

Internship in
Health Service Psychology
University of Washington Tacoma
Psychological & Wellness Services

Internship Brochure

Updated 04/25/23



TACOMA

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Internship in Health Service Psychology Internship Brochure

Training Program Setting

Tacoma, Washington

Located at the foot of iconic Mount Rainier, along the shores of Commencement Bay in Washington State, Tacoma is recognized as a livable and progressive port city. With a population of more than 219,000 residents¹, Tacoma is the second largest city in the Puget Sound area and the third largest in the state. In the last few decades, the city underwent a major transformation and became a center for international exports, the arts and diverse culture, outdoor recreation, and healthy, affordable living. Scenic views abound, from salt water beaches to twin suspension bridges, from nearby national parks to an urban forest preserve. Average temperatures in Tacoma typically range from 37°F to 78°F with a nearly constant 0% humidity all year. Tacoma's short summers tend to be warm and dry, and its longer winters cold and rainy. With an average annual rainfall of 41 inches (compared to the U.S. average of 38 inches), Tacoma stays green throughout most of the year, with only occasional snowfall (an average of 4 inches annually).²

Selected Local Attractions

Please take a moment to browse the information below about our community and selected local attractions in Tacoma, Pierce County, and beyond. Items are alphabetized within the categories of general information, cultural resources, entertainment, museums and landmarks, the outdoors, religious and spiritual resources, and sports.

General Information:

Chamber of Commerce

<https://www.tacomachamber.org/>

Data USA (Census) for Tacoma

<https://datausa.io/profile/geo/tacoma-wa/>

Explore Neighborhoods

<https://movetotacoma.com/explore-neighborhoods/>

Joint Base Lewis-McCord

<https://home.army.mil/lewis-mcchord/index.php>

Puyallup Tribe of Indians

<http://www.puyallup-tribe.com/>

Travel Tacoma

<https://www.traveltacoma.com/>

UW Tacoma Staff Favorites: Restaurants, Activities, Nightlife, and Shopping

https://www.tacoma.uw.edu/sites/default/files/2021-02/tacoma_favorites.pdf

Cultural Resources

Asia Pacific Cultural Center

<https://www.asiapacificculturalcenter.org/>

The Black Collective

<https://theblackcollective.org/>

Chinese Reconciliation Project Foundation

<http://crpftacoma.org/>

Korean Women's Association (KWA)

<https://www.kwacares.org/>

Multicultural Child and Family Hope Center

<https://mcfhc.org/>

Partnerships for Action, Voices for Empowerment (PAVE; disability)

<https://wapave.org/>

Puyallup Tribe of Indians

<http://www.puyallup-tribe.com/>

Rainbow Center

<https://www.rainbowcntr.org/>

Tacoma Refugee Choir

<https://www.refugeechoir.org/>

Tacoma Urban League

<https://thetacomaurbanleague.org/>

Tahoma Indian Center

<https://www.tahomaindiancenter.org/>

Entertainment:

Emerald Queen Casino

<http://emeraldqueen.com/>

Grand Cinema

<https://www.grandcinema.com/>

Northwest Sinfonietta

<https://nwsinfonietta.org/>

Symphony Tacoma

<https://symphonytacoma.org/>

Tacoma Arts Live

<https://www.tacomaartslive.org/>

Tacoma Dome

<https://www.tacomadome.org/>

Tacoma Theaters

<https://www.tacomavenues.org/tacoma-theaters>

Tacoma Urban Performing Arts Center

<https://tacomaupac.org/>

Museums and Landmarks:

Buffalo Soldiers Museum

<https://www.buffalosoldierstacoma.org/>

Chihuly Bridge of Glass

<https://www.traveltacoma.com/listings/chi-huly-bridge-of-glass/479/>

Museum of Glass

<https://www.museumofglass.org/>

Point Defiance Zoo and Aquarium

<https://www.pdza.org/>

Tacoma Art Museum

<https://www.tacomaartmuseum.org/>

Tacoma Narrows Bridge

<https://www.wsdot.wa.gov/TNBhistory/>

Union Station

<https://www.gsa.gov/historic-buildings/tacoma-union-station-tacoma-wa>

The Outdoors:

Five Mile Loop and Trails

<https://www.metroparkstacoma.org/five-mile-drive-trails-point-defiance/>

Metroparks Tacoma

<https://www.metroparkstacoma.org/>

Mount Rainier National Park

<https://www.nps.gov/mora/index.htm>

Olympic National Park

<https://www.nps.gov/olym/index.htm>

Point Defiance Park

<https://www.metroparkstacoma.org/point-defiance-park/>

Seymour Botanical Conservatory

<https://www.metroparkstacoma.org/place/w-w-seymour-conservatory/>

Ruston Way Waterfront

<https://www.traveltacoma.com/regions/tacoma/ruston-way-waterfront/>

Religious and Spiritual Resources

Associated Ministries (Interfaith Resources)

<https://associatedministries.org/interfaith-engagement/resources-for-faith-communities/>

Congregation T'Shuvat Yisrael

<http://www.yeshuati.com/>

Tacoma Buddhist Temple

<https://www.tacomabt.org/>

Tahoma Unitarian Universalist Congregation

<https://www.tahomauu.com/>

Temple Beth El

<https://www.tbetacoma.org/>

United Church in University Place

<http://ucup.org/>

Urban Grace

<https://www.urbangrace.org/>

Sports

Chambers Bay Golf Course

<https://www.chambersbaygolf.com/>

Cheney Stadium

<https://www.milb.com/tacoma/ballpark/cheney-stadium>

Girls on the Run Puget Sound

<https://www.gotrupugetsound.org/>

Queer City Sports

<https://queercitysportstacoma.leagueapps.com/leagues>

Seattle Kraken (NHL)

<https://www.nhl.com/kraken>

Seattle Seahawks (NFL)

<https://www.seahawks.com/>

Seattle Sounders (MLS)

<https://www.soundersfc.com/>

Seattle Storm (WNBA)

<https://storm.wnba.com/>

Pierce County Sports Leagues and Recreation

<https://www.co.pierce.wa.us/1407/Recreation-Sports>

Tacoma Rainiers (MLB)

<https://www.milb.com/tacoma>

Wild Waves Theme & Water Park

<https://www.wildwaves.com/>

University of Washington Tacoma

The University of Washington Tacoma (UW Tacoma; “U-Dub” Tacoma) is located in Tacoma’s historic Warehouse District, part of the recently revitalized area of downtown Tacoma. As one of three campuses that make up the University of Washington, UW Tacoma is a member of the Coalition of Urban Serving Universities, founded in 1990 in response to the growing interest in higher education opportunities in the South Sound region. Initially focused on ‘time bound, place bound’ students with limited access to educational opportunities, and offering programs with demonstrated regional needs, UW Tacoma is committed to building strong communities and improving the health of diverse populations.³ In this spirit, some of the university’s unique academic offerings include undergraduate majors in Ethnic, Gender, and Labor Studies; Spanish Language and Cultures; and Sustainable Urban Development. These are complemented by undergraduate minors such as American Indian Studies; Asian Studies; Education and Community Engagement; and Restoration Ecology; and by graduate and professional programs in Community Planning, Educational Leadership, Geospatial Technologies, Nursing, and Social Work, to name a few.⁴

The UW Tacoma campus is located on 46 acres of land along a hillside overlooking the Port of Tacoma and Mount Rainier. A portion of campus extends onto reservation land belonging to the Puyallup Tribe of Indians. UW Tacoma has developed a strong partnership with the Puyallup Tribe of Indians, who are the official tribal sponsor of the university.⁵ UW Tacoma's diverse student population includes a broad range of ethnic and family backgrounds, ages, interests, and experiences. More than half of students transfer to UW Tacoma from one of the many community colleges in the area or from other universities. The UW Tacoma student population is considered majority-minority, with approximately 63% of undergraduates identifying as students of color. Among the approximately 4,800 students attending UW Tacoma in 2022-23, the student makeup was as follows: 23% Asian American, 14% Hispanic/Latinx, 11% African American, 11% Two or More ethnicities, 4% International, 1% Hawaiian/Pacific Islander, and 1% Native American. Most students are in-state residents (92%), receive financial aid (68%), and are the first in their family to earn a college degree (54%). UW Tacoma is also designated as a veteran-supportive campus; approximately 16% of students are military-affiliated. UW Tacoma welcomes students regardless of citizenship - in Washington, eligible undocumented students may pay in-state tuition at state colleges and universities.⁶

University of Washington Tacoma Statement of Commitment to Diversity

To hold constant a nurturing learning and work environment in the midst of change, each member of our UW Tacoma community has the responsibility to build and sustain respectful and supportive relationships, through which intolerance, discrimination and social injustice are confronted and resolved through non-violent behavior.

We are committed to confronting and dismantling systemic racism, including anti-Blackness, colonialism, xenophobia, and all other forms of oppression, wherever we encounter them as we work toward institutional equity and social justice.

The University of Washington Tacoma's commitment to diversity is central to maintaining an atmosphere wherein students, staff, faculty and South Sound residents find abundant opportunities for intellectual, personal and professional growth.⁷

University of Washington Tacoma Vision, Mission and Values

Vision

The University of Washington Tacoma fosters a thriving and equitable society by educating diverse learners and expanding knowledge through partnership and collaboration with all our communities.

Mission

As an urban-serving university, we:

- Expand access to higher education in an environment where every student has the opportunity to succeed

- Foster scholarship, research and creativity to address the challenging problems of our time and place
- Partner and collaborate for common good
- Catalyze the economic and social vitality of the region

Values

The University of Washington Tacoma values:

- Excellence
- Community
- Diversity
- Innovation
- Access⁸

Division of Student Affairs Mission, Vision and Values

Mission

Student Affairs champions holistic learning and lifelong success for students. We support students through obstacles and engage them as partners to build an inclusive, community-connected campus. Our collective efforts help students live with meaning and work with impact.

Vision

Student Affairs fosters diverse generations of leaders, collaboratively creating equitable conditions that nurture students' academic and personal success.

Core Values

Accountability: We do what we say we will do and accept responsibility for the quality of our work.

Empowerment: We provide students and colleagues with the best tools and guidance we can, so they can be successful and make knowledgeable decisions.

Equity: We use our voices and decisions to create processes, policies and systems that are just, impartial and fair.

Grit: We acknowledge that people and communities can experience hardship, failures and setbacks. We empower our students and one another to see shortfalls as feedback and opportunities for learning and improvement.

Inclusivity: We collaborate with students, colleagues and partners through processes that empower participants and create a true sense of belonging.

Service: We engage others in an open, friendly and responsive way that conveys we are willing to listen and understand each individual's situation. We respond appropriately and in a timely and professional manner.

Student-Centeredness: We clear the way for students to have a voice in shaping their UW Tacoma experience and ensure that students' experiences are considered in every conversation and decision of which our team is a part.⁹

Psychological & Wellness Services

Mission

Our mission is to improve the mental health and well-being of our campus community. In the effort to provide a positive learning experience, we help students address issues of stress as well as helping them to focus on personal and academic goals, thereby contributing to improved motivation, performance and success.

Values

Our services are guided by our respect for individuals and their culture and by our commitment to confidential and professional excellence. PAWS is committed to maintaining an atmosphere of openness and trust. We encourage the free exploration and discussion of attitudes, beliefs, values, and behaviors that are similar to and different from those of other people. We are a Safe Zone for LGBTQ students. We are dedicated to promoting respect for all persons, and to providing culturally relevant psychological services.¹⁰

Staff

PAWS is staffed by four full-time clinicians who are licensed as psychologists, a Health Promotions Specialist, and Program Coordinator. Once psychologists have been licensed for at least two years, they are eligible to provide primary individual supervision to interns. Our leadership structure includes the Director, Training Director, Groups Coordinator, and Outreach Coordinator. Our Outreach Coordinator is our master's level Health Promotions Specialist. Our full-time Program Coordinator provides administrative support services. Each staff member is highly invested in our training program and is eager to support trainees' personal and professional growth throughout the year. Our clinicians have a variety of theoretical orientations, work from a developmental perspective, and share a commitment to diversity and social justice.

Facility

PAWS is located on the third floor of the Mattress Factory (MAT), a flatiron-shaped (triangular) brick building originally designed in the early 20th century for the manufacture of furniture and cabinetry. The building became LEED Silver Certified at the time of its renovation for university use in 2004.¹¹ The

preservation of historical architectural materials is evident throughout the building in exposed brick and wooden beams; even the Chicago Safe & Lock Co. vault remains to adorn the PAWS waiting room, too heavy and massive to be removed. Some students affectionately call it the “safe room.”

The Mattress Factory houses many of the offices and services of the Division of Student Affairs, of which PAWS is a unit. All PAWS providers have private offices with standard office equipment (e.g., desk, seating, locking file cabinet, computer, phone, lighting, internet connection, video recording equipment) and each office has a window. PAWS offices are situated together along one side of the suite. PAWS shares some space with Disability Resources for Students (DRS), whose main office is located on the first floor. Students who have ADA course accommodations take their exams in a quiet testing area located at one end of the PAWS suite, and the DRS Program Coordinator maintains a workspace opposite PAWS offices. Printers and office supplies are available to staff in a common area within the PAWS suite. A group room is available for group therapy, staff meetings, and other purposes. It is equipped with a 64” flat screen TV, computer, white board, sofa and chairs seating, and a small table. Training seminars may be held in the group room or via Zoom. A private waiting room is located just inside the PAWS entry, and the front desk is staffed by the PAWS Program Coordinator.

The Mattress Factory is wheelchair accessible from both front and back entrances, and the third-floor restrooms and PAWS suite entry have automatic doors. Single stall all-gender restrooms are located on the first and second floors of the building. Designated women’s and men’s restrooms are located just outside the PAWS suite along with water fountains and a water bottle filling station. The PAWS staff also informally stock the suite with a variety of teas and snacks – both healthy and indulgent – throughout the year. Just down the hall from the PAWS suite is a kitchen available for staff use, with a full-sized fridge, sink, two microwaves, toaster, coffee maker, electric kettle, seating area, and plenty of natural light. The building participates in composting and recycling. Vending machines for snacks and beverages are located on the first floor near the Dawg House, a student lounge space featuring tabletop and video games and an eating area. When you need a break, consider taking in a view of the Tacoma Dome and Mount Rainier (on clearer days) from the third-floor hallway.

Integration of the Training Program into the Larger Organization

The internship training program is integrated into Psychological & Wellness Services, the Division of Student Affairs, and the UW Tacoma campus in a number of ways. PAWS approaches training as a vital contribution to the mental health field, and the internship as a culmination of training for entry-level professionals. Accordingly, all clinicians are committed to training, and are available as mentors during the internship year. Interns are encouraged and invited to seek all clinicians for guidance, consultation, and advice.

All clinicians participate in leading training seminars and facilitating case conference. Interns also join clinicians at PAWS staff meetings.

Interns are also encouraged to engage with the campus community through referral, outreach, and consultation with other campus units within the Division of Student Affairs (e.g., Disability Resources for Students, First Generation Student Initiatives, Residence Life, Veteran and Military Resource Center, Student Involvement and Leadership) and in other areas of the university (e.g., Center for Equity and Inclusion, Teaching and Learning Center, International Student and Scholar Services, University Academic Advising). Based on individual interests, interns may also develop liaison relationships with campus partners, working with faculty, staff, and/or students to provide psychoeducational workshops or guest lectures, conduct needs assessments, or develop projects related to students' mental health. Lastly, as an urban serving university, interns are introduced to and may tour the facilities of community partners (e.g., Crystal Judson Family Justice Center, Rainbow Center, Rebuilding Hope! The Sexual Assault Center for Pierce County).

Interns are viewed as colleagues-in-training, deserving of respect, and treated accordingly both professionally and personally.

Training Program Administration

Psychological & Wellness Services staff members value training and all clinical professionals participate in the training program. The Training Director, who is a Licensed Psychologist in the state of Washington, coordinates the program and reports to the Director of Psychological & Wellness Services. The Training Director is responsible for program philosophy, training structure, intern selection, assignment of supervisors, and resolution of problems or concerns involving interns and/or the training program. The Training Director has primary responsibility for the day-to-day administration, coordination, and development of the training program. Center staff members are kept informed about the training program through weekly staff meetings. Supervisors meet formally at mid-quarter (4 times per year) to discuss supervisory issues, as well as the progress and training needs of current interns. In addition, the Training Committee, consisting of all supervisory staff and the PAWS Program Coordinator, meet monthly to discuss training related topics.

Accreditation/Professional Associations

PAWS has been a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since 2009. The Training Director is an active member of the Association of Counseling Center Training Agencies (ACCTA).

The Doctoral Internship in Health Service Psychology at Psychological & Wellness Services is not accredited by the American Psychological Association (APA). Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: 202-336-5979
Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Evaluation and Communication with the Doctoral Program

Evaluation is an important aspect of internship training, as it facilitates the communication between supervisors and interns about the intern's strengths, areas for growth, and recommended methods for achieving the required internship competencies. PAWS staff meet at each mid-quarter period to informally report to the Training Director about the progress of each trainee. Supervisors are expected to provide timely and specific feedback to interns so that improvements can be made during the course of the quarter, and so that there are no surprises when it is time for formal evaluations. At the end of each quarter, the individual supervisor collects feedback from all training staff and shares with the intern their feedback in the form of the formal Internship Competency Evaluation. In order to complete internship successfully, interns must receive a rating of 3 or above (on a 1 to 5 scale where 3=at current expected level of competency) on all items by the end of the internship year. Interns also provide formal evaluations of their individual and group supervisors, the Training Director, each training seminar, orientation activities, and the internship program as a whole. This feedback is used to facilitate discussion and to consider program improvements.

Communication between doctoral training programs and internship programs is of critical importance to the overall development of competent new psychologists. The internship is a required part of the doctoral degree, and while the internship staff assess the student's performance during the internship year, the doctoral program is ultimately responsible for evaluation of the student's readiness for graduation and entrance to the profession. Therefore, evaluative communication must occur between the two training partners.

The Training Director contacts the intern's home academic program within one week following the APPIC Match, at which time the Director of Clinical Training (DCT) is included on correspondence congratulating the intern on matching with PAWS and requesting the intern sign the Appointment Letter. The DCT is sent a signed copy of the Appointment Letter. Next, the Training Director typically contacts the DCT in the summer, before internship begins, to express enthusiasm for working with the intern and DCT, and to request the intern's most recent clinical (practicum) evaluation, if available. The Training Director remains in contact throughout the training year, emailing the DCT each quarterly Intern Competency Evaluation and providing a brief summary of the intern's progress. The Training Director is also available to the doctoral

program, should questions arise during internship. If a remediation plan is begun or in progress, the Training Director will be in close contact with an interns' doctoral program to keep them apprised of the process as well as to check in about any actions that may be taken by the doctoral program.

Minimum Hours Requirements

The PAWS internship as a whole, inclusive of all eligible holidays and leave time for the year, totals over 2,000 hours. PAWS does not deduct eligible leave time from the total number of internship hours, as that time is considered part of the position's benefits package. The Training Director will consider this internship to be completed with a minimum of 2,000 total hours, of which at least 500 (25%) must be direct service, over a period of 12 months. The Certificate of Completion will not be awarded prior to the completion of internship.

Demand for service can fluctuate throughout the year, with the lightest client load typically occurring during summer quarter. Thus, it is recommended that interns complete 450 hours of direct service by the end of spring quarter, leaving 50 for summer quarter. To enable interns to acquire enough direct service hours for state licensing boards, it is recommended that interns carefully plan their annual leave to be taken during quarter breaks or other "down times" at the center. It is also an expectation of permanent full-time staff that any significant period of annual leave (i.e., more than a couple of days) be reserved for break periods or summer quarter, in order to best meet student demand. The Training Director helps interns track their hours each quarter and advises interns and their supervisors regarding progress toward the direct service requirement.

Training Program Model and Philosophy

The UW Tacoma Psychological & Wellness Services internship program utilizes a practitioner-developmental model of training. The focus is on service delivery with a view of professional development as sequential in nature, and with the goal of helping interns move toward greater levels of autonomy and independent practice by the completion of the internship year. Embedded in this model is the belief that professional identity is not a static phenomenon that ends once a terminal degree or appropriate licensure or certification is achieved but instead consists of life-long learning that evolves as the field does.

This model also includes an emphasis on experiential learning which allows interns to learn through concrete experience, reflective observation, active experimentation, and establishment of mentoring relationships where training is viewed as relational and reciprocal. Interns are provided ample opportunity to observe the professional staff in various settings before actually participating in areas that are new to them. As expertise forms and competence develops, interns are encouraged to take on more responsibility and leadership. It has been our experience that most interns quickly move toward

independent practice under supervision, with the goal of leaving the internship year as a professional psychologist and colleague.

Along with professional growth, personal growth also is encouraged. The training staff believe that personal development and maturity are cornerstones of professional competence and identity. Every effort is made to provide a supportive environment which models and attends to personal growth. In a system that provides both support and challenge, interns are encouraged and supported in the process of becoming mature practitioners. This process begins by evaluating the knowledge and skills interns bring to the center. These are explored during orientation as interns reflect on their own experiences. Interns are asked in a variety of settings, including conferences with the training director, supervision, training seminars, and case conferences, to consider their own level of skill and professional development. Initially, interns are expected to demonstrate many skills at an intermediate level as described in the intern evaluation forms. Interns are asked to set goals, to build on the skills they bring, and to acquire advanced skills that are essential in the profession. These goals are reviewed periodically and may be revised as interns progress through the internship year.

Training Program Aims and Competencies

Our training model aims to produce competent and versatile generalists who are prepared to practice as entry-level professionals in college and university counseling centers as well as a variety of related clinical settings. The internship program serves to prepare interns to meet the requirements for psychologist licensure. Program aims, listed below, are addressed primarily through experiential and didactic learning processes. These include direct intervention with clients and the presentation of theory and techniques - based on current research and scholarly works - in didactic settings.

Aims

- To develop interns' clinical skills in preparation for entry-level positions as health service psychologists.
- To cultivate the self-knowledge, attitudes, and professional knowledge and skills needed for effective and ethical practice as psychologists.
- To develop and promote competence in individual and cultural diversity.

These aims are accomplished through focus on the nine Profession-Wide Competencies listed in the American Psychological Association *Standards of Accreditation for Health Service Psychology*¹² and described in the Commission on Accreditation *Implementing Regulations*.¹³

Competencies

- I. *Research*: Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications); and disseminate research or other scholarly

activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

II. *Ethical and Legal Standards*: Demonstrate competency in the following areas:

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

III. *Individual and Cultural Diversity*: Demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

Demonstrate:

- a. an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- b. knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;
- c. the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles;
- d. the ability to apply a framework for working effectively with areas of individual and cultural diversity; and
- e. the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

IV. *Professional Values and Attitudes*: Interns are expected to:

- a. behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others;

- b. engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness;
 - c. actively seek and demonstrate openness and responsiveness to feedback and supervision; and
 - d. respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
- V. *Communication and Interpersonal Skills*: Interns are expected to:
- a. develop and maintain effective professional relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services;
 - b. demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated; and
 - c. demonstrate effective interpersonal skills and the ability to manage difficult communication well.
- VI. *Assessment*: Interns are expected to:
- a. demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology;
 - b. demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural);
 - c. demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process;
 - d. select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient;
 - e. interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective; and
 - f. communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- VII. *Intervention*: Intervention is defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of

theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population or other systems. Interns are expected to demonstrate the ability to:

- a. establish and maintain effective relationship with the recipients of psychological services;
- b. develop evidence-based intervention plans specific to the service delivery goals;
- c. implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables;
- d. demonstrate the ability to apply the relevant research literature to clinical decision making;
- e. modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking; and
- f. evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

VIII. *Supervision*: Supervision involves mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee. Interns are expected to:

- a. apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice of supervision included, but are not limited to, role-played supervision with others, and peer supervision with other trainees;
- b. apply the supervisory skill of observing in direct or simulated practice;
- c. apply the supervisory skill of evaluating in direct or simulated practice;
- d. apply the supervisory skill of giving guidance and feedback in direct or simulated practice.

IX. *Consultation and Interprofessional/Interdisciplinary Skills*: 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. Interns are expected to:

- a. demonstrate knowledge and respect for the roles and perspectives of other professions; and
- b. apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to role-played consultation with others, peer consultation, provision of consultation to other trainees.

Responsibilities of the Training Program to Interns

The training program is committed to providing an environment conducive to the professional growth and development of interns. In addition to assisting in the development and refinement of clinical skills, a major focus of our program is to assist interns in integrating their personal functioning with their professional functioning. This involves the teaching of clinical skills as well as ongoing evaluation and feedback. This process also involves the development of trust and safety within the training program such that interns can approach learning experiences and challenges with a sense of openness, safety and appropriate vulnerability. Specifically, the training program assumes the following responsibilities toward interns:

- A. The training program will provide interns with a clear statement of goals and parameters of the training experience, including information about relevant professional standards, guidelines, and legal regulations that govern the practice of psychology. The training program will also provide appropriate forums to discuss these standards and guidelines.
- B. The training program will provide interns with copies of the Psychological & Wellness Services Intern Training Manual, as well as electronic access on the shared drive (S:\Student_Enrollment_Services\Admin_Shared\Student Success\Student Counseling Center\TRAINING), with a discussion of appropriate sections. The Intern Training Manual outlines a summary of requirements to be completed during the internship year, as well as relevant policies and procedures.
- C. The training program will provide quality supervision and didactic training by professionals who behave in accordance with professional, legal and ethical guidelines.
- D. The training program will provide criteria, outlined in the intern evaluation forms, which will be used in assessing competence in the areas detailed above.
- E. The training program will provide ongoing feedback that is specific, respectful, and pertinent to interns' skills and development. Formal written evaluations of interns' progress will be provided at the end of each academic quarter and will address interns' knowledge of and adherence to professional standards, professional skill/competency, and personal functioning as it relates to the delivery of professional services. Informal feedback will be given on an on-going basis.

- F. The training program will provide interns the opportunity to formally evaluate and provide feedback to the training program and supervisors. The opportunity to provide written evaluations of supervisors will occur at the end of academic quarter. Intern evaluations of the program will occur following the initial training activities (i.e., September orientation) and again at the end of the year. Interns will evaluate training seminars weekly. In addition, interns are encouraged to give informal feedback during supervision, meetings with the Training Director, and at any other appropriate time.
- G. The training program will provide mechanisms and a process by which inappropriate behavior affecting professional functioning is brought to the attention of the intern. The training program will maintain internal procedures, including grievance and due process guidelines, as well as a formal remediation plan to address and remedy perceived concerns as they relate to interns professional standards, competency, and functioning.
- H. The training program will maintain ongoing communication with the interns' graduate departments regarding progress during the training year.
- I. The training program will permanently maintain appropriate records to assist interns in the licensing process. Intern file contents include:
 - Appointment letter
 - Completed intern evaluation forms
 - Due Process/Grievance notes (if applicable)
 - Written correspondence with academic program
 - Case presentations (de- identified)
 - Work samples, e.g., Outreach presentation, consultation project (if applicable)
 - Record of hours
 - Copy of Certificate of Internship Completion

Intern Responsibilities to the Training Program

- A. Interns have the responsibility to maintain behavior within:
 - 1) the scope of the APA ethical guidelines for psychologists;
 - 2) the laws and regulations of the State of Washington;
 - 3) the regulations for professional staff of the University of Washington Tacoma; and
 - 4) the policies & procedures of the Division of Student Affairs and Psychological & Wellness Services.
- B. Interns have the responsibility to be open to professionally appropriate feedback from supervisors, professional staff, and agency personnel.

- C. Interns have the responsibility to act in a manner that facilitates professional interaction within PAWS and is in accordance with the standards and expectations of the agency.
- D. Interns have the responsibility to provide professionally appropriate feedback regarding all aspects of the training experience, including but not limited to: supervision, seminars, provision of individual and group therapy, outreach programming, and consultation experiences.
- E. Interns have the responsibility to participate actively in all aspects of PAWS programs, including clinical activities, seminars, case conferences, staff meetings, outreach activities, center demands beyond training requirements, and professional development activities. Active participation includes, but is not limited to: arriving promptly, demonstrating preparedness (e.g., completing assigned readings in advance, presenting knowledge of client progress and concerns), turning in assignments (e.g., clinical notes, summary of hours, evaluations) on time, engaging in active listening, asking relevant questions, and contributing to discussions.
- F. Interns have the responsibility to meet training expectations by developing the internship training competencies and meeting other training goals specifically identified and mutually agreed upon by the intern, supervisor, and Training Director.

Direct Clinical Service

Remote Services

It is likely that the direct services offered in 2023-24 will include a hybrid of remote and in-person services following the COVID-19 pandemic. As such, the following clinical services are described as they took place during the past academic year (2022-23) when services were primarily offered remotely, but the PAWS office was open. At that time, PAWS was considered a clinical site and thus masks were required to be worn (except when individuals worked alone in their offices). Students who did not have access to reliable internet or privacy to hold sessions from their homes, or who were on campus at the time of their sessions, were permitted to reserve a private space in the PAWS suite from which to hold their Zoom session, when such space was available. A number of private spaces were also available for reservation across campus. When necessary, in-person sessions were held, with all parties required to wear masks. PAWS flexes its protocols with changes in public health data and according to what makes sense for best serving our students. Thus, there may be changes to the procedures described below for the next academic year.

The Training Director has developed written protocols for everything related to virtual services, from how to record and save a session using Zoom, to what unique information to collect during a first session with a client who is conducting the session virtually. This information will be provided to you during orientation. Teletherapy training is also required prior to seeing clients via Zoom. Supervisors are experienced with (and provide training on) joining your Zoom session, if needed, in a crisis situation; completing a

Safety Plan with a client using Zoom; and responding via phone, Teams messaging, or in-person to your consultations while you are meeting with students online.

Because Zoom is so heavily utilized, please keep confidentiality in mind if you are working from home. Make sure you are in a private, confidential space. Use client initials rather than names on any handwritten notes. Use the locking file box provided to store any sensitive paperwork. You can later bring the file box to the office and place papers to be shredded in the receptacle at the front desk.

It is possible that staff may be working remotely some days of the week. It is important to our team that we all stay connected to one another. Whether working remotely or in the office, PAWS uses Microsoft Teams to communicate with one another on a daily basis. Teams is frequently utilized for brief messages that do not need to clutter an email inbox, or time-sensitive messages that cannot wait for email to be checked. The use of this platform initially helped us feel more like we were popping into one another's offices to say hello or to ask for consultation when working from home. Now, it is used to help keep our email free for communication that is not as social or time sensitive. When communicating information that you would like staff to be able to refer back to, please use email, which can be more easily organized.

Assessment

Initial Assessment and Intervention (Drop-in/Same-day Appt)

The purpose of the drop-in/same-day session is to provide students with a prompt mental health consultation resulting in appropriate recommendations. Drop-in/same-day sessions are required for students to establish services at PAWS for the first time or after a significant gap in services so that providers can make accurate recommendations for services. Students may also use this service if occasional/urgent support is needed between their regularly scheduled individual counseling sessions.

PAWS initially used the language "drop-in" when operating fully in-person, as students could come into the office to be assessed, typically that day. If services were at capacity, the student would be asked to return another day when drop-in services were available. When PAWS moved to fully remote operations, we changed the language to "same-day" sessions because regardless of how a student contacted us (i.e., via phone or email, but no longer physically "dropping in"), we would schedule students for initial assessments on the same day only. Again, students would be asked to reach out another day if same-day services were at capacity. The change in language from drop-in to same-day is also meant to clarify that PAWS does not provide drop-in counseling, but rather, semi-structured initial assessments (and occasionally crisis services) requiring informed consent for treatment.

Drop-in/same-day services are offered regularly throughout the week, in 3-hour blocks each Monday through Thursday. All students are seen on a first-come, first-served basis. Students may physically come into the PAWS office or email/call PAWS in order to be scheduled for a Zoom or in-person session with a provider that day. Students may be asked to return to PAWS or to contact PAWS again the next day if all slots are full.

The drop-in/same-day session typically lasts 30 minutes, though may be scheduled for 45 minutes to account for additional time needed when navigating virtual technology, and is done in a triage format. For students whose needs may be best met by a community provider or other campus or community service, appropriate referrals are made (though these are rare). If referred for in-house services, students typically leave with a next appointment scheduled, preferably within about one week. Rarely, PAWS operates with a wait list, in which students are prioritized according to acuity.

During orientation, interns first observe and then assist senior staff during their drop-in/same-day appointment times. After an initial period of training, interns are assigned a three-hour drop-in/same-day block each week to gain experience with initial assessment and intervention, crisis assessment and intervention, and referral. Interns are encouraged to consult as needed with the senior staff supervisor who is assigned to provide backup during their drop-in/same-day coverage. The supervisor is also available to take overflow clients during periods of high volume.

CCAPS-62 and CCAPS-34

The Counseling Center Assessment of Psychological Symptoms-62 (CCAPS-62) is a brief symptom inventory developed for use in college counseling centers. Interns are provided with training on the CCAPS at orientation. The CCAPS-62 contains subscales measuring eight relevant problem areas: depression, generalized anxiety, social anxiety, academic distress, eating concerns, frustration, substance use, and family distress. The measure is used in over 474 college counseling centers and provides aggregate data on students' mental health and national points of comparison. Additionally, interns learn how socio-cultural identities impact client responses to individual items, subscale scores, and change over time. Clients at PAWS complete the CCAPS-62 at their drop-in/same-day session and the CCAPS-34 (abbreviated version) at each additional session. Interns use CCAPS data to inform diagnostic impressions, monitor symptom change throughout therapy, and inform treatment decisions including treatment planning, termination, and referral.

Crisis Assessment and Intervention

Interns gain experience with crisis assessment and intervention during their drop-in/same-day coverage (there is no after-hours emergency coverage) and

when students present in crisis at other times. Interns may also monitor suicidal ideation or other risk among their individual clients. When students present in crisis outside of drop-in/same-day coverage hours, they are seen as soon as a clinician becomes available.

The Counseling Center Assessment of Psychological Symptoms-62, which clients self-administer prior to the drop-in/same-day session, and the CCAPS-34, which clients self-administer prior to each ongoing session, helps interns monitor suicidal ideation and other risk. The CCAPS-34 contains three critical items: *“I have thoughts of ending my life”* prompts the clinician to assess for suicidal ideation when endorsed. *“I am afraid I may lose control and act violently”* prompts the clinician to check on harm to self and/or others when endorsed. *“I have thoughts of harming others”* prompts the clinician to assess for homicidal risk when endorsed. The CCAPS-62 contains an added risk item: *“I lose touch with reality.”* This item is meant to help clinicians rule out dissociation and related concerns; as the answer typically does not change over time, it is not repeated on the CCAPS-34 for follow-up use. Clinicians are required to process/download the CCAPS to the Titanium chart prior to each session so that it can be reviewed and any relevant changes or risk items noted and discussed in session.

Trainings regarding suicide and homicide risk and prevention, as well as safety planning, are provided during orientation. Interns also gain experience with crisis assessment and intervention through their own caseloads, as they monitor suicidal ideation or other risk among their individual clients. In keeping with our practitioner-developmental model of training, supervisors are involved in crises as a first line of consultation for interns, providing support as needed, from step-by-step assistance early-on in training (and potentially joining trainees in session) to eventually providing support and any needed direction as a consultant.

ADHD Pre-Assessment

Early in the training year, interns are introduced to an ADHD “pre-assessment,” which is a semi-structured interview that includes questions relevant to determining whether a referral for formal ADHD assessment is warranted. Our students are less likely than traditional college students to have received formal ADHD/LD testing, accommodations, and/or prescription medication in high school. The UW Tacoma student population often does not have the means for costly assessment as adults, and wait times for these can be lengthy in the community. We strive to rule out anxiety disorders and other possible conditions prior to recommending formal assessment for ADHD or learning disabilities in order to reduce unneeded assessment referrals. Additionally, the Student Health psychiatric provider occasionally accepts our written findings from the ADHD pre-assessment, along with their own psychiatric evaluation, as sufficient evidence to begin a trial of medication for students seeking such intervention.

Interns receive training in recognizing the potential presence of ADHD and in conducting the pre-assessment. When clients are referred for pre-assessment, interns may shadow the psychologist conducting the ADHD pre-assessment and providing the client with verbal feedback. Interns may also review and discuss the resulting written report with the supervising psychologist.

Provision of Individual Therapy

Interns provide therapy to students who present with a wide range of issues such as mood disorders, anxiety disorders, interpersonal relationship problems, grief and loss, suicidal ideation, trauma, identity concerns, and self-esteem; and occasionally substance use concerns, disordered eating, and personality disorders. Typically, all students receive preliminary assessment through the drop-in/same-day service. Students who participate in individual therapy at PAWS are further assessed and diagnoses are made during their First Session with their assigned provider.

PAWS uses an intentional, problem-focused model for individual therapy. Rather than setting session limits, clinicians work with clients in a purposeful manner to meet identified therapy goals. Such goals are typically viewed as achieved when students' symptoms are sufficiently reduced so that they are able to effectively focus on their academics and they have the tools to cope on their own or with the support resources they have developed during counseling. Clients are typically seen weekly or every other week. If students opt in, they are also sent a text reminder of their appointment (this also applies to group therapy). Interns record all individual therapy sessions.

When individual therapy is provided via Zoom, each clinician uses their own HIPAA compliant, private Zoom *Personal Meeting Room*. One handy aspect of the Personal Meeting Room is that the link students use to access therapy with their assigned clinician is always the same (but don't worry, the Program Coordinator resends the link and instructions to clients the day before every therapy session).

Provision of Group Therapy

Interns co-facilitate a therapy group during the autumn, winter, spring, and/or summer quarters, as demand allows. During orientation, interns have an opportunity to express their interest in one of several group facilitation opportunities. Interns are paired with a member of the senior staff to co-lead group in the autumn and winter quarters. Depending on their competency in group facilitation, interns may co-lead a group with another intern during spring and/or summer quarters, or may lead a group on their own. Interns may develop a group based upon their individual interests for the spring and/or summer quarter, if such a group meets the center's needs. Groups are recorded for the purpose of discussion during Supervision of Groups.

Students are allowed to participate in either individual or group therapy, but not both concurrently. For the most part, group members are referred to group after completing at least one quarter of individual therapy. This helps prepare them for the group

experience and can help to deepen group conversation more quickly, which can be important when operating on the academic quarter system whereby groups tend to meet for 7-10 weeks. Common group offerings include Understanding Self and Others (interpersonal process for any/all students) and the psychoeducational group Build Your Social Confidence, for those with social anxiety to learn and practice skills through various structured activities. Healthy Minds, a skill-building group focused on reducing anxiety and depression that meets as a 3-week series (and often repeats once during a quarter), may be attended by students jointly attending individual therapy.

Groups sometimes run virtually; the curriculum for Build Your Social Confidence has been revised from its original in-person format for use online when needed.

Provision of Supervision to Preinterns

The preinternship program is a 9-month training experience for two doctoral students in counseling or clinical psychology programs. Because the University of Washington does not have a clinically-focused doctoral program in psychology, our preinterns come from other universities in the region. We require these students to have at least one year of clinical experience before joining us so that they can jump right into the work with our unique student population (providing individual therapy and occasional outreach). Interns are responsible for providing individual supervision 1.5 hours per week for PAWS preintern trainees, under the supervision of a psychologist. Essentially, we offer interns the experience of co-supervising preinterns. A senior staff psychologist sits in with the intern during supervision of the preintern, with the psychologist taking the lead early in the year (typically in autumn quarter) and the intern taking the lead later in the year (typically in winter quarter). The psychologist continues to provide input, answer questions, and otherwise co-supervise. In spring quarter, the supervision triad typically changes, with some combination of the psychologist and/or intern switching to the other triad. This provides interns with a breadth of experience. Below is our rationale for this setup.

In the state of Washington, where a postdoctoral training year is not required for licensure in the state (so long as other requirements are met), students typically opt to obtain a “practicum” (first clinical training experience) and then a “preinternship” (advanced/additional clinical experience) before applying for the doctoral psychology internship. If students meet the requirements for each of these, they may be eligible to obtain licensure without completing postdoctoral supervised hours. In order for PAWS to attract strong candidates for this level of training *and* ensure that our trainees have already completed some clinical training, we technically offer a preinternship. Thus, we follow the state guidelines for the preinternship described in Washington Administrative Code (WAC) 246-924-053.¹⁴ (We sometimes call it practicum because that is more consistent with the title used by professionals in other states; interns will likely hear this language used interchangeably throughout the year.) There are specific requirements for doctoral students to meet if participating in a bona fide preinternship, one of which involves being supervised by a psychologist licensed for at least two years. This makes it

challenging to involve interns in the supervision of preinterns. Thus, we meet the requirements of the preinternship by having a psychologist present in the supervision session with the intern, co-supervising. This, in turn, allows our interns to participate in the provision of supervision.

Outreach

The outreach work of PAWS is considered an essential service. The PAWS Health Promotion Specialist serves as the PAWS Outreach Coordinator, in addition to being the UW Tacoma confidential sexual assault victim's advocate, the Student Health Services and Immunization Requirement point person, and the person engaging the campus community in broad health prevention initiatives that promote well-being using best practices. In their Outreach Coordinator role, the Health Promotion Specialist works with interns to facilitate PAWS outreach programs ranging from informal conversations about mental health to serving as a mental health expert at campus events, to holding skills-based health workshops and trainings. Interns receive training and consultation from the Outreach Coordinator throughout the year to support their competency in developing outreach content, effectively facilitating workshops, and implementing best practices for the field of health promotion on university campuses.

The Outreach Coordinator also handles outreach requests, communicating outreach opportunities to the staff, maintaining an updated database of presentations, and posting relevant PAWS activities, such as available groups and workshops or self-care tips, to our social media. Our staff provides outreach to the UW Tacoma campus consistent with demonstrated need and requests. Outreach topics include, but are not limited to: introduction to our services, responding to distressed students, managing stress, coping with imposter syndrome, and improving sleep quality. PAWS frequently collaborates with departments across campus in order to provide pertinent outreach and best meet the needs of our students.

Interns are expected to engage in all forms of outreach, including the design, implementation, and evaluation of outreach programs in response to campus requests. If tabling events are scheduled, e.g., for Welcome Week, interns are expected to participate in these. Interns participate in at least two outreach activities per quarter other than tabling events. Interns are welcome to observe outreach presentations during orientation or early in the year prior to participating themselves, depending on their level of experience and comfort. Next, interns pair with a senior staff member to co-facilitate outreach presentations. Eventually, interns are expected to either present on their own or assume the lead role. Outreach can be conducted in-person or virtually, depending on the needs of the audience. If, after completing the requirements, an intern's skills in this area do not meet minimum competency requirements, an intern may be assigned additional outreach presentations to help develop these skills.

Receiving Supervision

Interns receive a minimum of four hours of supervision each week throughout the year, with some weeks having up to 5.5 hours of supervision scheduled. Individual supervision is consistently scheduled every quarter for two hours per week. Additional supervision may include some or all of the following (please see the table *Example of Intern Weekly Activities* on page 34): supervision of groups (typically held all year but may not be held in summer if groups are not offered), group supervision/case conference (held for 4 weeks of each autumn, winter, and spring quarters, and weekly throughout summer quarter), and supervision of supervision (held autumn, winter, and spring quarters when practicum trainees are being supervised). For example, autumn quarter includes individual supervision (2), supervision of groups (1.5), and supervision of supervision (1), which equals 4.5 hours weekly, plus 4 weeks of group supervision/case conference which equals 5.5 hours during those weeks. Anytime a particular supervisory experience is not offered, e.g., if groups do not run in the summer, another form of supervision is scheduled (e.g., additional group supervision/case conference during summer quarter) to take its place.

Individual Supervision

Supervision is one of the primary tools utilized to assist interns in their training and development. As such, it is an important focus of the internship experience. Interns receive two hours of weekly individual supervision from a Licensed Psychologist. For licensure purposes, some states require that interns receive supervision from a psychologist who has been licensed for at least two years. Thus, all individual supervisors at our site meet this criterion. The supervisor is responsible for overseeing the intern's caseload, signing off on the intern's drop-in/same-day and individual therapy notes, and providing clinical supervision. Interns and supervisors maintain secure, private, shared access to the intern's client list (which the trainee updates weekly) as well as the intern's videos of individual therapy (which the intern deletes after supervision each week).

Supervisors assume the liability and professional responsibility for the clients with whom the intern works. Thus, acceptance of a particular client onto an intern's caseload is ultimately up to the discretion of the intern's individual supervisor. Agency demands and availability of particular client characteristics also influence disposition of clients to an intern's caseload. Typically, clients are assigned to providers directly from drop-in/same-day sessions, and thus schedule compatibility is often the deciding factor in matching clients with providers, though students' special requests are honored if possible (e.g., to work with a woman-identified provider).

Each intern is supervised by at least two different psychologists over the course of the year. Final supervision assignments are made by the Training Director in consultation with staff, and with consideration given to goodness of fit and supervisor availability.

Supervision should occur in-person as a rule, but may be provided virtually if one party is well enough to work, but exhibiting signs of illness. When conducted virtually, screen sharing is used to view session recordings.

A secure shared folder is available for coordinating signatures on any client correspondence such as releases of information, or letter of support for withdrawal from classes. The Program Coordinator is available to assist with this, including uploading a copy to the client file.

Interns should prepare for supervision each week by accurately completing the Client List (Excel spreadsheet) provided during orientation. The Client List includes demographic information, presenting concerns, diagnosis, number of sessions, and other information relevant to supervision. The Client List should be saved in the *Counseling Center Training Video* folder associated with the specific trainee. When clients terminate therapy, interns can move them in the Client List from the top where active clients are listed to the bottom, where former (closed) clients are listed. Additional preparation for supervision should include any updates related to matters addressed at the previous supervision session, as well as questions to ask supervisors. Trainees should also prepare at least one video segment, at least 10 minutes in duration, for review during supervision. Additional video may also be presented and/or reviewed. Before presenting video, the trainee should provide context for the video segment, including what has happened already in the session, the topic being discussed in the segment, and what questions the trainee has or feedback the trainee would like to receive.

Supervision of Groups

Interns and their group co-facilitators meet for Supervision of Groups for 1 to 1.5 hours weekly. Supervision of Groups is facilitated by the Groups Coordinator, who is a Licensed Psychologist. At these meetings, discussions focus on group processes and presenting video recording of group sessions. The group supervision format enhances training by exposing interns to a variety of group types, facilitation styles, and client presentations. It also provides interns with practice giving peer feedback related to clinical intervention. Typically, the group co-facilitators also meet for 30 minutes before or after their group for planning purposes or debriefing. This allows for immediate processing of the group session, focus on any specific group member concerns, and preparation for the next group session.

Group Supervision/Case Conference

Case conference is a one-hour group supervision in which interns and senior staff rotate sharing about current clients through formal written and oral presentations in which video recorded therapy sessions are shown. A senior staff psychologist presents a case once every four meetings and facilitates a discussion among the interns. Interns are then scheduled in the subsequent two meetings to present case presentations with the same senior staff member in attendance. On the fourth week, all staff and interns are

invited to attend All Staff Case Consultation, bringing cases they would like to discuss in a group supervision format.

The group supervision/case conference is designed to allow interns the opportunity to receive peer supervision of their clinical work along with feedback from a senior staff psychologist. It also gives interns an opportunity to have regular contact with a variety of senior staff psychologists. All Staff Case Consultation provides interns with exposure to an even greater variety of client cases.

Intern case presentations include a written report with specific elements outlined, such as client demographics, presenting concerns, therapy goals, diagnostic information, theoretical discussion, the appropriate application and interpretation of one or more assessment instruments (e.g., CCAPS), as well as exploration and discussion of multicultural factors. A research component is also included, as interns cite at least one scholarly article per presentation and describe its relevance to the case. The written report is accompanied by a selected portion of session recording of no less than 5 minutes. In contrast, senior staff case presentations are typically oral only, as senior staff are not expected to present a written report or to record their sessions.

Group supervision/case conference meets weekly in summer quarter and intermittently throughout the academic year. Interns save their de-identified written case presentations to a private shared folder so the Training Director may save them as work samples in interns' permanent files.

Supervision of Supervision

Each intern meets weekly for one hour with the senior staff psychologist who provides co-supervision with them of the practicum/preintern trainee. Early in the year, when the psychologist takes the lead, interns reflect on what they have observed of the preintern's competence, share ideas for supervisory and/or client intervention, and discuss their self-assessment of supervisory skills. Later in the year, when the intern takes the lead, supervision of supervision provides the intern with the opportunity to receive feedback about their developing supervisory competence, among other typical tasks of supervision. Supervisory triads typically shift throughout the year, with interns and/or supervisors changing in order to increase the breadth of the experience and expose trainees to various supervisors/supervisees. Supervision of supervision does not take place in summer quarter, as our preinterns complete their training at the end of spring quarter each year.

Training Seminars

Seminars meet weekly starting autumn quarter, except during school breaks. Any missed seminars must be made up through readings and/or watching a recording of the seminar, at the discretion of the presenter and/or Training Director.

Clinical and Professional Topics Seminar

This seminar meets for one and a half hours weekly throughout the year. The seminar explores various professional topics and provides training in several clinical areas. Clinical training topics may include: diagnosing and treating anxiety disorders, providing process-oriented group therapy to university students, reviewing APA guidelines for clinical practice with specific populations, and preparing clients for termination. Examples of professional topics include: presenting select outreach topics to university students, ethical and professional conduct for psychologists, preparing the CV and cover letter for jobs/post-docs, and applying for licensure. Multicultural factors will be incorporated into each presentation.

Early in winter quarter, in preparation for post-internship employment interviews, interns present a formal case presentation (that includes PowerPoint) to all senior staff. This is meant to simulate the kind of experience that is typically required for university counseling center interviews. Staff provide support and constructive feedback with the hope that what is learned helps the interns land their dream job!

Some seminars may be conducted jointly with interns from another university, either in-person or using Zoom. Seminar facilitators may come from PAWS or another office at UW Tacoma, from the Tacoma community, or from across the country from another university or private practice. In the latter case, Zoom is used for conducting the seminar.

Multicultural Seminar

This seminar meets for one and a half hours weekly throughout the year. It focuses on various multicultural topics and promotes self-exploration and the development of cultural humility. Participants begin the academic year by presenting their “emerging self” which is both an introspective exercise and an introduction of themselves to the internship cohort. The presentations are designed to lay the groundwork for more culturally informed and sensitive conversations with each other re: the various multicultural topics that will be discussed throughout the year. Participants review their social identities in the context of power and privilege and, in light of this, consider any changes they want to make in how they conceptualize and respond to their clients.

For the remainder of the year, a variety of topics are explored, and may include: the multicultural orientation model, suicide prevention for LGBT youth, multicultural considerations in group therapy, consensual nonmonogamy, implicit bias, feminist therapy, and addressing weight and size stigma. Relevant movies and documentaries are also utilized for this seminar, followed by facilitated discussion.

Other Weekly Training Activities

Staff Meetings

All staff and interns attend this weekly meeting designed to communicate items of interest or concern related to Psychological & Wellness Services. Any staff member may place an item on the agenda to be discussed by emailing the Director. One common topic is how many openings each intern/clinician has to take on new clients. As Staff Meeting occurs every Wednesday morning, interns should review their caseloads on Tuesday in preparation for this discussion.

Session Recording

Interns are expected to video record individual and group therapy sessions (except drop-in/same-day and crisis appts) in order to enrich the training experience and to fulfill APPIC membership and licensure requirements. Individual therapy recordings are reviewed during individual supervision and group therapy recordings are viewed during supervision of groups. Interns are encouraged to review their video recorded sessions in advance of supervision in order to identify areas on which to focus during supervision.

Following supervision, it is the intern's responsibility to ensure the recordings are deleted. Interns may save recordings for use in group supervision/case conference and related consultation, but no recordings should be saved longer than one quarter. Within each intern's (*Counseling Center Training Video*) secure folder, recordings are saved to either the Individual or Group subfolder and labeled with the format "MO-DAY Client initials" (e.g., 10-25 BB). Or "MO-DAY Group" (e.g., 10-25 USO). In the beginning of the training year, interns are required to video record every client at every session. Subsequent changes to recording procedures may be made at the discretion of the individual supervisor and Training Director.

Tracking Hours

Interns must track their hours for future licensure application. Particularly important are the number of direct service hours and the number of supervision hours received. At the start of the training year, the Training Director provides interns with a Microsoft Excel document where interns are to record their weekly hours providing individual and group therapy and same-day services, giving and receiving supervision, attending seminars, taking leave time, and their other activities to equal 40 hours each week. Instructions for completing the record of hours are provided during orientation, but it essentially follows from the intern's Titanium schedule. Thus, interns must make sure their Titanium schedule is accurate, with all activities marked "Attended" or "Cancelled" as relevant, so these can easily be transferred to the Excel sheet and reviewed by the Training Director.

The record of hours should be saved in the intern's *Counseling Center Training Video* folder on the shared drive and completed by the intern at the end of each quarter. Saving the document in the training video folder ensures privacy from other trainees

and enables the Training Director to have access to it. At the end of each quarter, the intern notifies the Training Director that their record of hours is complete and the Training Director reviews the hours and saves a copy to the training file, often checking in about any questions or errors in the spreadsheet. The Excel log automatically tracks interns' direct service hours and supervision hours for the year. The first sheet provides a summary of all the hours, building over the course of the year. At the end of internship, the Excel document will be printed and the intern and Training Director will verify the hours by signing on the summary sheet. A copy will be scanned and emailed to the trainee and the original saved in the intern's permanent file.

Administrative Time

Time is provided for other activities such as completing clinical notes and paperwork, reviewing session recordings in preparation for various supervision meetings and group supervision/case conference, conducting case management, and completing any readings assigned for seminars.

Timeliness of Notes

Many aspects of clinical note writing, including timeliness, are included in the Profession-Wide Competencies on which interns are evaluated each quarter. For all types of notes, any endorsed risk (even if inadvertently endorsed on CCAPS and found to be erroneous) must be documented by the end of the same business day. Even if the note is not otherwise completed, it is important to document risk so that if anything should happen following the session and before the note is signed, a record of the clinician's risk assessment and decision-making is made.

All drop-in/same-day appointment notes should be completed and forwarded to the supervisor the same day as the drop-in/same-day session, and if this is not possible, then no longer than 24 hours later. Most clients who attend drop-in/same-day appts are referred to PAWS staff or trainees for individual or group therapy. It is essential that the referred clinician have access to the completed drop-in/same-day note prior to their First Session with the client. Supervisor review of the note is also important in order to ensure that the referral was appropriately made.

First Session and ongoing clinical notes should be completed and sent to a supervisor for review no later than one week following the client's session. This timing is important for interns and supervisors. It allows supervisors to stay current with the intern's caseload and make any needed recommendations for intervention in a timely manner. While a verbal report of the client's status is useful, supervisors look for critical information when reviewing notes, which may be missed with a verbal-only report. Clinical note timeliness also helps prevent interns from falling significantly behind on their notes, which further disrupts the supervisor's ability to adequately provide supervision.

Supervisors are expected to review notes at least once weekly, preferably following receipt of the trainee's drop-in/same-day appt notes. Supervisors should ensure that

drop-in/same-day appt notes are correctly completed prior to the student/client's First Session. Supervisors may use Titanium to correspond with interns about their notes in addition to discussing them in supervision or other appropriate settings. Supervisors may either ask interns to send their notes prior to signing them, or have interns go ahead and sign their notes prior to supervisor review, with the caveat that some notes will be sent back to the intern for "unsigned" and editing (the supervisor cannot edit the note once it is signed by the intern, but the note can be unlocked). Interns are expected to attend to their Titanium task list in a timely manner as notes are returned to them for editing or comment. While First Session and ongoing client notes should be sent to the supervisor for the first time no later than one week following the session, the back-and-forth communication between intern and supervisor regarding notes and their signing should be completed no later than 3 weeks after the client's session.

Termination notes should be completed for any clients seen for more than four sessions (i.e., Drop-in + 3 sessions = 4 sessions). This number of session notes is considered a reasonable amount for someone, such as the next clinician, to review, should the client return or the chart be requested by an outside provider. Following 4 sessions, review of notes becomes more cumbersome. In this case, the First Session note and Termination note are typically faxed to the requesting outside provider. The termination note should be written at the time of the final session, and is separate from the session note. If the intern has held the final session, and no termination note is needed (i.e., client attended 4 or fewer sessions), then the intern should indicate the termination of therapy in the final note. Please see *Communicating with Clients* for the timing of terminating clients due to absences.

Clinicians should write a termination note when transferring a client to another service within the center, such as group counseling (unless the client has attended 4 or fewer sessions, as noted above). Following all terminations, interns should uncheck the box next to their name on the Security tab of the client chart in Titanium so that the client no longer appears in the intern's Client List, but the clinician's name still appears on the Security Tab as a past provider.

Communicating with Clients

PAWS attempts to minimize clinician-client emails in order to avoid the disclosure of private health information, the practice of clients corresponding with clinicians outside of session, and the occasion of clients indicating risk through a medium that is not immediately received. Thus, interns should not email or call their clients for scheduling purposes. Instead, the Program Coordinator will use the PAWS email and/or main office phone to reschedule clients who have missed appointments or whose appointments were cancelled due to provider illness. The Program Coordinator has the most-ready access to clinician schedules throughout each day and consults with interns and senior staff about any scheduling questions.

The Program Coordinator typically notices client no-shows and sends an email message to clients in 1-2 business days to notify them of the missed appointment and to set a deadline for rescheduling. If the client misses the deadline for rescheduling, the Program Coordinator sends another email message to the client, indicating that they have been removed from their provider's caseload. At that point, the clinician may go ahead and write a termination summary (if relevant) and close the client's chart (i.e., uncheck the box next to their name on the Security tab). The clinician should let the Program Coordinator, supervisor, and/or the person covering drop-in/same-day appts know of their opening for a new client. The Program Coordinator documents email communication with clients in their chart. Interns may check the chart to ensure that an email has been sent after a no-show, and if not, the Program Coordinator welcomes a reminder.

A similar procedure takes place when a client cancels an appointment. If the client has not rescheduled, the Program Coordinator emails them and provides a deadline for rescheduling.

It is PAWS policy that students who no-show to their appointment or have a late cancellation (less than 24 hours notice) twice in one quarter may be dropped from their providers' caseloads. They are welcome to seek services with us again, but will have to go back through our Same Day process. This should be determined in consultation with a supervisor. If a client is removed from individual counseling services, they are not allowed to return for individual counseling until the next quarter, though they may still use crisis services.

It is permissible to keep a chart open from one quarter to the next when a client has communicated their intention to return. This is especially of interest over the winter break, which is the longest break of the year, and the period of highest attrition. PAWS clinicians should instruct clients to call in to schedule within the first week of each new quarter. After that time, space will not be held for them and their file will be closed (they may return at any time and their file reopened, but they are not guaranteed the same provider, and may end up on a wait list if there is one). Please follow instructions as decisions are made at the end of each quarter on this topic.

Additional Training Activities

Orientation

The internship year begins with a comprehensive, structured three- to four-week orientation to the internship. The orientation is designed to welcome interns and begin to integrate them into Psychological & Wellness Services. Interns are introduced to the PAWS mission and values and are informed about the training program's model, aims, competencies, service and training activities, administrative details, and referral sources. During orientation, each intern will complete a self-assessment which will assist in formulating training goals for the year.

The orientation program is developed and coordinated by the Training Director with input and participation from the staff. Trainees are expected to have read the Intern Training Manual by the end of the orientation period in order to familiarize themselves with their responsibilities. They are also expected to check the “shared drive” or the (S:) drive on their computers for copies of orientation presentations, handouts, and other reading materials and instructions and to take notes during orientation as needed. The file path to the training folder is:

S:\Student_Enrollment_Services\Admin_Shared\Student Success\Student Counseling Center\TRAINING

Creating a shortcut to this folder is strongly advised, as it is frequently used throughout the year!

Orientation is an ongoing process, and trainees are encouraged to consult with their supervisors and/or any senior staff member throughout the orientation period and the training year. While PAWS staff remain open throughout the year to answer questions and offer help, they are also busy and urge trainees to check their orientation notes and trainings for answers to their questions prior to asking the Program Coordinator or another staff member for help once the orientation period has ended. If unable to find the answers, trainees are then welcome to consult. Trainees are also welcome to print, in part or in whole (double sided please), any information they deem useful for their daily activities.

Meetings with the Training Director

The Training Director meets with each intern individually on a regular basis, typically around mid-quarter, to informally check in about how the internship training is meeting their needs and to solicit feedback about the training program. The Training Director keeps an open-door policy and interns are encouraged to meet informally and/or request additional meetings to focus on training concerns.

Professional Development

Release time to attend the dissertation defense is included in interns’ benefits; interns do not take annual leave for this milestone. Professional development release time may also be available for interns to attend workshops and conferences. Some funding also may be available, but is not guaranteed. Professional development may not be taken to finish writing the dissertation, to prepare for the defense or to attend graduation.

Consultation

Faculty, Staff, Parents, and Other Students

During the interns’ drop-in/same-day coverage and at other times, they may be asked to consult with faculty, staff (including Student Affairs partner offices), parents, or other students concerned about a UW Tacoma student (or client). These consultations involve communicating the limits of confidentiality, actively listening to concerns, providing information about how to refer a student to

PAWS or to crisis resources, sharing other area resource information, and making recommendations about how to approach difficult conversations such as referring a student for counseling services. Interns then follow up with appropriate documentation.

Off-site Providers

Interns are encouraged to consult with students' current psychiatric and/or medical providers to coordinate care, when relevant to their clients' well-being. Interns may also consult with past mental health providers when a student transfers their care to PAWS. Interns are encouraged to discuss such consultation in advance with their supervisors. In all cases, appropriate releases of information from the student are required.

Duration and Stipend

The 2,000 hour full-time internship begins September 1 and ends August 31. This Professional Staff Temporary Position (PSTP) is paid \$35,928 annually (\$2,994 monthly) and is benefits-eligible (see below). The intern salary is considered non-exempt from overtime according to the Fair Labor Standards Act and Washington Minimum Wage Act. Interns are not allowed to accrue overtime hours.

Benefits, Time Off, and Holidays

The full-time internship is a benefits-eligible position that accrues leave according to the UW Human Resources website¹⁵ Summary of Benefits for Psychology Interns.¹⁶ Benefits include dental insurance, disability insurance, health insurance, and life insurance. Interns also participate in the University's holiday schedule (11 Washington State-recognized holidays annually), accrue sick and vacation time off, and receive an annual personal holiday. Specifically, interns:

- are allotted 1 personal holiday (to be taken at any time during the year with supervisor approval).
- accrue 10 hours of vacation per month of completed employment (totaling 120 hours or 15 days of vacation annually). Vacation may be taken following the first month's accrual. Interns are asked to reserve 5 vacation days for the last 5 days of internship to allow staff to transition and prepare for the incoming trainees.
- accrue 8 hours of sick leave per month of completed employment (totaling 96 hours or 12 days of sick leave annually). Sick time off accrues at the end of the month in which it is earned and is available for use the following month.
- are allotted 5 days of professional leave (e.g., to defend a dissertation or attend professional meetings and conferences).¹⁶

Requesting Leave

Planned annual leave should be primarily taken during periods of low student demand such as quarter breaks and summer quarter, with the exception of a day here or there. This helps PAWS to better serve students, and causes fewer disruptions in the training schedule. Missed

seminars, for example, are difficult to make up and absences are significant when a speaker is presenting to a small group already.

All requests for planned leave time (i.e., annual leave, sick leave for appointments, personal holiday) must be **emailed** to the Training Director and cc'ed to the Director and individual supervisor. Additionally, if the intern will be away during activities scheduled with others, such as group supervision, the relevant supervisor for that activity should also be copied. Including all parties ensures that anyone interns are working with on the day(s) of leave are notified in advance. Using email allows the Training Director to save the message for future reference and hours tracking. In response to the intern's email, the Training Director will 'reply all' so that all parties are aware of the approved leave (or non-approval and the reason). Next, the Director approves the time off by emailing 'reply all'. The intern is then free to enter the leave request into the WorkDay system. The Director ultimately signs off on the intern's leave time in WorkDay.

The intern is responsible for entering their leave time into Titanium so that all of PAWS is aware as soon as possible. The intern can add "Pending" to the description in Titanium in order to hold the time until the above email chain has been completed. Then remove "Pending" once approved. The intern should also enter their leave time into the Excel hours log. It is also important for the intern to verify coverage for their same-day appt shift prior to taking leave. Typically, the senior staff member providing back-up coverage will do this, but it is important to check in about it in advance.

For sick leave that is unplanned (e.g., acute illness), interns follow a slightly different procedure. Assuming the intern becomes ill prior to getting to work, they should send a brief Teams message to the PAWS chat to let everyone know they will be out of the office that day. Staff receive Teams alerts earlier, typically, than they check emails. Sending a Teams message enables everyone, especially the Program Coordinator, to learn of the absence ASAP. The Program Coordinator will contact the intern's clients to reschedule them and indicate Sick Leave in Titanium. Next, when able, the intern should email the Training Director, cc'ing the Director, supervisor, etc. as noted above, to let them know the intern is not feeling well and will be out for the day. The Training Director will save the message for future reference. The intern should also enter their leave time into the Excel hours log. If an intern is feeling unwell after arriving to work, they should follow the same procedure of communication and leave as soon as possible. The Program Coordinator will reschedule any remaining clients for the day.

Degrees, Title, and License Status

Interns are expected to list their highest completed degree in psychology on their professional UWT materials, such as business cards, email signatures, and door signs. Interns are practicing under the supervision of staff licensed as psychologists, not under any current or previous professional license that interns may have the credentials for (such as, but not limited to, Licensed Professional Counselor, Licensed Social Worker, or Licensed Clinical Social Worker). Thus, interns are not allowed to list any current or previous professional license on their UWT

materials. Interns' official job titles are "Doctoral Psychology Intern." Interns should note that they will not have completed their doctoral programs until they have successfully completed the internship and all other degree requirements. Thus, no staff should refer to interns with the title "doctor" during the course of internship.

Summary of Core Training Experiences

We are always making improvements to our training program. As such, the following list is an estimate of the time allotted to each activity and is subject to change.

Notes for core training experiences:

- Minimum 500 direct clinical service hours for the year.
- For drop-in/same-day appts, only count actual clients seen, not coverage time. Convert any remaining coverage time (when clients were not seen) to administrative time in the intern hours summary, but leave the drop-in coverage visible in Titanium.
- Outreach requires minimum of 2 presentations per quarter; 8 per year.
- In all their direct clinical service activities, trainees must work with a variety of clients and presenting concerns.
- Interns must attend and participate in all training seminars throughout the year. Any missed seminars must be made up through readings and/or watching a recording of the seminar, at the discretion of the presenter and/or Training Director.

See the next page for an example of intern weekly activities.

Example of Intern Weekly Activities	Autumn Hrs/wk	Winter Hrs/wk	Spring Hrs/wk	Summer Hrs/wk
Direct Clinical Service				
Drop-in/Same-day appt ¹	3	3	3	3
Individual Therapy, Group Therapy, Group Screen	15.5	15.5	15.5	17
Providing Practicum Supervision	1.5	1.5	1.5	0
Outreach & Consultation ²	Varied	Varied	Varied	Varied
Approximate Total	20	20	20	20
Receiving Supervision				
Individual Supervision	2	2	2	2
Supervision of Groups	1.5	1.5	1.5	0-1.5 ³
Group Supervision/Case Conference ⁴	0-1	0-1	0-1	1
Supervision of Supervision	1	1	1	0
Other Supervision ⁵	0	0	0	0-1
Approximate Total	4.5-5.5	4.5-5.5	4.5-5.5	4.5
Training Seminars				
Clinical and Professional Topics Seminar	1.5	1.5	1.5	1.5
Multicultural Seminar	1.5	1.5	1.5	1.5
Total	3	3	3	3
Other Weekly Training Activities				
Staff Meeting	1	1	1	1
Total	1	1	1	1
Additional Training Activities				
Administrative Time ⁶	Varied			
Orientation	Varied			
Meetings with the Training Director	Varied			
Grand Total	40	40	40	40
¹ One three-hour Drop-in/Same day appt shift is scheduled weekly; actual client attendance varies. ² Outreach requires minimum of 2 presentations per quarter; 8 per year. ³ Supervision of Groups time depends on whether groups are run in summer quarter. ⁴ Group Supervision/Case Conference meetings may meet occasionally in autumn, winter, and spring based on other supervisory activities. ⁵ One hour of Other Supervision will replace Supervision of Groups if groups do not run summer quarter. ⁶ The Training Director monitors intern activities and ensures a minimum of 5 hours of administrative time per week.				

End Notes

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- ¹² American Psychological Association. (Rev. March 2022). *Standards of Accreditation for Health Service Psychology and Accreditation Operating Procedures*. <https://irp.cdn-website.com/a14f9462/files/uploaded/standards-of-accreditation.pdf>
- ¹³ Commission on Accreditation (n.d.). *Policies and Procedures. Implementing Regulations (IRs)*. <https://accreditation.apa.org/policies>
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- ¹⁵ University of Washington Human Resources. (n.d.). *Professional Staff Program*. <https://hr.uw.edu/professional-staff-program/#leave-and-holidays>
- ¹⁶ University of Washington. (n.d.). *Summary of Benefits for Psychology Interns*. https://hr.uw.edu/benefits/wp-content/uploads/sites/3/2018/02/benefits-psychology-interns-2022-V1_a11y.pdf

Appendix A: Diversity and Nondiscrimination Policy

Diversity and Nondiscrimination Policy

The University of Washington Tacoma Psychological & Wellness Services (PAWS) staff believe that diversity enhances the training landscape and that hiring (and retaining) staff and trainees who represent minoritized groups is integral to repairing historical ruptures in access to education and employment opportunities. Given the founding principles of UW Tacoma - an urban-serving university offering educational opportunities to the historically excluded residents of the South Puget Sound region – the priority of the university, Division of Student Affairs, and PAWS is to respectfully and effectively serve our diverse student population. This is best accomplished within our training program when PAWS staff and trainees have interest in and experience with diverse populations, and themselves represent a range of individual and cultural identities. Thus, PAWS and the internship program take steps to attract interns and staff who represent diversity, to retain diverse staff, and to prepare interns to navigate individual and cultural differences by offering them opportunities to work with diverse student populations throughout the internship year.

UW Tacoma students who utilize PAWS services include those of many minoritized groups, including BIPOC students, working class students, non-traditional age college students, students with disabilities, LGBTQ students, and students with a variety of religious/spiritual identities including those with no such affiliation. With such a student population, we make it a priority to advertise our internship as diversity-focused and to rate our applicants according to their expressed attitudes toward (i.e., openness) and experiences with diversity. Once interns have joined our staff, we encourage them to self-reflect and consider their reactions to our student population in their direct work with clients. One of the aims of the internship program is to develop and promote competence in individual and cultural diversity, which is aligned with the APA Profession-Wide Competency of Diversity. We use our many training components, such as the Multicultural Seminar, supervision of supervision, and outreach to help interns build their skills at working effectively with diversity, and to normalize the process of discussing diversity variables with peers and supervisors. When value conflicts arise, we encourage interns to discuss them in individual and group supervision as well as in consultation with colleagues.

UW Tacoma is an Affirmative Action and an Equal Employment Opportunity employer, meaning that it is subject to the Federal laws prohibiting job discrimination based on race, color, sex, national origin, religion, age, equal pay, disability or genetic information. Further, interns and all staff involved in the training program are expected to show competency in successfully navigating cultural differences in order to live up to university values.

Appendix B: Due Process and Grievance Procedures

Due Process and Grievance Procedures

Guidelines for Due Process and Grievance Procedures

Staff and interns are encouraged to discuss and resolve conflicts informally. However, if this is not possible, the Due Process Procedures for Training Staff and Grievance Procedures for Trainees provide formal mechanisms and guidance for staff and trainees to respond to issues of concern.

Definitions

Trainee: Any person in training who is working at the agency as an intern or preintern.

Training Director (TD): The staff member who oversees training activities.

Director: The Director of Psychological and Wellness Services (PAWS).

Training Committee (TC): At PAWS, the Training Committee is composed of the permanent staff members who participate in supervision and training: Director, TD, two Staff Psychologists, and the Health Promotions Specialist. The Program Coordinator is involved in taking meeting minutes.

Director of Clinical Training (DCT): The contact person at the trainee's academic department.

Due Process Procedures for Training Staff

Due process ensures that decisions are not arbitrary or personally based. It requires that the training program identify specific procedures that are applied to all complaints and concerns about trainees.

Due Process Guidelines: PAWS evaluation procedures adhere to the following due process guidelines:

1. Presenting trainees, in writing, with the program expectations, at the start of the year.
2. Specifying evaluative procedures, including the time frame and method.
3. Specifying the definitions of "skill deficiency" and "problematic behavior."
4. Communicating early and often with the graduate program about any difficulties with trainees, and seeking input from the program about how to address the difficulties.
5. Providing a remediation plan for skill deficiencies or problematic behaviors, including a time frame for expected remediation and consequences of not rectifying the concerns.
6. Providing written appeal procedures. The procedures are included in the program's training materials and are made available at the beginning of the training.
7. Ensuring that trainees have sufficient time to respond to any action taken by the program.

8. Using input from multiple professional sources when evaluating or making decisions regarding trainee performance.
9. Documenting, in writing and to all relevant parties, the action taken and its rationale.

Skill Deficiency: Inability to acquire and integrate clinical or professional skills in order to reach an acceptable level of competency. Typically reflected on formal evaluations as performance below the expected level of competency.

Problematic Behavior: An interference in professional functioning, which is reflected in one or more of the following ways:

1. An unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. An unwillingness to acquire clinical or professional skills in order to reach an acceptable level of competency; and/or
3. An inability and/or unwillingness to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

Trainee Skill Deficiency and/or Problematic Behavior are typically identified when one or more of the following characteristics exist:

1. The trainee does not acknowledge, understand, or address the problem when it is identified;
2. The quality of services delivered by the trainee is sufficiently negatively affected;
3. The problem is not restricted to one area of professional functioning;
4. A disproportionate amount of attention by training personnel is required;
5. The problem behavior has potential for ethical or legal ramifications;
6. The problem behavior negatively impacts the public view of PAWS;
7. The problem behavior negatively impacts the training cohort; and/or
8. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

Procedures for Responding to Skill Deficiencies and Problematic Behavior

If a staff member or another trainee judges a trainee's performance as constituting a skill deficiency or problematic behavior, OR if a trainee receives a rating of 2 or lower on the Competency Evaluation from any of the evaluation sources in any of the categories of evaluation (or its equivalent if using the trainee's departmental evaluation form), the following procedures will be followed:

1. The staff member or other trainee notifies the TD that there is a concern about the trainee's skills or professional functioning.
2. Within 10 business days of the above notification, the TD takes the following actions:
 - a. Consults with the primary supervisor and any other staff involved in observing the concern.
 - b. Seeks input, as relevant, from available members of the TC.
 - c. Seeks input, as relevant, from the trainee's DCT.

3. If it is determined that the concern should be addressed with the trainee, the TD schedules a meeting with the trainee to discuss the issue. At the meeting, the trainee is informed of the concern and the planned intervention(s) in response to the concern.
4. Within 5 business days of the meeting, the TD provides the trainee with written documentation of the concern, plans for intervention, and the outcome of the meeting.
5. If a remediation plan is included in the intervention (see below), the TD follows guidelines for implementing a remediation plan.
6. These steps are appropriately documented and implemented according to due process procedures.

Possible Interventions in Response to Skill Deficiencies and Problematic Behavior

The TD, in consultation with the clinical supervisor and TC, may determine that one or more of the following responses will be made:

Verbal Notice – the trainee is given feedback regarding unsatisfactory behavior and actions required to remedy the behavior

Written Notice – the trainee is provided, in writing:

- a. Notification that there is unsatisfactory behavior
- b. Description of the unsatisfactory behavior
- c. Actions required to remedy the behavior
- d. Explanation of the procedure that will be used to determine whether satisfactory progress has been made
- e. Statement that more serious action is not deemed necessary

Second Written Notice – the trainee is provided, in writing, notification to discontinue unsatisfactory action or behavior within a specific timeline with possible consequences

- a. Description of the unsatisfactory behavior
- b. Actions required to correct the unsatisfactory behavior
- c. Timeline for correction
- d. Explanation of the procedure that will be used to determine whether satisfactory progress has been made
- e. Possible consequences if the problem is not corrected
- f. Notification that the trainee has the right to request an appeal of this action

Schedule Modification - this is a time-limited, remediation-oriented, closely supervised period of training designed to return the trainee to a more fully functioning state or to allow time for remediation of skill deficiencies. The initial length of a schedule modification period is determined by the TD in consultation with the supervisor(s) and the Director. Similar consultation occurs in determining the trainee's progress and the continuation or termination of the schedule modification period. Examples of possible modifications include:

- a. Increasing the amount of supervision, either with the same or other

supervisors

- b. Changing the format, emphasis, or focus of supervision
- c. Recommending personal therapy
- d. Reducing the trainee's clinical or other workload
- e. Requiring specific professional development coursework
- f. Notification that the trainee has the right to request an appeal of this action

Probation – if the area of unsatisfactory behavior is deemed serious enough, the trainee may be placed on probation. Probation is a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the trainee to complete the training experience and to return the trainee to a more fully functioning state. Probation defines a relationship in which the TD systematically monitors for a specific length of time the degree to which the trainee addresses, changes and/or otherwise improves the skill deficiency or problematic behavior. The trainee is provided the following, in writing:

- a. Description of the unsatisfactory behavior
- b. Actions required to correct the unsatisfactory behavior
- c. Timeline for correction
- d. Explanation of the procedure that will be used to determine whether satisfactory progress has been made
- e. Possible consequences if the problem is not corrected, including termination of the training contract
- f. Notification that the trainee has the right to request an appeal of this action

Clinical Privileges Suspension – if it is determined that the trainee's behavior might impact client welfare, the trainee's clinical privileges are suspended for a specified period as determined by the TD in consultation with the trainee's supervisor and TC. At the end of the suspension period, the trainee's supervisor, in consultation with the TD, assess the trainee's capacity for effective functioning and determine if and when direct service can be resumed. The trainee is provided the following information in writing:

- a. Description of the unsatisfactory behavior
- b. If applicable,
 - i. Actions required to correct the unsatisfactory behavior
 - ii. Timeline for correction
 - iii. Explanation of the procedure that will be used to determine whether satisfactory progress has been made
 - iv. Possible consequences if the problem is not corrected, including inability to complete training hour requirements and termination of the training contract
- c. Notification that the trainee has the right to request an appeal of this action

Administrative Leave – the trainee may be placed on leave, accompanied by suspension of all duties and responsibilities in the agency. The trainee will be informed in writing about potential consequences resulting from suspension, which might include inability

to complete program hours or other requirements. The trainee has the right to request an appeal of this action.

If any of the above interventions interfere with the successful completion of the hours needed for completion of the training program, this is noted in the trainee's file and the DCT is informed. The TD also informs the trainee of the possible effects of the intervention on the trainee's stipend and accrual of benefits (if applicable).

Scheduled Dismissal – scheduled dismissal from the training program may occur under the following circumstances:

- a. It is determined that remediation cannot be successfully accomplished
- b. Violation of ethical standards
- c. Violation of university, division, or agency policy
- d. Legal violation
- e. Any other condition that jeopardizes trainee, client, or staff welfare

In the event that a trainee is scheduled to be dismissed from PAWS, they are given an end date. In most cases they are expected to complete their notes and paperwork within a time frame designated by the TD. Keys and all university property must be returned by the last date of employment. All of the trainee's personal belongings must be removed from campus by the termination date. Failure to comply with the terms of termination could result in legal action and reporting to the home institution and any relevant licensing boards, APA, and/or APPIC.

Interns are paid for time worked, with their salary ending the day after their designated date of termination. Health benefits are typically effective through the last day of the following month, but this should be confirmed with Human Resources.

Immediate Dismissal - the immediate permanent withdrawal of all agency responsibilities and privileges may occur under (but are not limited to) the circumstances below. This dismissal may bypass steps identified in notification procedures above as well as remediation and sanction alternatives.

- a. Severe violations of the APA Code of Ethics
- b. Compromising the welfare of a client or the campus community by an action that generates grave concern
- c. Severe legal violation
- d. Imminent physical or psychological harm to a client or member of the university community

In the event that a trainee is immediately dismissed from the training program, the trainee will be directed to leave the campus immediately. Keys and all university property must be returned immediately. All of the trainee's personal belongings must be removed from campus. Campus security may be involved in the removal process if necessary. Failure to comply with the terms of termination could result in legal action

and reporting to the home institution and any relevant licensing boards, APA, and/or APPIC. The TD will notify the trainee's DCT within 24 hours.

Interns are paid for time worked, with their salary ending the day after the dismissal. Health benefits will typically be effective through the last day of the following month, but this should be confirmed with Human Resources.

Informal Problem Resolution Procedure

If a trainee experiences a problem with a PAWS staff member, the trainee is encouraged to proceed by taking the actions below. If a step is not successful, the trainee should proceed to the next step. If the problem concerns the Training Director (TD), the Director may take the place of the TD in the steps below. If the problem concerns the Director, a member of leadership in Student Life may be substituted for the Director.

Step 1

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

Step 2

If addressing the issue with the staff member is not successful, or the trainee prefers not to address the issue directly with the supervisor, they may consult with the TD. The TD assists by using one or more of the following actions.

- a. Serving as a consultant to assist in deciding how best to communicate with the individual
- b. Facilitating a mediation session between the staff person and the trainee
- c. Taking the issue to one or more members of the TC for consultation and problem solving (excluding any member of the TC about whom the trainee brought the concern)
- d. Consulting with another professional resource (e.g., APPIC, ACCTA)

Step 3

If satisfactory resolution is still not attained, the trainee may file a grievance.

Grievance Procedures for Trainees

Grievance procedures provide trainees with an avenue for expressing concerns about the training program, staff members, and/or the agency. The procedures below describe how concerns are to be identified and managed so that trainees' rights to express concerns and staff members' rights and responsibilities to respond are respected.

If the grievance is filed against the Training Director (TD), then the Director is substituted anytime the TD is included in one of the steps below. If the grievance is filed against the Director, then one or more members of leadership in Student Life (e.g., Associate Vice Chancellor for Student Life, Director of

Student Conduct and Advocacy, Vice Chancellor for Student Affairs) is substituted for the Director in the steps below.

Step 1

The trainee provides written documentation to the TD describing the nature of the grievance and what attempts have been made to resolve the issue. In the case of a disputed evaluation, the trainee has five business days from when the evaluation was received to submit written document of the grievance.

Step 2

The TD responds to the trainee in writing within 5 business days, disputing the information and/or explaining their position. This documentation includes the trainee's right to call for a review panel, should the trainee disagree with the TD's response. The trainee has five business days from receipt of this documentation to request a review panel (aka hearing).

Step 3

Within 10 business days of receiving the request, the TD convenes a review panel that includes the TD, one PAWS staff member selected by the trainee, and one PAWS staff member selected by the TD. The trainee appears before the panel in order to provide information about their grievance. The panel considers all information, conducts a majority vote, and within 5 business days of the completion of the review panel, the panel prepares a recommended response to the grievance. The TD provides the panel's recommendation in writing to the Director. The Director has 5 business days to accept the recommendation, reject the recommendation, provide an alternative, or refer the matter back to the review panel for further deliberation. Within 5 business days, the review panel convenes again to discuss the matter. The TD provides the panel's new recommendation in writing to the Director. The Director then makes the final decision regarding the appropriate response to the grievance.

Step 4

Once a decision has been made, the trainee, their DCT, and any other appropriate parties are informed in writing of the action taken.

Appeal Procedures

In the event that a trainee does not agree with any of the aforementioned decisions (regarding a grievance or with interventions taken in response to a skill deficiency or problematic behavior), the following appeal procedures may be followed. An appeal should be made to the next highest agency staff member. If the Training Director (TD) was the primary decision-maker in the initial concern, then any appeal should be made to the Director, as described below. If the TD consulted significantly with the Director (e.g., as part of the Training Committee) about the initial concern, however, any appeal should be made to a member of leadership in Student Life. In the latter case, substitute Student Life leadership for Director in the steps below. A trainee may appeal a decision about a particular concern one time.

To appeal one or more interventions taken in response to an identified skill deficiency or problematic behavior:

1. The trainee files a formal appeal in writing to the Director, with all supporting documents, within 5 business days of the notification of the intervention.
2. The Director follows the Grievance Procedures for Trainees starting with Step 2 (substituting the Director for the TD role).

To appeal a Review Panel's decision in response to a grievance: In the event that a trainee files a formal appeal in writing to disagree with a decision that has already been made by a Review Panel and supported by the Director, then that appeal is reviewed by one or more members of leadership in Student Life (who was not involved in the initial review). The member of leadership reviews the work of the initial Review Panel and determines whether a new Review Panel should be formed to reexamine the case, or if the decision of the original Review Panel is upheld. This second review takes place within 10 business days of the receipt of the appeal in writing. If a new Review Panel is formed, then the Grievance Procedures for Trainees are followed starting with Step 3.

Appendix C: Intern Evaluation, Retention, and Termination Policy

Intern Evaluation, Retention, and Termination Policy

Interns are formally evaluated four times per year to match the academic quarter system. This aligns with the flow of the academic year and any potential change in supervisors or group facilitation. All training staff provide input for evaluations, with the individual supervisor completing the written evaluation form. Additionally, all senior staff meet each mid-quarter for verbal intern updates, where they discuss each intern's progress, keeping the Training Director informed and prompting supervisors to provide interns with feedback on any areas of concern. This practice conforms with PAWS Due Process procedures, whereby interns should be given fair notice of areas of limited competency and afforded the opportunity to make improvements before it is time for formal written evaluation. Likewise, any growth areas should be identified as early as possible in the training year to provide ample time for development by year's end.

Intern evaluations are based on the APA's nine Profession-Wide Competencies. For successful completion of the internship program, interns must reach the minimum level of achievement (MLA), or a rating of "3" or above, on all items of the Intern Competency Evaluation at the conclusion of internship. The rating scale description is as follows: 1 = significantly below current expected level of competency (refers to that particular point in the year; areas receiving this score may require formal remediation), 2 = below current expected level of competency (i.e., may require some additional experience and/or supervision), 3 = at current expected level of competency (i.e., meeting expectations, is on track in this area to successfully complete internship, skills are developmentally appropriate for entry-level practice at the completion of internship), 4 = above current expected level of competency, (i.e., performing quite well and surpassing expectations), and 5 = significantly above current expected level of competency (i.e., performance is well above what would be expected for an intern, a significant area of expertise for this intern, or performance that is on par with an early career professional).

Use of this competency scale enables the evaluator to rate an intern based on what is expected at each stage of internship. For example, early ratings of "3" mean that the intern is performing as expected in those areas and is likely to proceed toward successful completion of the internship. Final ratings of "3" mean the intern's skills in those areas are appropriate for entry-level practice. A rating of "1" or "2" on items early- to mid-year alerts the intern to areas that need special attention in order for the intern to earn a passing rating of "3" by the end of the year. A rating of N/A or "not applicable" (no information) is also available, as supervisors may not observe the intern's performance in certain areas during every evaluation period. The evaluation process provides the intern with adequate notice of areas for growth and a specific

plan, as needed, for improving in order to successfully complete internship. Supervisors may include comments on each section of the evaluation and are expected to complete the following items: 1) "Describe this intern's particular strengths," and 2) "List areas in which the intern most needs to improve and concrete steps by which they could achieve such improvement."

When an intern receives a rating of "1" on any item of the Intern Competency Evaluation, the supervisor consults with the Training Director regarding the potential need for a formal remediation plan. Factors that may be considered in the decision-making process include the number of items and competency areas in which the intern earned a rating of "1" and the amount of growth the intern has demonstrated in those areas since receiving initial feedback (e.g., if the intern was alerted earlier, such as at mid-quarter, that their performance in a competency area was lacking, or if the intern previously received a rating of "1" in an area but a formal remediation plan was not implemented at that time). If it is decided that a remediation plan is needed, the Training Director will follow Due Process Procedures for Training Staff, including developing a plan for the identified concern(s), a time frame for expected remediation, and consequences of not rectifying the inadequacies. The Training Director will solicit input from the supervisor and any other relevant training staff for the development of the remediation plan. The trainee also has the right to appeal the decision to implement a remediation plan, per the Appeal Procedures under the same due process guidelines.

Each Intern Competency Evaluation and any remediation plans are shared on a regular basis with the intern's home doctoral program. All evaluations, remediation plans, certificates of internship completion, and related documentation are retained indefinitely in the intern's file. The paper file is stored in a secure file cabinet and the electronic file is saved on a secure university server.

Interns also complete evaluations of the internship program in order to inform training staff of needed improvements or changes to the internship program. Interns complete quarterly evaluations of their individual supervisor, group supervisor, practicum co-supervisor, and training director. Interns also complete an evaluation of Orientation, a mid-point (end of Winter Quarter) and end-of-year program evaluation, and ongoing seminar evaluations. Finally, interns fill out a self-assessment of skills at the start and end of the internship year. The self-assessment helps facilitate discussion between the intern and supervisors regarding training goals and clinical skill development for the year. At year's end, the self-assessment helps provide the program with feedback about how well the program supported and advanced the intern in their identified goals.

In addition to the minimum level of achievement of “3” or higher on the Intern Competency Evaluation, interns must complete at least 2,000 hours of training during the internship year. The internship as a whole, inclusive of all eligible holidays and leave time for the year, totals over 2,000 hours. PAWS does not deduct eligible leave time from the total number of internship hours, as that time is considered part of the position’s benefits package. The Training Director will consider this internship to be completed with a minimum of 2,000 total hours, of which a minimum of 500 (25%) must be direct service, over a period of 12 months. Meeting this hour requirement as well as the minimum level of achievement on Intern Competency Evaluations demonstrates satisfactory progression through and completion of the internship program.

Appendix D: Intern Selection and Academic Preparation Policy

Intern Selection and Academic Preparation Policy

Application Process

The UW Tacoma Psychological & Wellness Services (PAWS) internship currently offers 2 full-time internship positions. Students interested in applying for the internship should submit an online application through the APPIC website (www.appic.org) using the APPIC Application for Psychology Internships (AAPI).

A complete application consists of a completed online AAPI which includes:

1. Cover letter indicating your goodness of fit with our internship program
2. Curriculum Vitae
3. Three Standard Reference Forms, two of which must be from persons who have directly supervised your clinical work
4. Official transcripts of all graduate coursework
5. An indication that the dissertation has been successfully proposed

Application Screening and Interview Processes

The PAWS internship will base its selection process on the entire application package noted above. In addition, applicants who have met the following qualifications prior to beginning internship will be considered preferred:

1. Current enrollment and good standing in an APA- or CPA-accredited doctoral program
2. Completion of at least 3 years of doctoral study by the application deadline and completion of all coursework by the start of internship
3. A minimum of 300 intervention hours and 50 assessment hours
4. Some experience or special interest in working with diverse populations
5. Experience conducting the following:
 - a. Psychotherapy with adults
 - b. Intake interviews
 - c. Group therapy (related coursework is preferred)
 - d. Outreach programming
6. Coursework in supervision and experience providing supervision to other trainees
7. Experience working with university counseling center and/or community mental health populations

All applications will be reviewed by the PAWS Training Committee using a standard Intern Application Rating Form and evaluated for potential goodness of fit with the internship program. The Training Committee meets to determine which applicants to invite to interviews based on the results of this review process. Applicants are notified whether they have received an interview by email on or before December 15. Interviews are scheduled on a first-come,

first-served basis in December and occur via Zoom with the Training Director and at least one other member of the Training Committee. Interviews are conducted using a standard set of interview questions, although members of the Training Committee may ask additional questions of applicants as appropriate.

Participation in the APPIC Match

The PAWS Training Committee holds a meeting in early January to determine applicant rankings. The full application package and information gathered from the interview process are utilized to determine applicant rankings. As a member of APPIC, PAWS participates in the national internship matching process by submitting its applicant rankings to the National Matching Service. PAWS abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Questions regarding any part of the selection process or PAWS' academic preparation requirements may be directed to the Training Director.

All interns who match to PAWS must undergo a national criminal background check (at no cost to the candidate) along with a self-disclosure questionnaire that will be submitted to UW Human Resources. PAWS interns do not undergo drug testing. The background check typically occurs within six months of the internship start date. While hiring is contingent upon successful completion of a background check, a criminal conviction is not an automatic bar to being hired at PAWS. Eligibility for hiring will be determined by the PAWS administration in consultation with UW Human Resources. Applicants who match to our program but do not successfully pass this background check will not be hired as doctoral psychology interns. See RCW 43.43.830 for relevant Washington state regulatory guidelines/definitions.

Appendix E: Stipend, Benefits, and Resources Policy

Stipend, Benefits, and Resources Policy

The annual stipend/salary for all interns at the University of Washington Tacoma Psychological & Wellness Services (PAWS) is \$35,928. As employees of UW Tacoma, interns receive comprehensive health benefits including dental insurance, disability insurance, health insurance, and life insurance. Interns also participate in the University's holiday schedule (11 Washington State-recognized holidays annually), accrue sick and vacation time off, and receive an annual personal holiday. The intern salary is considered non-exempt from overtime according to the Fair Labor Standards Act and Washington Minimum Wage Act. Interns are not allowed to accrue overtime hours.

Specifically, interns are allotted 1 personal holiday, to be taken at any time during the year with supervisor approval. Interns accrue 10 hours of vacation per month of completed employment, totaling 120 hours or 15 days of vacation annually. Vacation may be taken following the first month's accrual. Interns are asked to reserve 5 vacation days for the last 5 days of internship to allow staff to transition and prepare for the incoming trainees. Interns accrue 8 hours of sick leave per month of completed employment, totaling 96 hours or 12 days of sick leave annually. Sick time off accrues at the end of the month in which it is earned and is available for use the following month. Interns are allotted 5 days of professional leave (e.g. to defend a dissertation or attend professional meetings and conferences). Professional leave may not be taken to complete dissertation writing or for participation in commencement exercises.

PAWS interns have access to numerous resources. All interns have private offices with standard office equipment (e.g., desk, seating, locking file cabinet, computer and software, phone and voicemail, lighting, internet connection, video recording equipment) and each office has a window. The university provides a professional Zoom account for teletherapy. Titanium Schedule, the electronic health record system, is installed on the computers of all interns. Interns are also granted access to the PAWS shared drive where training materials are stored. Interns store their session recordings and client lists in a confidential shared drive whose access is controlled by the training director with backup support by the Office of Information Technology. Interns are provided with nametags, university ID cards, and business cards. Printers and office supplies are available to interns in a common area within the PAWS suite. A group room is available for group therapy, staff meetings, didactic seminars, and other purposes. It is equipped with a 64" flat screen TV, computer, white board, seating, and a small table. A private waiting room is located just inside the PAWS entry, and the front desk is staffed by the PAWS Program Coordinator. The Program Coordinator provides administrative support for interns and the UW Tacoma Office of Information Technology provides comprehensive technical support.

In the PAWS suite, a small library of basic materials is provided for all interns, including the DSM-5-TR, grammar and writing style guides and various psychology texts. Each intern is

provided with the Desk Reference to the Diagnostic Criteria from DSM-5-TR and the Ethics Desk Reference for Psychologists (Barnett & Johnson) to use during the training year. Additionally, interns have access to the tri-campus University of Washington Library System with its large online offering of audio and video materials as well as academic journals, books, databases, and datasets. Physical items not readily available at the UW Tacoma campus may be obtained via inter-library loan. PAWS also subsidizes a subscription to Canva Pro for the purpose of creating outreach materials and social media posts.

Depending on the policy followed by all of Student Affairs staff (related to COVID-19 changes) at the time of internship, interns may be allotted work from home time. If so, a university laptop will be requested to borrow, but cannot be guaranteed, and thus interns may have to use their personal technology if they wish to work from home.

Appendix F: Telesupervision Policy

Telesupervision Policy

In consideration of the Implementing Regulation C-15 I., the Doctoral Internship program in Health Service Psychology at University of Washington Tacoma Psychological and Wellness Services (PAWS) has established the following policy regarding use of telesupervision: PAWS uses a synchronous audio and video format for supervision (i.e., individual supervision, supervision of supervision, supervision of groups, group supervision/case conference) on a very limited basis. As a result of the COVID-19 pandemic, the University of Washington Tacoma put in place rules regarding employees staying home for a period of time if they test positive for COVID-19. In addition, more flexibility is now allowed for employees to work from home when experiencing symptoms of other illnesses, with the purpose of protecting the health of other employees. All employees should utilize their sick leave benefits when feeling unwell. Telesupervision is not meant to replace sick leave or to encourage employees to work when they are not well.

The use of telesupervision should be an exception to the regular use of in-person supervision, in the rare case that supervisors and/or interns exhibit signs of illness but feel well enough to work from home. PAWS highly values the quality of the supervisory relationship, the availability of supervisors, and the knowledge that supervisors hold regarding interns' caseloads. Such supervisory relationships help PAWS to achieve the program aims of developing interns' clinical skills, cultivating the [self-]knowledge and skills needed for effective and ethical practice as psychologists, and promoting competence in individual and cultural diversity. While alternative supervisors may occasionally step in when the primary supervisor is absent from the office, telesupervision offers interns the opportunity to maintain the supervisory relationship and work effectively with their supervisor to address client concerns, even when the supervisor must work remotely. When interns experience illness and work remotely, telesupervision offers them the opportunity for continuity of supervision until they are able to safely return to the office. In-person supervision resumes when all involved parties determine that it is safe. Given the implementation of emergency procedures in response to the COVID-19 pandemic, all trainees are afforded the option of participating in telesupervision based on their set of personal circumstances.

The Division of Student Affairs has offered some regular, weekly work-from-home options since the university resumed on-site work. Supervision may not be regularly scheduled to occur remotely during employees' established work-from-home days. Supervisors and interns should arrange any work-from-home days around their supervision schedules. Further, telesupervision should never count for more than 50% of the weekly two individual supervision hours or more than 50% of the weekly four total supervision hours, when used according to this policy and averaged over the course of an academic quarter.

It is expected that the foundation for supervisory relationships will be established initially during orientation so that the occasional use of telesupervision will act as a natural extension of supervisory relationships, rather than a basis for cultivating such relationships. When supervisors provide remote supervision, they maintain full professional responsibility for interns' clinical cases. Any time-sensitive issues or crises should be immediately reported to the supervisor. When supervisors work from home, they are expected to be available to interns for non-scheduled consultation or any crises through established channels of communication (e.g., text, phone, Teams, Zoom). If they cannot be available, they must designate another psychologist to do so and inform interns.

Confidentiality of telesupervision is maintained through remote forms of communication in several ways. First, telesupervision takes place via HIPAA-compliant Zoom which is accessed over a University of Washington-provided Virtual Private Network (VPN). Second, telesupervision sessions are never recorded. Third, identifying information is never included in any form of communication except for Zoom. All interns are provided with instruction regarding the use of Zoom and professional training regarding teletherapy during orientation at the start of the training year. Likewise, all supervisors have completed teletherapy training as required by the State of Washington. Technical difficulties are directed to the UW Tacoma Information Technology Help Desk.

Appendix G: Intern Competency Evaluation

Intern Competency Evaluation

Intern:

Date of Evaluation:

Supervisor, Credentials:

Evaluation Period: Orientation & Autumn Winter Quarter Spring Quarter Summer Quarter

Direct Observations on which this Evaluation is Based:

(Include methods used by all staff contributing to this evaluation.)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Video/Audio Recording | <input type="checkbox"/> Consultation | <input type="checkbox"/> Live Observation | <input type="checkbox"/> Co-Facilitation |
| <input type="checkbox"/> Theoretical Discussion | <input type="checkbox"/> Client Feedback | <input type="checkbox"/> Audio Only Recording | |
| <input type="checkbox"/> Review of Records | <input type="checkbox"/> Role Playing | <input type="checkbox"/> Other: | |

DESCRIPTION AND USE OF COMPETENCY RATINGS:

5 = Significantly above current expected level of competency

This rating signifies performance that is well above what would be expected for an intern. This may be a significant area of expertise for this intern or a performance on par with an early career professional.

4 = Above current expected level of competency

This rating indicates that the intern is performing quite well and surpassing expectations.

3 = At current expected level of competency

This rating indicates that the intern's performance is meeting expectations. This means that the intern is on track in this area to successfully complete internship. At the completion of internship, this rating indicates the intern demonstrates readiness for entry level practice as defined by (a) the ability to independently function in a broad range of clinical and professional activities; (b) the ability to generalize skills and knowledge to new situations; and (c) the ability to self-assess when to seek additional training, supervision or consultation.

2 = Below current expected level of competency

This rating indicates that the intern is performing below the expected level of competency and may require some additional attention (additional experience and/or supervision may be necessary.)

1 = Significantly below current expected level of competency

This rating indicates that the intern is performing significantly below the expected level for interns; areas receiving this score may require formal remediation.

N/A = Not Applicable (No Information)

In order to complete internship successfully, interns must receive a rating of **3 or above on all items** by the end of the internship year. If an intern is performing at the current expected level of competency each quarter, the ratings will remain stable at "3" throughout the year. The ratings still reflect the interns' growth over time, as expectations for competency rise with each quarter.

Abbreviations used in this document:

CoA = Commission on Accreditation

HSP = Health Service Psychology

Profession Wide Competency	Rating
<p>RESEARCH: The CoA recognizes science as the foundation of HSP. Individuals who successfully complete programs accredited in HSP must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices.</p>	
1. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications).	
2. Disseminates research or other scholarly activities (e.g., case conference, presentations, publications) at the local (including the host institution), regional, or national level.	
3. Dedicates time to enhancing knowledge of theoretical perspectives and interventions by seeking research articles and/or other evidence-based resources to inform their practice (e.g., discussing acquired research/scholarly knowledge in supervision).	
<p>TOTAL, RESEARCH</p>	
<p>AVERAGE, RESEARCH</p>	
<p>Research Comments:</p>	
<p>ETHICAL AND LEGAL STANDARDS: Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.</p>	
4. Is knowledgeable of and acts in accordance with each of the following: <ul style="list-style-type: none"> a) APA Ethical Principles of Psychologists and Code of Conduct b) Relevant laws, regulations, rules and policies governing health service psychology at the organizational, local, state, regional, and federal levels (e.g., recognizing personal and professional limits; maintaining healthy self-care; disclosing one's trainee status at the outset of therapy; explaining the limits of confidentiality; discussing legal and ethical issues with supervisors;	

Profession Wide Competency	Rating
effectively and sufficiently documenting all clinical and crisis contacts, consultations, and referrals; appropriately releasing client information).	
5. Is knowledgeable of and acts in accordance with relevant professional standards and guidelines (e.g., University of Washington Ethics and Conflict of Interest Policy https://hr.uw.edu/policies/ethics/) (e.g., appropriately using university resources, not accepting gifts given with intent to influence professional judgment, reporting violations of university ethical standards).	
6. Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas (e.g., recognizing and managing potential for multiple role relationships, recognizing when to report potential child abuse or neglect).	
7. Conducts self in an ethical manner in all professional activities.	
TOTAL , ETHICAL & LEGAL STANDARDS	
AVERAGE, ETHICAL & LEGAL STANDARDS	
Ethical & Legal Standards Comments:	
INDIVIDUAL AND CULTURAL DIVERSITY: Effectiveness in HSP requires that trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees 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. The CoA defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.	
8. Demonstrates an understanding of how the intern’s own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	
9. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.	
10. Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, direct services, and other professional activities).	

Profession Wide Competency	Rating
11. Applies a framework for working effectively with areas of individual and cultural diversity.	
12. Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	
13. Demonstrates knowledge of the social justice advocacy role of psychologists (e.g., discussing the impact of individual, family, and institutional/systems level inequalities on clients' mental health; identifying how psychologists can advocate for the mental health of diverse populations).	
TOTAL, INDIVIDUAL & CULTURAL DIVERSITY	
AVERAGE, INDIVIDUAL & CULTURAL DIVERSITY	
Individual & Cultural Diversity Comments:	
PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS: Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.	
14. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others (e.g., representing work honestly, following agency dress code, meeting deadlines, accepting personal responsibility, attending and participating in training activities).	
15. Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being and professional effectiveness (e.g., discussing reactions to clients in supervision, effectively managing own emotions).	
16. Actively seeks and demonstrates openness and responsiveness to feedback and supervision (e.g., building an alliance with supervisor; integrating supervisory input in an effective and non-defensive manner; tracking own progress in achieving goals and setting new goals; regularly reviewing supervised notes and recordings; effectively using supervisory time by taking initiative, actively participating, and bringing up areas of growth and/or exploration).	
17. Responds professionally in increasingly complex situations with a greater degree of independence as the intern progresses across levels of training.	

Profession Wide Competency	Rating
TOTAL, PROFESSIONAL VALUES, ATTITUDES, & BEHAVIORS	
AVERAGE, PROFESSIONAL VALUES, ATTITUDES, & BEHAVIORS	
Professional Values, Attitudes, & Behaviors Comments:	
COMMUNICATIONS AND INTERPERSONAL SKILLS: The CoA views communication and interpersonal skills as foundational to education, training, and practice in HSP. These skills are essential for any service delivery/activity/interaction and are evident across the program's expected competencies.	
18. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	
19. Demonstrates a thorough grasp of professional language and concepts; produces, comprehends, and engages in communications that are informative and well-integrated (e.g., as evidenced by individual and group clinical notes, Group Supervision/Case Conference reports, outreach presentations, consultations).	
20. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.	
TOTAL, COMMUNICATIONS & INTERPERSONAL SKILLS	
AVERAGE, COMMUNICATIONS & INTERPERSONAL SKILLS	
Communications & Interpersonal Skills Comments:	
ASSESSMENT: Trainees demonstrate competence in conducting evidence-based assessment consistent with the scope of HSP.	
21. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology (e.g., submitting accurate clinical diagnoses).	
22. Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).	
23. Demonstrates the ability to apply the knowledge of functional and dysfunctional	

Profession Wide Competency	Rating
behaviors including context to the assessment and/or diagnostic process (e.g., incorporating context into case conceptualization and case presentations; avoiding over-pathologizing; making appropriate assessments of risk, including potential harm to self or others).	
24. Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.	
25. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	
26. Communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences (e.g., as evidenced by Drop-in/Same-Day-Appointment and First Session clinical notes, discussion of CCAPS data with clients, recommendations for clinical care and referral).	
TOTAL, ASSESSMENT	
AVERAGE, ASSESSMENT	
Assessment Comments:	
INTERVENTION: Trainees demonstrate competence in evidence-based interventions consistent with the scope of HSP. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population or other systems.	
27. Establishes and maintains effective relationships with the recipients of psychological services (e.g., demonstrating accurate empathy; thoroughly exploring issues relevant to the client).	
28. Develops evidence-based intervention plans specific to the service delivery goals (e.g., integrating relevant data into meaningful/coherent conceptualizations and treatment plans, helping clients identify measurable and attainable goals).	

Profession Wide Competency	Rating
29. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics and contextual variables (e.g., using immediacy to facilitate in-session discovery, using confrontation appropriately, understanding and addressing process and interaction factors in therapy, identifying relevant non-verbal behavior, exploring inconsistencies between non-verbals and client self-report, recognizing when timing of interventions is interfering with the treatment process).	
30. Demonstrates the ability to apply the relevant research literature to clinical decision-making (e.g., describing in case presentations how research relates to clinical interventions).	
31. Modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking.	
32. Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.	
33. Demonstrates effective crisis management skills (i.e., follows risks assessment with appropriate consultation, interventions, and follow-up).	
34. Demonstrates competence in group facilitation (e.g., effectively screening group members, establishing rapport, facilitating group cohesion, confronting resistance, identifying co-leadership issues, addressing diversity issues that may affect group processes, making appropriate self-disclosures and process comments about group functioning).	
35. Effectively conducts outreach programming (e.g., designing outreach presentations, accurately assessing campus programming needs, creating relevant learning objectives, professionally presenting outreach programming).	
TOTAL, INTERVENTION	
AVERAGE, INTERVENTION	
Intervention Comments:	
SUPERVISION: The CoA views supervision as grounded in science and integral to the activities of HSP. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee.	

Profession Wide Competency	Rating
36. Applies supervision knowledge in direct or simulated practice with psychology trainees or other health professionals (e.g., building a supervisory alliance).	
37. Applies the supervisory skill of observing in direct or simulated practice (e.g., taking note of demonstrated skills/competencies and areas for improvement when reviewing video recordings and written case presentations).	
38. Applies the supervisory skill of evaluating in direct or simulated practice (e.g., assessing learning needs and developmental level of trainees).	
39. Applies the supervisory skill of giving guidance and feedback in direct or simulated practice (e.g., promoting growth and self-assessment in trainees, providing constructive and sensitive evaluative feedback to trainees, providing feedback to peers regarding their clinical work in context of Group Supervision/Case Conference or Supervision of Groups).	
40. Demonstrates the ability to apply diversity considerations in the development and delivery of supervisory interventions with practicum trainees.	
TOTAL, SUPERVISION	
AVERAGE, SUPERVISION	
Supervision Comments:	
CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS: The CoA views consultation and interprofessional/interdisciplinary interaction as integral to the activities of HSP. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in HSP with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.	
41. Demonstrates knowledge and respect for the roles and perspectives of other professions.	
42. Applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.	
TOTAL, CONSULTATION & INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS	
AVERAGE, CONSULTATION & INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS	

Profession Wide Competency	Rating
Consultation & Interprofessional/Interdisciplinary Skills Comments:	

Summary of Profession Wide Competencies	Average Rating
Research	
Ethical and Legal Standards	
Individual and Cultural Diversity	
Professional Attitudes and Behaviors	
Communications and Interpersonal Skills	
Assessment	
Intervention	
Supervision	
Consultation and Interprofessional/Interdisciplinary Skills	

Narrative Section

Describe this intern's particular strengths:

List areas in which the intern most needs to improve and concrete steps by which they could achieve such improvement:

Signatures:

Supervising Psychologist (Signature) Supervising Psychologist (Print Name) Date

Intern (Signature) Intern (Print Name) Date

Training Director (Signature) Training Director (Print Name) Date

Appendix H: Intern Self-Assessment of Skills: Start-of-Year

Intern Self-Assessment of Skills: Start-of-Year

Intern _____ Date _____

This assessment will be read by the Training Director and your primary supervisor. It will be used to inform your internship goals, and to compare your perceived level of skill at the beginning of internship with your perceived level of skill at the end of internship.

For each item, please circle the number that most accurately describes your current level of skills development. Feel free to add additional items that are not listed.

- 5 = Highly developed skill; you could teach it to others and be a role model
 4 = Satisfactorily developed skill; you use this skill effectively
 3 = Developing this skill
 2 = No proficiency in this skill but interested
 1 = No proficiency and not interested in this skill

A. Counseling & Therapy

	<u>No Proficiency</u> <u>Highly Developed</u>				
1. Intake skills	1	2	3	4	5
2. Appropriate referral to individual, couples, or group therapy and other resources	1	2	3	4	5
3. Building rapport or cohesion	1	2	3	4	5
4. Facilitating exploration	1	2	3	4	5
5. Gathering data	1	2	3	4	5
6. Flexibility in therapeutic techniques	1	2	3	4	5
7. Integration of theory and practice	1	2	3	4	5
8. Ability to identify and handle own affect	1	2	3	4	5

	No Proficiency		Highly Developed		
9. Ability to identify and handle client's or group's affect	1	2	3	4	5
10. Effective timing of interventions	1	2	3	4	5
11. Appropriate self-disclosure	1	2	3	4	5
12. Assisting in problem-solving	1	2	3	4	5
13. Supportive confrontation	1	2	3	4	5
14. Processing client-therapist or group relationship	1	2	3	4	5
15. Effective co-therapy relationship	1	2	3	4	5
16. Ability to handle termination issues	1	2	3	4	5
17. Overall therapy skills	1	2	3	4	5

Strengths:

Areas for growth:

B. Case Conceptualization	No Proficiency		Highly Developed		
1. Ability to integrate data (e.g., CCAPS, client-therapist process, current client material, history, etc.) into meaningful conceptualizations	1	2	3	4	5
2. Ability to formulate treatment strategies	1	2	3	4	5
3. Differential diagnosis (i.e., DSM-5)	1	2	3	4	5
4. Ability to conceptualize using different theoretical orientations	1	2	3	4	5
5. Overall case conceptualization skills	1	2	3	4	5

Strengths:

Areas for growth:

C. Diversity	<u>No Proficiency</u>		<u>Highly Developed</u>		
1. Knowledge of multicultural counseling models	1	2	3	4	5
2. Knowledge of cultural identity development models	1	2	3	4	5
3. Ability to identify client's culture-specific concerns	1	2	3	4	5
4. Ability to utilize client's cultural experience in case conceptualization	1	2	3	4	5
5. Knowledge of diversity-related referral resources available	1	2	3	4	5
6. Ability to provide consultation to a diverse population	1	2	3	4	5
7. Overall skills in the area of diversity	1	2	3	4	5

Strengths:

Areas for Growth:

D. Crisis Intervention	<u>No Proficiency</u>		<u>Highly Developed</u>		
1. Assessment of crisis magnitude	1	2	3	4	5
2. Assessment of suicidality	1	2	3	4	5
3. Assessment of homicidality	1	2	3	4	5
4. Appropriate intervention	1	2	3	4	5

	<u>No Proficiency</u>			<u>Highly Developed</u>	
5. Seeking appropriate consultation	1	2	3	4	5
6. Providing effective consultation	1	2	3	4	5
7. Ability to handle own affect	1	2	3	4	5
8. Overall crisis intervention skills	1	2	3	4	5

Strengths:

Areas for growth:

E. Process Group Facilitation	<u>No Proficiency</u>			<u>Highly Developed</u>	
1. Effectively screening group members	1	2	3	4	5
2. Recognizing group dynamics and phases of development	1	2	3	4	5
3. Co-facilitating group	1	2	3	4	5
4. Selecting group interventions (e.g., in order to establish rapport, confront resistance, make process comments re: group dynamics)	1	2	3	4	5
5. Writing effective group case notes	1	2	3	4	5

Strengths:

Areas for growth:

F. Outreach Presentations	<u>No Proficiency</u>			<u>Highly Developed</u>	
1. Developing a presentation	1	2	3	4	5

	<u>No Proficiency</u>		<u>Highly Developed</u>		
2. Creating learning objectives	1	2	3	4	5
3. Presentation skills	1	2	3	4	5
4. Effective interaction with participants	1	2	3	4	5
5. Overall presentation skills	1	2	3	4	5

Strengths:

Areas for growth:

G. Professionalism	<u>No Proficiency</u>		<u>Highly Developed</u>		
1. Application of ethical and legal principles	1	2	3	4	5
2. Maintaining appropriate professional role with clients	1	2	3	4	5
3. Appropriate maintenance of agency records	1	2	3	4	5
4. Ability to communicate effectively in oral/written form	1	2	3	4	5
5. Promptness and reliability about appointments and records	1	2	3	4	5
6. Appropriate level of autonomy and self-initiative	1	2	3	4	5
7. Appropriate professional attire	1	2	3	4	5
8. Appropriate interaction with staff	1	2	3	4	5
9. Ability to be an effective member of a team/staff	1	2	3	4	5
10. Openness to feedback	1	2	3	4	5
11. Ability to keep own issues/problems separate from work	1	2	3	4	5

	<u>No Proficiency</u>		<u>Highly Developed</u>		
	1	2	3	4	5

12. Overall professionalism

Strengths:

Areas for growth:

H. Receiving Supervision	<u>No Proficiency</u>		<u>Highly Developed</u>		
	1	2	3	4	5
1. Preparedness	1	2	3	4	5
2. Receptiveness to new ideas and approaches	1	2	3	4	5
3. Openness to feedback about counseling strengths and areas for growth	1	2	3	4	5
4. Application of what is learned in future sessions	1	2	3	4	5
5. Openness to looking at own issues as they impact therapy	1	2	3	4	5

Strengths:

Areas for growth:

I. Goals

Please list three goals or areas you would like to work on during the internship year (be as specific as possible).

Appendix I: Intern Self-Assessment of Skills: End-of-Year

Intern Self-Assessment of Skills: End-of-Year

Intern _____ Date _____

For each item, please circle the number that most accurately describes your current level of skills development. Feel free to add additional items that are not listed.

- 5 = Highly developed skill; you could teach it to others and be a role model
 4 = Satisfactorily developed skill; you use this skill effectively
 3 = Developing this skill
 2 = No proficiency in this skill but interested
 1 = No proficiency and not interested in this skill

A. Counseling & Therapy

	<u>No Proficiency</u>			<u>Highly Developed</u>	
1. Intake skills	1	2	3	4	5
2. Appropriate referral to individual, couples, or group therapy and other resources	1	2	3	4	5
3. Building rapport or cohesion	1	2	3	4	5
4. Facilitating exploration	1	2	3	4	5
5. Gathering data	1	2	3	4	5
6. Flexibility in therapeutic techniques	1	2	3	4	5
7. Integration of theory and practice	1	2	3	4	5
8. Ability to identify and handle own affect	1	2	3	4	5
9. Ability to identify and handle client's or group's affect	1	2	3	4	5
10. Effective timing of interventions	1	2	3	4	5

	<u>No Proficiency</u>			<u>Highly Developed</u>	
	1	2	3	4	5
11. Appropriate self-disclosure	1	2	3	4	5
12. Assisting in problem-solving	1	2	3	4	5
13. Supportive confrontation	1	2	3	4	5
14. Processing client-therapist or group relationship	1	2	3	4	5
15. Effective co-therapy relationship	1	2	3	4	5
16. Ability to handle termination issues	1	2	3	4	5
17. Overall therapy skills	1	2	3	4	5

Strengths:

Areas for growth:

B. Case Conceptualization	<u>No Proficiency</u>			<u>Highly Developed</u>	
	1	2	3	4	5
2. Ability to integrate data (e.g., CCAPS, client-therapist process, current client material, history, etc.) into meaningful conceptualizations	1	2	3	4	5
2. Ability to formulate treatment strategies	1	2	3	4	5
3. Differential diagnosis (i.e., DSM-5)	1	2	3	4	5
4. Ability to conceptualize using different theoretical orientations	1	2	3	4	5
5. Overall case conceptualization skills	1	2	3	4	5

Strengths:

Areas for growth:

C. Diversity	<u>No Proficiency</u>		<u>Highly Developed</u>		
1. Knowledge of multicultural counseling models	1	2	3	4	5
2. Knowledge of cultural identity development models	1	2	3	4	5
3. Ability to identify client's culture-specific concerns	1	2	3	4	5
4. Ability to utilize client's cultural experience in case conceptualization	1	2	3	4	5
5. Knowledge of diversity-related referral resources available	1	2	3	4	5
6. Ability to provide consultation to a diverse population	1	2	3	4	5
7. Overall skills in the area of diversity	1	2	3	4	5

Strengths:

Areas for Growth:

D. Crisis Intervention	<u>No Proficiency</u>		<u>Highly Developed</u>		
1. Assessment of crisis magnitude	1	2	3	4	5
2. Assessment of suicidality	1	2	3	4	5
3. Assessment of homicidality	1	2	3	4	5
4. Appropriate intervention	1	2	3	4	5
5. Seeking appropriate consultation	1	2	3	4	5
6. Providing effective consultation	1	2	3	4	5
7. Ability to handle own affect	1	2	3	4	5

	<u>No Proficiency</u>			<u>Highly Developed</u>	
	1	2	3	4	5

8. Overall crisis intervention skills

Strengths:

Areas for growth:

E. Process Group Facilitation

	<u>No Proficiency</u>			<u>Highly Developed</u>	
	1	2	3	4	5

1. Effectively screening group members

2. Recognizing group dynamics and phases of development

3. Co-facilitating group

4. Selecting group interventions (e.g., in order to establish rapport, confront resistance, make process comments re: group dynamics)

5. Writing effective group case notes

Strengths:

Areas for growth:

F. Outreach Presentations

	<u>No Proficiency</u>			<u>Highly Developed</u>	
	1	2	3	4	5

1. Developing a presentation

2. Creating learning objectives

	<u>No Proficiency</u>		<u>Highly Developed</u>		
4. Presentation skills	1	2	3	4	5
5. Effective interaction with participants	1	2	3	4	5
6. Overall presentation skills	1	2	3	4	5

Strengths:

Areas for growth:

G. Professionalism	<u>No Proficiency</u>		<u>Highly Developed</u>		
1. Application of ethical and legal principles	1	2	3	4	5
2. Maintaining appropriate professional role with clients	1	2	3	4	5
3. Appropriate maintenance of agency records	1	2	3	4	5
4. Ability to communicate effectively in oral/written form	1	2	3	4	5
5. Promptness and reliability about appointments and records	1	2	3	4	5
6. Appropriate level of autonomy and self-initiative	1	2	3	4	5
7. Appropriate professional attire	1	2	3	4	5
8. Appropriate interaction with staff	1	2	3	4	5
9. Ability to be an effective member of a team/staff	1	2	3	4	5
10. Openness to feedback	1	2	3	4	5
11. Ability to keep own issues/problems separate from work	1	2	3	4	5
12. Overall professionalism	1	2	3	4	5

& therapy, case conceptualization, diversity, crisis intervention, process group facilitation, outreach presentations, professionalism, receiving supervision).

3. How do you plan to accomplish the goals you listed in #2 above? Please list 1-3 things you will commit to doing in the next year to work toward each goal.

Appendix J: Evaluation of Supervisor

Evaluation of Supervisor

Supervisor:

Intern:

Evaluation Period: Orientation & Autumn Winter Quarter Spring Quarter Summer Quarter

INSTRUCTIONS:

Please mark your rating in the boxes to the right of the statements below to indicate to what degree you agree or disagree with each statement. "N/A" may be used if the statement was not applicable to your experience during the evaluation period.

Interpersonal Aspects of Supervision:	N/A	Strongly DISAGREE	Somewhat Disagree	Disagree	Somewhat Agree	Agree	Strongly AGREE
Values supervision as demonstrated by promptness and productive use of supervisory time.							
Works to establish a climate of trust to maximize an honest and candid exchange of feelings and ideas.							
Clearly communicates expectations of supervision.							
Examines supervisor-supervisee relationship and constructively processes differences of opinions and conflicts.							
Is willing to share own strengths and limitations when appropriate.							
Provides support and encouragement.							

Interpersonal Aspects of Supervision:	N/A	Strongly DISAGREE	Somewhat Disagree	Disagree	Somewhat Agree	Agree	Strongly AGREE
Appropriately challenges and confronts supervisee.							
Is available for consultation outside of regularly scheduled supervision times.							
Encourages feedback from supervisee and constructively uses feedback to enhance the supervisory process.							
Constructively addresses supervisee's personal issues and behaviors that supervisor feels are impacting clinical functioning.							
Helps supervisee assess strengths and weaknesses.							
Serves as a professional role model.							
Demonstrates awareness of and sensitivity to cultural issues and differences and how these may affect the supervisory relationship.							
Technical Aspects of Supervision:	N/A	Strongly DISAGREE	Somewhat Disagree	Disagree	Somewhat Agree	Agree	Strongly AGREE
Collaborates with supervisee in defining mutually agreed upon goals.							
Encourages supervisee to develop own individual counseling style, not just copying supervisor's.							

Technical Aspects of Supervision:	N/A	Strongly DISAGREE	Somewhat Disagree	Disagree	Somewhat Agree	Agree	Strongly AGREE
Gives regular and relevant feedback (formal and informal).							
Uses supervisee's recordings as a basis for feedback.							
Provides helpful feedback on supervisee's written work.							
Helps supervisee to conceptualize cases and to broaden their base of understanding of clients.							
Facilitates supervisee's integration of theory and practice.							
Aids supervisee in formulating appropriate goals for client treatment.							
Provides supervisee with options for different interventions with clients.							
Knows and discusses ethical and legal issues as appropriate.							
Discusses various client personality dynamics and diagnostic impressions.							
Helps supervisee increase skills in various therapeutic processes such as confrontation, support, timing, etc.							

Technical Aspects of Supervision:	N/A	Strongly DISAGREE	Somewhat Disagree	Disagree	Somewhat Agree	Agree	Strongly AGREE
Suggests appropriate books, articles, and other references.							
Knows campus resources and helps supervisee make appropriate referrals.							
Facilitates supervisee's integration of multicultural theory and research into professional practice.							

Summary Evaluation of Supervisor

Aspects of supervision that you found most helpful:

Aspects of supervision that you found less helpful:

Additional comments:

Signatures:

Supervising Psychologist (Signature)

Supervising Psychologist (Print Name)

Date

Intern (Signature)

Intern (Print Name)

Date

Training Director (Signature)

Training Director (Print Name)

Date

Appendix K: Evaluation of Group Supervisor

Evaluation of Group Supervisor

Supervisor:

Intern:

Evaluation Period: Orientation & Autumn Winter Quarter Spring Quarter Summer Quarter

INSTRUCTIONS:

Please mark your rating in the boxes to the right of the statements below to indicate to what degree you agree or disagree with each statement. "N/A" may be used if the statement was not applicable to your experience during the evaluation period.

Professional/Ethical:	N/A	Strongly DISAGREE	Somewhat Disagree	Disagree	Somewhat Agree	Agree	Strongly AGREE
Prompt, dependable for supervision sessions.							
Comes prepared for supervision.							
Available for additional consultation as needed.							
Offers structure and/or direction as needed.							
Serves as a professional role model.							
Demonstrates involvement and commitment to group supervision.							
Aids in establishing and maintaining the focus of group supervision.							

Treats supervisee respectfully and professionally in front of group members.							
--	--	--	--	--	--	--	--

Comments:

Relationship/Communication:	N/A	Strongly DISAGREE	Somewhat Disagree	Disagree	Somewhat Agree	Agree	Strongly AGREE
Establishes clear expectations for supervision and monitors and adjusts supervisory goals as needed.							
Respects individual differences between supervisor and supervisee.							
Works to establish a climate of trust and maximize an honest, candid exchange of feelings and ideas.							
Identifies and addresses conflicts between supervisee and supervisor in constructive ways.							
Provides continuous and constructive feedback.							
Willingly examines supervisee/supervisor relationship.							
Ensures balance in co-leadership of group (i.e., shares facilitation; neither dominant nor too passive)							
Acknowledges and supports supervisee's strengths and competencies.							
Encourages independent thinking and action.							
Remains open to learning from the supervisee.							
Willingness to confront supervisee and does so in an appropriate and facilitative manner.							

Processes co-leader relationship as it impacts both the group and the co-leaders.							
Aids in conceptualizing and understanding the co-leader relationship development.							
Separates group differences (i.e., gender, ethnic, etc.) from individual differences concerning clients and/or the supervisee.							
Exhibits multicultural sensitivity and/or cultural humility.							

Comments:

Training/Teaching:	N/A	Strongly DISAGREE	Somewhat Disagree	Disagree	Somewhat Agree	Agree	Strongly AGREE
Appropriately self-disclosing and acknowledging of own strengths and limitations.							
Uses appropriate didactic material and can suggest additional readings.							
Conveys own conceptual framework of supervision clearly and shares this with the supervisee.							
Conveys own conceptual framework of group therapy clearly and shares this with the supervisee.							
Willing to share and aid the supervisee in supervisor's area of expertise.							
Differentiates between therapy and supervision and aids supervisee in doing so as well.							

Comments:

Group Issues:	N/A	Strongly DISAGREE	Somewhat Disagree	Disagree	Somewhat Agree	Agree	Strongly AGREE
Aids in conceptualizing group dynamics and the therapist's role in that process.							
Aids in conceptualizing and understanding developmental stage(s) of group.							
Provides constructive feedback on written process observation notes.							
Discusses legal/ethical issues as they pertain to group work.							
Constructively explores ideas and techniques for dealing with clients (both group and individual focus).							
Provides suggestions and ideas for group therapy without imposing own style on supervisee.							
Uses tapes and other modalities of supervision in a constructive and flexible manner.							
Explores the client/therapist relationship and the supervisee/supervisor relationship as they reflect key issues with the group.							
Aids in exploration of supervisee conflicts as they impact the client.							
Helps define and clarify treatment goals for group counseling (both group and individual focus).							
Balances focusing on content and thoughts with focus on process and feelings.							

Comments:

Integration of Psychological Literature:	N/A	Strongly DISAGREE	Somewhat Disagree	Disagree	Somewhat Agree	Agree	Strongly AGREE
Demonstrates knowledge of scientific literature relevant to group work.							
Utilizes additional literature on relevant subjects as necessary and/or suggested.							
Applies knowledge from the scientific literature to the practice of group work.							
Demonstrates familiarity with assigned readings through active discussion in meetings, seminars, and supervision.							
Demonstrates the ability to engage in systematic data collection in the process of group work.							
Communicates information in a clear, concise manner.							
Demonstrates the process of critical thinking, hypothesis testing, and other elements of the scientific method.							

Comments:

Summary Evaluation of Supervisor

Aspects of supervision that you found most helpful:

Aspects of supervision that you found less helpful:

Additional comments:

Signatures:

Supervising Psychologist (Signature) Supervising Psychologist (Print Name) Date

Intern (Signature) Intern (Print Name) Date

Training Director (Signature) Training Director (Print Name) Date

Appendix L: Evaluation of Training Director

Evaluation of Training Director

Training Director:

Intern:

Evaluation Period: Orientation & Autumn Winter Quarter Spring Quarter Summer Quarter

INSTRUCTIONS:

Please mark your rating in the boxes to the right of the statements below to indicate to what degree you agree or disagree with each statement. "N/A" may be used if the statement was not applicable to your experience during the evaluation period.

The Training Director...	N/A	Strongly DISAGREE	Somewhat Disagree	Disagree	Somewhat Agree	Agree	Strongly AGREE
Was responsive to my needs.							
Was responsive to the needs of the intern group.							
Was clear in communicating expectations and responsibilities of interns.							
Presented materials in a timely fashion.							
Was skilled in dealing with conflicts and disagreements with the intern cohort.							
Was skilled in offering me constructive feedback.							
Was flexible and open to feedback.							
Allowed time in intern meeting to address more immediate concerns or personal issues.							

The Training Director	N/A	Strongly DISAGREE	Somewhat Disagree	Disagree	Somewhat Agree	Agree	Strongly AGREE
Effectively advocated for interns' needs.							
Exhibited multicultural sensitivity and/or cultural humility.							
Demonstrated awareness of and sensitivity to cultural issues and differences and how these may affect the training director–intern relationship.							
Kept interns apprised of changes within the agency and the University.							
Supported me in my professional development.							
Was an effective professional mentor.							
Established a trusting environment.							

Comments:

Signatures:

Intern (Signature)

Intern (Print Name)

Date

Training Director (Signature)

Training Director (Print Name)

Date

Appendix M: Evaluation of Internship

Evaluation of Internship

This Evaluation of Internship is utilized to continually improve and enhance the training program. All responses are reviewed by the PAWS Training Director, and your feedback is carefully considered. Any ratings of "Poor" or "Fair" will result in action to address the problematic item, so please include detailed comments wherever applicable in order to help us improve most effectively. This information will be used only as an evaluation of the program, not as an evaluation of you. Your honest responses are appreciated.

Quality of Training in Profession-Wide Competencies			
How would you rate the opportunities provided by the internship for training in each of the nine Profession-Wide Competency areas <u>below</u> (a definition is given for each competency): The rating is from 1 - 4			
Poor	Fair	Good	Excellent
1	2	3	4
1. Research: <ul style="list-style-type: none"> • Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications). • Disseminates research or other scholarly activities (e.g., case conference, presentation, publications at the local (including the host institution), regional, or national Level • Dedicates time to enhancing knowledge of theoretical perspectives and interventions by seeking research articles and/or other evidence-based resources to inform their practice. 			
Poor	Fair	Good	Excellent
1	2	3	4
2. Ethical & Legal Standards: <ul style="list-style-type: none"> • Be knowledgeable of and act in accordance with each of the following: • Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines. • Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas. • Conducts self in an ethical manner in all professional activities 			
Poor	Fair	Good	Excellent
1	2	3	4

3. Individual & Cultural Diversity:

- Interns are expected to demonstrate:
- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
- The ability to apply a framework for working effectively with areas of individual and cultural diversity.
- The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Poor	Fair	Good	Excellent
1	2	3	4

4. Professional Values, Attitudes and Behaviors:

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

Poor	Fair	Good	Excellent
1	2	3	4

5. Communication & Interpersonal Skills:

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

Poor	Fair	Good	Excellent
1	2	3	4

6. Assessment:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment result. Following current research and professional standard and guidelines to inform case conceptualization, classification, and recommendation, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences

Poor	Fair	Good	Excellent
1	2	3	4

7. Intervention:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
- Demonstrate effective crisis management skills (i.e., follows risk assessment with appropriate consultation, interventions, and follow-up).
- Demonstrate competence in group facilitation.
- Effectively conduct outreach programming.

Poor	Fair	Good	Excellent
1	2	3	4

In addition to rating intervention overall (above), please rate each intervention area below.

	Poor	Fair	Good	Excellent
Overall Intervention	1	2	3	4
Same-Day Services	1	2	3	4

First Sessions	1	2	3	4
Ongoing Individual Therapy	1	2	3	4
Group Therapy	1	2	3	4

8. Supervision:

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- Apply the supervisory skill of observing in direct or simulated practice.
- Apply the supervisory skill of evaluating in direct or simulated practice.
- Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.
- Demonstrate the ability to apply diversity considerations in the development and delivery of supervisory interventions with practicum trainees.

Poor	Fair	Good	Excellent
1	2	3	4

9. Consultation & Interprofessional/Interdisciplinary Skills:

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

Poor	Fair	Good	Excellent
1	2	3	4

Receiving Supervision

Overall, how would you rate the quality of supervision you received during internship?

	Poor	Fair	Good	Excellent	N/A
Helpfulness of Supervision	1	2	3	4	
Effectiveness of Teaching	1	2	3	4	
Availability of Supervisors	1	2	3	4	
Frequency of Supervision	1	2	3	4	
Professionalism of Supervisors	1	2	3	4	
Promptness of Supervisor Attendance/Paperwork	1	2	3	4	

Comments:					
How would you rate each supervisor in the areas below?					
Dr. Cassandra Nichols					
Overall, how would you rate the quality of supervision you received during internship?					
	Poor	Fair	Good	Excellent	N/A
Helpfulness of Supervision	1	2	3	4	
Effectiveness of Teaching	1	2	3	4	
Availability of Supervisors	1	2	3	4	
Frequency of Supervision	1	2	3	4	
Professionalism of Supervisors	1	2	3	4	
Promptness of Supervisor Attendance/Paperwork	1	2	3	4	
Comments:					
Dr. Bonnie Benson-Palmgren					
Overall, how would you rate the quality of supervision you received during internship?					
	Poor	Fair	Good	Excellent	N/A
Helpfulness of Supervision	1	2	3	4	
Effectiveness of Teaching	1	2	3	4	
Availability of Supervisors	1	2	3	4	
Frequency of Supervision	1	2	3	4	
Professionalism of Supervisors	1	2	3	4	
Promptness of Supervisor Attendance/Paperwork	1	2	3	4	
Comments:					
Dr. Crystal Gonsalves					
Overall, how would you rate the quality of supervision you received during internship?					
	Poor	Fair	Good	Excellent	N/A
Helpfulness of Supervision	1	2	3	4	
Effectiveness of Teaching	1	2	3	4	
Availability of Supervisors	1	2	3	4	
Frequency of Supervision	1	2	3	4	
Professionalism of Supervisors	1	2	3	4	
Promptness of Supervisor Attendance/Paperwork	1	2	3	4	
Comments:					
Madie Brown, M.S.					
Overall, how would you rate the quality of supervision you received during internship?					
	Poor	Fair	Good	Excellent	N/A
Helpfulness of Supervision	1	2	3	4	
Effectiveness of Teaching	1	2	3	4	
Availability of Supervisors	1	2	3	4	
Frequency of Supervision	1	2	3	4	

Professionalism of Supervisors	1	2	3	4	
Promptness of Supervisor Attendance/Paperwork	1	2	3	4	
Comments:					
Overall intern experience					
Overall, how would you rate your overall internship experience in the following areas?					
	Poor	Fair	Good	Excellent	N/A
Overall quality of training	1	2	3	4	
Breadth of training experiences	1	2	3	4	
Depth of training experiences	1	2	3	4	
Organization of training experiences	1	2	3	4	
Clarity of expectations and responsibilities for interns	1	2	3	4	
Satisfaction with number of client contacts	1	2	3	4	
	Poor	Fair	Good	Excellent	N/A
Opportunities for input into the training program	1	2	3	4	
Opportunities for professional socialization with intern cohort	1	2	3	4	
Importance of the internship program to the agency's mission	1	2	3	4	
Opportunities for outreach/consultation	1	2	3	4	
Professionalism of administrative support staff (Program Coordinator)	1	2	3	4	
Meetings and Training Seminars					
Please rate each meeting and seminar you attended, in terms of overall satisfaction, relevance, etc.					
	Poor	Fair	Good	Excellent	N/A
Orientation program	1	2	3	4	
Comments:					
Staff meetings	1	2	3	4	
Comments:					
Meetings with the Training Director	1	2	3	4	
Comments:					
Clinical & Professional Topics Seminar	1	2	3	4	
Comments:					
Multicultural Seminar (overall)	1	2	3	4	
Comments:					
Group Supervision/Case Conference	1	2	3	4	

Comments:					
Supervision of Groups	1	2	3	4	
Comments:					
Supervision of Supervision	1	2	3	4	
Comments:					
Summary Feedback					
What did you like most about the internship program?					
What did you like least about the internship program?					
What specific suggestions do you have for improving the internship program?					
Additional comments:					

Appendix N: Group Supervision/Case Conference Presentation Format

Presentation Format Group Supervision/Case Conference

Purpose: Your case conference presentation provides you with an opportunity to share a written case formulation, a video recorded segment of your work, and an oral presentation to your peers and senior staff. Case conference allows staff to evaluate you on 6 of APA's 9 Profession-Wide Competencies, each of which is listed below, along with some of its accompanying APA language (*in italics*), and the minimum requirement for how it can be demonstrated through the Case Conference Presentation:

1. Research Competency:
 - a. *Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.*
 - b. *Dedicates time to enhancing knowledge of theoretical perspectives and interventions by seeking research articles and/or other evidence-based resources to inform their practice.*
 - i. Read a scholarly article that relates to your work with your client, perhaps about an intervention that may be useful, treatment of the presenting concern, or the client's cultural identity. In the written report, provide the citation and an overview of the article (e.g., overall topic; theory on which the article is based or if a research study, methods/participants/measures; results/findings).
 - ii. In the presentation, discuss the article and how it relates to your client.
2. Individual and Cultural Diversity:
 - a. *An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.*
 - b. *Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.*
 - c. *Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.*
 - i. Complete the section "Relevant Cultural Factors" in the written report and discuss in your presentation
3. Communication and Interpersonal Skills:

- a. *Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.*
 - i. Submit a written report that is free of errors, uses language appropriate to the profession of psychology, and that integrates the information you have about your client.
 - ii. Present orally in a manner that meets the above standard.
4. Assessment:
- a. *Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.*
 - b. *Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).*
 - c. *Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.*
 - d. *Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.*
 - e. *Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.*
 - i. Incorporate information into your written and oral reports from the initial clinical interview, intake forms, and ongoing psychotherapy assessment
 - ii. Using the Counseling Center Assessment of Psychological Symptoms (CCAPS),
 - 1. Include CCAPS scores and comment on their relevance to the client in your written report.
 - 2. Show the most recent copy of the CCAPS during your case presentation.
5. Intervention:
- a. *Develop evidence-based intervention plans specific to the service delivery goals.*
 - b. *Demonstrate the ability to apply the relevant research literature to clinical decision making.*
 - c. *Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.*
 - i. Complete the section, “Collaborative Treatment Goals” to include plans that have been discussed with the client and that meet the criteria above.

- ii. Complete the section, "Treatment Summary" to include a description of the interventions used, goals addressed, and the effectiveness of therapy so far.
6. Supervision:
- a. *Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.*
 - i. Provide professional and construct feedback to your intern cohort member on their case presentation

Instructions for Case Presentations

General Instructions:

- For your presentation, you should select a client about whom you have questions and/or would like input. Be sure to focus on how you can better serve your client, rather than solely on showcasing some "interesting" presenting problem or aspect of diversity.
- For your written presentation, protect confidentiality in some of the following ways:
 - Use a pseudonym and state that you have done so (e.g., "Heather (pseudonym)...").
 - Avoid identifying information such as naming a specific job or workplace, making more general statements instead (e.g., "works at a restaurant as a server").
 - As most UWT students live and/or work in the Tacoma or Seattle areas, avoid reference to geographic areas other than these. If mentioning other areas is relevant to your presentation, you can refer to them by an estimated number of miles from Tacoma, or the time it takes to drive there (e.g., "35 min outside of Tacoma"). Likewise, do not identify other states where a client may have previously lived or may currently have family. Instead, note, "moved from out of state" or "nearest relative lives out of state".
 - Remember that you can always provide more detail during the oral presentation.
- For your oral presentation, you may use your written presentation as a guide, but please do not read it verbatim.
- Prepare at least 5 minutes of video recording (5-10 minutes should suffice) and show it EVERY time you present. Try to select at least one segment of video that shows you performing an intervention or in some way displays your therapy style. Remember, case conference is focused on you, your thinking, and your interventions, more so than on your client.
- If showing video during the meeting, be sure start the video during the first 20 min. of the meeting. A lot of discussion is generated by showing video, and it is frustrating to members if you run out of time for feedback. Be sure to provide context for the video segment, including what led up to the segment and why you chose it. Allow time

afterward for discussion. Do not wait until the last 10 min. to show video. Facilitators will interrupt your presentation, prompting you to show video, if time is running short.

- Verbal feedback about your written and oral case presentations are expected from the other intern and the staff facilitator. Written feedback from the staff facilitator is optional. If the staff facilitator finds the written presentation to be below the acceptable standard, you may be asked to revise and resubmit it in order to meet competency in this area of training.
- Follow the instructions for demonstrating minimum competencies listed above.
- If your written presentation is available early, please notify case conference members, as some people like to read it in advance. This is not required, but is preferred. Please save your written case presentation in the **Case Conference** folder located within the **Counseling Center SECURE Shared Folder** on the shared drive (S:\Student_Enrollment_Services\Admin_Shared\Counseling Center SECURE Shared Folder\Case Conference).
- Title your presentation with your initials, "Case Conference Presentation", year-mo-day. For example: BB Case Conference Presentation 2021-09-13.
- The Training Director will save your written presentation from the shared folder to your trainee file, so please check with them prior to deleting the presentation from the shared folder.
- Please do not email your presentation to anyone, as it contains sensitive material despite the use of pseudonyms and other confidentiality efforts.

In person meetings: Please make a double sided print copy for each member of Case Conference and distribute when you make your presentation. At the end of the Case Conference hour, collect the copies and shred them. Provide one hard copy to the Training Director for your file.

Working remotely:

- If Case Conference takes place via Zoom, the Zoom Personal Meeting Room of the senior staff facilitator will be used.
- Viewing video while working from home:
 - If you show video during case conference using Zoom, you may want to copy the recording and paste it to the non-VPN desktop of your computer, from which you access Zoom. Saving the video outside of VPN access tends to reduce technical issues associated with a slower running VPN. Please delete the video from the desktop when finished.
 - While using Zoom, share your screen (the facilitator can grant you access to screen sharing if needed) to show video. This allows you to control the video from your own screen. Please cue up the video so it is ready to be played, and enlarge the view so all can see it. You should return to the Zoom screen when the video is done.

- If technical issues arise and you are not able to show video as described above, then save the video to the Counseling Center SECURE Shared Folder so that the other members of the case conference can access it. As a group you may choose to pause the Zoom meeting, watch the video segment independently, and then reconvene to resume your presentation. This would require you to instruct attendees as to the segment of video (i.e., time frame) to view.

Written Case Presentation Format

Please use the outline below for writing your case presentation, ensuring all elements are included. You may re-order some of the elements for clarity if needed.

- I. Demographic information
- II. Presenting Problem
- III. History of Presenting Problem
- IV. Psychiatric History and Other Pertinent Medical History
- V. Relevant Family and Social History
- VI. Relevant Cultural Factors
- VII. Substance Use
- VIII. Client Strengths and Resources
- IX. CCAPS
- X. Diagnosis
- XI. Any Relevant Referrals and Outcome
- XII. Collaborative Treatment Goals
- XIII. Treatment Summary
 - a. Early Treatment
 - b. Middle Treatment
 - c. Late Treatment
- XIV. Research
- XV. Conceptualization (that includes your theoretical orientation)
- XVI. Questions for case conference members

Appendix O: Formal Case Presentation Feedback Form

Formal Case Presentation Feedback Form

Strengths of the case presentation (content of PowerPoint):

Strengths of the presentation style (how information was verbally or nonverbally conveyed):

Suggestions for improving the presentation content:

Suggestions for improving the presentation style:

Questions:

General comments:

Appendix P: Release for Publication



**PSYCHOLOGICAL &
WELLNESS SERVICES (PAWS)**

UNIVERSITY *of* WASHINGTON | TACOMA

Release for Publication

With my signature below, I give permission for University of Washington Tacoma Psychological & Wellness Services (PAWS) to include the item(s) designated below in publications/webpage materials and social media accounts describing the training programs and services at the agency:

- My name and trainee title
- My graduate university and program
- My photo, individually
- My photo, in a group
- None of the above

I understand that any decision I make with regard to inclusion or exclusion of information, photographs, or name will have no effect on my successful completion of the training program, and will have no bearing upon my evaluation during the training experience. I understand that I can request a change in the above designated permissions at any time by submitting a request to the Training Director at UWT PAWS.

Trainee Name (printed)

Trainee Signature

Date

Training Director Name (printed)

Training Director Signature

Date