

**COUNSELING CENTER
UNIVERSITY OF MARYLAND, BALTIMORE COUNTY**

Doctoral Internship in Health Service Psychology

Program Description

2020-2021



**COUNSELING
CENTER**

I. INTRODUCTION

A. University of Maryland, Baltimore County (UMBC)

UMBC is a state-run, co-educational university, part of the University System of Maryland. Designated as an Honors University, the campus offers academically-talented students a strong undergraduate liberal arts foundation that prepares them for graduate and professional study, entry into the workforce, community service, and leadership. The university has around 11,000 undergraduate students and an additional 2,500 graduate students. UMBC's student body is among the most diverse in the United States. About 17.8% of the student population identify as Black, 19.5% as Asian and Pacific Islanders, 7.6% as Latinx, 0.1% as Native Americans, 39.1% White, and about 4.7% as multiracial. There are approximately 1,172 international students (716 graduate, 456 undergraduate; 8.6%), representing over 80 countries. About 54.4% of the student body identify as male and 45.6% as female (UMBC Institutional Research, Analysis & Decision Support, Fall 2019). The campus is located on 500 acres 15 minutes from Baltimore's Inner Harbor and 30 minutes from Washington, D.C.

B. UMBC Non-Discrimination Policy Statement

The University of Maryland, Baltimore County (UMBC) does not discriminate on the basis of race, color, national origin, ancestry, ethnic background, genetics, disability, age, sex, gender identity and expression, marital status, sexual orientation, religion, creed, and/or veteran status in admission to and participation in education programs and activities, or employment practices in accordance with federal laws, including, but not limited to Titles VI and VII of the Civil Right Act, Title IX of the Education Amendments, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act as amended, as well as state laws, and regulations.

C. The Counseling Center

The mission of the Counseling Center is to foster students' psychological development and emotional well-being and to support students in attaining their academic and personal goals. Our multidisciplinary staff work with students, faculty, staff, families, and administration to support students and to create a healthy, diverse, supportive and inclusive multicultural learning community. This is accomplished through individual therapy, group psychotherapy, preventive and educational programming, consultation and outreach. We also strive to contribute to the training and development of multi-culturally competent mental health professionals.

Clinical services offered by our multi-disciplinary staff include mental health assessment, brief individual psychotherapy, group therapy, couples therapy, psychiatric consultation, crisis intervention, and referral assistance. The Counseling Center has a comprehensive and active outreach program and offers workshops, mental health screening, tabling events, and training on a multitude of topics related to mental health. There is a focus on suicide prevention, stigma reduction, and improving access to services to all students. All counseling services are free and confidential.

The Counseling Center is staffed by nine licensed psychologists, two licensed clinical social workers, and a part-time psychiatrist; two staff members provide administrative support. Clinical staff work from a variety of theoretical orientations, including (but not limited to) psychodynamic, interpersonal, family systems, humanistic, and cognitive-behavioral, and emphasize integrating evidence-based practice into their clinical work.

The Counseling Center views training as an essential part of our mission. In addition to the doctoral internship, externship training is offered to graduate students in APA-approved doctoral clinical and counseling psychology programs. A social work internship for Master's students at the University of Maryland, Baltimore (UMB) has been offered in recent years as well. Counseling Center trainees have the opportunity to gain clinical experience working with a wide variety of presenting concerns and symptoms, including stress, anxiety, depression, relationship problems, academic concerns, grief and loss, sexual assault or abuse, disordered eating, and drug and alcohol use/abuse. The student population offers the opportunity to work with clients from diverse cultural and ethnic backgrounds. In 2019-2020, about 20.8% of clients identified as Black or African American, 22.1% as Asian or Asian American, 4.5% as Latinx, and about 7.1% as multi-racial. Approximately 10.3% of clients were international students from about 50 countries and about 24.3% were transfer students. The majority of clients identified their gender as female (53.5%) or male (40.3%). Clients identified all along the spectrums of sexual orientation including heterosexual (69.7%), bisexual (12.2%), questioning (4.0%), gay (2.1%), and lesbian (1.9%).

In 2016, the Counseling Center and University Health Services began working on integration in order to provide holistic care to students; attend to the overall health and well-being of the campus community; to more completely confront the array of problems students present in health services; improve access for students to mental health services through the removal of stigma-related barriers; and to align resources to meet student and community needs. We recognize the potential for greater integration and collaboration, particularly as it will enhance training opportunities in Health Service Psychology.

II. THE DOCTORAL INTERNSHIP PROGRAM

A. Mission and Model

The Counseling Center at UMBC offers a Doctoral Internship in Health Service Psychology to qualified graduate students in APA-approved programs in clinical and counseling psychology. Our overall aims are: 1) to develop core evidence-based knowledge and clinical skills necessary for the independent practice of Health Service Psychology and 2) to develop professional attitudes, behaviors, and identity as a psychologist. First and foremost, our training is designed to achieve the profession-wide competencies necessary for independent practice in Health Service Psychology as outlined in the Standards of Accreditation by the American Psychological Association (APA). Within the broader competency of Intervention, our internship offers extensive training and experience in individual therapy, group therapy, crisis intervention, and outreach. There may also be opportunities for therapy with couples. The internship program is designed to train practitioners who are primarily interested in developing the competencies and confidence for work as psychologists in a comprehensive university counseling center, although our intern graduates are prepared to work in a variety of clinical settings.

The Counseling Center operates from a Practitioner-Scholar model of training, focusing on applying the knowledge that interns have gained from courses, seminars, research, and readings into their clinical work to develop profession-wide competencies for a Health Service Psychologist. Our aims for our internship program include 1) the development of core evidence-based knowledge and clinical skills for the independent practice of

Health Service Psychology and 2) the development of professional attitudes, behaviors, and identity as a Health Service Psychologist.

Our training program emphasizes the importance of (1) integrating theory and scientific knowledge into clinical practice, (2) developing advanced evidence-based clinical skills, (3) enhancing multicultural awareness, skills and competency; (4) incorporating reflective practice into clinical work; (5) attending to, and advancing, the intern's developmental level (6) fostering professionalism and collaboration within a multidisciplinary team; and (7) solidifying a professional identity as a psychologist.

To achieve the aims of the internship, the program incorporates the following:

- Opportunities to learn through direct clinical experience
- Observation and review of clinical work through video-recording or live supervision (e.g., by co-leading therapy sessions)
- Individual, group, and peer supervision
- Supervision of Supervision
- Seminars and other professional development opportunities to enhance the interns' knowledge of the current literature and varying theoretical perspectives so as to integrate these into practice
- Opportunities to collaboratively consult within a multidisciplinary team about clinical work
- Mentorship to foster the development of a professional identity and career path as a psychologist

The internship program at the Counseling Center works from a developmental perspective by assessing each individual intern's entering skill levels and working to expand their skills beyond that level. Training proceeds in a sequential fashion, allowing for interns to gradually assume increasing levels of autonomy. Intern seminars are planned so that trainees are introduced in didactic form to topics that coincide with where they are in their developmental process and where they are in the training year. For example, supervision seminars are provided before interns begin supervising externs; group therapy seminars are presented early in the interns' training before groups are running and then again as the interns have had opportunities to co-lead groups.

Another example can be seen the process to prepare interns to conduct initial assessments. Interns first learn about initial assessments at the Counseling Center in a seminar format during orientation. After first observing senior staff conduct initial assessments, they then co-lead the initial assessment, taking on an increasingly active role in the session based on their level of competency. Finally, staff observe interns conducting the initial assessment independently before they are permitted to conduct them on their own. Interns with prior experience with initial assessments may be able to independently conduct their own initial assessments after three initial assessments. Interns with little to no experience and/or a lower level of competency will have live supervision for a longer period of time. Likewise, supervision of initial assessments will be more intensive as the interns initially conduct their own initial assessments and will decrease in intensity as interns become more experienced.

Counseling Center staff members strive to model that professional development extends well beyond the internship year. They strive to demonstrate that theory and research inform clinical work and that clinical work is enhanced through discussion and learning from the experience of others. Staff and interns join together for case consultation meetings to share ideas about their work with clients. Professional development programs for

clinical staff are integrated throughout the year to enhance knowledge about topics particularly relevant to college students. Staff value and stress the importance of integrating multicultural competency and social justice into all our endeavors.

The training program supports interns in enhancing their sense of professionalism, working within a multidisciplinary setting, and developing administrative skills that accompany clinical practice and the running of mental health agencies. Interns are incorporated into staff meetings and meetings with other departments within the Division of Student Affairs. This inclusion allows for interns to experience many of the ins and outs of counseling center operations and reinforces the importance of collaborating with partners across, and outside of, the wider campus community. Professional, ethical, and legal issues are addressed in seminars as well as in supervision, staff meetings, and other professional development programs.

B. Accreditation Status

The Counseling Center is accredited by the International Association of Counseling Services Inc. (IACS) and provides all services within the guidelines adopted by this agency. The internship has been a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since 2011. The internship program was granted accreditation by the American Psychological Association (APA) in 2014 through 2021.

Questions related to the internship program's accreditation status should be directed to the Commission on Accreditation:

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

C. Program Aims, Competencies, and Elements

The central aims of the internship program are: 1) the development of core evidence-based knowledge and clinical skills for the independent practice of Health Service Psychology and 2) the development of professional attitudes, behaviors, and identity as a psychologist. Interns will be trained in profession-wide competencies for psychologists, as described by the American Psychological Association (See Appendix I). Specific clinical competencies emphasized and expanded upon in the training include initial assessment, individual therapy, group therapy, crisis intervention, the provision of clinical supervision, and outreach. Other professional skills that are developed include consultation and program development and evaluation. Opportunities may be available for couples therapy and career counseling.

The importance of providing all clinical and professional services with a high level of multicultural competency is emphasized. The program provides opportunities for professional development in administrative and case management skills, peer supervision, and multidisciplinary collaboration. Professional identity emphases include demonstrating responsible professional behavior and values including: integrity; accountability, and concern for the welfare of others; knowledge and application of ethical and legal standards; a commitment to self-awareness; the value and importance of enhancing multicultural competency in all of our work; the importance of seeking

consultation; and the value of ongoing engagement in scholarly activity, including consideration of research and development in the field of psychology and/or participation in research activities. For a complete list of the Elements associated with the competencies for the internship program, please see Appendix II.

III. COMPONENTS OF THE INTERNSHIP

The aims and competencies of the training program are achieved primarily through the supervised activities. Through these activities, interns gain and demonstrate relevant competencies. All intern activities at the Counseling Center are considered germane to the training program. However, for the purpose of clarity, the training program can be characterized in terms of 1) clinical services, 2) professional training and development, 3) professional identity development, and 4) other administrative and professional activities (See Appendix VI. Intern Hours and Weekly Schedule).

A. Clinical Services

1. Assessment. Interns conduct an average of four initial assessments, each week. The number of initial assessments will vary over the course of the internship to assist interns in building an initial caseload, to achieve a sufficient number of clinical hours, and to manage clinical demand. For example, interns may be assigned as many as five or six initial assessments during the early Fall semester to build a caseload. There may be times during the semester where all staff need to add an extra initial assessment to accommodate heavier clinical demand. During the Spring semester, interns typically have a reduced number of initial assessments as they begin to supervise an extern. If a trainee's caseload becomes larger than what is anticipated with assigned initial assessment slots, a temporary reduction of initial assessment placeholders can occur in consultation with the clinical supervisor and clinical coordinator.

Initial assessments are conducted using a semi-structured format. Initial assessments form the basis for establishing rapport, clarification of client needs and goals, behavioral observation, diagnostic assessment, and treatment and disposition planning. All clients complete a variety of self-report measures when they arrive for their initial assessment appointment, including the Counseling Center Assessment of Psychological Symptoms (CCAPS). In addition to reviewing the 62-item version of CCAPS the client completes at initial assessment, interns assess client symptoms and progress at each session using the 34-item version of the CCAPS.

There may also be opportunities for career counseling, although most of this is done through the Career Center.

2. Psychotherapy. Most of the clinical work at the Counseling Center consists of short-term individual therapy. The Counseling Center operates from an Absorption Model, where clinicians typically continue to work with clients they see for an initial assessment. Infrequently, exceptions are made if there is a need for a referral to another staff member (e.g., due to a conflict of interest or the client does not consent to being video-recorded). The Counseling Center employs a brief treatment model. Although statistically the average number of sessions is four to five, there is a wide range in length of treatment, with many students having only one or two sessions and a smaller number having in excess of 10. Clinical staff take an individualized approach to treatment planning, taking into account primarily clients' treatment needs, but also considering overall clinical demand and staff

availability. There are referrals coordinators who can assist clinical staff in facilitating referrals to treatment providers and centers off campus for those clients who need long-term and/or specialized treatment.

Interns may have the opportunity to conduct couples therapy depending on availability of such cases. It should be noted that both members of the couple must be currently enrolled at UMBC in order to be eligible for services. With rare exceptions, clients who are seen in couples' therapy are not also being seen for individual therapy due to clinical service demand.

Interns are typically expected to see an average of 14-16 client hours per week, although the number may be higher in times of peak demand and lower during winter and summer breaks. The number may also vary depending on the number of groups the intern is (co-)leading. It is important to note that within the context of the Absorption Model, due to the number of initial assessments and expected weekly clinical hours, it is not always possible to see most individual therapy clients on a weekly basis.

3. Group Therapy. The Counseling Center typically offers a variety of therapy groups, including interpersonal process groups, population-specific support groups, and skills training groups. Group therapy may be considered either as a main treatment modality or in conjunction with individual therapy. Interns should consider the option of group therapy during the initial assessment appointment and thereafter as relevant and appropriate. Interns are expected to co-lead at least one interpersonal process group or support group, as well as one skills training/psychoeducational group over the course of the internship. Interns may have the opportunity to lead or co-lead another group, depending on availability of clients. They may also have the opportunity to develop a group in their area of interest with the guidance of staff during the second half of the year, depending on center needs and resources as well as student interest and availability. Developing and sustaining additional groups cannot be guaranteed. However, staff members are committed to maintaining the strength of the group program, and group experience for interns is a priority.

4. Crisis Intervention and Consultation. Interns provide daytime urgent assessment and on-call consultation services beginning in the Fall semester and then throughout rest of the internship. They provide consultation to students, faculty, staff, and family members, and conduct brief evaluations, triage, and crisis intervention for students. Seminars on crisis intervention and consultation are offered prior to their undertaking this experience. In the Fall semester, interns start with daytime urgent triage, where they will see students in crisis or who are experiencing a sense of urgency in the need to be seen, and they consult with faculty, staff, family members, or even other students who are concerned about a student. A senior clinical staff member will be available for immediate consultation. Interns review crisis interventions and consultations during regularly scheduled supervision with their primary supervisor. After demonstrating sufficient competence, interns assume an increasingly more independent role at their supervisors' discretion, eventually assuming responsibility for after-hours emergency coverage, with backup provided by a licensed staff member. Interns should consult with their individual supervisors for any active suicide or homicide and any kind of reportable abuse to a child or vulnerable adult. If their supervisors are unavailable, interns should consult with any other licensed staff member including the Training Director, the Associate Director for Clinical Services, and/or the Director of Health and Counseling.

5. Outreach. Interns are actively involved in the Center's Outreach and Consultation Services to students, faculty, staff, family members, and others within the UMBC community around mental health issues. Outreach

activities may include tabling at resource fairs, training of residence hall assistants, participation in student and parent orientation programs, campus-wide mental health screenings, and topic-focused presentations and workshops. Interns are expected to offer a minimum of 20 hours of outreach activities, which may also include consultation (e.g., meeting with Residential Life staff). Interns may have the opportunity to supervise externs on the development and delivery of outreach.

Program development and evaluation are integral parts of the Outreach experience, and interns are expected to develop a specialized Intern Project based on their own interests as well as the needs of the Counseling Center and the wider UMBC campus community. The Intern Project can be a year-long experience with a diversity/equity/inclusion focus, incorporating ideas for how the project can provide a sustainable legacy for the UMBC community. Senior staff provide mentorship and assistance throughout the process. Interns offer a formal presentation to clinical staff.

6. Consultation. As described above, consultation will consist of providing assistance to faculty, staff, and parents (or other family members) who are concerned about a student; consultation may also be provided to UMBC students who are concerned about another student (e.g., their roommate). In addition, Interns may also develop liaison relationships with student organizations, departments within the Division of Student Affairs, or other offices on campus to provide consultation related to student mental health needs and concerns.

7. Provision of Supervision. Interns provide individual clinical supervision for externs in the spring semester. They will meet with their supervisee for one hour a week and will be responsible for the oversight of the extern's clinical cases, viewing video-recordings of supervisee's client sessions, reviewing and signing case notes, and completing the Weekly Supervision Log. Interns are responsible for offering informal feedback throughout supervision and completing the formal extern evaluation form in conjunction with other supervisors. Interns will be supervised on their supervision (Individual or Group Sup of Sup) by a licensed staff psychologist.

B. Professional Training and Development

1. Supervision. Supervision is an essential part of training during the internship, highly valued by Counseling Center staff. Supervision is rooted in evidence-based practice and will consider a variety of theoretical approaches. Review of video-recorded sessions is an important component of supervision. Interns are expected to regularly review their video recordings both inside and outside of supervision. Supervisors will also independently review video-recordings and provide feedback outside of supervision.

a. Individual Supervision. Each intern has two hours of individual supervision per week with their primary supervisor, who will be a licensed psychologist. Interns will switch their primary supervisors mid-year, to offer a variety of theoretical orientations and supervisory styles. Interns complete Weekly Supervision Logs to help with case management.

b. Group Supervision. In the first half of the year, interns will meet once a week for group supervision, which will be facilitated by a licensed psychologist. Interns will have the opportunity to provide feedback to, and receive feedback from, their peers about their clinical cases. There will be opportunities for interns to share

video-recordings during group supervision. There will be an intentional focus on addressing diversity factors of both the interns and their clients to broaden and deepen multicultural awareness and skills.

c. Supervision of Group Therapy. When groups are actively running, interns will receive supervision from their group therapy supervisor. All group sessions are recorded if they run a group independently, so supervision will incorporate video review of group sessions.

d. Supervision of Supervision. Interns begin to supervise externs during the spring semester. Prior to the start of the semester, Interns will meet weekly for one hour of Supervision of Supervision with a licensed psychologist. Review of video-recordings of supervision sessions is an integral part of Sup of Sup.

e. Supervision of Outreach. Interns will meet with the Assistant Director of Mental Health Promotion, Outreach and Evaluation periodically throughout the year for supervision as needed.

2. Intern Seminars. Throughout the year, Interns attend a weekly, 80-minute seminar that is designed to provide didactic and experiential opportunities to explore topics relevant to working in a university counseling center in greater detail. Senior clinical staff as well as professionals from outside the Counseling Center provide these seminars. Interns are expected to prepare for the seminars by reading professional references provided by the presenters to enhance discussion during the seminars.

Structure of Seminars

(Seminars meet on Thursdays from 8:30 a.m. to 9:50 a.m. unless otherwise noted)

Acronym	Seminar Series	Schedule*	Seminar Coordinator
MC	Diversity and Multicultural Series	Every 1st Thursdays	Whitney Hobson, Psy.D.
BTS	Brief Therapy Seminars	Every 2nd Thursdays	Soonhee Lee, Ph.D.
GTS	Group Therapy Seminars	Every 3rd Thursdays	Kevin Tabb, Ph.D.
PRO	Professionalism and other seminars	Every 4th Thursdays	Ethan Swift, Psy.D.
SUP	Supervision Seminars	Four Thursdays in January	Soonhee Lee, Ph.D.
OC	Outreach and Consultation Seminars	Five Thursdays	Alayna Berkowitz, Ph.D.

3. Professional Development. Senior staff and interns regularly meet as a group for the purpose of furthering professional development. Activities may include didactic presentations, discussion of journal articles, and multicultural dialogues. Interns will also have opportunities to attend Student Affairs professional development events.

4. Case Consultation and Presentation.

a. Case Consultation and Critical Case Review. All clinical staff meet three weeks per month for peer consultation and critical case review, typically splitting up into two smaller groups. This is a time when senior staff as well as interns are able to informally consult about their cases as well as provide feedback to other staff

members. The beginning of Case Consultation will be devoted to track and briefly review the status and treatment plan of clients who present with a high degree of risk or some other significant treatment-related issue.

b. **Case Presentation.** All clinical staff meet once per month for case presentation. During case presentation, an individual case is presented in detail for consultation. A formal case summary, including consultation questions to be addressed, is prepared and distributed in advance for other staff members to review and reflect upon. CCAPS and other assessment data, are included. In addition, a journal article, reading, or other professional reference may be also offered to enhance the discussion; the reading may be related to theoretical or scientific literature especially relevant to the purpose of the consultation question(s) and/or can be for the purpose of enhancing multicultural knowledge related to the clinical case. Interns are expected to offer feedback to the staff member or trainee who presents a case. Interns will present at least one case each semester and are expected to include pre-selected video-recording(s) to illustrate themes.

C. Professional Identity Development

1. **Professional Behavior.** Professional values shared by all staff of the Counseling Center include integrity, accountability, and concern for the welfare of others, reflecting the profession-wide competence of professionalism for psychologists. Professional behaviors for all staff include taking responsibility for their schedules, meeting expectations of the work place, working cooperatively and courteously with others, representing the department well, and demonstrating sensitivity to diversity issues in their interactions within and outside the department. Interns are expected to demonstrate behavior consistent with Counseling Center policies and procedures and the UMBC Staff Handbook (<https://hr.umbc.edu/policies/>). Professional staff model these behaviors for interns and provide necessary instructive information and constructive feedback regarding expected standards.

2. **Ethical and Legal Practices.** Interns are expected to be aware of, and behave in a manner consistent with, current ethical standards established by the American Psychological Association's Ethical Principles and Code of Conduct. They must follow all Maryland state legal statutes regarding the practice of psychology. Interns receive training in ethical, legal, and professional standards through intern seminars, supervision, and professional development programs.

3. **Scholarly Activity.** Interns are expected to demonstrate a commitment to scholarly activity. They remain current with the scientific basis for clinical practice in Health Service Psychology through readings, intern seminars, supervision, and professional development programs. They demonstrate scholarly activity and competence by working to complete research requirements for their degrees, participating in intern seminars, and practicing in a manner that is informed by theory and research. Interns are required to complete an Intern Project that is based on theory and research and serves to promote the mission of the Counseling Center. Program evaluation will be an essential component of the Intern Project.

4. **Supervision and Consultation.** Supervision and consultation are necessary components of effective clinical practice regardless of one's level of training and experience. As described above, interns will receive both individual and group supervision by licensed staff members. Interns are expected to discuss their work with their clients and offer feedback to other staff members in group supervision, peer supervision, and case conference.

When dealing with clients in crisis, it is the expectation that interns will consult with their supervisor and/or other senior staff members in a timely manner, particularly early in the internship as they build competency in crisis intervention.

5. Evaluation and Feedback. The Counseling Center recognizes the importance for interns to receive timely feedback regarding their progress and performance in their clinical work and professional behaviors. Informal feedback is an integral part of supervision. In addition, mid-way through each semester, the Intern Evaluation Form will be reviewed in an informal manner to help interns evaluate their progress. Formal assessment of the interns' progress will be made twice a year, in January and July; these evaluations will become a part of the intern's file. Interns are evaluated on all of the competencies listed herein. The Intern Evaluation Form will be reviewed during Orientation and during supervision. The Training Director will gather all evaluation forms and submit a copy to the Intern's Director of Clinical Training twice a year.

6. Awareness of Self. Training staff at the Counseling Center value the power and complexity of the therapeutic relationship. Although Counseling Center staff and interns come from a variety of theoretical backgrounds, therapists' awareness of themselves and their reactions to clients inform all our clinical work. Consequently, in our intervention, supervision, and training activities there is a focus on multicultural awareness and self-reflection and how this may impact the quality and effectiveness of work with clients and consultees. Self-awareness is essential for therapists to provide accurate empathy and to ensure that therapists meet the ethical imperative to "do no harm". Self-awareness minimizes the possibility that therapists will gratify their own needs at the expense of their clients.

The Counseling Center training program views supervision as a means for trainees to learn how to assess and intervene with clients as well as to recognize, understand, and manage their own personal reactions to those under their care. We believe that the therapist's response to the client "in the room" can be an important vehicle for understanding and helping the client. As such, an integral part of supervision is exploration of such issues. Interns are expected to explore and reflect upon their feelings and reactions to clients both individually and in supervision. Interns are encouraged, but not required, to participate in their own therapy to enhance their self-awareness and self-care.

7. Multicultural Competency. As a staff, we are deeply committed to developing our own multicultural competencies and those of our interns. An understanding of the impact of culture and diverse and intersectional identities is integrated into every aspect of the work we do in direct services, training, scholarly activity and research. We define culture and diversity broadly, allowing our definition to encompass race, ethnicity, age, gender and gender identity and expression, sexual orientation, socioeconomic status, language, nationality, citizenship status, acculturation, religious (non-)affiliation or spirituality, (dis)ability status, relational and family status, and body type and size. Interns are also expected to familiarize themselves with, and follow, the University of Maryland System's Policies of Non-Discrimination (<https://humanrelations.umbc.edu/non-discrimination/>).

Comprehensive understanding of the impact of culture is seen by our staff as an integral ingredient of competent psychological practice. We ascribe to APA's position statement "Preparing Professional Psychologists to Serve a Diverse Public: A Core Requirement in Doctoral Education and Training" which can be found at

<https://www.apa.org/ed/graduate/diversity-preparation>. We train interns to be well-rounded Health Service Psychologists with the competencies to serve clients representing different forms of diversity. In providing this training, we commit ourselves to creating a supportive training environment that allows for self-exploration and the development of psychological flexibility.

As such, participation in the internship training program will not only involve increasing one's skills and knowledge base with regard to multicultural competency, but will involve self-exploration as well as some level of self-disclosure within the context of furthering personal awareness and professional development. Interns are expected to incorporate multicultural perspectives into supervision of externs, group therapy, outreach programming, and case presentations.

Interns must demonstrate a willingness to serve people who represent the full range of identities. Refusal to engage in these efforts or failure to reach the passing criteria identified for the competencies may result in dismissal from the program. Diversity issues and multicultural competency are attended to in seminars; individual, group, Sup of Sup, and peer supervision; case conference; and other professional development programs.

D. Administrative and other Professional Activities

1. Case Management. Interns are expected to complete case management activities relevant to the clients with whom they are working. These activities include completing initial assessment summaries, case notes, case closures, and necessary correspondence in a timely and professional manner. Interns make appropriate referrals to, and collaborate with, Counseling Center colleagues, other medical or mental health professionals, and other on- and off-campus resources as relevant. Interns consult with faculty, staff, administrators, other treatment professionals, and family members as appropriate and only as allowed by APA ethical standards and Maryland legal statutes. Interns work with their supervisors to conduct case management in an ethical and legal manner, with special attention to confidentiality. They are responsible along with their supervisors for making sure that relevant documents are counter-signed by licensed staff.

2. Staff Meetings. Interns are expected to attend and participate in all staff meetings, which typically occur on a regular basis during the semesters and less frequently during summer break.

3. Training Director-Intern Meetings. Interns will meet together with the Training Director at least once a month. This forum will provide an opportunity for the interns to discuss matters related to the internship year, examine intern cohort dynamics, and stay informed about professional and/or other developments within the Counseling Center, the university, or the community outside of UMBC. In addition, the Training Director will meet individually with each of the interns at the beginning, middle, and end of each semester to review goals, progress, and address any other issues.

4. Committees or Task Forces. Interns may have the opportunity to join a Counseling Center committee and/or a committee or Task Force within the Division of Student Affairs. Membership and/or participation will be at the discretion of the Director of Health and Counseling, in consultation with the Training Director.

IV. EVALUATIONS

A. Evaluation of Interns

Throughout the year, there will be on-going informal communication between the intern and their supervisor addressing the intern's strengths, weaknesses, and/or problematic behaviors. Mid-way through each semester, the supervisors and Training Director will informally review the intern's levels of competency based on the Intern Evaluation to provide more specific feedback about the interns' progress towards meeting the aims and competencies of the internship. Formal evaluations will be completed twice a year, in January and July. These evaluations will become a part of the intern's permanent record. The formal evaluations are designed to represent the informal feedback that the intern has been receiving throughout the year. Evaluations will be based on a fair and accurate appraisal of the intern's work.

Criteria for Passing Ratings on Intern Evaluation Form

Mid-Year: In order to maintain good standing and to progress through the training program, interns are expected to achieve **an average minimum rating of 5** out of 10 ("Satisfactorily Proficient") on the Intern Evaluation on the mid-year evaluation. In addition, at least 50% of all Profession-Wide Competencies and their associated Elements must be rated as Satisfactorily Proficient (5) or higher. Ratings of 1 or 2 ("Not Proficient") will be subject to remediation efforts and more intensive supervision; ratings of 3 or 4 ("Minimally Proficient") may be subject to additional training and/or remediation.

End-Year: By the end of the internship, interns are expected to achieve **an average minimum rating of 7** out of 10 ("Highly Proficient") for each of the Profession-Wide Competencies and their associated Elements. In order to successfully pass the internship, at least 90% of all Profession-wide Competencies and their associated Elements must be rated as 5 or above ("Satisfactorily Proficient"), with no ratings of 1 or 2 ("Not Proficient").

Exception - End-Year Benchmark for Provision of Supervision: As doctoral interns will have the experience of provision of supervision for one semester only at the second semester, the benchmark for provision of supervision will be different. In order to maintain good standing and to progress through the training program, interns are expected to achieve at least 90% of all Profession-Wide Competencies and their associated Elements "Satisfactorily Proficient" (5 out of 10) or higher on the Intern Evaluation of provision of supervision. Ratings of 1 or 2 ("Not Proficient") at the mid-semester informal evaluation will be subject to remediation efforts and more intensive supervision; ratings of 3 or 4 ("Minimally Proficient") at the mid-semester informal evaluation may be subject to additional training and/or supervision.

The supervisor(s) and Training Director will discuss the quantitative ratings and qualitative feedback on the evaluation with the intern, and each will electronically sign the evaluation form. Interns are to sign evaluation forms within five (5) business days. Interns will have the opportunity to respond, in writing, to any ratings or comments with which they disagree; this document will remain part of the evaluation (see Appendix XV: Due Process and Grievance Procedures for details). The Training Director will review all evaluations and will submit a copy to the Intern's Director of Clinical Training in a timely manner.

If an evaluation reveals that the Intern is having minor difficulties, the Training Director will meet with the Intern to discuss the nature of difficulties and clarify expectations. The Training Director may also (a) obtain more information from the supervisor (or other relevant staff members); (b) consult with the Training Committee; (c) consult with the Director of Health and Counseling; and/or (d) consult with the Intern's Director of Clinical Training.

If the Intern appears to have significant skills deficit and/or problematic behaviors, the following process will be initiated:

1. The Training Committee will meet to discuss the nature of the difficulties, identify corrective actions already implemented, and make recommendations for a remediation plan. Concomitantly, the Director of Clinical Training at the Intern's graduate program will be consulted. A preliminary determination will be made as to whether the difficulty appears to be of a long-standing nature or specific to this particular internship. The Director of Clinical Training will be consulted regarding a plan for remediating the skills deficit(s) and/or addressing the problematic behavior.
2. Based on the recommendation(s) of the Director of Clinical Training as well as the Training Committee, the Intern may be required to follow a remediation plan to address the specific area(s) of difficulty. The remediation plan will be forwarded to the Director of Clinical Training for review and monitoring.
3. The Intern will be apprised, in a timely manner, of progress towards successfully remediating areas of skill deficits and/or problematic behavior.
4. Failure to successfully resolve the area(s) of difficulty could result in an unsatisfactory completion of the internship and/or termination of the internship at the Counseling Center.
5. If the Intern disagrees with the Remediation Plan and/or other decisions made by the Training Director and/or the Training Committee, the Intern can initiate the Grievance Procedure.

Interns are encouraged to review the Due Process and Grievance Procedures at the start of the internship and to refer to this document throughout the year (See Appendix V for details).

B. Evaluation of Training Staff

Although informal feedback and open communication are encouraged throughout the course of the internship, interns will also be given the opportunity to provide formal feedback to their supervisors and Training Director. Interns will complete an evaluation for each of their supervisors (i.e., primary, group therapy, Sup of Sup) at the end of the supervision period (typically 6 months) and will discuss these with their supervisors. In addition, at the end of the internship, interns will complete an evaluation form of the Training Director, which will be discussed in an individual meeting with the Training Director.

C. Evaluation of Internship Program

Toward the goal of demonstrating a commitment to excellence through self-study, assuring that the program's mission and aims are met, enhancing the quality of professional education and training obtained by our interns and training staff, and towards contributing to the fulfillment of UMBC's educational mission, interns shall complete various evaluations of the Internship. In addition to evaluations of the training staff as described above, seminar evaluation forms will be completed for each seminar or seminar series that the intern attends. Interns will

complete the Final Evaluation of Internship at the conclusion of the internship; Interns will meet individually with the Training Director to review this evaluation and solicit any additional feedback. Finally, Intern graduates will be asked to complete a Post-Internship Survey approximately one year after they successfully complete their internship training. There may also be times when additional feedback is solicited (e.g., during an APA site visit) in order to maintain APA accreditation. Interns are expected to comply with these requests even after they have successfully completed the program.

V. INTERNSHIP POLICIES

A. Eligibility and Selection of Internship Applicants

In order to be considered for application review, potential applicants to the internship program must be enrolled in an APA-accredited doctoral program in Clinical or Counseling Psychology. Academic coursework and preparation must be in accordance with APA accreditation standards, and all required coursework must be completed prior to the start of internship. To be considered for the internship, applicants need to have passed their comprehensive/qualifying examinations, successfully submitted their proposal for dissertation, and accrued substantial intervention hours at the time they submit their application. The Counseling Center values diversity and encourages applicants of diverse ethnic, racial, age, religious, sexual orientation, and other backgrounds to apply.

Successful applicants have demonstrated a strong interest in working with young adults and college student mental health, although they often have experience across a variety of clinical settings. Typically they are interested in increasing their breadth and depth of knowledge and clinical experience not only in individual and group therapy, but also in outreach, consultation, and supervision. Furthermore, successful applicants have conveyed a strong interest in working with multi-culturally diverse people in order to enhance their multicultural awareness and competence. Most have an interest in working in a university counseling center after graduation, although past interns have gone on to careers in other settings as well. It is strongly preferred that applicants have clinical experience in a college counseling center, although we will consider those with relevant experience if a strong case is made for why the applicant is interested in such an internship setting.

The Doctoral Internship program at the UMBC Counseling Center is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and participates in the APPIC National Match Process. All internship applications must be submitted via the on-line APPIC Applications for Psychology Internship (AAPI On-line) system, available at www.appic.org (click on "APPI On-Line"). The program code for this internship is 208711. We ask that recommenders use the Standardized Reference Form (SRF), which is available on the AAPI website. The application deadline is November 1.

Applications are initially reviewed by at least two staff members (potentially including a current intern) who each assign an initial rating based on the applicant's educational preparation, clinical experience, personal essays, and letters of recommendation. The Selection Committee will then identify applicants who seem to be the best match based on their training needs and interests and the Counseling Center's clinical and other training opportunities. Approximately 25-30 applicants will be offered interviews each year.

Applicants will be notified via email whether or not they will be offered an interview no later than December 15th. Interviews will be scheduled for the beginning of January, typically the first or second week; in-person interviews or video-conferencing interviews are available without prejudice. Interviews will last a half day (either a morning or afternoon session) and will include a one-on-one interview with the Training Director as well as individual interviews with two groups of staff members. For each session, applicants will meet as a group with the current interns and will have the opportunity to ask them about their internship experiences. An optional tour of campus will be offered for those who are interested.

The Counseling Center abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

B. Trainee Self-Disclosure Policy

Training staff at the Counseling Center value the power and complexity of the therapeutic relationship. Because of this value, in our interventions, supervision, and training activities there is a focus on the multicultural awareness and self-reflection and how this may impact the quality and effectiveness of work with clients and consultees. In accordance with APA Ethical Principles, Section 7.04, interns are expected to reflect upon and share the ways that their own personal qualities, experiences, and reactions influence and are impacted by their clinical work in supervision and other training settings. Such exploration and disclosure is not intended to serve as psychotherapy for the intern and is focused on enhancing self-awareness and professional development as related to the intern's clinical practice during the internship. Supervisors and other training staff are expected to explore relevant information in a respectful, non-coercive manner within the context of a safe, supportive professional relationship.

Also in accordance with APA Ethics Code, Section 7.05, it is important for interns to be aware that the due process procedures for our training programs indicate that the staff may require interns to obtain psychotherapy in those cases in which a trainee or their behavior is deemed problematic.

C. Status and Benefits

The internship is scheduled to begin on the third Monday in July and end on the second Friday in July of the following year. The current internship stipend is \$35,568. Interns will have the status of Contingent I employees. Given this status, interns are not eligible for the State of Maryland Employee benefit package. However, interns are eligible to purchase subsidized health and dental insurance, prescription drug coverage, life insurance, and accidental death and dismemberment policies. These premiums will be billed to the intern on a regular basis and are considered post-tax given the employment status of the interns. Interns have full access to UMBC library and recreation facilities at no cost.

Interns are able to purchase a staff parking pass (for a yearly fee). As an alternative, for those without a car or who prefer public transportation, interns have free access to UMBC transit by using their employee ID (see <http://www.umbc.edu/transit/>). For additional information, visit the UMBC parking website at <http://parking.umbc.edu/>.

Although not formally eligible for state leave benefits based on intern employment status as Contingent I employees, the Counseling Center offers the following internal benefits for the interns. Interns are eligible for up to 15 days of Paid Time Off (PTO), which can be used for vacation, illness, or bereavement. Partial days out will be deducted from their PTO or they are expected to compensate for those leave hours. In addition to PTO, interns will have off for 14 University-recognized holidays; some of these holidays must be taken during the week between Christmas and New Year's Day, when the university is closed. Up to five (5) days of professional time to attend conferences or workshops, dissertation defense, and/or to attend graduation or job interviews may be granted in consultation with, and at the discretion of, the Training Director and the Director of Health and Counseling. Administrative Time Out will be granted whenever UMBC is closed for inclement weather or other conditions. Interns will be exempted from any furlough days and will receive Administrative Time Out to cover related time out. Interns will be paid for Administrative Time Out.

Because the internship must be a 12-month experience per APA accreditation and most state licensing laws and because the Counseling Center needs some time to transition between intern classes, interns will be granted five (5) days of Administrative Time Out to be taken only during the last week of the internship and only if the intern has met the required minimum number of total (2000) and direct clinical service (500) hours. In the event that the minimum hours requirements have not been met, the last week of internship can be used to make up hours; in that case, no additional Administrative Time Out will be granted.

All decisions regarding paid time off will take into account clinical needs and intern progress towards meeting the requirements for minimum clinical (500) and total (2000) hours necessary for successful completion of the internship. Because they sign a one-year employment contract, and because most states require a 12-month full-time internship, Interns are expected to work through the end date of their contract regardless of when they reach 2000 hours.

Interns are provided with their own office, which includes, at a minimum, a desk and office chair, two therapy chairs, file cabinet, and book case. They are provided with an office telephone and a university computer with internet access and the capacity for video-recording. During the COVID-19 pandemic, interns are provided with a laptop, a cell phone, and a video-conferencing application for telework. Titanium is used for scheduling and maintaining electronic records. Administrative assistance is available as needed. There may be funds available for professional development programs.

D. Parental Leave

The Counseling Center acknowledges that interns may choose to have or adopt children during the internship year. To help accommodate intern's possible need for appropriate parental leave to allow for bonding with new children, post-partum recuperation, and/or establishment of breast feeding, while also ensuring that interns meet the program's requirements, the Counseling Center will work with interns regarding parental leave. In the event that parental leave is required, UMBC, local, state, and federal regulations will be considered. The Counseling Center acknowledges that psychology interns are not required to disclose a need for parental leave prior to Match Day.

In consideration of client needs and overall needs of the center, the Counseling Center requests that any intern requesting parental leave provide as much advance notice as possible. Interns are strongly encouraged to consider their own training needs and the need to complete specific hour requirements when making requests for parental

leave. A written agreement will be developed that addresses the amount of leave time that will be taken, the extent to which paid leave is available, and a plan for the intern to complete the requirements of the training program. Upon return from parental leave, the Counseling Center will work with interns to provide for space for expression and storage of breast milk (if a mother chooses to breast feed) or leave to accommodate care for sick children.

E. Internship Hours

At a minimum, interns are expected to be at the Counseling Center from 8:00 a.m. to 5:00 p.m. Monday through Friday. Interns are encouraged to take one hour for lunch as part of their self-care. Interns (as well as senior staff and other trainees) are discouraged from scheduling clients during the 12:00 lunch hour. There will be times during the year when it is necessary to work additional evening or weekend hours, particularly for outreach programs. Interns are required to cover after-hours emergency consultation, typically for a minimum of one two-week period of time in both the Fall and Spring semesters. It is likely that interns will find that they need to work extra hours in order to keep up with clinical and administrative work, particularly during periods of high clinical demand during the Fall and Spring semesters. Interns are expected to complete seminar or other professional development readings on their own time. Interns are required to complete a minimum of 2000 hours, including a minimum of 500 hours of direct clinical service, which includes individual, group, and couples therapy, outreach presentations, consultation, crisis intervention, and supervision of trainees. Interns who intend to accrue more than 2000 hours as required for licensure in other states can be readily accommodated (See Appendix III: Criteria for Completion of Internship).

F. Successful Completion of the Internship

Successful completion of the internship will be dependent on a number of factors, including, but not limited to, accruing a sufficient number of clinical (500) and total (2000) hours to meet the threshold for licensure in most states. In order to successfully pass the internship, at least 90% of all Profession-wide Competencies and their associated Elements must be rated as 5 or above (“Satisfactorily Proficient”). (See Appendices I and II for a detailed listing of the Competencies and Elements). A minimum of 20 hours of outreach presentations and consultation, co-leading at least two therapy groups, two case conference presentations, and active participation in meetings, seminars, and supervision are required. In addition, interns are required to complete an Intern Project. There can be no serious ethical violations or legal breaches. The internship will not be considered complete until all client notes are completed, signed, and reviewed by their supervisor (See Appendix III: Criteria for Completion of Internship).

Although designed as a one-year internship, we understand that there may be extenuating circumstances (e.g., extended leave of absence for illness, accident, parental or other family leave) when this is not possible. While we will work with interns to meet all criteria (including number of clinical and total hours) for completion of the internship, all hours and other criteria must be completed within two years.

G. Record Keeping Policy

The program documents and permanently maintains accurate records of the interns' training experiences, evaluations, and certificates of internship completion for evidence of the interns' progress through the program and for future reference and credentialing purposes.

The program also keeps information and records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of intern complaints as part of its periodic review of the program.

VI. INTERNSHIP RESPONSIBILITIES

A. Intern Responsibilities

1. Interns accepted for internship shall report to the Training Director on the agreed upon date and time and complete the Intern Orientation process.
2. Interns must comply with all Counseling Center policies and procedures as outlined in the Policies and Procedures Manual as well as all UMBC personnel policies and procedures.
3. Interns will adhere to appropriate guidelines for attendance and notification of absence. All requests for leave must be sent to the Training Director for approval. It is the responsibility of the Intern to notify their supervisor(s) of any planned absence. In the event of an unexpected absence, it is the responsibility of the Intern to notify the front desk by phone as well as notify the Training Director via phone or email no later than 8am of the day.
4. Interns must sign and submit the Confidentiality Agreement for Clinical Staff to the Training Director on the first day of their internship.
5. Interns will complete all tasks in a timely manner.
6. Interns shall attend, and participate in, staff meetings, case consultation, and staff training events deemed appropriate by the Training Director and/ or their supervisors. Interns are encouraged to attend UMBC's staff training events (e.g., professional development programs for the Division of Student Affairs) during their internship year.
7. Interns will complete evaluations regarding supervisors at the middle and end of the internship.
8. Interns will complete evaluations for each intern seminar in a timely manner.
9. At the end of the internship, interns shall complete an evaluation of the Training Director as well as an evaluation of the internship.

B. Staff Responsibilities

1. The Training Director is responsible for communicating with the Intern's Director of Clinical Training at their graduate program. The Training Director is responsible for completing and forwarding any materials required by the Intern's graduate program regarding their performance to the Intern's Director of Clinical Training.

2. The Intern's Director of Clinical Training shall be invited, in writing and by informal telephone contacts, to provide clarity regarding their expectations for the internship and to visit the training site in order to see the facility, meet the staff, and become better informed about the training program.
3. All senior staff shall participate in the internship program in order to provide the interns with a variety of role models.
4. The intern's supervisors are responsible for providing ongoing supervision and monitoring of the intern's clinical skills and professional conduct.
5. Supervisors shall complete and submit the Intern's signed mid-year and end-year Intern Evaluation forms to the Training Director. The Training Director will forward these evaluations to the Director of Clinical Training at the Intern's graduate program.
6. The Training Director shall be informed immediately by the Intern and/or the Intern's supervisor of any problem(s) or potential problem(s) between the Intern and any client, supervisor, other staff (including other trainees), UMBC, and/or the Intern's academic institution. If the conflict involves the Training Director, the trainee will address any concerns with the Director and/or another senior staff psychologist. Please refer to the Due Process and Grievance Procedures in Appendix V. The Intern's Director of Clinical Training will be consulted in the event of any concerns about the Intern's behavior and/or competency.
7. Counseling Center staff members abide by all state and local statutes regulating the professional conduct of licensed psychologists, psychiatrists, social workers and counselors. Psychologists abide by accepted APA ethical standards, including the prohibition from engaging in dual relationships with interns.

VII. TELEMENTAL HEALTH TRAINING

Due to the national health crisis created by COVID-19 and the closing of university facilities, the Counseling Center transitioned to telemental health and telesupervision as of March 19, 2020. Interns and supervisors should follow telemental health training requirements and telesupervision agreement as far as they are engaged in telemental health.

A. Intern Training Requirements

Interns must complete all of the following training requirements in order to provide telemental health services to UMBC students. The requirements are as follows:

1. Interns must read the **APA Guidelines for the Practice of Telepsychology**. This can be found by following this link <https://www.apa.org/practice/guidelines/telepsychology>. Once completed, interns must sign their acknowledgement of reading and understanding the APA Guidelines for the Practice of Telepsychology. This signature indicated understanding and agreement to comply with all outlined practices.
2. Interns must complete Modules 1, 2, and 3 (totaling 6 hours) of APA's Telepsychology Best Practice 101 Series. This training can be found at the following link: <https://apa.content.online/catalog/product.xhtml?eid=15132>.
You will need to provide a proof of your completion (e.g., certificate, registration) for each of the two required modules. You should upload your certificates to your BOX folder
3. Interns complete UMBC Counseling Center - Telesupervision Agreement with their supervisors.

B. Supervisor Training Requirements

1. Supervisors are expected to complete all of the same training as Interns (**APA Guidelines for the Practice of Telepsychology** and APA's Telepsychology Best Practice 101 Series)
2. Supervisors complete UMBC Counseling Center - Telesupervision Agreement with their interns.
3. Supervisors must "check out" each Intern via a video conference meeting on the WebEx platform. Please attend carefully to the environment and simulate technical disruptions that may occur so that the clinician can demonstrate appropriate management of such experiences.
4. Supervisors are expected to provide alternate contact info for Interns to reach their supervisors should the supervision session become disrupted, their supervisees seek consultation, etc.).

C. Training Elements

1. Intern Seminar
 - Distance Learning: Intern Seminars (typically Thursdays at 8:30~10am) will be provided synchronously over WebEx.
 - The presenter will create their WebEx meeting or use their personal room and email interns the link.
 - Interns are expected to read assigned articles/chapters before the seminar and complete seminar evaluations by the next day. The Qualtrics link is provided on their Friday 8am schedule on Titanium.
2. Supervision
 - Telesupervision will be provided
 - Telesupervision agreement should be completed.
3. Intern Direct Service: Below are examples of interventions that can be counted as direct service hours during telemental health.
 - Telemental Health (Initial Consult, Crisis Follow-Up, Initial Assessment, Initial Follow-Up, Counseling-Individual)
 - Teleoutreach
 - Synchronous presentations (e.g., webinars, Lets' meditate)
 - Asynchronous presentations (e.g., recording of presentation)
 - Teleoutreach planning meeting
 - When there is at least two people planning
 - Not including solo preparation
 - System interventions: Eliminate system barriers
 - Committee meetings were used to eliminate system barriers: Outreach, Multicultural, and Clinical Service Committees
 - Staff meetings to address system barriers and telemental health policies
4. Supervisory Disclosure & Recording:
 - Interns will use SUPERVISORY DISCLOSURE AND RECORDING CONSENT FORM at the beginning of their first session with a new client. If the form is not available due to technical issues, they will verbally disclose their supervisor name and credentials at the first meeting.
 - In terms of recorded sessions, Interns should make sure to delete any session recordings promptly after they are reviewed by their supervisors.
 - Supervisors establish ways to review interns' recorded sessions. Interns will share with their supervisors either the links to their recorded sessions via WebEx chat/message or the recording via the WebEx screen-share function during telesupervisions.
5. Meeting with Training Director:

- Meeting with Training Director as needed in addition to weekly group supervision of supervision
- Interns are encouraged to reach out to Training Director for problem solving and support

VIII. INTERNSHIP STAFF

Alayna Berkowitz, Ph.D. (She/her/hers), Assistant Director/ Outreach and Mental Health Promotion.

Dr. Berkowitz is a licensed psychologist who graduated from Lehigh University with a Ph.D. in Counseling Psychology. She completed her doctoral internship at the University of Maryland College Park Counseling Center and a post-doctoral fellowship at the University of Delaware CCSD. Dr. Berkowitz was a staff psychologist and group coordinator at the American University Counseling Center prior to joining UMBC. Dr. Berkowitz is an integrative clinician utilizing feminist/multicultural, psychodynamic, cognitive behavioral, and interpersonal therapies. Her special interests including outreach/mental health promotion, relationship concerns, college adjustment, group therapy, and supervision/training.

Sam L. Chan, MSW, LCSW-C. (He/him/his), Referrals Coordinator. Mr. Chan is a clinical social worker who originally moved to Baltimore to earn a Master's in Social Work degree from The University of Maryland, Baltimore. He has been dedicated to working in Baltimore City and County ever since. Sam's clinical interests include helping those with mood and trauma backgrounds, substance use histories, spiritual concerns, men's issues, and struggles with identity development. Sam has a particular interest in helping students reach their highest potential, and have previously worked for the student counseling centers at UMB and MICA and in the Baltimore City Public School system. Sam's theoretical approach is psychodynamic and humanistic, and is a strong believer that personal growth continues and strengthens outside of the therapy room. Sam also has a STEM background; he worked as an automotive engineer over ten years ago before deciding to switch careers to the mental health professions.

Bruce Herman, Ph.D. (He/him/his), Director, Health and Counseling. Dr. Herman graduated from Cornell University with a degree in Industrial and Labor Relations. He obtained his Ph.D. in Counseling Psychology from the University of Illinois at Champaign-Urbana. He came to UMBC in July 2012. Before UMBC he worked at Towson University Counseling Center from 1999-2012. Prior to that, from 1991-1998 Dr. Herman worked as a Psychologist at Loyola College in Maryland. Dr. Herman has also taught in the Psychology and/or Education Departments at Towson University, Loyola College and University of Illinois. For many years, he also maintained a private psychotherapy practice. He led the Towson University Suicide Prevention Program and obtained grant support from the Substance Abuse and Mental Health Administration Garret Lee Smith Suicide Prevention Grant. He is interested in the integration of mindfulness in psychotherapy, campus suicide prevention and mental health promotion, interpersonal psychotherapy, multicultural counseling and sexual orientation and gender identity concerns.

Whitney Hobson, Psy.D. (She/her/hers), Psychologist, Multicultural Coordinator. Dr. Hobson is a licensed psychologist who graduated from the American School of Professional Psychology at Argosy University, Washington, D.C. with a PsyD in Clinical Psychology. Dr. Hobson completed her doctoral internship at Basics Group Counseling, LLC through the Mid-Atlantic Internship Consortium providing individual and family therapy as well as psychological assessments to individuals of varied ages. She completed a postdoctoral fellowship followed by a position as a Behavioral Health Consultant at Chase

Brexton Health Care in Randallstown, MD. During her time there Dr. Hobson spent two years providing clinical and outreach services in the form of individual, family, and couples therapy to both general and pediatric populations, serving individuals from diverse and varied backgrounds and within the LGBTQ community. Dr. Hobson uses an integrative approach to therapy and conceptualization primarily derived from cognitive-behavioral and relational-culture theories. Dr. Hobson's interest and clinical experience include the treatment of anxiety and depression, grief and loss and its broader application to adjustment and life transitions, establishment of identity and empowerment, interpersonal effectiveness, and culturally/socially focused issues.

Soonhee Lee, Ph.D. (She/her/hers), Psychologist, Assistant Director/ Training. Dr. Lee is a licensed psychologist who earned her doctoral degree in Clinical Psychology from the University of Rochester. She completed her doctoral internship and postdoctoral fellowship at the University of Rochester Counseling Center and then worked at the University of Delaware as a staff psychologist before joining the UMBC in 2016. Dr. Lee uses a mindfulness-based integrative approach in therapy that includes modern brief psychodynamic therapy, interpersonal psychotherapy, emotionally-focused therapy, and dialectical behavior therapy. Her special interests include couples/relationship issues, multicultural/diversity issues, anxiety-spectrum disorders, life transition, grief, supervision and training.

Lauren Mirzakhali, MSS, LCSW-C (She/her/hers), Counselor/Referral Coordinator. Lauren is a clinical social worker with a B.A. in Psychology & Educational Studies from Swarthmore College and a Master's in Social Services from Bryn Mawr College. Lauren has primarily trained at university counseling centers (University of Colorado Boulder and University of the Arts) but has also worked in residential life, school settings, and at a case management and outreach center for adults experiencing homelessness. As a therapist, she draws on training in psychodynamic therapy, Motivational Interviewing (MI), Dialectical Behavior Therapy (DBT) and relational approaches. Above all, she works to collaborate with the students she works with and honor the strengths and wisdom they already bring to the table. On a more personal note, Lauren is a third culture kid/second generation Iranian American, is in the process of unlearning perfectionism, and consistently gets distracted by dogs walking by. Lauren's areas of interest are substance use/abuse concerns, trauma, LGBTQIA+ students, students of color, attachment concerns, grief/loss, and decolonizing mental health treatment.

Ethan "Sunny" Swift, Psy.D. (He/him/they/them). Psychologist. Dr. Swift earned his Psy.D. in Clinical Psychology at the Chicago School of Professional Psychology in Chicago. They completed their doctoral internship at the University of Maryland, Baltimore County (UMBC) counseling center. They have previous experience as an extern at Governor's State University in University Park, IL and The Chicago Women's health Center in Chicago, IL. He is integrative in his incorporating of therapeutic methods, however, emphasizes feminist models of care (feminist relational, critical theory, and humanistic approaches). His areas of expertise are within LGBTQ populations, specifically transgender, gender non-conforming, and non-binary identity, and queer culture. He also has professional interests working with issues of attachment, bipolar disorder, (complex) trauma, non-monogamy, non-traditional student populations, and concerns of identity.

Kevin Tabb, Ph.D. (He/his/him), Psychologist, Group Coordinator. Dr. Tabb earned his Ph.D. in clinical psychology with an emphasis in LGBTQ psychology from the Pacific Graduate School of Psychology at Palo Alto University. He completed his doctoral internship at the Butler University Consortium in Indianapolis, IN

where his training was split between a local community mental health center and the Butler University counseling center. After internship, he took a staff psychologist position at Clemson University Counseling and Psychological Services and he remained there after completing his post-doctoral training. Dr. Tabb's primary theoretical orientation is person-centered, but he also integrates existential, cognitive-behavioral, and interpersonal approaches into his work. He has a passion for working with young adults as well as for group therapy. His other professional interests include mood disorders, existential and identity concerns, perfectionism, psychosis, men's issues, and working with LGBTQ populations.

1/14/21

APPENDIX I. AIMS and PROFESSION-WIDE COMPETENCIES

Overall Aims

1. Development of core evidence-based knowledge and clinical skills for the independent practice of Health Service Psychology
2. Development of professional attitudes, behaviors, and identity as a psychologist

Profession-Wide Competencies

I. Research and Scientific Knowledge and Methods

Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

1. Scientific Knowledge and Methods

- 1A. Scientific Mindedness: Independently applies scientific methods to practice
- 1B. Scientific Foundation of Psychology: Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)
- 1C. Scientific Foundation of Professional Practice: Independently applies knowledge and understanding of scientific foundations to practice

2. Research/Evaluation

- 2A. Scientific Approach to Knowledge Generation: Generates knowledge
- 2B. Application of Scientific Method to Practice: Applies scientific methods of evaluating practices, interventions, and programs

II. Ethical and Legal Standards

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

3. Ethical and Legal Standards and Policy

- 3A. Knowledge of ethical, legal, and professional standards and guidelines: Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines
- 3B. Awareness and Application of Ethical Decision Making: Independently utilizes an ethical decision-making model in professional work

3C. Ethical Conduct: Independently integrates ethical and legal standards with all competencies

III. Individual and Cultural Diversity

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

4. Individual and Cultural Diversity

4A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context: Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation

4B. Others as Shaped by Individual and Cultural Diversity and Context: Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation

4C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context: Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation

4D. Applications based on Individual and Cultural Context: Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work

IV. Professional Values, Attitudes, and Behaviors

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

5. Professionalism

5A. Integrity - Honesty, personal responsibility and adherence to professional values: Monitors and independently resolves situations that challenge professional values and integrity

5B. Deportment: Conducts self in a professional manner across settings and situations

5C. Accountability: Independently accepts personal responsibility across settings and contexts

5D. Concern for the Welfare of Others: Independently acts to safeguard the welfare of others

5E. Professional Identity: Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice

6. Reflective Practice/Self-Assessment/Self-Care:

6A. Reflective Practice: Demonstrates reflectivity both during and after professional activity; acts upon reflection; uses self as therapeutic tool

6B. Self-Assessment: Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills

6C. Self-Care: Self-monitors issues related to self-care and promptly intervenes when disruptions occur

6D. Participation in Supervision Process: Independently seeks and actively engages in supervision when needed

V. Communication and Interpersonal Skills

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

7. Relationships

7A. Interpersonal Relationships: Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities

7B. Affective Skills: Manages difficult communication; possesses advanced interpersonal skills

7C. Expressive Skills: Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrate thorough grasp of professional language and concepts

VI. Assessment

- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

8. Assessment

8A. Knowledge of Measurement and Psychometrics: Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context

- 8B. Knowledge of Assessment Methods: Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning
- 8C. Application of Assessment Methods: Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice
- 8D. Diagnosis: Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity
- 8E. Conceptualization and Recommendations: Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment
- 8F. Communication of Assessment Findings: Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner

VII. Intervention

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking,
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

9. Evidence-based Practice

9A. Knowledge and application of evidence-based practice: Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences

10. Intervention

- 10A. Intervention planning: Independently plans interventions; case conceptualizations and intervention plans are specific to case and context
- 10B. Skills: Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations
- 10C. Intervention Implementation: Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate
- 10D. Progress Evaluation: Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures

VIII. Supervision

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- 11A. Expectations and Roles: Understands the ethical, legal, and contextual issues of the supervisor role

- 11B. Processes and Procedures: Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise
- 11C. Skills Development: Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients
- 11D. Supervisory Practices: Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting

IX. Consultation (Including Outreach and Teaching) and Inter-professional/Interdisciplinary Skills

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
 - Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, inter-professional groups, or systems related to health and behavior.
- 12A. Role of Consultant: Determines situations that require different role functions and shifts roles accordingly to meet referral needs
- 12B. Addressing Referral Question: Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question
- 12C. Communication of Consultation Findings: Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations
- 12D. Application of Consultation Methods: Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases

13. Teaching and Outreach Programming

- 13A. Knowledge: Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences
- 13B. Skills: Applies teaching methods in multiple settings

14. Interdisciplinary systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

- 14A. Knowledge of the shared and distinctive contributions of other professions: Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals
- 14B. Functioning in Multidisciplinary and Interdisciplinary Contexts: Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning
- 14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes: Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals
- 14D. Respectful and Productive Relationships with Individuals from Other Professions: Develops and maintains collaborative relationships over time despite differences

APPENDIX II. ELEMENTS OF THE INTERNSHIP

I. Research

- a. Elements associated with this competency from IR C-8 I
 - i. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
- b. Program-defined Elements associated with this competency
 - i. Reviews theoretical and scientific literature and applies knowledge to the practice of psychology.

II. Ethical and Legal Standards

- a. Elements associated with this competency from IR C-8 I
 - i. Be knowledgeable of and act in accordance with each of the following:
 - 1. the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - 2. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - 3. Relevant professional standards and guidelines.
 - ii. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
 - iii. Conduct self in an ethical manner in all professional activities.
- b. Program-defined Elements associated with this competency
 - i. Demonstrates knowledge and application of current APA Ethical Principles and Code of Conduct, Maryland State Law, and professional guidelines relating to the practice of psychology.
 - ii. Recognizes and applies ethical decision-making processes as necessary in order to resolve ethical and/or legal concerns.

III. Individual and Cultural Diversity

- a. Elements associated with this competency from IR C-8 I
 - i. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
 - ii. Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
 - iii. The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

- iv. Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
- b. Program-defined Elements associated with this competency
 - i. Demonstrates knowledge of the current theoretical and scientific literature as it relates to addressing diversity.
 - ii. Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with others.
 - iii. Integrates knowledge and awareness of individual and cultural differences in providing effective psychological services to people whose group membership, demographic characteristics, cultural norms, or worldviews vary from their own.
 - iv. Addresses multicultural variables of self and others in supervision or consultation.

IV. Professional Values, Attitudes, and Behaviors

- a. Elements associated with this competency from IR C-8 I
 - i. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
 - ii. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
 - iii. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
 - iv. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
- b. Program-defined Elements associated with this competency
 - i. Behaves in ways that reflect the values and attitudes of psychology, including integrity, accountability, and concern for the welfare of others.
 - ii. Engages in self-reflection, recognizes own strengths and limitations, and takes action as needed (e.g. supervision, consultation, or referral).
 - iii. Actively seeks and is open and responsive to feedback and supervisory suggestions.
 - iv. Responds professionally in complex clinical situations with an increasing degree of autonomy over time.
 - v. Monitors personal and professional well-being, takes initiative to address concerns, and/or seeks appropriate support.
 - vi. Complies with Counseling Center's policies and procedures.

V. Communications and Interpersonal Skills

- a. Elements associated with this competency from IR C-8 I
 - i. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
 - ii. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
 - iii. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

- b. Program-defined Elements associated with this competency
 - i. Establishes and maintains effective relationships with others.
 - ii. Effectively communicates with others, demonstrating a thorough grasp of professional language.
 - iii. Written materials are clear, concise, and informative.
 - iv. Demonstrates effective interpersonal skills and adeptly manages difficult dialogues.

VI. Assessment

- a. Elements associated with this competency from IR C-8 I
 - i. Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
 - ii. Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
 - iii. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
 - iv. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
 - v. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
 - vi. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- b. Program-defined Elements associated with this competency
 - i. Conducts a comprehensive assessment rooted in evidence-based practice.
 - ii. Incorporates theory, research, and clinical data in developing intervention plan(s).
 - iii. Effectively and sensitively communicates assessment results.
 - iv. Monitors progress and effectiveness of intervention(s).

VII. Intervention

- a. Elements associated with this competency from IR C-8 I
 - i. Establish and maintain effective relationships with the recipients of psychological services.
 - ii. Develop evidence-based intervention plans specific to the service delivery goals.
 - iii. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
 - iv. Demonstrate the ability to apply the relevant research literature to clinical decision making.
 - v. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
 - vi. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
- b. Program-defined Elements associated with this competency

- i. Establishes and maintains effective relationships with recipients of psychological services.
- ii. Effectively implements treatment plan and/or other interventions.
- iii. Demonstrates capacity to understand and utilize own thoughts, feelings, and behaviors to facilitate the therapeutic work.
- iv. Evaluates intervention effectiveness and adapts intervention goals and methods as appropriate.

VIII. Supervision

- a. Elements associated with this competency from IR C-8 I
 - i. Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- b. Program-defined Elements associated with this competency
(**Included with all the other competencies**)
 - i. Research
 - a. Reviews theoretical and scientific literature and applies knowledge to provision of supervision.
 - b. Articulates different models of supervision and reflects on how these models may be applied in practice.
 - ii. Ethical and Legal Standards
 - a. Demonstrates knowledge and application of current APA Ethical Principles and Code of Conduct, Maryland State Law, and professional guidelines relating to the practice of psychology.
 - b. Recognizes and applies ethical decision-making processes as necessary in order to resolve ethical and/or legal concerns.
 - iii. Individual and Cultural Diversity
 - a. Demonstrates knowledge of the current theoretical and scientific literature as it relates to addressing diversity.
 - b. Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with others.
 - c. Integrates knowledge and awareness of individual and cultural differences in providing effective psychological services to people whose group membership, demographic characteristics, cultural norms, or worldviews vary from their own.
 - d. Addresses multicultural variables of self and others in supervision or consultation.
 - iv. Professional Values, Attitudes, and Behaviors
 - a. Behaves in ways that reflect the values and attitudes of psychology, including integrity, accountability, and concern for the welfare of others.
 - b. Engages in self-reflection, recognizes own strengths and limitations, and takes action as needed (e.g. supervision, consultation, or referral).
 - c. Actively seeks and is open and responsive to feedback and supervisory suggestions.
 - d. Collaboratively develops and adjusts supervisory frame and training goals with supervisor of supervision.

- e. Routinely self-evaluates provision of supervision and prepares for supervision of supervision (e.g. identifies important supervision issues, completes and reviews supervision log, reviews supervision recordings).
 - f. Presents supervisor of supervision with accurate account of case material and supervisory relationship, seeks input, and utilizes feedback to improve outcomes.
 - g. Responds professionally in complex supervisory situations with an increasing degree of autonomy over time.
 - h. Monitors personal and professional well-being, takes initiative to address concerns, and/or seeks appropriate support.
 - i. Complies with Counseling Center's policies and procedures.
- v. Communications and Interpersonal Skills
 - a. Establishes and maintains effective relationships with others.
 - b. Effectively communicates with others, demonstrating a thorough grasp of professional language.
 - c. Written materials are clear, concise, and informative.
 - d. Demonstrates effective interpersonal skills and adeptly manages difficult dialogues.
- vi. Assessment
 - a. Accurately assesses supervisee's strengths, challenges, and growth edges.
 - b. Conducts a comprehensive assessment rooted in evidence-based practice.
 - c. Writes comprehensive, fair, and informative evaluations of supervisee.
 - d. Effectively discusses the results of the evaluation with the supervisee.
- vii. Intervention
 - a. Discusses roles and expectations of supervisor and supervisee when reviewing supervision contract.
 - b. Facilitates supervisee's awareness of ethical, legal, and policy-related issues in providing clinical services.
 - c. Supports interventions informed by evidence-based/current scientific literature, assessment findings, diversity characteristics, and contextual variables.
 - d. Directs supervisee to current theoretical and scientific literature that may inform case conceptualization and intervention strategies.
 - e. Provides guidance on effective use of a time-limited therapy framework.
 - f. Demonstrates capacity to attend to multiple levels (e.g. intrapersonal, interpersonal, cultural).
 - g. Helps supervisee examine diversity issues of client and the impact of these on their therapeutic relationship.
 - h. Helps supervisee develop a comprehensive, clinically-sound conceptualization of client, while respecting theoretical or stylistic differences.
 - i. Helps supervisee develop an appropriate disposition plan.
 - j. Demonstrates ability to provide challenging feedback to supervisee(s) when needed.
 - k. Demonstrates capacity to be non-defensive when working with challenging supervisee(s).
 - l. Demonstrates capacity to understand and utilize own thoughts, feelings, and behaviors as the supervisor to facilitate the supervision.
 - m. Evaluates supervisee's progress and the supervisory relationship and shows flexibility in adapting supervisory style.
 - n. Collaboratively reviews supervisee's experience, progress, and areas of future growth.
- viii. Consultation and Interprofessional/Interdisciplinary skills

- a. Assists supervisee to consult professionally and ethically with psychiatrists, referral coordinators, and/or other mental health professionals.
- b. Assists supervisee to consult professionally and ethically with parents, faculty, staff, and concerned others.
- c. Is available to consult with supervisee outside of regularly scheduled supervision.

IX. Consultation and Interprofessional/Interdisciplinary skills

- a. Elements associated with this competency from IR C-8 I
 - i. Demonstrate knowledge and respect for the roles and perspectives of other professions.
 - ii. Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- b. Program-defined Elements associated with this competency
 - i. Consults professionally and ethically with psychiatrists, referral coordinators, and/or other mental health professionals regarding clients, demonstrating knowledge of and respect for the roles and perspectives of other professions.
 - ii. Consults professionally and ethically with parents, faculty, staff, and concerned others, particularly regarding confidentiality, appropriate boundaries, and practicing within areas of competency.
 - iii. Demonstrates ability to assist consultees in identifying options and appropriate courses of action.



APPENDIX III. Criteria for Completion of the Doctoral Internship in Health Service Psychology

Intern Name: _____

Internship Cohort: _____

Graduate Program: _____

_____ 1. Completed a minimum of 2000 total hours within two years. Total Hours: _____

_____ 2. Completed a minimum of 500 direct clinical service hours. Total Hours: _____

_____ 3. Received ratings of 5 out of 10 (“Satisfactorily Proficient”) on 90% of items on end-year Intern Evaluation with no 1’s or 2’s (“Not Proficient”) in the following areas of competency:

_____ I. Research and Scientific Knowledge and Methods

_____ II. Ethical and Legal Standards

_____ III. Individual and Cultural Diversity

_____ IV. Professional Values, Attitudes, and Behaviors

_____ V. Communication and Interpersonal Skills

_____ VI. Assessment

_____ VII. Intervention

_____ VIII. Supervision

_____ IX. Consultation and Inter-Professional/Interdisciplinary Skills

_____ 4. Presented a minimum of two formal case presentations during Case Conference.

_____ 5. Co-led a minimum of two therapy groups.

Group(s): _____

_____ 6. Offered a minimum of 20 hours of Outreach presentations and consultations. Total Hours: _____

_____ 7. Designed, presented, and evaluated one Intern project.

Title: _____

_____ 8. Followed ethical and legal standards and guidelines.

_____ 9. Completed all paperwork.

_____ 10. Signed Final Intern Evaluation

Soonhee Lee, Ph.D.
Assistant Director/Training

Date

APPENDIX IV. INTERN HOURS AND WEEKLY SCHEDULE

At a minimum, interns are expected to be at the Counseling Center from 8:00 a.m. to 5:00 p.m. There will be times during the year when it is necessary that interns work additional evening or weekend hours. In addition, interns will find that they need to work extra hours in order to keep up with clinical or administrative demands, particularly during peak clinical weeks during the Fall and Spring semesters. Interns are required to complete a minimum of at least 2000 total hours, including a minimum of 500 hours of direct clinical service, which includes individual, group, and couples therapy, outreach, consultation, crisis intervention, and supervision of trainees. Interns who intend to accrue more than 2000 hours as required for licensure in other states can be readily accommodated.

Typical Intern Weekly Schedule

Clinical Services	Hours per Week
Counseling Services	
• Initial assessments	4-6+
• Individual Therapy	14-16
• Group therapy	1.5
• Day-time Urgent Triage Coverage	2
Other Clinical Services	
• Outreach	1-2
• Consultation	0-1
• Supervision of Trainee (Spring)	1
Total Clinical Service Hours	23-28
Professional Training and Development	
Supervision	
• Individual Supervision	2
• Group Supervision (Fall semester only)	1
• Group Therapy Supervision	0-2
• Supervision of Supervision (Spring semester only)	1
• Case Consultation/Presentation	1
Total Supervision	5-7
Professional Development	
• Professional Development Hour	0-1
• Intern Seminar	1.5
• Reading Time	1-2
Total Professional Development	2.5-4.5
Total Professional Training and Development	7.5-11.5
Administrative Activities	
• Staff Meeting	1
• Case Management/Note Writing	3-5
• Supervision Administrative Tasks (weekly logs, note review)	1-2
• Review of session recordings (intern's and extern's)	1-2
• Outreach Planning and Preparation	0-2
• Other Projects (more during Summer and Winter breaks)	Varies
Total Administrative Activities	6-10+
Total Weekly Hours	40+

APPENDIX V. DUE PROCESS and GRIEVANCE PROCEDURES

Key to terms: The Administrative Supervisor for doctoral interns is the Training Director. The Administrative Supervisor for doctoral externs is the Externship Coordinator. In the event that a structure is changed to that of an internship coordinator and an externship coordinator, then the Administrative Supervisor would be changed accordingly. The term, Trainees, refers to doctoral externs and interns in psychology. A clinical supervisor refers to a senior staff member who provides supervision to a trainee for their clinical work, monitoring the quality of services provided, protecting the public, and providing a gatekeeping function for entry into the profession.

I. DUE PROCESS: General Guidelines

Due process ensures that decisions about Trainees are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures that are applied to all Trainees and provide appropriate appeal procedures available to the Trainee. All steps need to be appropriately documented and consistently implemented. General due process guidelines include:

1. During the orientation period, presenting to the Trainees, in writing, the program's expectations related to professional functioning. These expectations will be discussed in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the procedures and actions involved in making decisions regarding competency problems.
4. Communicating, early and often, with graduate programs about any suspected difficulties with Trainees, and when necessary, seeking input from these academic programs about how to address such difficulties.
5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Providing a written procedure to the Trainee that describes how the Trainee may appeal the program's action. Such procedures are included in the Training Manual. The Training Manual is provided to Trainees and reviewed during the orientation process.
7. Ensuring that Trainees have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding the Trainee's performance.
9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

II. DUE PROCESS: Evaluations

A. Evaluation of Trainees:

It is important that Trainees are given timely, fair, and constructive feedback about their performance, skills, behavior, and professional development throughout their training experience. Informal feedback is strongly encouraged. In

addition, formal evaluations will be completed and will assess the areas of professional standards and behavior and professional skill competency in the areas of Assessment, Crisis Intervention, Individual Psychotherapy, Group Therapy, Outreach and Consultation, and Supervision. Trainees are provided with a copy of this evaluation during Orientation; it is also included in the Training Manual. For Interns, formal evaluations will be completed in January and July of each training year by their clinical supervisors and the Administrative Supervisor. For Externs, evaluations will be completed in December and May of their training year by their clinical supervisor(s) and the Administrative Supervisor. Formal evaluations are to be signed by the Trainee within five (5) business days of Trainee's receipt of the evaluation and will be discussed during meetings with the Trainee's clinical supervisor(s) and Administrative Supervisor to provide any clarification and to resolve any discrepancies. Their signature will not be considered as an endorsement of the evaluation.

B. Evaluation of the Training Program:

It is also important that Trainees have the opportunity to provide feedback both informally and formally about the Training Program and their experiences during their time at the Counseling Center. Trainees are strongly encouraged to informally provide feedback to their clinical supervisors, Administrative Supervisor, and other staff members whenever appropriate throughout their training experience. In addition, the following formal evaluations are to be completed:

1. Seminar Evaluation. Trainees are asked to complete a written evaluation at the conclusion of each weekly seminar. The Administrative Supervisor will review these evaluations and will provide feedback to the seminar presenters.
2. Evaluation of Clinical Supervisor. Interns will complete written evaluations of their clinical supervisors at the conclusion of the supervision periods or a minimum of once a semester. Trainees will review these evaluations in meetings with their supervisors.
3. Evaluation of Administrative Supervisor. This evaluation is completed at the end of the training year. Each intern will complete it in July, and each extern will complete it in May. Each trainee will review this evaluation in a meeting with the Administrative Supervisor.
4. Final Evaluation of Internship/Externship. This evaluation will be completed at the conclusion of the training experience and will be reviewed with the Administrative Supervisor.

C. Appealing an Evaluation:

If a Trainee disagrees with an evaluation by their clinical supervisor or Administrative Supervisor, the following steps should be followed:

1. The Trainee will sign the evaluation but will notify the Administrative Supervisor in writing the nature of the disagreement within five (5) business days of Trainee's receipt of Evaluation. The Trainee can request a meeting with the Administrative Supervisor to try to resolve the disagreement, or the Trainee can request an Evaluation Review Panel to review the evaluation. The Trainee's choice to meet with either the Administrative Supervisor or an Evaluation Review Panel must be in writing and included in the Trainee's written explanation of the disagreement. If the clinical supervisor is the Administrative Supervisor, another staff member will be selected to serve in the role of the Administrative Supervisor as described above and below.

2. If requested, an Evaluation Review Panel will be formed within five (5) business days of the receipt of the request for appeal. The Evaluation Review Panel will consist of the following people: the Administrative Supervisor, either the Assistant or the Associate Director of the Counseling Center, and a member of the Counseling Center's senior clinical staff selected by the Trainee. If the Administrative Supervisor or either the Assistant or Associate Director is the Trainee's clinical supervisor, they will select another senior staff member to serve in their role on the Evaluation Review Panel.
3. The Evaluation Review Panel may conduct interviews, collect data, review records, and engage in any inquiry that will be helpful in reviewing the disagreement, in the Evaluation Review Panel's sole discretion. The Evaluation Review Panel will complete their deliberations within twenty (20) business days of the formation of the Evaluation Review Panel.
4. The Evaluation Review Panel will determine by consensus whether:
 - a. The Trainee's stated grounds of disagreement do not merit a re-assessment of the Trainee's performance. In this case, the evaluation stands, and the Trainee may decide either to accept it or to file a grievance (See Section IV, Grievance Procedures).
 - b. The Trainee's stated grounds of disagreement do merit a re-assessment of the Trainee's performance. In this case, the Evaluation Review Panel can make any recommendations that are not limited to, but may take the form of, any of the following:
 - i. Request that the clinical supervisor write a new evaluation to include specific changes in the statement of deficit(s) or recommendation(s).
 - ii. Ask the Administrative Supervisor or a staff member who was selected to serve a role of Administrative Supervisor, to re-write the evaluation, or add an addendum to the evaluation.
5. Should the Evaluation Review Panel be unable to reach a consensus within twenty (20) business days, the Administrative Supervisor (or the senior staff member serving in that role if the Administrative Supervisor was the clinical supervisor) will make the final determination. The decision of the Evaluation Review Panel, or Administrative Supervisor as just described, is the final evaluation review. The Administrative Supervisor will promptly notify the Trainee of the final decision in writing. If the Trainee wishes to dispute the final evaluation decision, the Grievance Procedures are to be followed (See Section IV).

III. DUE PROCESS: Responding to Problematic Behaviors or Inadequate Performance of a Trainee

A. Definition of Problematic Behavior or Inadequate Performance

It is recognized that there may be times in which the performance or behavior of a Trainee may be observed to be problematic or inadequate. Problematic behavior or inadequate performance is defined as interference in professional functioning that is reflected in one or more of the following ways:

1. An inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior.
2. An inability to acquire professional skills through supervisor feedback, remediation efforts, or time in order to reach an acceptable level of competency.
3. An inability to control/manage personal stress, psychological dysfunction, or emotional reactions that interfere with professional functioning.
4. An inability to acknowledge, understand, or address problematic behavior when identified.

5. The problem is assessed as being more than a skill deficit, which has not been rectified by academic, didactic, or experiential training.
6. The Trainee requires a disproportionate amount of supervision to achieve an acceptable level of competency.
7. Quality of service delivered that consistently results in negative outcomes for clients.
8. Any violations of APA ethical guidelines and relevant federal, state, provincial, and other jurisdictional laws and regulations related to the practice of psychology.
9. Behavior that represents infringement on the rights, privileges, responsibilities, or functioning of staff, trainees, and/or clients of the Counseling Center and the university community at large.
10. Behavior that negatively affects the Counseling Center's public image.

B. Procedures for Addressing Problematic Behaviors or Inadequate Performance of the Trainee

1. The Importance of Addressing Problematic Behavior or Inadequate Performance:

The Counseling Center upholds the primary ethical and legal obligation to protect the welfare of the students, faculty, and staff utilizing its services. Trainees' supervisors serve as gatekeepers who assess a Trainee's suitability to enter and remain in the profession of psychology. In light of this, the first step in any suspected problematic behavior or inadequate performance of the Trainee is to address how this may be compromising the care of the Counseling Center's clients. Secondly, the goal is to remediate the problematic behavior or inadequate performance to ensure the successful completion of the Internship/Externship. Finally, it is important to address the impact of the Trainee's problematic behavior or inadequate performance on the staff and other Trainees and take steps to recreate a sense of safety in the work environment.

2. Steps to be Taken to Address Problematic Behavior or Inadequate Performance:

1. When problematic behavior or inadequate performance is identified or observed by a staff member (or fellow Trainee) or if there is a specific concern about a Trainee, the staff member (or fellow Trainee) is encouraged to first informally discuss the issue with the Trainee to try to resolve the matter.
2. If the informal attempt(s) to rectify the problematic behavior or inadequate performance is not successful, the Administrative Supervisor should be consulted. The aim of this consultation is to more comprehensively assess the issue and determine the impact it may be having on the Counseling Center's clients and/or staff or fellow Trainees. Assessment of the issue will involve discussion with the Trainee and may include discussion with other staff involved. Depending on the severity and/or the nature of the issue, the Training Committee may be included at this time. The Administrative Supervisor may also seek input from the Director of Clinical Training (DCT) from the Trainee's academic program. At this point, the Trainee will be notified, in writing with a minimum of three (3) business days' notice, that such a review is occurring and will be given the opportunity to provide information in person and/or a written statement in response. If the DCT was consulted by the Administrative Supervisor, the DCT will be kept informed of any progress or lack thereof.
3. After reviewing the issue(s) and the Trainee's statement, the Training Committee may adopt any one or more of the following measures or may take any other appropriate action:

1. **No Action**, which follows the determination that the problematic behavior or inadequate performance has been rectified and does not warrant any further action.
2. **Verbal Warning**, which identifies the problematic behavior or inadequate performance, emphasizes the nature of the issue(s), and directs that the Trainee rectify the issue(s) under review. A record of this action will be kept until the conclusion of the training at which point the warning will expire and be expunged from the Trainee's file.
3. **Written Notice**, which acknowledges:
 - a. a description of the problematic behavior or inadequate performance,
 - b. that the Administrative Supervisor, Training Committee, and the DCT are aware of the concern,
 - c. that the concern has been brought to the attention of the Trainee,
 - d. that the Administrative Supervisor and the clinical supervisors will work with the Trainee to rectify the problematic behavior or inadequate performance, and
 - e. that a Probation Period, a Remediation Plan or Other Actions may be initiated. (see the Section III.B.2.e) (1) Probation Period (2) Remediation Plan, or (3) Other Actions for details)
4. A copy of the Written Notice is kept in the Trainee's file, and a copy is transmitted to the Trainee's DCT. If no Remediation Plan is instituted, the Administrative Supervisor may give consideration to expunging this Notice at the end of the training period after appropriate consultation with the Training Committee. If the Written Notice is to remain in the Trainee's file, any written statements of parties involved in the issue, or other documentation of the issue, will be included.
5. Along with a Written Notice, one or more of the following may be implemented:
 - (1) **Probation Period**: When the concerns about a Trainee's problematic behavior or inadequate performance reach a level where there is concern that the Trainee is not making sufficient progress (as evidenced by ratings on the Intern/Extern Evaluation) or where the welfare of clients, fellow staff and/or trainees, and/or the Counseling Center in general is at risk of being jeopardized, the Trainee may be placed on a status of Probation. Probation indicates a designated period of time within which the Training Committee actively monitors the Trainee's performance and behavior and evaluates the degree to which the Trainee addresses, changes, and/or otherwise improves the problematic behavior or inadequate performance. A Remediation Plan will be initiated (see below). A Probation Statement will be issued, which may be included within the Remediation Plan rather than as a separate document.

The Administrative Supervisor will meet with the Trainee to review any conditions of Probation; the Trainee may also request to meet with the Training Committee to review the conditions of probation. The Administrative Supervisor will send the Trainee's DCT the Remediation Plan with the Probation Statement in writing. The Trainee shall receive a copy of this letter.

The clinical supervisor in consultation with the Administrative Supervisor will continue to provide feedback to the Trainee throughout the Probation period. Towards the end of the Probation period, the Training Committee will meet to review progress made towards rectifying the problematic behavior or inadequate performance. If the problem(s) has been ameliorated, the Probation period will be permitted to expire, and

the Trainee will be reinstated to regular status with full responsibilities and privileges. The Trainee's DCT will be notified of this outcome in writing.

However, if the Training Committee determines that there has not been sufficient improvement in the Trainee's behavior or performance under the conditions stipulated in the Probation Statement or Remediation Plan and/or if *additional* problematic behaviors or inadequate performance have arisen, the Training Committee may adopt any one of the measures listed under Additional Remediation Actions (below). (Note that *additional* problematic behaviors or inadequate performance would have been separately addressed through the *Steps to be Taken to Address Problematic Behavior or Inadequate Performance*, providing the Trainee the opportunity to provide information in person and/or a written statement in response.) The Administrative Supervisor will promptly notify the Trainee, in writing, the outcome of the decision of the Training Committee. Within five (5) business days of receipt of the Training Committee's decision, the Trainee must respond, in writing, by (a) accepting the outcome, or (b) challenging the outcome (see Grievance Procedures in Section IV below). Trainee's failure to respond will be noted and the outcome will be accepted as final. Once a decision has been made, the Trainee's DCT will be informed in writing of the outcome and subsequent action(s) taken.

(2) **Remediation Plan:** When a Trainee is placed on Probation, the Administrative Supervisor, in consultation with Trainee's clinical supervisor, the Training Committee, or the DCT, will develop a formal Remediation Plan for the Trainee with stated goals and expectations.

The Remediation Plan will include:

- a. a description of the problematic behavior or inadequate performance,
- b. a specific plan for rectifying the issue(s),
- c. a description of how the Trainee's functioning will change during the probation period (e.g., fewer clients, more supervision),
- d. the timeframe for the probation period during which the issue(s) is expected to be ameliorated,
- e. the procedures designed to ascertain whether the issue(s) has been appropriately rectified,
- f. the consequences for not demonstrating sufficient progress, and
- g. a description of Due Process and Grievance procedures, including the timeframe in which Trainee can file grievance.

The Remediation Plan may include, but is not limited to, one or more of the following:

- a. An increase in supervision of the Trainee, either with the same or other clinical supervisors
- b. Changing the emphasis or focus of supervision
- c. Modifying the format of supervision (e.g., more tape review, more in-depth discussion of cases)
- d. More intensive monitoring of the Trainee's caseload (e.g., submission of electronic recordings for review by clinical supervisors and/or the Administrative Supervisor)
- e. Reduction of the clinical caseload of the Trainee for a specified period of time
- f. Assigning additional readings, coursework, or other forms of training
- g. If the issue(s) seems psychological in nature, psychological assessment and/or treatment may be recommended but not required.

The Administrative Supervisor will meet with the Trainee to present the Remediation Plan and to review the plan with the Trainee. The Trainee will be asked to review the plan on their own and, if in agreement, sign and return it within five (5) business days of the receipt of the Remediation Plan. The Counseling Center reserves the right to take steps as needed to protect clients and colleagues during this period.

If the Trainee agrees to the Remediation Plan, the Administrative Supervisor will monitor the Trainee's progress in conjunction with appropriate clinical supervisors or other senior staff. The Trainee's DCT will be sent a copy of the Remediation Plan and kept informed of any progress towards ameliorating the problematic behaviors and/or inadequate performance.

If the Trainee does NOT agree to the Remediation Plan, the Trainee has the option to ask for a Review Panel. (See below for details.)

(3) **Other Actions:** If Problematic Behavior or Inadequate Performance involves severe violations of APA ethical guidelines or relevant federal, state, provincial, or other jurisdictional laws or regulations related to the practice of psychology, and cannot be rectified by any remediation plan, Suspension of Direct Service Activities, Administrative Leave/Leave of Absence, Failure of the Internship/Externship, Dismissal from the Internship/Externship may be considered. (See Additional Remediation Actions, below).

3. Trainee Objections to Training Committee Decisions:

When the Trainee objects to Training Committee decision(s), the Trainee will take the following steps:

1. The Trainee will notify the Administrative Supervisor in writing of the objection(s) to the decisions, within five (5) business days of the receipt of the Written Notice
2. An Objection Review Panel will be formed within five (5) business days of the receipt of Trainee's objections. The Objection Review Panel will consist of the following people: Either the Assistant or the Associate Director of the Counseling Center, a member of the Counseling Center's senior clinical staff selected by the Administrative Supervisor, and a member of the Counseling Center's senior clinical staff selected by the Trainee. If either the Assistant or the Associate Director is the Trainee's clinical supervisor, they will select another senior staff member to serve in their role on the Objection Review Panel.
3. The Objection Review Panel may conduct interviews, collect data, review records, and engage in any inquiry that will be helpful in reviewing the objections in the Objection Review Panel's sole discretion. The Objection Review Panel will complete their deliberations within twenty (20) business days of the formation of the Objection Review Panel.
4. The Objection Review Panel will determine by consensus whether:
 - a. The Trainee's stated grounds for objections to the decisions do not merit a re-evaluation of that decision. In this case, the decision stands, and the Trainee may still decide to comply, terminate the Internship/Externship, or file a grievance (See Section IV, Grievance Procedures).
 - b. The Trainee's stated grounds for objections to the decision merit a re-evaluation of the decision. In this case, the Objection Review Panel makes any recommendation(s) that are not limited to, but may take the form of, any of the following.
 - (a) Additional meetings between Trainee, clinical supervisor, and Administrative Supervisor.
 - (b) The use of a mediator.

- (c) A request that the Administrative Supervisor or Training Committee write a new Remediation Plan to include specific changes in the plan.
5. Should the Objection Review Panel be unable to reach a consensus within twenty (20) business days, the Assistant or the Associate Director on the Objection Review Panel (or their designee) will make the final determination. The decision of the Objection Review Panel, or the Assistant or the Associate Director as just described, is final. The Administrative Supervisor will promptly notify the Trainee of the final decision in writing. If Trainee still wishes to dispute the decision, the Grievance Procedures are to be followed (See Section IV).

4. Additional Remediation Actions:

In the event that any combination of these interventions/steps does not rectify the problematic behavior or inadequate performance, or when the Trainee is unable or unwilling to change their problematic behavior or inadequate performance, any of the following actions can be taken:

1. **Extension of Probation.** In this Training Committee action, the Probation will be extended for a specified time period and the Trainee's performance and behavior will be actively monitored. The clinical supervisor in consultation with the Administrative Supervisor will continue to provide feedback to the Trainee throughout the Probation period. Towards the end of the extended Probation period, the Training Committee will meet to review progress made towards rectifying the problematic behavior or inadequate performance. If the problem(s) has been ameliorated, the Probation period will be permitted to expire, and the Trainee will be reinstated to regular status with full responsibilities and privileges. If there has not been sufficient improvement in the Trainee's behavior or performance and/or if additional problematic behaviors or inadequate performance have arisen and been reviewed through the *Steps to be Taken to Address Problematic Behavior or Inadequate Performance*, the Training Committee may adopt any one of other measures listed below.
2. **Suspension of Direct Service Activities** involves the suspension of all direct service activities with clients until there is evidence that the problematic behavior or inadequate performance in question has improved sufficiently to permit return to any direct service activities. The trainee will continue to engage in other training opportunities such as trainee seminars, staff meetings, and supervisions. The Training Director or the Director of the Counseling Center must initiate or approve this *Suspension of Direct Service Activities*. The Trainee will be notified in writing of the reasons for, and the implications of, this action, and the start day of the *Suspension of Direct Service Activities*. The Trainee's DCT will promptly be sent a copy of this letter.
3. **Administrative Leave/Leave of Absence** involves the temporary withdrawal of all responsibilities and privileges in the Counseling Center. The Training Director or the Director of the Counseling Center must initiate or approve this Administrative Leave/Leave of Absence. The Administrative Leave/Leave of Absence could become effective immediately and will be written into a notice to the Trainee. The Training Director will inform the Trainee of the effects of this status on the Trainee's salary, benefits, and ability to successfully complete the required training hours. Conditions can be imposed regarding amelioration of the issue(s), including remedial measures. The opportunity to schedule a review meeting, with the Director, Training Director, and the Trainee to evaluate progress made, will be noted in a written letter to the Trainee

that includes all of these details. The Trainee will be notified in writing of the reasons for, and the implications of, this action. The Trainee's DCT will promptly be sent a copy of this letter.

4. **Failure of the Internship/Externship.** If it is determined that the Trainee failed to meet criteria for completion of the Internship or the Externship, the Trainee would continue to accrue the hours and clinical responsibilities for the remainder of the training year but would need to complete a second Internship (or additional externship) in order to meet guidelines for independent practice (or successful advancement to the next level of training within the graduate program). The Trainee will be notified in writing of the reasons for, and the implications of, this action. The Trainee's DCT will promptly be sent a copy of this letter.
5. **Dismissal from the Internship/Externship** involves the permanent withdrawal of all Counseling Center responsibilities and privileges and terminates the Trainee's employment and association with the Counseling Center. The Trainee will be notified in writing of the reasons for, and the implications of, this action. The Trainee's DCT will promptly be sent a copy of this letter.

If Dismissal is under consideration, the following steps will take place:

1. Consultation with internal and external sources as needed, including, but not limited to, the Trainee's DCT, UMBC General Counsel, UMBC Human Resources, ACCTA members, APPIC, and/or APA's Office of Program Consultation and Accreditation.
2. Subsequent to consultation, if the Trainee is a staff employee, follow any applicable UMBC procedures for dismissal.
3. Letter to Trainee reiterating reasons for dismissal and details regarding how and when Trainee's status will change with the Counseling Center. The letter will include a reminder of Due Process and Grievance procedures, including the timeframe in which the Trainee can file grievance.

The Trainee may either accept the final decision of the Training Committee, the Training Director, or the Director, or may object to the decision. In the event that the Trainee objects to the final decision, the Grievance Procedures are to be followed (See Section IV below).

IV. INFORMAL AND FORMAL RESOLUTION PROCEDURES

A. Informal Resolution to a Complaint by a Trainee:

Trainees are encouraged to work actively to create an experience that fits their needs and interests as well as to work with the Counseling Center staff to ensure that their needs are met. Giving regular feedback to staff members, other trainees, clinical supervisors, and the Administrative Supervisor is encouraged in order to create an environment that facilitates open feedback and dialogue. Opportunities for informal feedback as well as twice-yearly formal evaluations are available and are designed to address problems in the early stages to help to resolve them and to prevent them from escalating.

The following Procedures shall be followed unless pre-empted by separate, applicable University policy.

When a problem arises, the Trainee is encouraged to first address their concerns directly with the staff member or fellow Trainee through informal means. If informally addressing the problem is not effective in fixing the problem or if the Trainee prefers not to speak directly to the staff member/clinical supervisor/Trainee, the Trainee should inform

the Training Director of their concerns. The Training Director will then facilitate a meeting between the Trainee and staff member/clinical supervisor/Trainee. If the concern is regarding the Training Director, the Trainee can speak with one of their clinical supervisors or the Director of the Counseling Center. In the case of a complaint concerning a support staff member, the Training Director will consult with the Director of Counseling Center, who may then delegate the facilitation of a meeting between the Trainee and that staff member.

While it is hoped that any concerns or complaints can be discussed and resolved informally, the availability of a formal mechanism is necessary in order to protect the needs and rights of Trainees as well as staff members. In this case, a formal grievance or complaint may be filed, and the procedures listed below should be followed.

B. Reasons for a Trainee Filing a Grievance (Formal Resolution):

Trainee's filing of a formal grievance must be based upon one or more of the following reasons:

1. The Trainee disagrees with an evaluation by a clinical supervisor and the Evaluation Review Panel was unable to bring about a reasonable resolution.
2. The Trainee has a complaint concerning a staff member/clinical supervisor regarding a situation other than an evaluation (e.g., poor supervision, unavailability of clinical supervisor, evaluations perceived as unfair, workload issues, personality conflicts, and/or other staff conflict).
3. The Trainee disagrees with an action taken by the Administrative Supervisor, the Training Committee, and/or the Objection Review Panel.
4. The Trainee has a complaint concerning another Trainee.
5. The Trainee disputes the decision of the Training Committee regarding the response to a determination of Problematic Behavior or Inadequate Performance, the Remediation Plan, or the decision after the Remediation Plan has failed to correct the inadequate performance.

C. Procedures for Trainee Filing a Formal Grievance:

If the complaint or dispute is not resolved informally or through the procedures listed above, the Trainee may choose to file a formal grievance, for one or more of the Reasons for a Trainee Filing a Grievance (above), to either have a formal record and/or to seek resolution of the grievance. The Trainee is to submit a written account of the grievance, with all supporting documents, to the Training Director. If the grievance involves the Training Director, the Trainee is to submit the grievance to the Director of the Counseling Center. The grievance will be kept in the Trainee's personnel file. The Trainee can request that a Grievance Panel be convened. The Director may, at the Director's sole discretion, choose to convene a Grievance Panel to review the grievance.

D. Grievance Panel Procedures:

A Grievance Panel convened by the Director should follow the steps below:

1. The Panel will consist of one Training Committee member selected by the Director, a member of the Counseling Center's senior clinical staff selected by the Trainee, and Assistant Director or Associate Director who was not involved in any previous due process proceedings of the Trainee. The Director of the Counseling Center will not sit on the Grievance Panel because the Director has the final decision-making authority. If the grievance involves the Director, the Associate Director or an Assistant Director, or designee, will serve in the Director's role for the ensuing process.

2. The Grievance Panel will conduct a review in which the nature and details of the grievance is heard and relevant material is presented. The Trainee has the right to attend the review, hear all facts presented in the matter, and dispute or explain the issues of concern. The Grievance Panel will submit a written report to the Director, including any recommendations for further action. Recommendations made by the Grievance Panel will be determined by majority vote.
3. Within ten (10) business days of receipt of the recommendation(s), the Director of the Counseling Center will either accept or reject the Grievance Panel's recommendations. If the Director rejects the recommendations, the Director may refer the matter back to the Grievance Panel for further fact finding, deliberation and revised recommendations. The Director may, alternatively, make a final decision in lieu of referring the grievance back to the Grievance Panel.
4. The Training Director will promptly inform, in writing, the Trainee and Training Committee of the decision and resulting action to be taken, copying the Trainee's DCT on the communication to the Trainee.

Note: In developing these procedures, the article "Confronting Professional Impairment During Traineeship: Identification, Due Process and Remediation" by Lamb, et al. in Professional Psychology: Research and Practice, 1987, Vol. 18, No. 6, 597-603 and Due Process and Grievance Procedures from other counseling center internships were reviewed. This document was particularly influenced by the Due Process and Grievance Procedures at the University of Delaware, American University, Texas A&M University, Purdue University, Western Michigan University, Texas State University, Iowa State University, and the University of Washington, most of which were generously made available on the ACCTA website. The policies described here are consistent with the policies of the UMBC Human Resources office and were reviewed by the Office of General Counsel at UMBC.

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