



Student Affairs

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Counseling Center

Intern Manual Updated July 2022

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The Counseling Center and Student Affairs

The Counseling Center is a member of the larger campus unit of Student Affairs and works in several ways with other Student Affairs Units including formal liaisons through outreach programming, cross-referrals of students seeking services, co-sponsorship of campus activities, and multidisciplinary teamwork. Interns will likely engage in these activities, so it is important to be familiar with other Student Affairs Departments.

The Vice Chancellor for Student Affairs is Dr. Danita Brown Young. Please review the [2021-2026 Student Affairs Strategic Plan](#). This will provide an overview of the Student Affairs identity as well as specific activities for each Student Affairs unit.

Please also explore the website of the Vice Chancellor for Student Affairs and links to the specific [Student Affairs](#) Departments for more information.

Student Affairs Units

Auxiliary Services and Health and Wellbeing

- Auxiliary Shared Technology Services
- Campus Recreation
- [Counseling Center](#)
 - [Alcohol and Other Drug Office](#)
- Illini Union
 - Illini Union Bookstore
 - Office of Registered Organizations
 - Illini Union Board
 - Office of Volunteer Programs
 - Parent and Family Programs Office
 - Illini Union Tech Zone
- McKinley Health Center
 - Student Health Insurance
 - State Farm Center
 - University Housing
 - Dining
 - Catering

Office of the Vice Chancellor for Students Affairs

- Student Affairs Advancement
- OVCSA Marketing and Communications

Student Success and Engagement

- Fraternity and Sorority Affairs
- Illinois Leadership Center
- Minority Student Affairs
- New and Transfer Student Programs
- Testing Center
- The Career Center
- Veteran Student Support Services

Dean of Students

- Behavioral Intervention Team
- Student Assistance Center
 - Student Conflict Resolution
- Student Legal Services
- Off-Campus Community Living

Inclusion and Intercultural Relations

- Asian American Cultural Center
- Bruce Nesbitt African American Cultural Center
- Diversity and Social Justice Education
- International Education
- La Casa Cultural Latina
- Lesbian, Gay, Bisexual, Transgender Resources Center
- Native American House
- Women's Resources Center

Mission & Values Statement

Mission Statement

The Counseling Center is committed to providing a broad range of high-quality, innovative, and ethical services that address the psychological, educational, social, and developmental needs of Illinois students. The University of Illinois Counseling Center also actively contributes to the campus's broader academic mission by training and developing students and professionals, helping build a multicultural learning community, and providing leadership in forming collaborative partnerships among Student Affairs, Academic Affairs, the Graduate College, and Administrative Affairs units.

Values Statement

The Counseling Center places priority on the following values as it pursues its mission:

1. Commitment to excellence
2. Wellness
3. Diversity and inclusion
4. Integrity
5. Collaboration

Training Philosophy, Model, Aims, & Competencies

Training Philosophy

- To offer supervised experiences to doctoral interns who come from counseling or clinical psychology programs.
- To support the development of solid clinical and professional skills in working with the university student population.
- To infuse sensitivity to issues of diversity throughout the training program.
- To allow for an unfolding exploration of identities and how our various identities and experiences interplay with professional activities.

Training Model

Our Training Model is an Identity Development Model

Within this model, interns are conceptualized to be:

- Engaging in an ongoing process of identity development.
- Clarifying and articulating what is encompassed in an identity as a psychologist.
- Integrating various dimensions of experience (e.g., gender, culture, race, etc.) into their identity as psychologists.
- Moving through developmental stages and tasks in a lifelong process and in the process contained within the internship year.
- Increasing self-awareness and other-awareness over time with critical junctures and challenges, which result in a movement to another stage.
- Moving toward increasing complexity in worldview.

The internship is further directed by the *Local Clinical Scientist* model posited by Trierweiler and Stricker (1998). “The focal point of the model is the image of the professional standing alone amid an ambiguous reality that must be explored, understood, and influenced positively by professional action” (p. 25). On this more specific level, staff focus on the development of:

- **Attitude and Judgment Skills:** allow discerning psychologists to base interventions on clinical evidence, be open to information from a variety of perspectives, be aware of how one’s own biases might affect interpretation of information and develop a “professional voice.”
- **Critical Thinking Skills:** challenge psychologists to continuously seek new ways of understanding the information before them, recognize the complexities of the realities they explore, and attend to the interdependent connections within those realities.
- **Methodological Skills:** centered around thoughtfully implementing specific interventions, personal inquiry, remaining open about potential clinical hypothesis, and entering therapeutic relationships with care.

In accordance with an identity development approach, staff provide:

- Opportunities, which stretch interns beyond their current developmental stage.
- The support necessary to address critical transition points and tensions in their development.
- A range of supervisory experiences so interns can explore approaches taken by professionals who are at various stages of their own identity development.
- An increasing level of autonomy as the year progresses.

Training Aims

Prepare doctoral interns in clinical or counseling psychology to become entry-level Health Service Psychologists prepared to serve a diverse public through participation in a year-long counseling center internship program.

Training Profession-Wide Competencies

According to the APA Standards of Accreditation (SoA), “Certain competencies are required for all interns who graduate from programs accredited in health service psychology...the role of the internship is to build upon a trainee’s competencies in all the competency areas.” In accordance with the APA SoA, the internship focuses on the further development of the following competencies during the year with the goal of preparing interns for work as an entry level health service psychologist:

1. Research
 - a. Demonstrates the ability to critically evaluate and disseminate research through case conference, presentations, and publications at the local, regional, and/or national levels.
2. Ethical and Legal Standards
 - a. Demonstrates a knowledge of and acts in accordance with APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology; and relevant professional standards and guidelines.
 - b. Recognizes ethical dilemmas and applies ethical decision-making processes.

- c. Conducts self in an ethical manner in all professional activities.
- 3. Individual and Cultural Diversity
 - a. Understands how own personal and cultural history may affect how they interact with people different from themselves.
 - b. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to diversity.
 - c. Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles.
 - d. Applies knowledge in working effectively with a range of diverse individuals and groups.
- 4. Professional Values, Attitudes, and Behaviors
 - a. Behaves in a way that reflects the values and attitudes of psychology.
 - b. Engages in self-reflection.
 - c. Demonstrates openness and responsiveness to feedback and supervision.
 - d. Responds professionally in increasingly complex situations with a greater degree of independence.
- 5. Communication and Interpersonal Skills
 - a. Develops and maintains effective relationships with a wide range of individuals.
 - b. Produces and comprehends oral, nonverbal, and written communications.
 - c. Displays effective interpersonal skills.
- 6. Assessment
 - a. Demonstrates knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
 - b. Shows understanding of human behavior within its context (e.g., family, social, societal, and cultural).
 - c. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
 - d. Selects and applies assessment methods that draw from empirical literature.
 - e. Collects relevant data using multiple sources and methods.
 - f. Interprets assessment results to inform case conceptualization, classification, and recommendations.
 - g. Communicates findings in an accurate and effective manner.
- 7. Intervention
 - a. Establishes and maintains effective relationships with recipients of psychological services.
 - b. Develops evidence-based intervention plans.
 - c. Implements interventions informed by current scientific literature.
 - d. Applies the relevant research literature to clinical decision making.
 - e. Modifies and adapts evidence-based approaches.
 - f. Evaluates intervention effectiveness.
- 8. Supervision
 - a. Demonstrates a knowledge of supervision models and practices and applies this knowledge in direct or simulated practice with psychology trainees, or other health professionals.

- b. Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals.
9. Consultation and Interprofessional/Interdisciplinary Skills
 - a. Demonstrates knowledge and respect for the roles and perspectives of other professionals.
 - b. Applies knowledge in direct or simulated consultation, for example, peer consultation and provision of consultation with other trainees.

Training Program Specific Competencies

Outreach and prevention serve an important part of how the Counseling Center adheres to its core values of serving a diverse public; therefore, emphasis on outreach and prevention services as part of our program-specific competencies. The expectation for this competency is as follows:

1. Outreach and Prevention Services
 - a. Demonstrates knowledge of effective outreach programming and how to accommodate developmental, individual, and cultural differences from an outreach perspective.
 - b. Designs and delivers effective outreach projects using knowledge of the research literature.
 - c. Demonstrates the ability to mentor and supervise other allied professionals in outreach and prevention.

Training Elements

To assist interns in achieving these program-wide and program-specific competencies, the internship offers the following required learning elements:

- Primary supervision with a psychologist who has been licensed for 2(+) years to oversee the planning and delivery of direct clinical services to individual clients. This training element will assist in developing competencies with research, ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, assessment, intervention, and consultation and interprofessional/interdisciplinary skills.
- Group supervision with a clinician who co-facilitates planning and delivery of direct clinical services to group clients. This training element will assist in developing competencies with research, ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, assessment, intervention, and consultation and interprofessional/interdisciplinary skills.
- Outreach seminar and supervision with the Associate Director of Outreach and Prevention Services to oversee the planning and delivery of outreach and prevention services. This training element will assist in developing competencies with research, ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, assessment, consultation and interprofessional/interdisciplinary skills, and outreach and prevention.
- Case conference with the Associate Director of Clinical Services and other licensed clinicians to further hone clinical skills, strengthen written and verbal communication about clinical work,

and to develop constructive skills for giving and receiving feedback about clinical work. This training element will assist in developing competencies with research, ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, assessment, intervention, and consultation and interprofessional/interdisciplinary skills.

- Supervision of supervision with licensed clinicians who oversee planning and delivery of supervision to paraprofessionals and clinicians in training. This training element will assist in developing competencies with research, ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, supervision, and consultation and interprofessional/interdisciplinary skills.
- Secondary supervision with a clinician to develop areas of interest in health service psychology. This training element will assist in developing competencies with research, ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, assessment, intervention, and consultation and interprofessional/interdisciplinary skills. Secondary supervisors change in the fall and spring semesters with the goal of providing interns experience working with different supervisors and obtaining basic knowledge in a variety of areas.
- Participation in Dennis H. May Conference on Diversity Issues and The Role of Counseling Centers in Fall semester and the Big 10 Counseling Center Conference in Spring semester. This training element will assist in developing competencies with research, ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, assessment, intervention, and consultation and interprofessional/interdisciplinary skills.
- Engagement in Crisis/Trauma response.

Intern Seminars

- **Assessment Seminar.** Assessment seminar is offered in the fall with special emphasis on risk management, alcohol and other drugs, cognitive and psychiatric disabilities, and eating disturbances and disorders.
- **Diversity Seminar.** In the fall and the spring, diversity seminar is co-facilitated by two clinicians to provide a non-evaluative space for interns to further explore their own personal and cultural history as well as others' personal and cultural history and how this may impact how they interact with others.
- **Special Topics Seminar.** In the spring and the summer, special topics seminar str offered by clinicians based on interns' interests and clinical staff's specialty areas.

This training element will assist in developing profession wide competencies and program specific competencies.

Philosophy of Training Map

Illinois Counseling Center Values/Community

(Autonomy, competence, diversity, awareness, empathic curiosity, ethical responsibility)



Identity Development Model

(Facilitate the developmental stages which move trainees toward an identity as a professional and all that entails)



Mentoring/Community Building

(Develop relationship and a community which fosters professional growth and identity development)



Local Clinical Scientist Skills

(Judgment and attitude, critical thinking, methodology)



Areas Of Practice/Specific Identities

(Clinician, outreach provider/consultant, supervisor, colleague)

Counseling Center Administrative Structure

The administrative structure currently consists of four program areas—Administrative, Outreach and Prevention Services, Therapeutic Services, and Training. The Director coordinates the Administrative Area, this position does not rotate. Associate Directors administratively coordinate Outreach and Prevention Services, Therapeutic Services, and Training. These positions also do not rotate.

In addition, there are currently four Assistant Directors, an Administrative Aid, and a Human Resources Associate that work with the Director in an administrative capacity. Collectively they supervise the Reception Office, the Administrative Services Office, and the Academic Professional staff.

There are three **Educational Programming Initiatives (EPI)** that are part of the Counseling Center.

The **Administrative Team (Admin Team)** consists of the Director, three Associate Directors, four Assistant Directors, an Administrative Aid, a Human Resources Associate, and two At-Large Academic Professional Staff members. The Counseling Center Admin Team meets regularly to consult with and make recommendations to the Director regarding program and policy decisions.

Area: Administration

- Programs & Activities:
 - Program Development
 - Personnel Administration
 - Budget
 - Technology Applications
 - Evaluation and Assessment

Area: Therapeutic Services

- Programs & Activities:
 - Individual, Couples, Assessment and Group Psychotherapy Services
 - Psychological Emergency Services
 - Suicide Intervention

Area: Educational Program Initiatives

- Programs:
 - ACE IT
 - Counseling Center Paraprofessional Program
 - INNER VOICES Social Issues Theatre

Area: Training

- Programs & Activities:
 - APA Accredited Doctoral Internship Program
 - MSW Internship Program
 - Pre-doctoral Practicum Program

Area: Outreach and Prevention

- Programs and Activities:
 - Outreach and Prevention Teams
 - Workshops on Request
 - Consultations/Liaisons with Other Departments
 - Multicultural Programming Teams
 - Technical Writing/Brochure
 - Trauma Response

Intern Training Program

Administrative Structure and Activities

Training Committee/Intern Search Committee

- Orientation/socialization of interns and new staff
- Projecting and advocating for contract time and budget
- Planning and recruiting
- Troubleshooting and evaluating
- Intern search and recruitment
- Addressing national training issues
- Addressing issues of training philosophy and policy
- Maintain standards for accreditation

Intern Service Activities

- Initial Appointments - 3 per week, intern IAs prioritized and filled before staff
- Individual and Couples' psychotherapy
- Group psychotherapy
- Supervision of practicum students
- Outreach and Prevention Team involvement as contracted
- Training Program team involvement as contracted
- Outreach/consultation projects as contracted
- Committee assignments as contracted

Intern Training Provided by Staff

- Individual clinical supervision – Primary and Secondary
- Supervision of group therapy
- Case conference
- Outreach supervision
- Supervision of Supervision
- Assessment/Special Topics Seminar
- Diversity Seminar

Intern Professional Development Activities

- Research/dissertation time
- Professional conferences/meetings
- Center-wide staff development activities

General Expectations of Interns

With regards to intern behavior and performance during the internship year, the general expectations and guidelines of the training program are as follows:

1. The intern will be knowledgeable of and conduct oneself in accordance with the [APA Ethical Principles of Psychologists and Code of Conduct](#) and other relevant ethical codes, Illinois laws, and federal laws which govern the practice of Psychology, and which are covered during orientation.
2. The intern will be knowledgeable of and conduct one's self in accordance with the [Mental Health and Developmental Disabilities Confidentiality Act](#) of the State of Illinois.
3. The intern will conduct work in a manner that conforms to the professional standards of the University of Illinois Counseling Center and the Division of Student Affairs.
4. The intern will demonstrate proficiency in the profession-wide competencies for a health service psychologist and the program-specific competencies of the UIUCS Counseling Center.

5. The intern will demonstrate proficiency in counseling and psychotherapy skills as required to successfully maintain a clinical caseload at the agency.
6. The intern will demonstrate proficiency in relevant assessment and diagnostic skills as needed to respond to the needs of students in their initial visit to the agency.
7. The intern will demonstrate proficiency in program development and implementation as required to successfully complete contracted activities at the agency.
8. The intern will demonstrate the ability to carry out administrative tasks as required to successfully complete contracted activities at the agency.
9. The intern will participate in the training, service, and professional development activities of the Counseling Center with the year-end goal of providing services across a range of activities with the quality of that of an entry-level health service psychologist.
10. The intern will demonstrate the ability to integrate relevant standards as a health service psychologist, including effective working relations with supervisors and colleagues, into one's repertoire of behaviors.

Progress Support Structures

Because interns make significant developmental transitions during the internship and often require distinct assistance during this time, support structures are included in the training year that are designed to address potential problematic behavior before it adversely affects performance. These include:

1. Contact with former interns before the year begins.
2. Extensive orientation meetings to introduce interns to the staff, agency procedures and policies, and the responsibilities and expectations of the internship.
3. Individualized programs within the parameters of the available agency resources and agency mission.
4. Timely evaluations in the form of self-evaluations and evaluations by supervisors for various contracted activities.
5. Supportive relationships with colleagues.
6. Opportunities to explore not only professional service-related topics, but also topics related to the personal and professional transitions of the early professional.
7. Attention to gradual increases in responsibility and expectations over the course of the year (e.g., increases in number and severity of clients).

Primary Supervision Assignment

At the beginning of the year, interns will meet with the different supervisor as an opportunity for new interns and their potential supervisors to collaboratively explore the possibility of

working together in a supervisory relationship. Interns and supervisors will submit their overall impressions and preferences for supervisory matches to the Associate Director of Training. The Associate Director of Training, in consultation with the Director, will determine the final supervisory pairings.

There is no standard format for these meetings. Potential areas to cover during this meeting are:

From the supervisor:

- Theoretical orientation
- Supervisory style
- What have you found to appreciate most in supervisees?
- How do you approach differences in theoretical orientation between you and your supervisee?
- Expectations from the supervisee (e.g., how to handle absences, providing tapes, turnaround on paperwork, etc.)
- Areas of clinical interest
- How do you work with issues of difference and diversity as a therapist? As a supervisor?
- For group supervisors, how do you balance the co-leader relationship with the co-facilitator relationship? New group or continuing? If new, how do you envision getting the new group started? If continuing, how do you envision incorporating the intern as a new co-leader?
- For secondary, what areas of expertise or interest do you offer as a secondary supervisor? How do you envision helping the intern focus secondary supervision?

From the intern:

- Areas you've gotten feedback about in the past (both strengths and growing edges)
- Areas you hope to focus on in supervision
- Supervision experiences that have been positive/negative in the past
- What do you look for in supervision?
- How do you work with issues of difference and diversity as a therapist, as a supervisee?
- Other questions you have for the supervisor
- For group supervisor interviews, what is your experience conducting group? What interests, strengths, challenges, do you anticipate bringing to your group work?
- For secondary supervisor interviews, what areas would you like to focus on in secondary supervision?

Supervision is *"an intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person."*

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *The Counseling Psychologist, 10*(1), 4.

Supervision is a complex interpersonal process that involves many factors unique to the two people involved. This document is not an attempt to prescribe how supervision should proceed with any supervisory dyad, but rather to suggest the minimal expectations of how contract time

should be allocated and what tasks should be included in the process of supervision for the Counseling Center Internship Program.

Expectations of Primary Clinical Supervisors

Time

- Meet a minimum of two hours per week with the intern.
- Spend an average of one hour per week in preparation for the weekly supervision session.
- Attend monthly 90-minute meeting of the supervisory team and the Integrative Meetings that take place at the beginning and the end of the internship year.

Tasks

- The relative emphasis on many of these tasks will change over the course of the year as a function of the intern's proficiency in these tasks.
 - Clinical supervision of **all** individual and couples' work.
 - Assist the intern in their selection of clients, keeping in mind the kinds of clients needed to maximize intern growth.
 - Review Initial Appointment (IA) notes and dispositions.
 - Review Titanium Task List and signoff on all clinical notes in a timely manner. As per the Center's standards illustrated in TS manual, Practicum Therapists, Interns, and others being supervised by licensed staff **will have 7 days to submit a note to their supervisor for review. After receiving the note, the supervisor will have 7 days to review and sign it.**
 - Follow the guidelines for quality control of the intern's written reports.
 - Review case notes and other clinical materials (e.g., correspondence) as needed.
 - Provide back-up/emergency consultation as needed.
 - Maintain an overview of the number, severity, and presenting concerns of clients being seen by the intern.
 - Provide ongoing verbal feedback to the intern regarding the various aspects of their counseling skills.
 - Provide timely written feedback to the intern.
 - Provide the Associate Director of Training with copies of written feedback.

Expectations of Interns in Primary Clinical Supervision

Time:

- Meet a minimum of two hours per week with the supervisor.
- Spend an average of one hour per week in preparation for the weekly supervision session.
- Prepare for and attend the Integrative Meetings that take place at the beginning and the end of the internship year.

Tasks:

- Regularly update supervisor with an overview of caseload.
- Digitally record each client session. In circumstances where sessions are not recorded,

permission to proceed with a client without taping must be granted by the supervisor.

- Present to supervisor any clients who present with clinical or personal challenges. This includes judgment, opportunities for and/or impediments to growth and effective functioning as a clinician.
- Consult with supervisor (or an available staff member) for emergencies or consultation as needed.
- Keep supervisor informed of any ethical or legal dilemmas that arise including ethical considerations that involve the exchange of confidential information (e.g., correspondence or phone calls made on behalf of the client).
- Provide supervisor with timely oral and written feedback regarding the supervisory experience. Provide Associate Director of Training with copies of written evaluations of supervisor.

Expectations of Secondary Clinical Supervisors

Time:

- Collaboratively determine with the intern (and potentially with primary supervisor) how the one contracted hour will be used each week (e.g., face to face meetings weekly; meetings every other week using time on off weeks to watch tapes, etc.).
- Meet with the intern during the semester for which assigned. **Note:** Secondary supervisors change each semester.
- Attend the monthly 90-minute meeting of the supervisory team.
- Attend intern's Integrative Meeting during the semester supervising.

Tasks:

- Work collaboratively with intern to determine in-depth focus on clinical issue, specific client and/or professional development goal (e.g., job search, dissertation progress, etc.)
- Coordinate with primary supervisor in selection of focus and monitoring of clinical work.
- Review case notes and other clinical materials (e.g., correspondence).
- Provide back-up/emergency consultation as needed.
- Provide on-going verbal feedback to intern regarding the various aspects of their counseling skills and/or professional goals specific to secondary supervision.
- Provide timely written feedback to intern (see procedures) and provide Associate Director of Training with copies of written feedback.

Expectations of Interns in Secondary Clinical Supervision

Time:

- Collaboratively determine with the secondary supervisor how the one contracted hour will be used each week (e.g., face to face meetings weekly; meetings every other week using time on off weeks to watch tapes, etc.). Secondary supervisors change at Winter break. There is no secondary supervision during summer session unless chosen by the intern.
- Prepare for the weekly supervision session.
- Prepare for and attend the Integrative Meetings which take place twice during the year.

Tasks:

- Work collaboratively with secondary supervisor to determine in-depth focus on clinical issue or specific client.
- Communicate consistently with secondary supervisor about clinical work.
- Digitally record each client session. In circumstances where sessions are not recorded, permission to proceed with a client without taping must be granted by the supervisor.
- Present to supervisor any clients who present with clinical or personal challenges. This includes judgment, opportunities for and/or impediments to growth and effective functioning as a clinician.
- Consult with supervisor (or available staff member) for back up or emergencies as needed.
- Keep supervisor informed of any concerns or difficulties that may represent ethical or legal dilemmas. This includes the ethical considerations involved in the exchange of confidential information (e.g., correspondence or phone calls made on behalf of the client).
- Provide supervisor with timely oral and written feedback regarding the supervisory experience.
- Provide Associate Director of Training with copies of written evaluations of - supervisor.

Expectations of Group Therapy Supervisors

Time:

- Meet a minimum of one hour per week in face-to-face supervision with the intern.
- Attend the monthly 90-minute meeting of the supervisory team.
- Attend intern's Integrative Meeting during the semester supervising.

Tasks

- Coordinate with intern in selection of group clients, keeping in mind the kinds of clients needed to maximize intern growth as a group therapist.
- With the intern, conduct group screenings. Facilitate knowledge and skill development of group screening process for the potentiality of the intern needing to do group screenings alone.
- Share in the duties of case management, case notes, and correspondence with group clients.
- Review group case notes and other clinical materials (e.g., correspondence).
- Review Titanium Task List and sign-off on group clinical notes in a timely manner.
- Follow the guidelines for quality control of intern's written reports.
- Provide back-up/emergency consultation as needed.
- Provide on-going verbal feedback to intern regarding the various aspects of his/her group counseling.
- Provide timely written feedback to intern (see procedures)
- Provide Associate Director of Training copies of written feedback.

Expectations of Interns in Group Therapy Supervision

Time:

- Meet with supervisors for a minimum of one hour a week.
- Prepare for the weekly supervision session.
- Prepare for and attend the Integrative Meetings that take place three times during the year.

Regarding tasks:

- Co-lead weekly 90-minute group therapy session with group supervisor.
- Conduct group screening appointments.
- Share in the duties of case management, case notes, and correspondence with group clients.
- Keep supervisor informed of any concerns or difficulties that may represent ethical or legal dilemmas. This includes the ethical considerations involved in the exchange of confidential information (e.g., correspondence or phone calls made on behalf of the client).
- Provide supervisor with timely oral and written feedback regarding the supervisory experience.
- Provide Associate Director of Training with copies of written evaluations.

Note: As stated above, the primary focus of the supervisory relationship is the development and enhancement of the clinical skills of the intern. Clearly, many factors impact the experience of the intern as a clinician (such as personal stressors, staff relationships, agency constraints, etc.) and may need to be addressed in the context of supervision. This, however, inevitably makes the roles of the supervisor and the intern ambiguous at times. Issues such as personal stressors or problematic staff relationships may be addressed in supervision but should be done so with a primary focus on how they impact the intern's clinical work.

Supervisors should guard against supervision becoming a form of personal therapy for the intern, just as they should guard against using their role as supervisor for resolving their own personal needs or issues. When, from the perspective of either the supervisor or the intern, the focus on such issues appears to erode the primary focus of supervision, another avenue for addressing those issues needs to be pursued. Initially such concerns should be discussed between the supervisor and the intern. If it is not clear from that discussion how to address these issues, the supervisor or intern should consult with the Associate Director of Training.

Expectations/Guidelines for Intern Case Conference Revised July 2022

Philosophy

This seminar is intended to follow the developmental mentoring model in that the objectives change across the course of the internship year. The overall goals of case conference are to further hone clinical skills, strengthen written and verbal communication about clinical work, and develop constructive skills for giving and receiving feedback about clinical work.

Case conference meets for 90 minutes per week and will be led the Associate Director of Therapeutic Services in the fall semester, and another clinical staff member in the spring and summer. The relationship of the case conference leader to interns is supervisory, although a shift to a more consultative relationship is expected over the course of the internship. These guidelines are intended to be flexible depending on what intern group and leader negotiates.

Case conference is intended for the sole purpose of presenting and discussing interns' clinical

work. Interns are encouraged to discuss their clinical work (individual, couples, or group) within a group format and develop the skills of critically analyzing case presentations and offering and receiving feedback about clinical work presented in case conference. During case conference as with other supervisory experiences, digital recordings of therapy sessions will be used.

With the focus on intern clinical work, other activities and resources may be a part of case conference but will not be a focus. For example, readings or outside materials are used only to augment or enhance clinical case discussions and not used to set the agenda for discussion in case conference. Case conference mostly consists of the informal and formal presentation of intern clinical material.

Format for Evaluation

- Case conference leader attends the Integrative Meeting that occurs during the semester in which they are supervising.
- Case conference leader provides ongoing informal feedback.
- Case conference leader meets with each intern at the end of the semester to provide formal, written feedback, and help the intern formulate explicit goals or foci for future work.
- Case conference leaders provide interns with sufficient feedback throughout the semester and give them the opportunity to incorporate the feedback into their overall performance.
- Outgoing case conference leader will consult with incoming case conference leader to ensure a degree of continuity and appropriate balance between semesters.
- Provide Associate Director of Training with copies of written evaluations.

Fall Semester

- Review these guidelines as a group and establish norms appropriate for this semester.
- Discuss components needed to create a safe space for interns to explore strengths and areas for improvement.
- Assess and establish baseline clinical skills.
- Develop intern group norms for collaboration, support, challenge, and feedback.
- Interns will present a minimum of **two** formal cases during the fall semester.
- Each presentation will be accompanied by a written summary. Ideal formats for the intern formal case presentation will include an opportunity for the intern to ask and elicit questions relating to their struggles.
- Digital recording clip(s) will accompany each formal presentation and at the discretion of the intern with informal presentations.
- The presentation time includes reading the written summary, playing recording(s), and time at the end for the intern to share their experience of presenting.
- Case conference meetings that are not assigned to have formal presentations should be used by interns to informally present clinical cases they would like to receive feedback on. Each intern should come to each case conference meeting with clinical material to discuss.

Spring Semester

- Review these guidelines as a group.
- Increase focus on integration of basic clinical skills, theoretical orientation, conceptualization, understanding and incorporation of diversity issues, diagnostic assessment, working with various presenting concerns, and personal style.
- Provide a venue to practice case presentations appropriate for use in job interviews.
- Foster skills of providing and receiving feedback on clinical presentations in a group format.
- Interns will be asked to present a minimum of **one** formal case during the semester.
 - If it is discovered that an intern's Case Conference presentation and their Supervision of Supervision presentation are scheduled during the same week, supervisors should be consulted to remedy the overlap in presentations.
- The presentation will be accompanied by a written summary.
- Case conference meetings without formal presentations should be used by interns to informally present clinical cases. Each intern should come to each case conference meeting with clinical material to discuss.
- Digital recording clip(s) will accompany each formal presentation and at the discretion of the intern for informal presentations.
- The presentation time includes reading the written summary, playing recording(s), and time at the end for the intern to share their experience of presenting.

Summer Semester

- Short-term therapy and termination.
- Consultation or collegial supervision format.
- Inclusion of formal case presentations (including written summary and recordings) is at the discretion of interns and case conference leader.
- Opportunity for interns to take turns facilitating case conference at the discretion of the interns and case conference leader.

Suggested Format

- Relationship of case conference leader to interns is primarily supervisory.
- Interns will be asked to present a minimum of two formal case presentations during the Fall Semester and one during the Spring Semester. Summer semester formal presentations are at the discretion of the supervisor.
- Each presentation will be accompanied a write-up (determined by each group).
- Case conference meetings that are not assigned to have formal presentations should be used by interns to discuss clinical cases they would like to receive feedback on.
- Digital recording clip(s) will accompany each formal presentation and at the discretion of the intern with informal presentations.

Intern Case Presentations to Staff

Interns will present a clinical case to the staff at the mid-point of the internship year. Interns are encouraged to follow the format provided in case conference for their written report. The

presentation time allotted is 60 minutes, including time for staff to ask questions and comment about the case.

The report should be ready for the staff **one week** prior to the presentation. A copy should be placed in a Box Health Folder for all clinical staff members. The doctoral intern will delete the folder after the presentation. All clinical staff members should delete any copy of the intern case presentation document after they provide their feedback to the doctoral intern.

Interns are to consult with their primary supervisor about which client they would like to present on and work with their primary supervisor on the written report.

The Associate Director of Training will moderate the case presentation. The Associate Director of Training will keep track of time for the intern and remind the staff that all questions asked should primarily focus on what the intern has presented. The interns should determine and notify the Associate Director of Training in advance of what kind of feedback they would like to receive, so that can be properly informed by staff.

The goal of the presentation is to assist interns in developing case presentation skills and to provide feedback.

Finally, it is suggested that the interns meet with their primary supervisor to debrief this experience.

Staff Case Presentation Feedback

Interns will be given feedback based on the following criteria:

1. Quality of written report
2. Demonstration of knowledge specific to the case presented.
3. Staff will provide feedback.
 - a. Interns will need to determine the type of feedback they would like to receive. This will be contingent on the type of presentation given.

Guidelines for Supervision of Supervision

Seminar and Supervision Philosophy

This intern training activity is divided into two types of experiences for the intern. In the fall semester, Supervision of Supervision is intended to function as a seminar and is not evaluated formally. In the spring semester, Supervision of Supervision is intended to focus on the intern's skill of supervising practicum students. Thus, supervision evaluation forms will be used to evaluate an intern's progress as a clinical supervisor.

During the fall semester, the focus is didactic and should provide the opportunity for the intern

to explore their personal approach and philosophical beliefs about the provision of clinical supervision. This part of the experience will be more akin to Assessment/Special Topics Seminar. The interns will be allocated reading time during the semester to review the readings provided in the Supervision of Supervision reading list. In addition, interns will meet every other week for an hour with Supervision of Supervision supervisors to discuss the readings, prepare for their formal supervision of practicum students in the spring semester and formulate their own model/theory of supervision.

During the spring semester, the focus is more practical in that the interns will be providing clinical supervision to the practicum students. The overall goals of Supervision of Supervision are to provide oversight of interns' supervision of practicum counselors and to help interns advance their supervision knowledge and skills. Supervision of Supervision is co-led by two licensed clinical staff members. This part of the experience will be more akin to Intern Case Conference in that it provides the opportunity to discuss supervision scenarios and engage in problem solving in a group setting with colleagues. Although interns are highly encouraged to discuss supervision issues with their other supervisors, this seminar is the main venue for obtaining supervision of the interns' supervisory skills. Interns are required to record all their supervision sessions. Supervisors and interns will meet weekly for two hours.

Format for Evaluation

- Co-leaders attend Integrative Meetings.
- Co-leaders provide ongoing informal feedback.
- Co-leaders meet with each intern at the end of the spring semester to provide formal, written feedback.
- Co-leaders will provide final supervisory signatures for all clinical notes written by the intern's practicum trainees.

Foci

- Review these guidelines as a group.
- Discuss issues of confidentiality, taping, etc.
- Determine supervisory skills and areas for work.
- Provide a venue to present work with supervisee.

Suggested Format

- Relationship of co-leaders to interns is supervisory.
- Interns will be asked to do one formal presentation during the spring semester.
- The formal presentation will be accompanied by some form of write-up to be determined by each group; the format depends on the purpose of the presentation.
- The formal presentation is to be scheduled after Spring Break.
- The intern is expected to show video during each presentation.
- Interns will have one hour to consult about supervision issues as they arise, one hour for presentation including reading write-up, playing tape, and time at the end for the interns to

share their experience of the case presentation.

Recommended Structural Components

Fall Semester

- Interns meet monthly for this activity but are provided one hour of contract time. One week the hour is used for attendance at the seminar and the other weeks, the hour is used to prepare for the seminar.
- Meetings are scheduled once per month for 90 minutes.
- Recommended readings assigned using either a workbook or other supporting materials.
- Theoretical and personal exploration to further clarify the supervisory role should be included.
- A reflection paper outlining each intern's theory of supervision may be included this semester.
- Focus should be on the intern and their development as a supervisor.

Spring Semester

- Meetings scheduled weekly for two hours.
- Reading assignments kept to a minimum.
- Use of recording is required as are some formal presentations.
- A reflection paper conceptualizing the supervisee can be included this semester.
- Focus should be on both the intern and their development as a supervisor AND the supervisee and their development as a therapist.

Expectations/Guidelines for Outreach Supervision of Interns

This supervision experience is intended to follow the developmental mentoring model in that the objectives change across the internship year. The overall goal of outreach supervision is to facilitate, develop, and nurture the skills and knowledge needed to deliver outreach and prevention services for the Counseling Center. The Counseling Center has broad and wide-reaching definition of outreach. The purpose of this supervision experience is to assist the intern in finding an outreach experience that fits for them. With that said, the Associate Director of Outreach and Prevention Services has been designated as the staff member to provide this supervision experience because they are aware of the latest outreach endeavors and requests of the Counseling Center.

In addition, the purpose of this supervision is to provide interns with an opportunity to explore and discuss methods/models of outreach. This will be done through conversations with the Outreach Supervisor and reading material as appropriate to the outreach being delivered. A suggested reading list is provided to facilitate foundational conversations with the outreach supervisor during the fall semester.

Expectations of Outreach Supervisor

Time:

- A minimum of one hour a week is allotted to meet with the interns.
- Attend monthly supervisory team meeting.
- Attend intern's Integrative Meeting during the semester supervising.

Tasks:

- Assist intern in selection of outreach opportunities, to maximize intern growth.
- Provide on-going verbal feedback regarding various aspects of outreach skills.
- Provide timely written feedback.
- Provide Associate Director of Training with copies of written feedback.

Expectations of Interns in Outreach Supervision

Time:

- Attend weekly meetings with Outreach Supervisor.
- Prepare for supervision session.
- Prepare for and attend Integrative Meetings that take place two times during the year.

Tasks:

- Inform supervisor about all outreach events/experiences/consultations they have provided for the center or are considering providing for the center.
- Provide supervisor with timely feedback regarding the supervisory experience.
- Provide Associate Director of Training with copies of written evaluations.

Guidelines For Weekly Meeting Between Associate Director of Training and Interns

Meeting Philosophy

The purpose of this meeting is twofold: (1) provide an opportunity to meet with the Associate Director of Training to clarify administrative questions; (2) provide an opportunity for interns to develop overarching strategies to identify, clarify, and integrate professional development goals.

Fall Semester

- Orient interns to logistics, procedures, expectations, etc.
- Develop and finalize intern contracts.
- Discuss supervisory assignments.
- Answer questions as they arise.
- Identify internship/professional goals and strategies; monitor achievement of professional integration goals.

- Begin to develop professional portfolio.
- Support interns in developing norms regarding work with one another.
- Support interns in their transition into the internship experience.
- Provide opportunity for interns to provide ongoing feedback about the internship experience.

Spring Semester

- Support interns through semester transitions (e.g., changing supervisors, beginning practicum supervision, etc.).
- Discuss supervisory assignments.
- Address questions and plans for job search where appropriate.
- Continue to monitor goals and portfolio development.
- Provide opportunity for interns to provide ongoing feedback about the internship experience.

Summer Semester

- Support interns in their transition of intern to post doc/employment.
- Identify areas and strategies for closure.

Assessment/Special Topics Seminar

Goal of seminar

The overall goal of this seminar is to provide exposure to a broad range of issues pertinent to the work of a counseling center psychologist. Both clinical and outreach topics will be covered. Some topics will be predetermined while others will be chosen with the input of interns. Through this seminar, interns gain a broad knowledge of empirically supported treatments and prevention efforts that are grounded in research. Also, to understand the role and function of various types of psychological assessments and screening measures to provide more informed treatment planning and/or referrals. Some examples for topics will be provided at the beginning of each seminar.

Suggested Format

- The Assessment Seminar meets every other week for 90 minutes during the fall and spring semesters.
- Associate Director of Training coordinates the schedule and topic arrangement for the fall and spring semester.
- Summer topics are based on intern needs and interest.
- Didactic presentations will be arranged by the Associate Director of Training.
- Interns are encouraged to actively engage with the presenters.

Objectives

1. Provide an overview of various diagnostic assessment tools relevant to college counseling centers.
2. Identify selected screening and assessment tools.

3. Provide a foundation upon which doctoral interns may make more informed decisions about treatment planning and referrals to other units on campus, including specialists within the Counseling Center.

Diversity Seminar

Goals of Seminar

The Diversity Seminar meets biweekly for 90 minutes. The seminar is co-led by two staff members (leadership may change at the semester break). Through this seminar, interns will engage in a process of open dialogue about diversity related issues/topics that impact their clinical and professional work. In addition, this seminar will provide a space for personal growth around diversity related topics. Diversity seminar leaders will provide focus and topics of discussion initially and slowly incorporate the needs and personal learning objectives interns would like to cover. Discussions will primarily be derived from readings, videos, self-reflection, and other sources of materials/information. As the year progress, interns will assume more of a leadership role in the seminar and bring selected topics of discussion to the seminar and conclude with a discussion on a cultural exchange experience. As a result, syllabus and reading list is co-created every year. However, foundational reading material is provided as a starting point for yearlong conversations. A syllabus is provided for illustrative purposes.

Objectives of Seminar

To foster:

- Self-awareness.
- Skill and competency building.
- Knowledge of diversity counseling issues.
- Assessment of progress in counseling diverse populations.
- An understanding that diversity competency/humility is a lifetime journey.
- Self-evaluation towards personal and professional goals.

Format for Evaluation

Diversity seminar is a non-evaluative component of the training program and discussions are intended to be kept private between seminar attendees. This is done to allow interns to express and process their reactions to topics covered in the seminar. Diversity leaders participate in supervisor biweekly meetings; however, they do not report specific details of what has been covered in the seminar. **Note:** Diversity leaders have the discretion to express concerns about an intern's progress.

Current Issues (Fall and Spring)

Beginning at the end of the fall semester and continuing into the spring semester, the seminar will focus on discussions around current diversity topics/issues. In the spring, interns are encouraged to choose a topic or issue for discussion in the seminar. These topics can range

from recent findings in the literature to current socio-political issues. Other topics will be chosen based on level of interest on a particular subject or need for further education on an issue. Any reading material for a particular topic should be placed in our mailboxes a week ahead of time.

Case Consultation (Fall and Spring)

Interns are encouraged to share their clinical work with seminar members, choosing clients who represent some form of diversity.

Diversity Exchange (Spring)

Interns are encouraged to participate in a diversity experience outside of their own “comfort zone.” This exchange could mean going to a cultural event on campus or another city, reading a book, watching a movie, or interviewing someone who is different from them. Interns should do this activity on their own. The purpose of this diversity exchange is to encourage intern to expand their diversity “comfort zone” and learn about another population in a more personal fashion. On the last day of seminar, in the spring, there will be a discussion of what was learned.

Evaluation Procedures

Introduction

Evaluation is an integral part of the internship program. In most activities interns are supervised and evaluated. This evaluation may be formal, in writing at predetermined times during the internship, as well as informal, verbal, and ongoing. The training program is designed with personal/professional growth and development in mind. Likewise, evaluation is done with attention to the growth of the intern. Consequently, evaluation is not focused solely on the identification of problems or growing edges of the intern, but rather the **overall performance** which includes strengths and areas of growth. The evaluation process also encourages the interns taking increased responsibility for their own growth as the year progresses. This is done through self-evaluations that are reviewed with specific staff members and by taking the initiative of requesting evaluation and feedback from staff members.

The following procedures outline the timing, content, and people involved in the process. This is intended to be a working document that provides the structure for the evaluative process, but also allows for flexibility as needed by those involved in the process. In addition, evaluation and feedback should be seen as an integral and on-going part of our work and professional relations, not confined solely to the prescribed times outlined below. Therefore, a section entitled "As-needed evaluation" follows the procedures and describes and encourages the spirit of on-going feedback.

Self-Appraisal

(Within two to four weeks of internship)

1. Each intern will complete self-evaluations for the nine profession-wide competencies and one program-specific competency. In addition, in consultation with the Associate Director of Training, interns will develop a “portfolio” of skills and goals for the internship year and beyond. Possible formats for these portfolios will be provided. Interns are encouraged to develop a portfolio that best meets their needs and style.
2. Each intern will develop relevant goals for the internship year. Copies of goals and self-appraisal will be provided to each supervisor.
3. Integrative Meeting #1. Each intern will meet with the Supervisory Team which consists of the Associate Director of Training, the primary clinical supervisor, the secondary clinical supervisor, the group co-facilitator, the Case Conference Leader, Supervision of Supervision Supervisors, Outreach Supervisor, and any other staff person who would provide a useful perspective on the intern's goals and performances as determined by the intern and Training Director. The purpose of this first meeting will be to review the intern's self-appraisal and to set training goals for the fall semester. This meeting will be scheduled in the beginning of the fall semester, ideally around the first week of the fall semester.

Monthly Meetings of the Supervisory Team and Provision of Feedback to Intern

1. The supervisory team (The Associate Director of Training and all supervisors) will meet monthly throughout the year to review the clinical work and overall functioning of each intern as well as to review and revise training goals as appropriate.
2. The Associate Director of Training will keep interns informed of the occurrence of these meetings. Each staff member that attends the monthly meeting will be responsible for providing verbal feedback to the intern specific to that staff member's role and function with the intern. Summary notes will be provided to the interns in written and/or verbal formats.
3. The monthly meeting is intended to be a prompt for supervisors to provide interns feedback about their progress. It is expected that supervisors will provide feedback on or around the dates of the meeting schedule.

End of Fall Semester Evaluation

(Late December, early January)

1. Each intern will receive written feedback prior to the beginning of the spring semester from the following people:
 - Primary Clinical Supervisor
 - Secondary Clinical Supervisor
 - Group Supervisor
 - Case Conference
 - Outreach Supervisor
2. Each person evaluating an intern will provide a copy of the written evaluation to both the intern

and the Associate Director of Training and meet with the intern to discuss the rationale for the feedback and to discuss the training implications.

3. Interns will provide written feedback prior to the beginning of the spring semester to the Primary Clinical Supervisor, the Secondary Clinical Supervisor, Case Conference Leader, Group Supervisor, and Outreach Supervisor. Interns may provide verbal or written feedback to any other staff person who has served in a supervisory capacity.
4. To assess and evaluate their own performance up to that time, interns will review the self-assessments and portfolios provided to supervisors during the first integrative meeting.
6. Associate Director of Training will write an evaluation letter of intern's performance for the fall semester to their academic program. A copy of the letter will be given to the intern, the clinical supervisor, and a copy will be placed in the intern's personnel file.

In addition to formal evaluation, other staff members may provide either written or verbal feedback to the interns through their or the intern's initiation.

When providing written feedback to interns, staff members must use the "Evaluation of Intern Performance" form. Interns will discuss the relevant sections of their self-assessment with appropriate supervisors.

A copy of each evaluation should be given to the appropriate supervisor and the Associate Director of Training. Time should be set aside to discuss the feedback and the training implications with the appropriate supervisor.

End of Spring Semester Evaluation

(Late May, early June)

The same basic procedures that were used for the fall semester evaluation are used in spring, though there are some changes in who is included in the written and verbal feedback as noted below. The steps include:

1. Intern supervisors (secondary, group, case conference, supervisors of supervision, and outreach) provide verbal and written feedback regarding progress, training goals, and needs for the remainder of the year.
2. Intern will also provide verbal and written feedback to each of the supervisors listed in #1.
3. To assess and evaluate their own performance up to this point, interns will once again review their self-assessments and portfolios.
4. Each intern completes program evaluation and documentation of activities and hours spent during year. A copy of the documentation of activities will remain in the intern's personnel file. The Intern Training Committee will review program evaluations during the Area Retreat for possible revisions in the training program.

End of Year Evaluation

(July)

1. The primary clinical supervisor will provide written feedback to the intern in the form of a

summary evaluation that reflects the intern's progress over the course of the year as well as areas of needed growth and development.

2. Case conference leader will provide verbal and written feedback regarding progress to that point in the year and training goals.
3. Each intern will provide the primary clinical supervisor and case conference leader with feedback regarding the supervision provided during this time.
4. If group and/or secondary supervision has continued into the summer, supervisor(s) will provide the intern with verbal and written feedback about their progress, and the intern will provide their supervisor(s) with verbal and written feedback.
5. Integrative Meeting #2. Each intern will meet with the Supervisory Team. The purpose of this meeting is to review the interns' clinical and supervisory work and any other activities in which the intern has been involved with special attention given to progress on training goals up to that time. Additional attention will be given to how the intern can best integrate the experiences of the year and prepare for effective termination.
6. The Associate Director of Training writes a final letter of evaluation and endorsement to the intern's academic program. A copy of the letter will be given to the intern and a copy will be placed in the intern's personnel file.

Guidelines For Quality Control of Interns' Written Reports Revised June 2005

Following the 1998 APA accreditation process, site visitors recommended that staff provide more quality control of interns' written reports as well as a more systematic way of evaluating interns' written reports. Based on this feedback, the Intern Training Committee has developed the following guidelines.

The intern's primary supervisor will monitor and evaluate the intern's clinically related written materials, including but not limited to all documentation required by Titanium, other paperwork required but not included in Titanium, and any correspondence sent to clients or other parties outside the Counseling Center. In addition, primary supervisor will sign off on all client notes and correspondence (as needed) throughout the year. Although interns may focus on cases in their secondary supervision, the primary supervisor will monitor and evaluate the quality of written reports relevant to these cases also.

The intern's group co-leader/supervisor will monitor and evaluate the intern's paperwork for group (e.g., group screening summary, group case notes).

Intern Readiness to Supervise a Practicum Counselor Revised May 2005

Interns are provided with the opportunity to supervise a practicum student during the spring semester of their internship year. To provide the most positive experience both for interns and for practicum students, staff engage in a process to determine the intern's readiness to supervise.

While no previous direct supervisory experience is required, it is important for interns to be at a place in their own clinical and professional development to be ready to offer guidance and support to a supervisee.

To determine readiness to supervise, the following process will be followed:

1. In mid-October, the Associate Director of Training will contact the Assistant Director of Training, the Supervision of Supervision co-leaders, and all the primary supervisors to determine if there are concerns about any intern's progress in the internship as it relates to the skills necessary to provide competent supervision.
2. If it is determined that the intern is ready to provide supervision and feels ready for the task, the Assistant Director of Training will make supervisory assignments accordingly.
3. If it is determined that the intern is not ready to provide supervision, a plan will be developed for how to provide some training in supervision (e.g., readings, individual supervision of supervision, process observation, etc.) that feels supportive and responsive to interns and practicum students' needs. Co-supervision is discouraged as it has the potential to undermine the authority of the intern as clinical supervisor. In extremely rare cases, interns are not given the opportunity to supervise practicum students because of concerns regarding competence. If this were to happen, the supervision exit criteria will not be enforced. A team of staff that includes the Associate Director of Training, the Assistant Director of Training, the Supervision of Supervision co-leaders, and the primary supervisor of the intern will make these decisions.

As Needed Feedback and Evaluation

Feedback and Evaluation Process

Interns and staff members are encouraged to provide one another with on-going verbal and/or written feedback on specific tasks on which they work together, as well as also general professional behavior, agency functioning, staff interactions, etc. In addition, evaluation and feedback are not confined to the times already specified. Therefore, the following suggestions are presented.

Requested Feedback

In addition to the formal procedures, an intern may request (and is encouraged to do so) written or verbal feedback from any person on the Counseling Center staff at any time. This feedback may be in response to a specific task performed in which the staff member worked with the intern, or it may be feedback about general agency functioning, interactions, etc. The intern may request that any of these written statements be placed in their personnel file.

Provision of Feedback

In addition to the formal procedures, staff members are encouraged to provide interns with

written feedback as needed. This feedback may be in response to a specific task performed outside of those covered by the procedures or may be related to general agency functioning, interactions, etc.

When Evaluation Suggests Grievance or Unprofessional Behavior

Feedback will be in writing when either a staff member or the intern is concerned about behaviors that may be seen as unprofessional, unethical, or otherwise inappropriate. In such cases it is important that such feedback be in writing and a copy of the written statement be given to the Associate Director of Training. If some further action is requested by the intern or staff member or deemed necessary by the Associate Director of Training to further explore the incident(s), procedures for addressing a grievance or addressing the unprofessional behavior will be initiated.

Informing Interns of the Procedures

This document is to be given to each intern and discussed during the orientation period. Review of the procedures is to follow as needed. This document is also to be given to all who supervise and who are included in the supervisory team. These procedures are to be discussed with them at the first monthly meeting.

Procedures For Communicating with Interns' Doctoral Programs

Regular communication between the interns' doctoral programs and the Counseling Center starts with the beginning of the intern selection process each year. As a member of APPIC, our internship program participates in the national matching process that includes extensive application material and information from the intern's doctoral program, letters of recommendation, etc.

Once selection of interns is completed, a letter documenting the offer and requesting written acceptance is sent to the intern with a copy to their doctoral program's Director of Training. Upon arrival to campus, meetings with the interns are held to clarify any doctoral program requirements regarding evaluations, documentation of internship hours and activities, required record keeping, etc.

After approximately three months, the Associate Director of Training sends a report to each intern's doctoral program Director of Training summarizing the intern's adjustment to the agency and their professional activities. At approximately six months and again at the completion of the internship, the Associate Director of Training sends letters to doctoral program Director of Training documenting the interns' professional experiences with comments about performance obtained from the written evaluations by the intern's various supervisors.

At the end of the internship year, interns document their activities using reports generated

through our Titanium Calendar and Database system. Although the Counseling Center supplies its own evaluation forms, we complete any question forms sent by the intern's department as well. A summary evaluation letter will be sent to the intern's doctoral program at the completion of the internship.

Completion Criteria

Intern success is a difficult construct to operationalize and quantify. While intern success cannot fully be captured in numbers, there are some minimum expectations which interns must perform to receive their completion certificate. The four main areas quantitatively assessed are Clinical Work, Outreach, Supervision, and Professional Behavior. We ask that interns provide a self-evaluation to each of their supervisors using the following ratings no later than the first integrative meeting.

The ratings used to evaluate interns involve the following:

1 = Remedial Level

2 = Beginner Level

3 = Intermediate Level

4 = High Intermediate Level

5 = Advanced Level

N/A = Evaluator does not have adequate information to rate intern on this item.

If an intern receives any rating of 3 or lower on any item during the year, the training program will provide focused attention on these areas until the intern rates a 4 or 5. If, at the end of the internship year, an intern receives a rating of 3 or lower on their Clinical Work or Professional Behavior on their final evaluation, the intern will not pass the internship. If the intern receives a rating of 2 or lower on evaluation scales of either their Outreach or Supervision on their final evaluation, they will not pass the internship.

The rationale for passing an intern with beginning competencies in Outreach or Supervision is that many interns do not receive formal training in outreach. In addition, as supervision takes many years to master, we anticipate that most professionals will continue to be at a beginning level for several years.

Note: It may be important to note that Supervision is only included as a training goal if the intern is ready to provide this service at the Counseling Center. If the intern is not ready to supervise independently, we provide remedial support to ensure that intern performance in other areas is adequate. If the intern is ready to supervise, their performance in supervision becomes part of the completion criteria.

Guidelines for Supervisors for Use of the Ratings on Intern Evaluation Forms

Overall, we evaluate interns around their ability to function autonomously by the end of the year. By the end of the year, staff should be able to feel confident that the intern can function competently without intensive supervision. Although the training committee holds a value that professionals continue to be supervised through licensure and then seek ongoing consultation throughout their careers, it recognizes that the reality is that many professionals do not continue to seek supervision or consultation; this context, then, also points to the importance that interns acquire the level of competence described in this document.

Ratings of 1 or 2 indicate that the supervisor has concerns about the intern's ability to function competently at the beginner level, let alone to function autonomously as a professional. These are ratings that may require immediate and thorough remediation.

1 = Remedial Level

- A skill/activity in which the intern demonstrates minimal or no evidence of demonstrated competency.
- Leads to concerns about the intern being able to provide competent services at the Center during internship even while receiving intensive supervision.
- Intern demonstrates problematic or harmful behavior requiring immediate attention.
- Requires remedial work in this area.

2 = Beginner Level

- A skill/activity in which competency is emergent and demonstrates practicum level development.
- Performance is very inconsistent.
- Improvements an intern would need to make to perform satisfactorily at the intermediate level.
- Intensive supervision is needed in this area for the intern to advance.
- Remedial work may be required.

Ratings of **3 or above** indicate that the intern has demonstrated a competency level that will allow them to perform professional duties adequately and competently at the intermediate level. They reflect varying levels of confidence in the intern's demonstrated ability to function competently and autonomously as a professional without intensive supervision. We would expect that interns at the beginning of the year might be rated at 3 for a small number of skills/activities given that they have just completed practicum training.

Given that no one functioning professionally and autonomously can claim competence or expertise in all areas of practice, ratings of 4 and 5 reflect developmentally appropriate goals for internship. A rating of 4 would indicate a confidence that the intern could perform the skill and would be aware of the need for supervision or consultation. A rating of 5 would indicate

that the intern might even offer expertise or consultation to others performing the skill/activity.

3 = Intermediate Level

- Skill level that is developmentally appropriate at the beginning of the year and for most of the first half of internship.
- Performance could be described as somewhat consistent.
- Skill/activity the intern plans to focus on strengthening during the internship year.
- Area that should remain focus of supervision.
- Supervision of routine activities in this area.

4 = High Intermediate Level

- Performance is mostly consistent.
- The intern performs the skill/activity competently.
- If functioning in a professional capacity after internship, might benefit from supervision around this skill/activity.
- Competency attained in all but non-routine cases.
- Supervision provides overall management of activities in this area.
- Depth of supervision varies based as clinical/supervision/outreach needs warrant.
- A frequent rating at the end internship.

5 = Advanced Level

- The intern performs the skill/activity quite competently and consistently.
- Could perform the skill/activity without any supervision or with consultation only.
- Rating used for exceptional skill development by intern.
- Competency attained is essentially equivalent to full psychology staff.
- Developmentally appropriate goal for the end of internship.

N/A = Evaluator does not have adequate information to rate intern on this item.

- Used in cases where the supervisor has not directly discussed the skill/activity with the intern.
- Not assessed during rating period.
- In some cases, N/A requires further attention (e.g., if the primary supervisor indicates N/A on items related to the interns writing, the Associate Director of Training may follow up on such a rating.

Procedures for Addressing Problems in Intern Performance

The internship program is designed with professional/personal growth and development in mind. Staff do not expect interns to enter the internship as fully functioning professionals or with all the skills needed to cope with the demands of internship. Consequently, staff expect that interns will experience certain developmental milestones during their year. It is important to distinguish between an intern who has a developmental growth area and an intern who does not meet the performance standards of the internship. A growth area refers to an intern's behaviors, attitudes, or characteristics, which, while concerning and requiring remediation, are perceived to be not unexpected or excessive for professionals in training. Problems typically become identified as inadequate performance when they include one or more of the following characteristics:

- a) The intern does not acknowledge or address the problem when it is identified.
- b) The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
- c) The quality of services delivered by the intern is sufficiently negatively affected by the problem.
- d) The problem is not restricted to one area of professional functioning.
- e) A disproportionate amount of attention by training personnel is required.
- f) The intern's behavior does not change as a function of feedback, remediation efforts and/or time.

Several formal and informal procedures are used: (1) to inform interns of expected levels of competence, (2) to provide interns with regular feedback and evaluations regarding their performance, (3) to inform them when their level of performance is not at the expected level, (4) to assist them with a plan for remediation of the situation, and (5) to keep their graduate programs informed of the intern's progress. Each of these components will be discussed below.

1. At the beginning of the year interns are given a thorough orientation to introduce them to the staff, agency procedures and policies, and the responsibilities and expectations of the internship. The expectations are written in such a way that interns can identify specific knowledge and skills expected across a broad range of competencies. They are stated in general enough terms that each intern, within the supervisory and staff relationships established, can demonstrate them in a personally consistent manner. Interns are also informed of the manner and timing of written and verbal feedback throughout the year.
2. Interns are provided with ongoing and timely feedback regarding their performance. Feedback is provided informally in weekly supervisory meetings and meetings with the training director. Formal written feedback is provided from each supervisor at the end of each academic semester.
3. When, through formal or informal feedback channels, there is evidence that an intern is performing below the expected level in some area of competence, the following channels are available for addressing the situation.

If the identified deficiency is in the clinical work of the intern, the clinical supervisor provides the first intervention. Because of the nature of supervision, the supervisor is the person most likely to recognize clinical deficiencies. It is then the responsibility of the supervisor to articulate or put in writing the nature of the concern and, when necessary, to develop a method for addressing the concern. This is the channel used most often for informing interns of problem areas and finding workable solutions. If the problem addressed goes beyond the clinical work of the intern, the supervisor consults with the Associate Director of Training about possible further action.

Since every aspect of the intern's work is supervised in some way, the supervisor for the activity in question is the person responsible for communicating the concern and developing a remediation plan, if needed. If the concern or deficiency is not related to a specific activity or supervisory relationship (e.g., complaints about the intern's treatment of support staff), the Associate Director of Training is responsible for addressing the issue with the intern or for identifying the person best suited for doing so.

4. It is important to have meaningful ways to address problems once they have been identified. Typical developmental problems are generally identified and dealt within the supervisory relationship. When impairment is identified, several possible and perhaps concurrent courses of action to remediate the impairment include, but are not limited to:
 - a. Increasing supervision, either with the same or other supervisors.
 - b. Changing the format, emphasis and/or focus of supervision.
 - c. Reducing the intern's clinical or other workload.
 - d. Recommending personal therapy in such a way that all parties involved have clarified the way therapy contacts will be used in the intern evaluation process.

When a combination of the above interventions do not, after a reasonable time period, rectify the impairment, or when the trainee seems unable or unwilling to alter their behavior, the Training Committee in consultation with the intern's supervisory team and Director may decide to take the more formal action of terminating the intern from the training program and communicating to the intern's academic program that the intern has not successfully completed the internship.

5. Efforts are made to maintain regular contact with an intern's academic program to keep them abreast of the intern's activities and any possible problems that may be identified. A letter is written by the Associate Director of Training to each intern's graduate program at regular intervals: at three months, six months, and at the end of the internship year. Each of these letters informs the program of the activities of the intern for that semester as well as an evaluation of their work in each of the major activities. If deficiencies or problems arise that go beyond the typical developmental concerns, the Associate Director of Training informs the graduate program by letter of the identified problem and the remediation plan being implemented. If the Associate Director of Training, in consultation with the supervisor and other involved parties, suspects that the intern is not making suitable progress and may not be permitted to complete the internship experience, the graduate program will be notified of this likelihood at the earliest possible time.

All the above steps will be appropriately documented and implemented in ways that are consistent with due process procedures for both the agency and the Intern.

Grievance Procedures and Due Process for Interns

The Counseling Center is sensitive to the need to protect interns through the publication of formal grievance procedures. In doing so we recognize the power differential that exists between staff and interns.

Grievance procedures may be initiated in the following situations:

1. When the intern challenges evaluation by the supervisor.
2. When the intern challenges actions taken by the Associate Director of Training or the Training Committee.
3. When the intern has a complaint or grievance concerning a staff member or another intern.

Each of these circumstances is described below:

1. Intern challenges evaluation by supervisor

If an intern disagrees with evaluation given by the supervisor, the following steps will be followed:

- It is encouraged that the intern first discusses the nature of the disagreement with the supervisor who initiated the evaluation.
- Upon consultation with the training director, it is within the discretion of the training director to consult with the supervisor, thereby, encouraging them to resolve the conflict with the supervisee.
- If needed, the training director will facilitate a meeting between the supervisor and intern with a purpose of conflict mediation. The HR representative will be present during this meeting to be an unbiased observer and take notes.
- Despite the conflict resolution meeting between the intern, training director, and supervisor, if this conflict remains unsolved between the supervisor and intern, the intern is recommended to write a written document about the nature and content of conflict.
- With the consultation of the training director, the intern can submit the written report to the director who will consider the grievance with the intern and consult as needed.

2. Intern challenges decisions made by Associate Director of Training and/or Committee

If an intern does not agree with decisions (such as remediation) made by the Associate Director of Training and/or Committee, the following steps will be followed:

- Intern prepares a written document about the nature and content of their concerns.
- If the intern requires additional support to file their concerns about the training director, they can consult with their primary supervisor if necessary.
- Intern submits this written report to the Director. The Director will work with the intern to resolve the grievance with the intern and consult as needed.

3. Intern challenges staff member or another intern

Examples of grievances against a staff member include, but are not limited to sexual

misconduct, exploitive behavior, and other violations of the [APA Ethical Principles of Psychologists](#). If an intern has a complaint or grievance concerning a staff member or another intern, the intern is expected to follow the same procedures as other staff. First, it is suggested that they discuss the matter with the person in question. If, for reasons of differences in power, this places the intern at risk, this step is bypassed.

Next, the intern should then consult with the Associate Director of Training. If the grievance is against the Associate Director of Training, the intern will bypass this step and bring the matter to the Director for consultation or resolution. The Director will consult as necessary. In any case, the intern must write a written report about the nature and content of their concerns.

In the case of sexual harassment, the intern would be guided to university grievance procedures for sexual harassment. Sexual harassment is defined by us as it is in the [University of Illinois Academic Staff Handbook](#), as "sexual harassment is unwelcome sexual, sex-based, or gender-based conduct, whether verbal, written, electronic and/or physical in nature:

- a) That is (1) sufficiently severe or pervasive; and (2) objectively offensive; and (3) unreasonably interferes with, denies, or limits a person's ability to participate or benefit from educational and/or employment opportunities, assessments, or status at the University; or
- b) By a person having power or authority over another in which submission to such conduct is made explicitly or implicitly a term or condition of educational and/or employment opportunities, participation, assessments, or status at the University.

The procedures for complaints and grievances alleging discrimination or harassment by reason of race, color, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation, unfavorable discharge from the military, or status as a disabled veteran or veteran of the Vietnam era are outlined in the *Procedural Guidelines for Complaints under the Nondiscrimination Policy*, available in the [Office of Access and Equity](#) at 1004 South Fourth Street, Champaign, Illinois.

The information in this manual is for general guidance on matters of interest to faculty, staff, and students in the Counseling Center at the University of Illinois at Urbana-Champaign. The manual summarizes campus/university policies as a convenient reference tool. However, information on campus and university policies contained herein is for informational purposes only and is subject to change without notice. For the most current information, please see the official campus/university versions of these policies as posted on official websites. These can be accessed through the [Campus Administrative Manual](#) and the [Illinois Human Resources Academic Employee Policies](#).

Interns are to be made aware of these procedures both orally and in this written form during their orientation at the beginning of their internship year.

Expectations for Intern Training Hours Revised July 2022

Each intern will keep track of their internship hours as the internship progresses. Interns will document their hours through Titanium and create reports to determine accrual.

Benefits as an employee of the Counseling Center

Hours in full year

- 52 weeks X 40 hours = 2080 hours

All doctoral interns at UIUC are granted the following:

- 10 vacation days X 8 hours = 80 hours
- 13 sick days X 8 hours = 104 hours
- 14 University holidays (10 University Holidays plus 4 Gift Days) X 8 hours = 112 hours

If an intern were to take all this time off and work the remainder, they would accrue a total of 1784 hours. Barring unexpected circumstances, interns do not generally use all their sick/vacation days.

Requirements to successfully complete our specific internship program

Given the above configuration, to pass our internship, we expect interns to complete at least 1750 hours. This is the requirement for licensure in the state of Illinois and the **absolute** minimum number of hours acceptable for successful completion.

General requirements of state licensing Boards.

We strongly encourage interns to accrue the maximum number of hours required by most states to be eligible for licensure (2000 hours). Information about [each state's licensing requirements](#) is provided. Doctoral Interns are expected to obtain a minimum of 500 direct service hours (1/4 of the total internship hours). Direct service hours include the provision clinical services, supervision, teaching, outreach presentations/workshops/speaking role and consultation with faculty, staff, and students. Outreach appearance is counted as 50% toward the direct service hours. A list of activities which will be counted toward direct hours will be provided to doctoral interns and the supervisors during the orientation period in August. Titanium database allows interns to use various increments of time to document their time on a specific activity.

Licensure Contract Supplement

The Counseling Center values work-life balance, and to uphold this value, every staff member (including interns) is encouraged to contract for no more than 40 hours per week. The 1750 hours required to complete the internship from the agency perspective easily fit into this contracting system. For licensure hours, however, we strongly recommend interns to identify supplemental activities to obtain the additional hours to reach 2000. The Associate Director of

Training will work with each intern individually to develop a plan for doing this.

Professional Leave Time Bank

Interns begin the year with a “Time Bank” of 40 professional development hours at their disposal. These are professional development hours that require the intern to be out of the Center during business hours, but which are also part of their training experience. Examples include conference attendance, job interviews, data collection, and dissertation defense. We provide some guidelines below although it is possible to shift hours from one category to another (e.g., if the dissertation is completed and the intern would like to attend another conference). All professional leave time is reported on the “[Vacation, Sick Leave, and Professional Development Request/Report Form](#)” and reviewed by the Associate Director of Training and Director. There is also a data entry option in Titanium database to keep track of professional development hours used.

- **Paid presentations:** If an intern is being paid a stipend to present at a conference or professional gathering, vacation time must be used. These hours do not count as part of the internship experience.
- **Conference Travel:** Attendance at the Diversity Conference, Big Ten Counseling Center Conference, and Core Competency Meetings are considered part of the intern experience. They will count as professional development, but do not require the use of hours from the professional leave time bank. It is required that all staff/interns submit a “[Vacation, Sick Leave, and Professional Development Request/Report Form](#)” to attend the Big Ten Counseling Center Conference as well as a request for travel form.
- **Job Interviews:** Because we conceptualize this process as part of professional development, we consider this time to be a part of the official record of hours. However, any interviews above and beyond the 40 hours in professional leave bank will require vacation days.
- **Dissertation Time:** For those interns who have not completed the dissertation, we strongly encourage setting aside weekly contract time (intern specified projects) to focus on dissertation. In addition to this time, interns could use time from their professional development leave time for dissertation (to collect data, defend, meet with advisor, etc.). This time will count as part of the internship experience. Additional time will require use of vacation hours. If an intern has already defended their dissertation, this time may be used to augment hours needed for job interviews.

Leave Request

Vacation, sick and professional development must be requested using the “[Vacation, Sick Leave, and Professional Development Request/Report Form](#)”. If sick leave cannot be anticipated, please complete request/report form. Leave requests must be approved by the Director and Associate Director of Training prior to time away. In addition, approval for vacation and professional development leave will be contingent upon the intern’s progress toward completion of the 12-month internship year. The unused vacation time can be paid out

at the end of the internship year.

Parental Leave

Interns are eligible for two weeks of paid parental leave immediately following the birth of their child. Holidays do not extend the two weeks of leave and will run concurrently with any parental leave. Interns must work the required 1250 hours at UIUC during the last twelve months to meet the eligibility requirements for FMLA. If interns have worked at UIUC in the last twelve months, consult with the HR Associate to determine whether they qualify for FMLA. Interns may use sick, and vacation leave for additional weeks of leave. Sick leave must be exhausted prior to the use of vacation and must submit all the required forms for sick and vacation leave ahead of time. Because paid parental leave begins immediately following the birth of the child, parental leave benefits may vary greatly depending on the date of birth. Consult the HR Associate with any questions.

Internship End Date

Interns are expected to use three days of vacation at the end of the internship year. If a Doctoral Intern employee doesn't have sufficient Vacation/Personal leave time to apply towards the final three days of their appointments, any remaining Vacation/Personal time will be applied until that benefit has been exhausted, and the remainder of those three days will be considered Paid Leave provided by the Center. This will allow a proper transition between intern cohorts and give outgoing interns the opportunity to settle into their post-internship localities. Barring unforeseen circumstances, this is the earliest the internship training year can end. **Note:** In addition, Leave Requests in the final month of the internship year are discouraged.

Policy Statement/Guidelines on Managing Multiple Role Relationships Revised July 2018

Purpose of Statement

The purpose of this policy is to 1) to review the APA Code of Ethics and the university policies and/or state regulations related to multiple role relationships 2) provide a definition and examples of multiple role relationships that Illinois staff could encounter 3) to offer helpful parameters around Counseling Center expectations regarding multiple role relationships and 4) to provide a process for managing both potential and actual multiple role relationships. All Counseling Center staff, including clinical and administrative personnel, have a responsibility to acknowledge their power with supervisees and trainees, considering both the beneficial aspects and problematic aspects of multiple interactions with each other.

1. APA Code of Ethics

In APA code of ethics, 3.05, Multiple relationships, and 7.07 Sexual Relationships with Students

and Supervisees both address the topic of multiple role relationships. Staff and trainees are encouraged to refer to the codes when approaching potential and actual multiple role relationships.

3.05 Multiple Relationships

- A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.
- A psychologist refrains from entering a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing their functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.
- Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.
- If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.
- When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur.

7.07 Sexual Relationships with Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority.

2. University and/or State Regulations

The Campus Administrative Manual (CAM) is one of several policy manuals for the University of Illinois at Urbana-Champaign. The CAM includes policies, procedures, information, forms, and guidelines. Under *Personnel Policies*, the manual discussed potential conflicts of interest in supervisory relationship and procedures to follow through in the event of a problematic situation.

Conflicts of Interest in Supervisory Relationships

An individual may not initiate or participate in institutional decisions involving a direct benefit or penalty to someone with whom that individual has had a sexual relationship. Relationships such as those between supervisors and their subordinate employees are

inherently asymmetric. Current or past sexual relationships can adversely affect decisions, distort judgments, and undermine morale. Any university employee who participates in academic supervisory or administrative decisions concerning another employee with whom they have or have had a sexual relationship has a conflict of interest in these situations. Accordingly, no individual shall initiate or participate in institutional decisions involving a direct benefit or penalty (employment, retention, promotion, tenure, salary, leave of absence, etc.) to a person with whom that individual has or has had a sexual relationship. They must take specific actions to remove themselves from all decisions and actions that may influence the career or status of the other employee.

Compliance

It is the obligation of staff members to call attention to situations in which they could be in violation of this policy and to remove themselves from initiating or participating in any institutional decisions involving a direct benefit to an individual covered by this policy. It is the responsibility of each Unit Executive Officer (UEO) to review all situations involving the conflicts of interests in supervisory relationships to assure compliance with this policy and to resolve any conflicts. This responsibility includes addressing both potential and actual conflicts that are identified by employee self-report or by other means.

In cases where a conflict is identified, the UEO must develop a Supervisory Relationship Management Plan that redirects decision-making, and bypasses involved parties. Such procedures must be agreed to in writing and approved through all administrative levels. For changes in existing positions that might create a supervisory relationship in the same unit, review and approval is also required.

Due to the institutional power difference between student employees and academic staff, maintaining the working relationship by bypassing involved parties may not be appropriate or permissible.

In all cases, approval must be obtained from the appropriate human resources office:

- Plans involving members of the academic staff (faculty, academic professional, academic hourly) must be reviewed and approved by Academic Human Resources.
- Plans involving graduate student employees and graduate hourly employees must be reviewed and approved by Academic Human Resources in consultation with the Graduate College.
- Plans involving undergraduate student employees must be reviewed and approved by Academic Human Resources in consultation with the Office of the Dean of Students.
- Plans involving staff personnel must be reviewed and approved by Staff Human Resources.
- In cases involving an interaction between areas of responsibility, these offices will act jointly.

- The appropriate human resources office will conduct periodic compliance reviews. Failure to abide by this policy constitutes misconduct, subject to discipline under applicable University procedures.

Definitions

Professional Clinical Staff: Any permanent (renewable) or temporary contract clinical staff member employed fully or part-time by the Counseling Center. Professional staff may at any point in the training year, and in various ways, be engaged in an evaluative capacity with any given trainee. It cannot be assumed that only direct clinical supervisors have evaluative power and responsibility for trainees. ALL professional clinical staff members are considered training staff/supervisors.

- **Administrative Staff:** Any permanent (renewable) or temporary contract non-clinical staff member employed fully or part-time by the Counseling Center. Administrative staff may at any point in the training year, and in various ways, be engaged in an evaluative capacity with any given trainee.
- **Doctoral Psychology Intern:** Current year doctoral psychology internship trainees.
- **Trainee:** Any person engaging in training at the center under the supervision of the center's professional clinical staff, including first year and advanced practicum students, social work interns, graduate assistants, and doctoral psychology interns. Additional consideration is advised regarding pre-existing relationships or roles students may have with staff members prior to becoming a trainee of the Counseling Center.
- **Social/non-professional interactions:** These can and often do occur on numerous occasions throughout the year (e.g., casual conversation in the hallway, joking during lunch, group gatherings, and staff social outings), but do not necessarily result in an ongoing relationship.
- **Exclusive social/non-professional/personal relationships:** Ongoing non-professional/personal interactions that occur exclusively between a given professional staff member and a given trainee, with the exclusion of other staff or interns (e.g., repeatedly going out to dinner or events together where other staff and trainees are not invited, repeated private conversations at work or outside of work that is not professionally motivated), which can potentially result in intimate friendships or romantic relationship.
- **Mentoring/Supervisory relationship:** Though this type of relationship can be more personally engaging, there is an explicit professional function for such a relationship (i.e., to benefit the professional growth of the trainee, not just to be friends), and there is an explicit understanding that there are power dynamics and hierarchical structures to this relationship.
- **Multiple Role Relationships:** Those relationships in which an individual is engaged in two or more professional roles, or in a professional role and some other non-professional role (e.g., social, personal relationship)

Inevitability and Beneficial Aspects of Multiple Role Relationships

Although multiple role relationships have the potential to create conflicts of interest and confusion among staff persons, it can nonetheless be argued that they are an inevitable part of the fabric of human relationships and most especially of professional life in the mental health field. This is particularly true for a large training agency, where the varying professional roles each staff person may play are prone to overlap (e.g., a trainee's clinical supervisor may also facilitate a training session at which that same trainee is in attendance).

All these overlapping relationships can become even more complex in an agency which adopts a developmental and personal growth approach to training. Such an approach places a premium on the processes of introspection, self-disclosure, and support, all of which may promote a range of emotional responses among staff persons, such as feelings of closeness, warmth, attachment, dependency, idealization, vulnerability, and sexual attraction. These feelings in themselves may impel staff persons to take on new roles with each other, particularly of the non-professional kind.

It can be argued that multiple role relationship can and do have beneficial effects. They may sometimes enhance the variety and depth of experiences at an agency. This is especially true when the multiple roles are linked to the mentoring process, which can be valuable in enhancing a new professional's sense of identity and career development.

Given the inevitability and beneficial aspects of multiple role relationships, this policy statement is not intended to attempt to eradicate multiple role relationships or to govern the occurrence of the very human feelings which emerge among staff persons as they work together. Indeed, these feelings are valuable, both for their own sakes and for the purposes of training and personal growth. Rather, this policy statement is intended as a guide for further consideration.

Problematic Aspects of Multiple Role Relationships

The occurrence of multiple relationships between individuals can blur the boundaries between relationships. This can result in confusion on the part of the individuals as to expectations, reactions, and behaviors in their interactions with each other. This confusion may jeopardize effective and appropriate functioning in each role. This is especially problematic when one of the role relationships is characterized by an imbalance of power. In such cases, the party with less power can feel especially vulnerable, particularly when an evaluation process is involved. Multiple role relationships can also have consequences for the agency as a whole, as they can engender an environment of indebtedness, favoritism, and inclusion/exclusion. These unfavorable conditions may also have a harmful impact on the relationships among members of the intern/trainee cohort.

Questions to Consider

- Could this situation jeopardize the staff member's ability to evaluate or supervise a trainee objectively? Conversely, could a trainee's ability to evaluate a supervisor or program objectively be impaired?
- Could this situation create a feeling of being exploited or overly indebted to another staff member?
- Could this situation compromise the ability of one staff member to maintain appropriate limits and boundaries with another staff member, particularly one who possesses more power in the agency?
- Could this situation create the perception of favoritism, exclusion, or distrust in other staff members?
- Could this situation impact the agency in some other negative way?

Consider the following when interacting with trainees/supervisees:

- Is this in my supervisee's best interests?
- Whose needs are being served?
- How would I feel telling a colleague about this interaction?
- How would this be viewed by the supervisee's peers?
- Is the proposed social activity private vs public?
- Is the proposed social activity a group activity or an individual activity?
- Does the supervisee mean something special to me?
- Does the interaction benefit me rather than/more than the supervisee?
- Each parties' reasons and motivations to be in the relationship
- Power differential between supervisor and supervisee
- Parameters of the social activities
- What freedom does the supervisee have to leave the social relationship without repercussions?
- What impact would the social relationship have on other supervisees/trainees?
- What impact would the social relationship have on other supervisors/Counseling Center staff?

Guidelines for Dealing with Potential or Actual Multiple Role Situations

Consultation

- Refer to this document, university HR guidelines, and professional ethical guidelines.
- If the situation involves a trainee, consult with the Associate Director of Training, Practicum Chair, and/or other staff (non-trainees) when considering entering into multiple role relationships or social interactions with trainees. The Associate Director of Training consults with the Director or Associate Directors, and other staff members in considering entering into multiple role relationships or social interactions with trainees.

- If the situation involves another staff member, consult with the Associate Directors and/or Director, who will also consult with each other about the situation.
- Discuss with the other person(s) involved in the potential or actual multiple role relationship regarding possible conflicts, consequences, and solutions accompanying the multiple role relationship(s).
- Erring on the side of caution, share significant interactions with trainees (more than a brief greeting on a bus or in the grocery store, for example) with the biweekly supervisors' meeting so that others may be aware of these interactions and to receive consultation, if needed.
- Additional consideration is advised regarding pre-existing relationships or roles students may have with staff members prior to becoming a trainee of the Counseling Center or concurrently with Counseling Center staff.

Considerations

It is appropriate to develop increasingly collegial relationships with doctoral interns over the course of the internship year AND not enter personal relationships until the internship year is completed.

Given that our social interactions are for the purpose of furthering professional development of the trainee and/or connection to the agency as a whole; social networking sites (e.g., Facebook) would not be included as appropriate ways to connect with trainees until after the end of their Illinois training experience.

In situations where it is perceived that a colleague may be engaging in a relationship that might violate state law, University policies, and/or be at odds with professional ethics:

- Discuss the situation with the colleague and express these concerns regarding the potentially problematic aspects of the situation.
- Encourage the colleague to consult with the Training Director. This consultation may be beneficial if at a later point, the situation changes or other express concern about the colleague's behavior.
- If, after speaking with the colleague, it is believed that the colleague's behavior may be inappropriate or has potential to become inappropriate, inform the colleague that consultation with Training Director, Associate Directors and/or Director is necessary. Encourage the colleague to initiate the consultation.
- If the colleague is unwilling to initiate consultation, inform them of consultation with the Training Director, Associate Directors, and/or Director directly.

Guidelines For Interns as Counseling Center Job Candidates Revised Summer 2019

Rationale

The guideline for hiring interns attempts to affirm the general emphasis in the Center's training mission, while also being explicit about concerns related to interns who are candidates for future employment at the Center. It outlines a clear process for managing the complexities of inevitable dual roles. These guidelines are intended to address the general issue of career issues/job search as an explicit part of the intern training experience. In addition, this proposal attempts to balance the Center's value of maintaining the integrity of the training experience while also recognizing the legal rights of interns to apply for all available positions.

According to the [Guidelines and Procedures for Academic Appointments from the Office of Access and Equity](#)

Conflicts of interest may occasionally arise based on roles in the search process and in professional or personal relationships.

The conflicts may arise from the following circumstances:

- Serving on a search committee and being asked to provide a reference for a candidate in that search.
- Deciding to become a candidate for a position while serving as a search committee member, or as the Diversity Advocate, or EEOO of that search. The Search Committee is designed to be advisory to the Department Unit Executive Officer or delegate (i.e., the direct report for the position) in the recruitment and selection of qualified candidates to fill a position vacancy. Each role assigned in the search process is designed to work independently in support of compliance and college or administrative unit oversight objectives. When individuals perform multiple roles in the search process, there is a possibility that one or all those multiple roles may be compromised or less effective.

Therefore, when possible, the Department Unit Executive Officer and/or the direct report/supervisor should avoid serving on the search committee to maintain the appropriate advisory role of the search committee, to preserve the integrity of the search process, and to avoid the appearance of undue influence.

An actual or perceived conflict must be managed to maintain the integrity of the search process. The potential conflict must be disclosed to the College or Administrative Unit Executive Officer and the Office of Access and Equity in writing. The Unit Executive Officer should then ask the EEOO (in consultation with the Office of Access and Equity) to determine the appropriate strategy for managing the conflict. Management strategies may include:

- Disclosure to the search committee.
- Recusal from decision-making authority.
- Limiting access to Hire Touch during the search.
- Assigning a key role to another individual during the search to avoid overlapping roles; and/or other strategies, as appropriate

The following guidelines in compliance with the Office of Access and Equity were developed to address potential dual roles that may arise when an intern applies as a job candidate.

1. Interns may apply for any permanent or temporary positions at the UIUC Counseling Center. It is understood that being an intern gives them no special advantage as candidates for such positions and that their career plans should not count on any such special advantage. Likewise, there will be no inherent disadvantage for interns as job candidates.
2. To ensure equal access, any open position will be announced to the interns as a group publicly along with the details of the search or selection process (information like that provided to any prospective candidate).
3. A meeting, which includes the interns, the Associate Director of Training, and the HR Associate will take place after the announcement to discuss the general merits and possible pitfalls of applying for any position at the Center while one is an intern. There could also be some discussion about how to continue to engage in the training program when multiple interns are applying for a position in the agency. Interns may consult with any other personnel as desired to explore the option of applying for in-house positions. We encourage interns to weigh the potential costs and benefits of becoming a candidate for a position at the Center while on internship, including full recognition of the ways that this would impact their training experience before they make an application.
4. In order not to preclude the core supervisors' responsibility or ability to serve as references, primary supervisors will not serve on the search committee for the time they are in these roles. These supervisors are welcome to participate in the search process once determinations are made about finalists for the position. However, if a primary supervisor's supervisee has already secured post-internship employment or if the supervisee will not be applying for an advertised position at the Center the primary supervisor may be able to serve on the search committee.
5. Other supervisors (group, secondary, outreach, case conference, supervision of supervision, assessment seminar, diversity seminar) are free to serve on the search committee while supervising the intern. The above-mentioned supervisors who are also on the search committee will not be available to write a letter of recommendation for any intern applying for the position to be filled. If such a dual role should occur, the supervisor should discuss the dual role with their supervisees, making clear that should the supervisee apply for the position, the staff member

- cannot both be on the search committee and write a letter of reference.
6. The role of the primary supervisor becomes a special one when their supervisee is a candidate. The supervisor is encouraged to maintain the emphasis on supervised practice but be prepared to deal with the impact of the job search both on the intern's practice and on their more general experience as an individual intern and as a member of the intern group. Clarity should be established about confidentiality of information from supervision during the search process and in the candidate discussions. Special attention may need to be given in those instances where an intern is either not offered an interview or not selected for a position, including their possible feelings of being devalued and of loss of confidence.
 7. All other staff and intern applicants are encouraged to exercise ethical and interpersonal responsibility in minimizing any potentially negative impact associated with multiple roles this situation might bring.
 8. During the search process, the Director of the Counseling Center as hiring authority will have limited contact with interns to minimize any perceptions of unfair advantage and to maintain the integrity of the search.
 9. If an intern is hired for a temporary position, they will have no special advantage or disadvantage over other candidates who apply for any subsequent permanent position. Notice about the position and search process will be through all normal channels for prospective candidates receiving such information.

Intern Selection Procedures and Guidelines

The Intern Selection Committee includes all current interns, multiple staff members, and the Associate Director of Training. Staff members contract to be part of the selection for the Fall Semester. The application deadline is in early November. The selection committee meets for an orientation meeting one to two weeks prior to the application deadline and is informed of the process in which the search will be conducted.

The Associate Director of Training reviews all applications and screens out applications that have not met the basic requirements for applying. These individuals are sent an email by the Associate Director of Training. Each application is reviewed by a team of three reviewers. Two staff members and one intern make up each review team. The Associate Director of Training randomly assigns Intern Selection Committee members to each review team.

The Intern Selection Committee has a month to review files and submit their ratings to the administrative staff person assigned to the training program. This staff person compiles the data for the selection committee. After the review deadline, the selection committee meets for two to three hours to review the applications and determine which candidates will be invited for a Zoom interview. Following this meeting, the Associate Director of Training emails all the applicants and informs them of their status. Candidates who are no longer being considered are invited to contact the Associate Director of Training, after match day, to receive feedback about

their application. Applicants who are being invited for an interview are also contacted by telephone to schedule the 45-minute Zoom interview. This notification typically happens before December 15th.

After all the applicant interviews have been scheduled, the Associate Director of Training contacts the applicants and sends them an email confirming the interview date, time, structure, and interview participants. Zoom interviews are scheduled during the first weeks of January. The Associate Director of Training assigns committee members to the interview teams. Two staff members and one intern make up the interview team. In addition, at least one interview team member will have been an application reviewer for the applicant being interviewed. Interviews are scheduled on the hour and run from 9:00 a.m.-5:00 p.m. CST. Interviewers submit their ratings to the administrative staff person for training. This person compiles the data for the selection committee.

Following the interviews, the selection committee meets for two to three hours and reviews the applicants that have been interviewed and finalizes the rank order list that will be submitted. The Associate Director of Training contacts all the interviewed applicants and notifies them if they will be ranked or not. The Associate Director of Training invites ranked applicants to our Open House. The Open House is typically scheduled on the first Friday of the spring semester from noon-5:00 p.m. CST.

On Match Day, the Associate Director of Training and staff members contact matched applicants and welcome them to the Center. An evaluation survey is sent to applicants to solicit their feedback about the selection process.

Intern Application and Interview Procedures

Phase I - Review of Application Materials

1. The completed application file includes the following:
2. Cover letter
3. Vita
4. AAPI application
5. 3 Standardized Reference Forms
6. DCT verification of hours
7. Official transcripts

Once the file is complete, the applicant receives an email/letter confirmation with information about the steps to follow.

The general schedule this year is:

- **Early November:** Deadline for submitting completed application

- **Early December:** Search committee meets to determine which candidates may receive Zoom interviews. We will contact applicants no later than December 15th to either inform them that we do not see a good enough match to have them continue in the process or to arrange a Zoom interview. Applicants with whom we arrange Zoom interviews will receive a confirmation of the date and time, a summary of the interview process, and the general areas we will be exploring during the interview.
- **Early January:** Interviews
- **Second week of January:** Search Committee meets to determine final rankings for computer match
- **First Friday of Spring Semester:** Open House
- **Wednesday, XXXXXX:** Deadline for submission of Rank Order List to NMS
- **Friday, XXXXXX:** APPIC Match Day: Results of the Match will be released to applicants and internship training directors. The APPIC “Phase II” Match will begin on this date.

The completed application will be maintained on APPIC’s application website. The search committee can access these electronic files via the “Selection Portal.” A username and password will be provided to each search committee member for them to access the files. The HR representative can download all the application materials and save them in a department-shared folder designated for the internship search task and only the intern search committee members have access.

A meeting with the search committee is held to orient any new members to the search process. Information about APPIC Matching Guidelines and ADA guidelines for interviewing are reviewed. The search committee generally has three to four weeks to rate intern applicant files.

Each intern file is rated by at least two staff members and one intern. Files are randomly assigned and equally divided among search committee members.

Once all files are rated, a meeting with the search committee is held to review applicant paper rankings and determine the final list of applicants with whom to conduct Zoom interviews. This list is generally reduced to 35-40 candidates.

Also at this meeting, an interview schedule is arranged with each interviewer including at least one intern and two staff members.

Candidates are informed of their general status after this meeting (i.e., whether we will be conducting a phone interview with them). Phone interviews are arranged by the Associate Director of Training.

Phase II - Zoom Interviews

See separate guidelines regarding Zoom interviews. After each Zoom interview, candidates are ranked.

Phase III - Final Rankings

A final meeting is held by the search committee to determine who will be included on the ranked list to be sent to National Match Service (NMS). These decisions are determined by reviewing the rankings of the paper application, Zoom interview and combined rankings.

After this meeting applicants are informed whether we are ranking them or not.

Rankings are provided to NMS.

Phase IV - The Match

On match day, we receive an email indicating with whom we were matched. Staff members are invited to the Associate Director of Training's office to call and congratulate the new interns!

Practicum and Academic Preparation Requirements

APPIC Code Number: 128611

Minimum Requirements

- Status as a current doctoral student in a counseling or clinical psychology program.
- Evidence of completion of comprehensive exams by the beginning of the internship year.
- Evidence of at least one full year of supervised practicum (600 Hours)
- Minimum Number of AAPI Intervention and Assessment Hours: 200
- Interest in providing services in outreach.
- Submission of all requested application materials.

Desired Intern Qualities

- Self-motivation and self-direction.
- Identifiable training goals and objectives.
- Foundation of basic skills and knowledge which they hope to modify and expand throughout the year.
- Interest in expanding the breadth of professional skills through experience and to increase the depth and complexity of thinking about clients, self, and clinical/professional issues.
- Interest in developing or expanding skills in outreach and consultation as well as clinical work.

- Commitment to infusing responsiveness to diversity in all aspects of professional practice.

Administrative Assistance

There are several support staff who work closely with the interns. There is one support staff assigned to closely work with the training program. This support staff assists in organizing intern files, internship applications files and compiling data for the internship selection process. The support staff offers their assistance in scheduling, chart maintenance and clerical duties. The administrative supervisor and office supervisor are also integrated into the orientation schedule to review office procedures and protocols. The Counseling Center also employs Academic Professionals (AP) that work closely with the interns. Our Senior Infrastructure Analyst and Infrastructure Specialist Associate are responsible for all the technological needs of the center. Our Research Data Analyst is responsible for the data collection and evaluation of the center. The interns work with this person on research projects that are related to the counseling center. In addition, this person works with the interns to get them acquainted with the IRB process of our campus in the event they are collecting data for their dissertations

University Of Illinois Nondiscrimination Statement Revised December 2016

The commitment of the University of Illinois at Urbana-Champaign (Illinois) to the most fundamental principles of academic freedom, equality of opportunity, and human dignity requires that decisions involving students and employees be based on merit and be free from invidious discrimination in all its forms. This policy is designed to promote a safe and healthy learning and work environment and to comply with multiple laws that prohibit discrimination, including: Equal Pay Act of 1963, Title VI and VII of the Civil Rights Act of 1964, the Americans with Disabilities Act Amendments Act, the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1967, the Age Discrimination Act of 1975, Title IX of the Education Amendments Act of 1972, the Pregnancy Discrimination Act of 1978, the Uniformed Services Employment and Re-employment Act, the Vietnam-Era Veterans Readjustment Assistance Act of 1974, the Genetic Information Nondiscrimination Act of 2008, and the Illinois Human Rights Act. This policy and the associated procedures are established to provide a means to address complaints of discrimination or harassment based on the protected categories described herein.

It is the policy of the University not to engage in discrimination or harassment against any person because of race, color, religion, sex, pregnancy, disability, national origin, citizenship status, ancestry, age, order of protection status, genetic information, marital status, sexual orientation including gender identity, arrest record status, unfavorable discharge from the military, or status as a protected veteran and to comply with all federal and state

nondiscrimination, equal opportunity, and affirmative action laws, orders, and regulations. Interns/Staff can review the [nondiscrimination policy](#) in its entirety.

Checklist Of Required Intern Evaluation Documents

Beginning of the Year

- Arrival Letter to Academic Department
- Fall Contract
- Initial Self-assessments
 - Primary Supervision
 - Secondary Supervision
 - Group Psychotherapy Supervision
 - Case Conference
 - Supervision of Supervision
- Training Manual Acknowledgment

End of Fall Semester

- Intern Evaluations
 - Primary Supervision
 - Secondary Supervision
 - Group Psychotherapy Supervision
 - Case Conference
 - Outreach and Consultation Services
- Intern Evaluations of Supervisors
 - Primary Supervision
 - Secondary Supervision
 - Group Psychotherapy Supervision
 - Case Conference
 - Outreach and Consultation Services
- Letter of Evaluation to Academic Department
- Professional Integrative Portfolio
 - First Integrative Meeting

End of Spring Semester

- Case Presentation to Staff
- Intern Evaluations
 - Secondary Supervision
 - Group Psychotherapy Supervision
 - Case Conference
 - Outreach and Consultation Services
 - Supervision of Supervision
- Intern Evaluations of Supervisors
 - Secondary Supervision
 - Group Psychotherapy Supervision
 - Case Conference
 - Outreach and Consultation Services
 - Supervision of Supervision
- Spring Contract

End of the Year

- Intern Evaluations
 - Primary Supervision
 - Secondary or Group Supervision
 - Case Conference
- Intern Evaluations of Supervisors
 - Primary Supervision
 - Secondary or Group Supervision
 - Case Conference
- Intern Program Evaluation
- Letter of Evaluation to Academic Department
- Professional Integrative Portfolio
 - Final Integrative Meeting
- Summer Contract
- Supervision Documentation
- Titanium Summary of Hours
- Total Internship Hours

University Of Illinois Academic Staff Handbook

The handbook can be accessed by going to the following [website](#).

Record Keeping Revised July 2022

In keeping with the APA Standards of Accreditation, the Counseling Center Internship Program documents and permanently maintains accurate records of the interns' training experiences, which includes but is not limited to evaluations, letters to academic departments, contracts for each semester, self-assessments, intern portfolios, and total internship hours (see p.113 for a complete list of intern evaluation documents retained). Evaluations, along with intern semester contracts, internship hour logs, progress letters to academic programs, and certificates of completion are kept in each intern's internship file, which is stored in a locked filing cabinet located in the Associate Director of Training's office. Since the 2020-2021 academic year, these records were saved in the Department shared folders designated to the internship training. These records are maintained permanently for the existence of the Internship Training Program to demonstrate interns' progress through the program as well as for future reference and credentialing purposes.

Interns are to be made aware of these record-keeping procedures both orally and in writing during their orientation at the beginning of their internship year.

Commission On Accreditation

The Commission on Accreditation of the American Psychological Association reaccredited our program for ten years in October 2018.

The Commission on Accreditation may be reached at:

Office of Program Consultation and Accreditation

American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

Phone: (202) 336-5979

Fax: (202) 336-5978

Appendix 1: Intern Case Conference Presentation Guidelines

Case Presentation Guidelines

Each intern will present a 45-minute case presentation. This presentation will include a written case conceptualization report. Components of individual and cultural diversity should be interwoven into the various parts of the report.

The report should be a maximum of three pages and include:

- a. Statement of Theoretical Orientation
- b. Background Information
- c. Presenting Problem(s)
- d. Risk Assessment
- e. Conceptualization of case
- f. DSM-V-TR Diagnosis
- g. Interventions Used
- h. Treatment Goals/Progress
- i. How this client challenged you as a therapist
- j. Questions for the group

In writing the report, the use of relevant literature is to be used to describe the presenting problems and as foundation to the conceptualization of the case and interventions used. A minimum of at least three professional/clinical references should be included. The report should be ready for review on the day of the presentation.

Appendix 2: Intern Case Presentation Feedback Form

Intern: _____

Staff: _____

Strengths:

Growth Areas:

Comment

Appendix 3: General Internship Supplemental Readings

Local Clinical Scientist

The articles mentioned below can be downloaded from U of I's Library website. In addition, the Associate Director of Training has hard copies.

Chen, E. C., Kakkad, D., & Balzano, J. (2008). Multicultural competence and evidence-based practice in group therapy. *Journal of Clinical Psychology, 64* (11). 1261.

Stricker, G. (2005). The local clinical scientist, evidenced-based practice and personality assessment. *Journal of Personality Assessment, 86*(1), 4.

Stricker, G., & Trierweiler, S.J. (1995). The local clinical scientist: A bridge between science and practice. *American Psychologist, 50*, 995.

Trierweiler, S. J., & Stricker, G. (1998). *The scientific practice of professional psychology*. NewYork: Plenum.

Working at a Counseling Center

Phelps, R. E. (1992). University and college counseling centers: one option for new professionals in counseling psychology. *The Counseling Psychologist, 20* (1), 24.

Appendix 4: Supervision of Supervision Supplemental Readings

- American Psychological Association (2016). Revision of ethical standard 304 of the “Ethical principles of psychologists and code of conduct” *American Psychologist*, 71(9), 900.
- Bernard, J. M. & Goodyear, R. K. (2009). Chapter 1: Introduction to Clinical Supervision. In *Fundamentals of clinical supervision* (4th Edition). Pearson.
- Bernard, J. M. & Goodyear, R. K. (2009). Chapter 4: Supervision models. In *Fundamentals of clinical supervision* (4th Edition). Pearson.
- Bernard, J. M. & Goodyear, R. K. (2009). Chapter 6: Multicultural supervision In *Fundamentals of clinical supervision* (4th Edition). Pearson.
- Bernard, J. M. & Goodyear, R. K. (2009). Chapter 9: Supervision interventions: Individual supervision. In *Fundamentals of clinical supervision* (4th Edition). Pearson.
- Bernard, J. M. & Goodyear, R. K. (2009). Chapter 11: Ethical and legal foundations for supervision practice. In *Fundamentals of clinical supervision* (4th Edition). Pearson.
- Bernard, J. M. & Goodyear, R. K. (2009). Table 2.2. Factors contributing to leniency or inflation in faculty evaluations of interns. In *Fundamentals of clinical supervision* (4th Edition). Pearson.
- Bucky, S. F., Marques, S., Daly, J., Alley, J., & Karp, A. (2010). Supervision characteristics related to the supervisory working alliance as rated by doctoral-level supervisees. *The Clinical Supervisor*, 29(2), 149–163.
- Corey, Moulton, P., Haynes, R., Muratori, M. C., & Haynes, R. (2010). Box 11.2. In *Clinical supervision in the helping professions: A practical guide* (2nd edition). American Counseling Association.
- Gottlieb, M. C., Robinson, K., & Younggren, J. N. (2007). Multiple relations in supervision: Guidance for administrators, supervisors, and students. *Professional Psychology: Research and Practice*, 38(3), 241–247.
- Harrell, S. P. (2014). Compassionate confrontation and empathetic exploration: The integration of race-related narratives in clinical supervision. Harrell, S. P. (2014). In C.A. Falender, E. P. Shafranske, & C.J. Falicov (Eds.). *Multiculturalism and diversity in clinical supervision: A competency-based approach*. American Psychological Association.
- Hernández, P., & McDowell, T. (2010). Intersectionality, power, and relational safety in context:

- Key concepts in clinical supervision. *Training and Education in Professional Psychology*, 4(1), 29–35.
- Johnson, W. B., Elman, N. S., Forrest, L., Robiner, W. N., Rodolfa, E., & Schaffer, J. B. (2008). Addressing professional competence problems in trainees: Some ethical considerations. *Professional Psychology: Research and Practice*, 39(6), 589–599.
- Knapp, S. J., VandeCreek, L. D., & Fingerhut, R., (2017). Chapter 15: Consultation and clinical supervision. In *Practical Ethics for Psychologists: A Positive Approach* (3rd Edition). American Psychological Association.
- Lampropoulos, G. (2002). A common factors view of counseling supervision process. *The Clinical Supervisor*. 21(1). 77-94
- Lemberger, M. E., & Dollarhide, C. T. (2006). Encouraging the supervisee's style of counseling: An Adlerian model for counseling supervision. *The Journal of Individual Psychology*, 62(2), 106-125.
- Mehr, K. E., Ladany, N., & Caskie, G. I. L. (2010). Trainee nondisclosure in supervision: What are they not telling you? *Counselling and Psychotherapy Research*, 10(2), 103-113.
- Miville, M.L. Rosa, D., & Constantine, M. G. (2005). Chapter 12: Building multicultural competence in clinical supervision. In Constantine, M. G. & Sue, D. W. *Strategies for building multicultural competence in mental health and educational settings*. Wiley.
- Nelson, M. L., Barnes, K. L., Evans, A. L., & Triggiano, P. J. (2008). Working with conflict in clinical supervision: Wise supervisors' perspectives. *Journal of Counseling Psychology*, 55(2), 172–184.
- Worell, & Johnson, N. G. (1997). *Shaping the future of feminist psychology: education, research, and practice* (1st ed.). American Psychological Association.

Appendix 5: Supervision of Supervision Sample Syllabus Fall



Student Affairs
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Intern Supervision of Supervision Seminar

FALL 2022, Time TBA, monthly
Counseling Center, Room TBA
Tzu-An Hu, Ph.D.
Patricia Ricketts, Ph.D.

Fall supervision of supervision seminar will focus on building knowledge of clinical supervision and exploring personal supervision styles and skills. Fall semester will be readings-heavy, with seminar meetings being heavily discussion-based. Please come prepared for discussion each month.

Spring seminar will meet on a weekly basis to provide practical supervision of interns' work with practicum students' clinical work. Formal and informal presentations will be required, including recording excerpts.

Date	Topic	Readings Due
September	Overview of Supervision Seminar and Supervision of Supervision Intro to Clinical Supervision	Bernard, J. M. & Goodyear, R. K. (2009). Chapter 1: Introduction to Clinical Supervision. In <i>Fundamentals of clinical supervision</i> (4 th Edition). Pearson. Corey, Moulton, P., Haynes, R., Muratori, M. C., & Haynes, R. (2010). Box 11.2. In <i>Clinical supervision in the helping professions: A practical guide</i> (2 nd edition). American Counseling Association.
October	Supervision Orientations Discuss and Give Examples of Supervision Vision	Worell, & Johnson, N. G. (1997). Shaping the future of feminist psychology: education, research, and practice (1st ed.). American Psychological Association. Bernard, J. M. & Goodyear, R. K. (2009). Chapter 4: Supervision models. In <i>Fundamentals of clinical supervision</i> (4 th Edition). Pearson.

November	<p>Supervisory Relationship</p> <p>Presenting your <i>Supervision Vision</i>- prepare one page handout</p> <p>Prepare for supervision pool meeting with practicum students</p> <p>Begin reviewing practicum program info and manuals</p>	<p>Harrell, S. P. (2014). Compassionate confrontation and empathetic exploration: The integration of race-related narratives in clinical supervision. Harrell, S. P. (2014). In C.A. Falender, E. P. Shafranske, & C.J. Falicov (Eds.). <i>Multiculturalism and diversity in clinical supervision: A competency-based approach</i>. American Psychological Association.</p> <p>Bernard, J. M. & Goodyear, R. K. (2009). Chapter 6: Multicultural supervision. In <i>Fundamentals of clinical supervision</i> (4th Edition). Pearson.</p>
December	<p>Ethics</p> <p>Supervision Interventions</p> <p>Continue to review practicum program / supervision info</p>	<p>Gottlieb, M. C., Robinson, K., & Younggren, J. N. (2007). Multiple relations in supervision: Guidance for administrators, supervisors, and students. <i>Professional Psychology: Research and Practice</i>, 38(3), 241–247.</p> <p>Johnson, W. B., Elman, N. S., Forrest, L., Robiner, W. N., Rodolfa, E., & Schaffer, J. B. (2008). Addressing professional competence problems in trainees: Some ethical considerations. <i>Professional Psychology: Research and Practice</i>, 39(6), 589–599.</p>

Appendix 6: Supervision of Supervision Sample Syllabus Spring



Student Affairs

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Intern Supervision of Supervision Seminar

Spring 2023, Time TBA, monthly

Counseling Center, Room TBA

Tzu-An Hu, Ph.D.

Patricia Ricketts, Ph.D.

Purpose:

- Provide practical supervision of intern's supervision of practicum counselors, attending to the welfare and development of interns, practicum counselors, and clients at the Counseling Center.
- Support interns' development as clinical supervisors.
- Provide group supervision format for problem solving and support.

Expectations:

- Supervision presentation
- Periodic review of supervision sessions (scheduled in advance)
- Mid-semester and final evaluations
- Record supervision sessions with practicum counselors
- Meet weekly
- Consult as needed

Spring 2023 Readings:

Johnson, W. B., Elman, N. S., Forrest, L., Robiner, W. N., Rodolfa, E., & Schaffer, J. B. (2008). Addressing professional competence problems in trainees: Some ethical considerations. *Professional Psychology: Research and Practice, 39*(6), 589–599.

Bernard, J. M. & Goodyear, R. K. (2009). Table 2.2. Factors contributing to leniency or inflation in faculty evaluations of interns. In *Fundamentals of clinical supervision* (4th Edition). Pearson.

Hernández, P., & McDowell, T. (2010). Intersectionality, power, and relational safety in context: Key concepts in clinical supervision. *Training and Education in Professional Psychology, 4*(1), 29–35.

Hahn, W. K. (2001). The experience of shame in psychotherapy supervision. *Psychotherapy: Theory, Research, Practice, Training, 38*(3), 272–282.

Date	Topic	Due
Week 1	Sup of Sup structure and expectations	
Week 2	Supervision Video Review x2	
Week 3	Supervision Video Review x2	
Week 4	Review Evaluation Form Schedule Evaluation Meetings Supervision Video Review x2	Evaluation/competence readings
Week 5	Cancelled Due to Big 10 Counseling Center Conference	
Week 6	Discuss Presentation Guidelines Supervision Video Review x2	Sign Up for Presentation
Week 7	Supervision Video Review x2	
Week 8	Revisit Supervision Vision	Mid-Semester Feedback with Practicum Counselors
Week 9	Cancelled	
Week 10	Termination Issues Supervision Video Review x2	Meet for Mid-Semester Supervision of Supervision Evals
Week 11	Presentation	
Week 12	Presentation	
Week 13	Presentation	
Week 14	Presentation	
Week 15		Schedule Final Evaluations
Week 16		May 3: Last Day for Practicum to See Clients
Week 17		May 12: Practicum Evaluations, Notes and Terminations Completed

Appendix 7: Outreach Supervision Supplemental Readings

- Ajzen, I. (2015). The theory of planned behavior is alive and well, and not ready to retire: a commentary on Sniehotta, Pesseau, and Araújo-Soares. *Health Psychology Review, 9*(2), 131-137.
- Behnke, S. (2008). *The unique challenges of campus counseling*. APA Ethics Rounds: <http://www.apa.org/monitor/2008/06/ethics.aspx>
- American Psychological Association (2022). APA's guidelines for psychological practice in health care delivery systems. American Psychological Association: <http://www.apa.org/practice/guidelines/delivery-systems.aspx>
- Brunner, J., Wallace, D., Keyes, L. N., & Polychronis, P. D. (2017). The comprehensive counseling center model. *Journal of College Student Psychotherapy, 31*(4), 297-305.
- Conley, C. S., Durlak, J. A., & Kirsch, A. C. (2015). A meta-analysis of universal mental health prevention programs for higher education students. *Prevention Science, 16*(4), 487-507.
- Tuthill, K. (2003). John Snow and the broad street pump on the trail of the epidemic. UCLA Department of Epidemiology: <http://www.ph.ucla.edu/epi/snow/snowcricketarticle.html>
- Golightly, T., Thorne, K., Iglesias, A., Huebner, E., Michaelson-Chmelir, T., Yang, J., & Greco, K. (2017). Outreach as intervention: The evolution of outreach and preventive programming on college campuses. *Psychological Services, 14*(4), 451-460.
- Hingson, R. W. (2010). Magnitude and prevention of college drinking and related problems. *Alcohol Research & Health, 33*(1-2), 45-54.
- Ivey, A. E., & Collins, N. M. (2003). Social justice: A long-term challenge for counseling psychology. *The Counseling Psychologist, 31*(3), 290-298.
- Jost, J. T., Rudman, L. A., Blair, I. V., Carney, D. R., Dasgupta, N., Glaser, J., & Hardin, C. D. (2009). The existence of implicit bias is beyond reasonable doubt: A refutation of ideological and methodological objections and executive summary of ten studies that no manager should ignore. *Research in organizational behavior, 29*, 39-69.
- Nilsson, J. & Schmidt, C. (2005). Social justice advocacy among graduate students in counseling: An initial exploration. *Journal of College Student Development, 46*, 267-279.

- Reese, L. R. E., & Vera, E. M. (2007). Culturally relevant prevention: The scientific and practical considerations of community-based programs. *The Counseling Psychologist, 35*(6), 763-778.
- Vera, E. (2000). A recommitment to prevention work in counseling psychology. *The Counseling Psychologist, 28*, 829-837.
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Appendix 8: Assessment and Special Topics Sample Schedule

Fall 2021	Spring 2022	Summer 2022
Risk Assessment/Ethics (Orientation)	Job Search Process	Emotional Intelligence and Therapy
ADHD Assessment	Personality Disorders	Latinx Psychology/Working with Latinx students
Learning Disabilities	Suicide Assessment and Safety Planning	Shame Resilience
Alcohol and Other Drugs (Parts 1 and 2)	Imposter Phenomenon	Private Practice
Eating Disorder Assessment (Parts 1 and 2)	AOD assessment, Part 2	EPPP/Licensure/Job Search Process
Psychopharmacology	Relational Cultural Therapy	Process Addiction
	Acceptance and Commitment Therapy	
	Sexual Identity Development and Survivors of Sexual Violence	

Appendix 10: Diversity Seminar Syllabus Sample Syllabus



Student Affairs

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

FALL 2022, Time TBA, monthly

Counseling Center, Room TBA

Carlton Cummings, Ph.D.

Talisha Brown, M.A.

Objectives:

To provide:

1. A safe environment for interns to process their experience with diversity in and outside of work.

To foster:

1. Self-awareness
2. Skill and competency building
3. Knowledge of diversity counseling issues
4. Assessment of progress in counseling diverse populations
5. An understanding that diversity counseling competency is a lifetime journey
6. Self-evaluation towards personal and professional goals

Schedule:

Week	Topic
Week 1	Introduction and overview of seminar; discuss syllabus, establish group agreements
Week 2	Salient Circles experiential exercise
Week 3	My story/Self-assessment as a cultural being and a clinician/Goal setting
Week 4	Pop culture/ Socio-Political Issue x 2
Week 5	Pop culture/ Socio-Political Issue x 2
Week 6	Cultural Immersion/Diversity Exchange x2
Week 7	Cultural Immersion/Diversity Exchange x2
Week 8	Flex Week
Week 9	Semester Wrap-Up

Fall Meetings:

Interns will engage in a process of self-exploration facilitated by an open dialogue about various diversity-related topics and to increase self-awareness about these issues. In general, diversity topics will be discussed relevant to clinical work. It is encouraged to share clinical work with seminar members.

Salient Circles

In this activity, interns will reflect on their salient identities by drawing circles to represent the different dimensions of their social identities. Participants can indicate the approximate importance of each circle by its size and can indicate the degree of relationship/ intersection or interconnectedness between each circle by linking or overlapping them. For this activity, social/cultural identity dimensions include, race, ethnicity, gender, sexual orientation, social class, ability/disability status, and religion/spirituality. Interns will process their experience in the seminar, along with reflections on how it impacts their clinical work.

Adapted from Salient Circles Activity developed by J. Landrum-Brown, Ph.D. 1998

Cultural Immersion/Diversity Exchange

Interns are encouraged to participate in a diversity experience outside of their own “comfort zone.” This exchange may include attending various Lunch on Us programs on campus, supporting outreach programs, attending a cultural event on campus, or consuming some type of media (book, movie, article, music, etc.) that touches on an identity or cultural facet that interns would like to learn more about. It is recommended that interns will do this activity without other interns. The purpose of this diversity exchange is to encourage interns to expand their diversity “comfort zone” and learn about another population through cultural immersion. For this experience to serve its purpose, some self-assessment is needed to expand the current worldview experience. Interns will present their cultural immersion experience in the seminar and reflect on their cultural identities, worldviews, and the impact of this experience on their clinical work and social justice roles.

Pop culture/Socio-Political Issue: Facilitating a Diversity Seminar

Each intern will identify an area of diversity including, but not limited to campus climate issues, “pop culture” related concerns, or national/global concerns. Interns will come prepared to facilitate a dialogue on this topic. It is important to be open to engaging in dialogue using their own experiences, client experiences and disclose areas of growth. While dialogue enhancers such as activities, video, or other aids are appropriate; the focus should be on the ensuing dialogue experience.

Appendix 11: Diversity Seminar Supplemental Readings

- American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist*, 58, 377–402.
- Abernathy, A. D., & Lancia, J. J. (1998). Religion and the psychotherapeutic relationship: Transferential and countertransferential dimensions. *Journal of Psychotherapy Practice and Research*, 7, 281-289.
- Arredondo, P., Toporek, R., Brown, S. P., Jones, J., Locke, D. C., Sanchez, J., & Stadler, H. (1996). Operationalization of the multicultural counseling competencies. *Journal of Multicultural Counseling and Development*, 24, 42.
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- Arredondo, P., & Toporek, R. (2004). Multicultural counseling competencies = Ethical practice. *Journal of Mental Health Counseling*, 26, 44-55.
- Bloomquist, E. (n.d.). *Responsible non-monogamy: A brief introduction to polyamory* [Brochure]. San Jose, CA: South Bay Bisexual Organizers and Activists.
- Coleman, H L (April 1996). Portfolio assessment of multicultural counseling competency. *The Counseling Psychologist*, 24, n2. p.216(14)
- National Coalition for Sexual Freedom (2010). *DSM-V Revision Project*. Retrieved November 23, 2010, from <https://ncsfreedom.org/resources/dsm-v-revision-project.html>.
- National Coalition for Sexual Freedom (2010). *Kink aware professionals (KAP Program)*. Retrieved November 23, 2010, from <https://ncsfreedom.org/resources/kink-aware-professionals.html>.
- National Coalition for Sexual Freedom (2010). *Recommended reading*. Retrieved November 23, 2010, from <https://ncsfreedom.org/resources/document-library/recommended-reading.html>.
- Olkin, R. (1999). The personal, professional and political: When clients have disabilities. *Women & Therapy*, 22, 87-103.
- Olkin, R. (2002). Could you hold the door for me? Including disability in diversity. *Cultural Diversity and Ethnic Minority Psychology*, 8, 130-137.

Rakhsha, G. (2002). Crossing global boundaries: Experiences of loss by international students.
Network of Multicultural Training Professionals (NMTP) Newsletter.

Appendix 12: Professional Integrative Portfolio

Professional Goals

- 1.
- 2.
- 3.

How do you plan on achieving these Professional Goals?

- 1.
- 2.
- 3.

Internship Goals

- 1.
- 2.
- 3.

How do you plan on achieving these Internship Goals?

- 1.
- 2.
- 3.

Appendix 13: Interview Call Procedures/Questions

General Interview Instructions

- Team leader will introduce the call with the following information:
 - Introduce self, allow others to introduce themselves with name, primary activities/responsibilities on staff.
 - Introduce time frame of call. Forty-five minutes total with about half the time for committee's questions, about half the time for candidate's questions. (It is not necessary to go in any order, just be sure each party has time to have questions addressed).
 - Introduce purpose of the call. To get information from candidate about experience, interest, goals, etc. To give information about the agency, the internship experience, any other relevant things.

Interview Instructions

- To provide a consistent experience across applicants, interviewers use a specific set of questions; however, this does not have to be rigid in our process. Interview team members will take turns asking questions.
- Answer questions posed by the applicants at any point in the interview; however, be mindful of time.
- Questions are listed below.

Closing Instructions

- Near the end of the call give them the following information about the next steps:
- After our interviews are completed, the Intern Training Committee will meet review.
- Following, the Associate Director of Training will send emails to all those interviewed to indicate applicant's status and procedure for the remainder of the period prior to notification day.
- Staff/interns may encourage applicants to call any staff. If a staff member is not available, they will return the call. Email addresses are available on the home page of our website.
- Let people know that staff/interns don't initiate contact after the interview but that this does not mean that staff/interns are not interested. Staff/interns do not make contact to comply with APPIC guidelines.
- Inform applicant on **Open House on Friday, January XXX** and that we will be sending more information about the Open House.

After the call:

- Without any discussion, each caller rates the candidate on the same 7-point scale as was used for rating folders.
- Compare impressions and ratings, discuss likes and dislikes, and take notes. Feel free to change ratings following these discussions.

- Team leader compiles the ratings of the callers and place them in the folder with the evaluation forms based on paper application review.

Sample Questions:

The University of Illinois Counseling Center has adapted an interview protocol used with each applicant to assure continuity across interviews. Staff/interns should stick with the interview protocol but can offer clarification if the applicant asks. Staff/interns can also respond to questions as they arise throughout the interview process. Ask applicants only questions related to competence and other job-related criteria.

Note: Avoid questions that would subtly discriminate against an individual. These include personal questions about their marital/family situation, personal background, etc. If one of us inadvertently asks an illegal/unethical question, it is the responsibility of the other callers to catch it, redirect or withdraw it. Don't leave it to the candidate to do so.

Interest/knowledge regarding the Counseling Center and UCC work generally:

- What interests you about our internship program?

Clinical work:

- Based on the following vignette (example), describe how you would work with the client. Include your theoretical orientation, approach to counseling and how you think the process of change happens when providing your description.

You are talking with Sam, a freshman who plans to go into Computer Engineering. They report that they are struggling academically and socially. They excelled in high school at a mid-sized town in Central Illinois. They are the oldest of three children in their family, and both of their parents are educators. They seem quite discouraged as they talk with you in a quiet, nervous voice. Provide an overview of what you would wish to address when working with this client. Make sure to include your theoretical approach and what you would need to consider to effectively work with this client.

Supervision:

- What do you see as the areas of growth you will want to focus on in supervision while on internship?

Outreach/Consultation:

- Our Counseling Center highly values outreach and consultation to our campus community of students and staff. Please describe your interests and experiences in outreach/consultation.

Communication and Interpersonal Dynamics:

- Tell me about a time when you worked on a challenging team project.
- What was your role?
- What were the challenges?
- How did you handle the challenges?
- What did you learn about being part of a team?
- What did you learn about yourself?

Diversity:

- Please describe an example of a challenge you have faced when working with a client, colleague, or supervisor who is culturally or ethnically different from yourself.

Contributions/Identity:

- What kinds of things do you like to do for fun?

Appendix 14: Internship Application Rating Form 2022-2023

Name of Applicant: _____ Name of Rater: _____
 Doctoral Program (Name/Degree/Subfield of Psych): _____ APA Accredited? (Y/N)
 Status of Comprehensive Exams: (Complete/Complete by February 5/Not Complete by February 5)
 Status of Dissertation (at time of application): (Defended/Data Collected/Proposal Approved/Preproposal)

Clinical Experience

Total Intervention Hours (Master’s + Doctoral): _____
 Individual Therapy Hours (Older Adult + Adult): _____ # of Different Individuals: _____
 Supervision Hours (Master’s + Doctoral): _____
 Group Counseling Experience (# and types of groups with adults): _____
 Couples Therapy Hours: _____
 Intake/Structured Interview Hours: _____
 Provision of Supervision Hours: _____
 Consultation + Outreach Hours: _____
 (+ Note any experiences applicable to university setting)
 Supervision Received by Licensed Psychologists Hours (Master’s + Doctoral): _____
 Video/digital review? (Y/N) _____
 University Counseling Center/Student Mental Health Center Hours: _____

Essays

7=exceptional	6=very good	5=good	4=acceptable	3=weak	2=poor	1=unacceptable
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a. Cover Letter	Rating	Comments
Do training goals fit with what we offer? Does the applicant speak to an interest in university counseling center work specifically?		
b. Autobiographical Statement		
Make note of life experiences, multicultural, travel, volunteer work, prior clinical experiences. Evidence of curiosity, self-awareness, creativity, and/or initiative?		
c. Theoretical Orientation/Conceptualization		
Is a theory clearly articulated? Is theory linked to practice (e.g., in a case example or description of “what it looks like in the room”)?		

<p>d. Multicultural/Diversity (include review of CV)</p> <p>Does applicant speak to <u>knowledge</u> (e.g., a definition of mc/d?), <u>awareness</u> (e.g., personal lived experience), and/or <u>skills</u> (e.g., implications for clinical practice) in this area?</p> <p>A rating in the highest range (6-7) would apply to a candidate who includes evidence of mc/d in multiple areas of the application (e.g, population experience, essay, cover letter, CV, research), not only in one essay.</p>		
<p>e. Research Interests (include review of CV)</p> <p>Please make note, especially if research area is applicable to outreach/consultation/practice with university populations.</p>	N/A	
<p>f. Writing ability/overall organization of application (include review of CV)</p> <p>Do not penalize for minor typos or formatting problems, or if applicant’s first language is not English.</p>		
<p>g. Communication and interpersonal relations</p> <p>What are the candidate’s experiences and expectations of sharing of themselves? Evidence of openness, non-defensiveness, and self-awareness?</p>		

Letters of Recommendation

Please note: Almost all letters speak to applicants’ strengths; therefore, rank letters of recommendation are not ranked. The Standardized Reference Form (new this year) attempts to offer a more balanced perspective. Pay attention to feedback relevant to CC work. Make note of anything within the letter of reference that makes the candidate a good fit for our site, or not a good fit for our site.

<p>Comments</p>

Coursework

Course in clinical supervision? (Y/N)

Any concerns about transcripts (poor grades, multiple withdrawals)?

Possible issues/questions for phone interview?

Diversity Candidate? (Self-disclosed in any part of the application) Type:

Appendix 15: Stages of Internship Summary

Passages of Internship

Pre-entry Preparation

- Preparing career goals, new competition with peers; tension increases and ambiguity about the coming year becomes uncomfortable; potential choices must be discussed with spouses or others who will be affected by relocation.
- Once an offer is made, possible elation and apprehension; begin to say good-bye to current support network; rite of passage from student to intern becomes more evident.

Early Intern Syndrome

- Sizing up the agency: identify and incorporate norms; establish own behavioral patterns; hypothesize about agency dynamics; skills and backgrounds of other interns.
- Establishing a place in the agency, new title and “special status,” (i.e., not student, not professional; staff members also perpetuate by referring to them as “the interns”); interns begin to establish personal and professional working relationships with staff.
- Undergoing the initial evaluation: reminder that they are highly supervised; may contribute to the role ambiguity.

Intern Identity

- Move beyond initial preoccupation with self, excessive evaluation apprehension, and the concern about fitting into the organization.
- Status becomes clearer in the agency.
- Become immersed in the intern role.
- Realization of strengths and growing edges: after first series of case presentations, being treated respectfully by training staff, and other affirming experiences may lead to greater initiation on interns’ parts.
- Begin to feel like a valued and integral part of the organization.
- Period of introspection, doubt, and self-confrontation with high level of supervision has placed intern’s limitations and gaps in particularly painful focus; this self-confrontation may be more personal than professional.
- Heavy workload may create doubt about ability to handle it (e.g., imposter phenomenon).
- May be confronted with stressful situation (e.g., ethical problem, client crisis) which can lead to doubts about entering such a difficult profession.
- May retreat into identity as “just an intern.”
- Primary identification becomes with the internship (not graduate program).
- May state more assertively which staff they want to affiliate with.
- Differentiation among the interns themselves (staff may no longer refer to “the interns.”). Interns may feel more cohesive but more differentiated.
- Mid-year evaluations are important experiences; interns feel they are “passing the test.”

Emerging Professional

- Receiving positive feedback about their newly established independence. Gives the interns more confidence about their own skills.
- Disagree more with supervisors: reflect increased confidence as well as emerging equality with other professionals.
- Supervision of other trainees also contributes to sense as emerging professional.
- Selection of next year's trainees often an important turning point.
- Although not less committed to internship, total immersion into intern role subsides; may not work as hard; result of this perceived slowing down may make interns more aware of agency's problems; may result in a sense of disillusionment.
- May invest more time and energy into their dissertation.
- May wish to skip the ending/separation.

Resolution

- Initial awareness of termination begins at about the mid-point (January/February).
- Interest in focus for supervision may change; interns want less didactic supervision; more emphasis on collegiality; more focus on intra-agency dynamics.
- Time with certain people becomes very valuable.
- Cognizant that certain staff members are reluctant to get involved in relationships that end after only one year, interns themselves may develop superficial relationships with staff members until the last two or three months, when there is an urge to make up for lost time and to become more connected with select individuals.
- Interns separate from clients.

Lamb, D., Baker, J., Jennings, M, & Yarris, E. (1982). Passages of an internship in professional psychology. *Professional Psychology, 13*(5), 661-669.

Stressors During Internship

“Early Intern Syndrome” (Lamb)

- Application process may have been difficult: Interns expect the whole internship experience to be problematic.
- Match may be the beginning of a positive bond (if contact during the application process was positive), a tenuous one (if there wasn't much contact), or a negative one (if the match was an accommodation on either or both parts).
- Many interns relocate: difficult to adjust to a new environment.
- During initial weeks: confusion about what they should do.
- Interns may have had a well-established position in their graduate programs: must prove themselves all over again.
- Difficult to be evaluated at such a vulnerable time.
- Political strains of the internship make it more challenging: personality conflicts with fellow interns or training staff, dissatisfactions with the internship program, personal issues, etc. may lead to the intern feeling anxious and depressed.
- Interns often feel so busy and inundated with new information and experiences that they do not have the time to integrate what they are learning.

How staff can help:

- Provide a good “holding environment”: nurturing and warm environment, with appropriate limits
- Be aware and sensitive to the various professional and personal stresses the intern faces; be neither neglectful or overly intrusive; remember they are not children and can handle their anxiety; give information about the program, answer questions, and validate perceptions.
- Provide the opportunity for peer support from departing interns.
- Remember that the last intake an intern did during graduate school is probably better than the first intake they will do on internship: give trainees a few weeks to get adjusted before a formal assessment of their skills is made.
- Provide more specific information and guidance.

Mid-phase of the Internship - separation-individuation – “Intern Identity Stage”

- A better sense of self as a semi-autonomous professional is developing
- Desire more collegial staff-trainee relationships.
- May choose to work above and beyond what is required.
- Feelings of doubt about themselves as professionals.
- May feel the pressure to leave academic psychology behind and become full time practitioners.
- Wonder about their unique contribution as psychologists among other mental health professionals.
- Intern begins to feel more able to accurately assess personal strengths and growing edges and may become less dependent on the training staff feedback

How staff can help:

- Establishing a secure foundation in the early stages helps.
- Continue to emphasize emotional availability.
- Help interns feel successful in the program through the acknowledgment of the interns' unique identity and by facilitating the development of more individualized programs.
- Help the intern better juggle various responsibilities.
- If stressors of the internship year and other life circumstances necessitate that the intern seek professional counseling, take care not to stigmatize.

Individuation

- Interns take more leading roles.
- Interns intervene more actively and directly with clients.
- Interns challenge and disagree with their supervisors.
- Develop more collegial relationships with training staff (e.g., ask for consultation rather than supervision, more self-disclosing about countertransference).
- Begin to make plans for the following year: can be a time of turmoil as intern determines what to do professionally.

How staff can help:

- Encourage interns to take more initiative, reinforce them for becoming involved, and be willing to develop more collegial relationships.
- Systematically inform interns of job opportunities.
- Training staff often provide interns with role modeling of work other than academic faculty.
- Provide a farewell ritual or retreat.

Kaslow, N. & Rice, D. (1985). Developmental stresses of psychology internship training: What training staff can do to help. *Professional Psychology: Research and Practice*, 16(2), 253-26

Life Span Theory and Internship Year

Trust vs. Mistrust

- Has the site been honest about aspects of the training program?
- Significant discrepancies between information imparted and the realities?
- Commission AND Omission - more likely to be the latter.
 - In our setting, this may also apply to supervisor interviews.
- Beginning of internship as a grieving process: some disillusionment and loss of what they thought they were going to get.
 - Program response: include interns in search process: be honest in all printed materials and verbal interactions with potential interns.

Autonomy vs. Doubt

- Confused and overwhelmed during initial weeks.

- May be seeing more clients than ever and engaging in entirely new activities.
- May be characterized by introspection, doubt, and self-confrontation.
- Competent applicants may arrive “riddled with doubts and anxieties.”
 - Program response: provide more structure early on, carefully examine intern’s explicit and tacit needs; provide adequate orientation with open time and informal contact with staff and each other; support them in personal and professional changes they’re facing (e.g., moving to a new town, working 8:00 a.m. – 5:00 p.m., etc.)

Initiative vs. Guilt

- Intern will likely move into wanting to explore areas new and unique to him or her.
 - Program response: support initiative and appropriate risk-taking by interns; graduated independence of activity; allow the intern to move toward colleague status

Industry vs. Inferiority

- Interns may have had well-established status in their programs before coming here: when they get here, they must prove themselves all over again to staff and each other within a short period of time.
- May be some longing or even outright competition to be seen as the “best intern.”
 - Program response: De-emphasize competition; provide specific, concrete, and accurate feedback as early as possible; But early work by the intern may not be the best basis to measure future performance - give them some time to find their legs - may not function at full potential until 3rd or 4th month; provide explicit policies on feedback and response to problems

Identity vs. Role Diffusion

- Since interns are still trainees but also almost independent professionals, they may experience some identity or role confusion.
- May feel conflict in defining self as a student or as a professional.
 - Program response: Avoid overreliance on collective terms such as “the interns”; help interns examine their uniqueness as professionals with differing needs and identities

Intimacy vs. Isolation

- Once settled in, will likely move away from a preoccupation with themselves and become more aware of the differences within the group.
- Some may develop closer friendships with other interns or staff members.
- Others may isolate and become more independent.
 - Program response: encourage interns to balance both working alone and working in a group; support the natural initial affiliation with those who are like them but also encourage work across differences; support the process of making decisions about populations and settings which might best fit their personality and needs after internship; provide a holding environment for them to explore divided loyalties.

Generativity vs. Stagnation

- Little focus on this in the literature about the internship experience.
- Interns may wonder if their presence has made a difference.
- May make recommendations about how to change the training program.
- May challenge policies and procedures.
 - Program response: listen to the feedback interns have to offer; provide opportunities for interns to leave their footprints on the Center and on the training program; avoid seeing interns as just another group; address own issues of attachment (e.g., avoid the mentality of “I don’t let myself get attached because you’re only here a year.”); schedule ample time to debrief and grieve the outgoing class.

Integrity vs. Despair

- Inevitability of termination starts to come into awareness at about the middle stage of the process (e.g., once search for next year’s interns is completed; completing dissertation; applying for next position).
- Despair about regrets and losses may look like disgust at times.
- Interns will experience one loss after another as they wrap up the year (e.g., clients, supervisors, each other, helping practicum supervisees with their losses/endings, community relationships, etc.)
 - Program response: acknowledge endings; provide opportunities to explore regrets and losses from the year; facilitate group struggles (e.g., if some interns have a job lined up and others don’t).

Guinee, J. P. (1998). Erikson’s life span theory: A metaphor for conceptualizing the internship year. *Professional Psychology: Research and Practice*, 29(6), 615-620.

Appendix 16: Intern Training Manual Confirmation

I have received and read the contents of the 2022-2023 Intern Training Manual. I am aware that I will be scheduled to conduct 3 initial appointments each week, and that interns initial appointments will be prioritized and filled before staff initial appointments. Additionally, I am aware that I will not be taking initial appointments during orientation at the beginning of the year, but those initial appointments will be added to the intern initial appointment schedule for Summer 2023.

Signature

Date