, sexual harassment and sexual misconduct, and resources for advice and assistance. Some of the information in that chapter is excerpted here.

Northwestern University’s Policy on Discrimination and Harassment

Northwestern University does not discriminate or permit discrimination by any member of its community against any individual on the basis of race, color, religion, national origin, sex, pregnancy, sexual orientation, gender identity, gender expression, parental status, marital status, age, disability,

citizenship status, veteran status, genetic information or any other classification protected by law in matters of admissions, employment, housing or services or in the educational programs or activities it operates. Harassment, whether verbal, physical or visual, that is based on any of these characteristics is a form of discrimination.

Northwestern University complies with federal and state laws that prohibit discrimination based on the protected categories listed above, including Title IX of the Education Amendments of 1972, which prohibits discrimination based on sex (including sexual misconduct) in the University's educational programs and activities. In addition, Northwestern provides reasonable accommodations to qualified applicants, students and employees with disabilities and to individuals who are pregnant.

Harassment, whether verbal, physical or visual, that is based on any of these characteristics, is a form of discrimination. This includes harassing conduct affecting tangible job benefits, interfering unreasonably with an individual's academic or work performance, or creating what a reasonable person would perceive is an intimidating, hostile or offensive environment.

Resources for Professional Conduct, Workplace Expectations, Due Process, Equal Opportunity, and Access

Northwestern Staff Handbook

<https://www.northwestern.edu/hr/essentials/policies-procedures/staff-handbook.html>

Northwestern's Nondiscrimination Statement and Resources

<https://www.northwestern.edu/equal-opportunity-access/policies/non-discrimination-statement.html>

Office of Equal Opportunity and Access

720 University Place

Evanston

eeo@northwestern.edu

<https://www.northwestern.edu/equal-opportunity-access/accommodation/index.html>

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