

Wake Forest University Counseling Center  
**Psychology Internship**



Training Manual

2020-2021



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# Chapter 1

## The University Counseling Center (UCC)

### A. Organizational Structure

The Wake Forest University Counseling Center (UCC) is part of the Division of Campus Life and the Health and Wellbeing Team of offices, which also includes Campus Recreation, Office of the Chaplain, Learning Assistance Center & Disability Services, Student Health Service, and the Office of Wellbeing. The Director of the UCC reports to the Associate Vice President for Health and Wellness, who operates under the leadership of the Vice President for Campus Life, Dr. Penny Rue. The UCC's staff of licensed mental health professionals include: four doctoral-level psychologists, three doctoral-level professional counselors, and two master's level professional counselors. Additionally, the UCC staff includes two administrative professionals and selected graduate students in counseling and psychology operating under the direct supervision of a staff member. The Safe Office, which provides comprehensive response and prevention efforts related to issues of sexual and relationship violence, is an extension of the UCC led by the Assistant Director for Specialized Services and staffed by two counselor/advocates who are licensed master's level clinicians. Additionally, a University staff psychiatrist is housed in the Student Health Service and works closely with the staff of the UCC. The professional staff members of the Learning Assistance Center & Disability Services (LAC/DS), though independent from the UCC, provide overlapping services and thus attend some meetings and consult with the UCC staff regularly.

### B. UCC Mission Statement

The University Counseling Center is committed to the mental health and wellbeing of all members of the university community. We strive to facilitate growth and enhance understanding of self and others by providing culturally responsive clinical services to our students, prevention-based education and outreach to our community, and specialized training and supervision to emerging mental health professionals.

### C. UCC Diversity Statement

#### *Our Commitment to Diversity*

The Wake Forest University Counseling Center is committed to creating a safe, welcoming, and affirming environment for all. This includes students who access our services as well as all individuals who are part of our University community. We recognize that each individual is unique while at the same time living within larger diverse communities. We view diversity as encompassing intersecting identities, including ethnic/racial identity, nationality, sex, gender identity, sexual orientation, religion/spirituality, socio-economic status, age, body shape/size, ability, and point of view. We celebrate the differences among individuals as valuable and essential to the strengthening of our community and the enrichment of the lives of our students.

We strive to make the University Counseling Center a safe place where individuals can strengthen their self-acceptance, confidence, and comfort with their own individual identities. We acknowledge that this is an ongoing process which is enhanced with ongoing dialogue.

#### **D. Who We Serve & Fee for Service**

Currently registered, full-time, Reynolda campus-based undergraduates and graduate students in the schools of Arts and Sciences, Business, Law, and Divinity are eligible for UCC services. Limited services are available to part-time students and full-time online students not in the Winston-Salem area. All Wake Forest community members may receive crisis intervention, consultation, and/or referral as needed. Students who are not yet 18 years of age are required to provide documentation of parental permission or referral from a physician before services other than crisis assessment and consultation can be provided.

There is no out-of-pocket cost for counseling appointments to currently registered WFU students. There are some circumstances under which fees will be assessed for UCC services, however, including some assessments.

#### **E. Therapy Session Guidelines & Referrals**

The University Counseling Center (UCC) offers many services and programs to assist students with personal issues and mental health concerns. The primary mode of service provision is individual counseling, which is available for various personal, interpersonal, and general mental health concerns including, but not limited to: adjustment to university life, stress management, interpersonal relationships, anxiety, depression, trauma, disordered eating and body image issues. The UCC provides confidential counseling within a brief therapy model to ensure all students have the opportunity to access our services within a reasonable amount of time. As a general guideline, students are eligible for up to 12 sessions per academic year (group services do not carry the same limitations). Individual sessions of either 25 or 45 minutes in length may be held on a weekly, biweekly, or less frequent basis. Determination about length and frequency of sessions is made by the counselor in consultation with each individual client and is informed by the assessment of presenting needs. These decisions are typically made in the first sessions, though may be revised throughout the counseling process. When clinical cases are anticipated to extend beyond the 12-session guideline, clinicians are strongly encouraged to discuss the case with their supervisor or the Director of the UCC. Considerations for extended services include the client's needs, financial resources, provider and client relationship, and other factors when determining an extension of the session limit for an individual. To provide a well-rounded training experience, session limits are more flexible for clients of interns.

It is important to consider throughout the counseling relationship where and by whom a client might best be served. Information gained in the Initial Visit will be used to determine which clinician at the UCC would be the best fit for working with a particular client based on the presenting concern, personality match, severity of risk, schedule availability, and other factors. If at any time it is determined (either by counselor or client) that off-campus mental health resources would be more appropriate, the UCC will assist clients with finding an appropriate referral. If a client's condition requires long-term and intensive psychotherapy, is deemed

outside the scope of the UCC staff's ability to treat, or a specialized treatment that is not available at the UCC is desired (i.e., EMDR), they will be referred to other resources in the community.

## **F. Facilities**

The UCC is located in 117 Reynolda Hall and open 8:30am to 5:00pm Monday through Friday for scheduled and emergency walk-in appointments. Interns are provided furnished offices and laptops. Interns have access to office supplies, the internet, a telephone, and a webcam for recording client sessions. Interns will also have a mailbox located in the UCC. They should check their mailbox regularly, as UCC announcements, communications from supervisors, and information on community resources will be put in their mailboxes. For security purposes, all offices in the UCC are equipped with panic buttons in case of emergency. Interns will be shown where these buttons are located in their office and may use this to call police instantly if a client becomes aggressive or threatening.

## **G. UCC Staff Bios**

### **Amanda Beck, M.A., LPC**

*Staff Counselor/Coordinator of Alcohol & Other Drug Services*

*NC Licensed Professional Counselor*

Pronouns: she, her, hers

#### Education and Training

North Carolina State University (B.S., Zoology and B.S., Science Education)

Wake Forest University (M.A., Counseling)

Internship: Davie County Schools

#### Clinical Interests

Substance abuse and prevention; Sexual assault and trauma, Identity development; Interpersonal and family relationships; Social justice and multicultural issues related to marginalization and oppression. In addition to my clinical work, I also am a part-time instructor in the Wake Forest University Department of Counseling.

#### Counseling Style

My counseling style blends aspects of motivational interviewing, somatic therapy, cognitive behavioral therapy, and psychodynamic theories. I believe the counseling experience needs to be tailored to the individual needs of each client and seek to understand my clients' unique view of their world. I strive for my clients to experience me as welcoming, thoughtful, straightforward, and caring.

#### Personal

I'm a proud Deacon and earned my master's degree from Wake Forest. In my free time, I enjoy traveling with my partner, gardening, and creative pursuits like photography and painting. I have two rescue pups and a bossy cat that fill my heart and leave fur all over my home. I love cheesy rom-coms, coffee, snow days, the Enneagram, and dream of someday owning a pet pig.

**Charlotte Brown, B.S.**

*Administrative Assistant*

Pronouns: she, her, hers

Education

Western Carolina University (B.A., Psychology)

Personal

I grew up about a thirty minute drive west of Winston-Salem, but lived in the mountains of North Carolina for ten years. I enjoy hiking, traveling, crafting, binge watching Netflix with my two cats, and the occasional video game and comic convention.

**Denisha Champion, Ph.D., LPC**

*Associate Director for Community Engagement*

*NC Licensed Professional Counselor*

Pronouns: she, her, hers

Training

Clemson University (B.A., Communication Studies)

The University of North Carolina at Greensboro (M.S., Counseling)

The University of North Carolina at Greensboro (Ph.D., Counseling and Counselor Education)

Internship: Wake Forest University Counseling Center

Clinical Interests

Multicultural/Multi-ethnic concerns; Issues affecting students of color; Substance abuse and prevention; Wellness, Mindfulness, and Holistic health; Eating concerns; Family relationships; Counselor education and supervision. The presenting concerns I typically work with include anxiety, depression, family relationship concerns, disordered eating, identity concerns, issues of race and ethnicity, as well as individuals seeking counseling for personal growth and development.

Counseling Style

My counseling style integrates a blend of interpersonal and cognitive behavioral therapy in order to help students explore the connection between their thoughts and emotional experiences. My clinical experience has been primarily college student developmental concerns; and I have also done clinical work in substance abuse outside of the university setting.

Contributions to the Training Program

Dr. Champion serves as a secondary supervisor to interns who choose to specialize in prevention and intervention of disordered eating and body image issues. She may also provide secondary supervision around work with diverse populations and/or supervision of group therapy to an intern who chooses to co-lead a therapy group with her. Dr. Champion leads intern seminars on social justice considerations and eating disorder assessment and treatment.

Personal

I grew up in South Carolina and love the warmth of the south. When I'm not doing my life's

passion of helping students deal with personal concerns and reach their goals; I can be found dancing it out in a Zumba class, breathing it out in Bikram yoga, or at a spa. I love trying to recreate the comfort foods my southern grandmothers made and visiting friends spread across the country.

**Brooke Griffith, Psy.D., HSP-P**

*Staff Psychologist*

*NC Licensed Psychologist*

Pronouns: she, her, hers

Education and Training

Keuka College (B.A., Psychology)

State University of New York at Brockport (M.A., Psychology)

Florida School of Professional Psychology (M.A., Psy.D., Clinical Psychology)

Internship: University of South Florida Counseling Center

Clinical Interests

Trauma and early childhood abuse, interpersonal and relationship difficulties, family of origin issues, identity formation, underserved populations, intersecting identities and the impact of multiple minority status, family and social systems, and group therapy

Counseling Style

I work predominantly from a psychodynamic perspective, exploring how early relationships and experiences have shaped one's view of the world and how they experience it. I place a high emphasis on the therapy relationship as the mechanism for change, while also utilizing various interventions to help students increase their ability to cope and tolerate distress. I view therapy as an organic, collaborative process that looks different for each person I work with.

Contributions to the Training Program

Dr. Griffith serves as a primary supervisor to psychology interns and supervises interns on their use of assessment. She may also provide secondary supervision and/or supervision of group therapy to an intern who co-leads a therapy group with her. Dr. Griffith is a permanent member of the Internship Administrative Committee and the Supervisors Committee. She also leads intern seminars on trauma work in a short-term model and selection of evidence-based treatment.

Personal

I am originally from upstate New York, and had been living in central Florida for the past 10 years before relocating to North Carolina this summer. In my spare time I enjoy hiking, kayaking, yoga, and running. I am a movie and book fanatic, and you may spot me reading in various places across campus.



**Tiffany Longjohn, M.S., LPC**

*Clinical Case Manager*

*NC Licensed Professional Counselor*

Pronouns: she, her, hers

Education and Training

University of Central Florida (B. S. in Elementary Education)

University of North Carolina- Greensboro (M. S. in Clinical Mental Health Counseling)

Internships: Youth Focus Outpatient, Youth Focus Structured Day, Vacc Counseling & Consulting Clinic

Clinical Interests

Depression; Anxiety; Interpersonal Relationships; Distress Tolerance; Stress Management; Self-esteem; Multicultural concerns; Wellness; Advocacy; Prevention; Severe and Persistent Mental Illness

Counseling Style

Counseling can be both a rewarding and difficult experience for some. With that being said, I try to create a safe space for individuals to explore different parts of themselves and develop a set of skills that will help them continue to be successful. I primarily use Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Solution-Focused Therapy in my work with others. However, I value being able to explore different theoretical frameworks as needed to help individuals reach their goals.

Personal

I am originally from Orlando, Florida and have been in North Carolina for the last 8 years. I truly enjoy and try to take advantage of being so close to both the mountains and the beach. I also love that I get to experience all the seasons! I enjoy all things of the arts—especially live music and painting. In my spare time, I can be found discovering new music/artists or playing with my energetic miniature poodle, Jax.

**Jillian Neill, Ph.D., HSP-P**

*Staff Psychologist/Outreach Coordinator*

*NC Licensed Psychologist*

Pronouns: she, her, hers

Education and Training

University of North Carolina (B.A., Psychology)

George Washington University (M.Ed., Early Childhood Special Education and Human Development)

Bryn Mawr College (Ph.D., Clinical Developmental Psychology)

Internship: Drexel University Counseling Center

Postdoctoral Fellowship: Princeton University Counseling and Psychological Services

Clinical Interests

Interpersonal and relationship difficulties; Family issues; Autism Spectrum Disorder; Identity

development and conflicts; Anxiety; Depression; Emotion dysregulation; Multicultural concerns; Non-suicidal self-injury; Trauma; LGBTQIA issues; Group therapy; Psychological assessment; Training, teaching, and supervision

### Counseling Style

As a therapist, it is my goal to help people live more fulfilling and authentic lives; I see it as my role to bear witness to and help my clients make sense of their stories. I am passionate about helping college students work through the unique challenges that come with this phase of life and believe that a genuine and warm therapeutic relationship is the most powerful tool I have in this endeavor. I tend to use primarily developmental, psychodynamic, interpersonal, and family systems approaches in my work, but also tailor my approach to the unique needs of each client that I meet.

### Contributions to the Training Program

Dr. Neill serves as a primary supervisor to psychology interns and supervises them around development and implementation of outreach events. She may also provide secondary supervision and/or supervision of group therapy to an intern who co-leads a therapy group with her. Dr. Neill is a permanent member of the Internship Administrative Committee and the Supervisors Committee. She also leads intern seminars on therapy with students on the Autism Spectrum, the use of mindfulness in therapy, and time-limited psychodynamic therapy.

### Personal

I recently returned to my native North Carolina after spending the past 10 years split between Washington, DC and Philadelphia; I must say it is good to be back! In my spare time, I can be found making and listening to music, going on adventures with my partner, daughter, and dog, cooking and baking (and eating!), traveling, and finding any excuse to be outside. I am really excited to explore my new home of Winston-Salem and to get back the mountains and beaches I grew up visiting in NC!

### **Emily Teague Palmieri, Ph.D., LPC-S**

*Assistant Director for Specialized Services/Coordinator of Eating Disorder Services  
NC Licensed Professional Counselor-Supervisor*

Pronouns: she, her, hers

### Training

North Carolina State University (B.A., Psychology; Minor, Design)

University of North Carolina at Greensboro (M.S., Ed.S., Couple and Family Counseling, Clinical Mental Health)

University of North Carolina at Charlotte (Ph.D., Counselor Education and Supervision)

Internships: Moses Cone Behavioral Health Center; Family Solutions; Presbyterian Hospital Chaplaincy

### Clinical Interests

Identity Development, Interpersonal/ Family Relationships, Multicultural Concerns, Attachment, Anxiety, Depression/ Mood Disorders, Spirituality, Existential Issues, Eating Disorders/ Disordered Eating, Sexuality, Non-Suicidal Self-Injury, Counselor Education and Supervision.

### Counseling Style

I strongly believe that the most important component in counseling is the therapeutic alliance and work to hold a warm, affirming space do support the challenging work of therapy. I strive to understand who students are from their frame of reference and cultural context, therefore I use Adlerian and Attachment theories to conceptualize client issues and to understand how we relate to each other and the world around us. In practice, I use person-centered counseling with tools from cognitive behavioral, solution focused, family systems, emotionally focused and existential schools of thought. I believe in honoring student experiences and concerns with transparency, humor, and empathy.

### Contributions to the Training Program

Dr. Palmieri supervises interns in their provision of supervision to Master's level trainees and serves as a secondary supervisor to interns who choose to specialize in prevention and intervention of disordered eating and body image issues. She may also provide supervision of group therapy to an intern who chooses to co-lead a therapy group with her. Dr. Palmieri leads intern seminars on using an attachment framework in therapy, eating disorder assessment and treatment, and strategies of enhancing positive emotions. Dr. Palmieri also currently serves as a member of the Internship Administrative Committee.

### Personal

My ultimate passion is my daughter and family (including my fur-babies), so I spend as much time as possible with them. As a native North Carolinian and farm girl at heart, I love getting dirty and being active outside. When I am not counseling or writing, I can be found exploring the world in all its glory.

### **Daniel Paredes, Ph.D., LPC-S**

*Acting Director/Clinical Director*

*NC Licensed Professional Counselor-Supervisor*

Pronouns: he, him, his

### Training

University of California at San Diego (B.A., Psychology)

University of North Carolina at Greensboro (M.S., Community Counseling)

University of North Carolina at Greensboro (Ph.D., Counseling and Counselor Education)

Internships: Moses Cone Behavioral Health Center; University of North Carolina at Greensboro Counseling and Testing Center

### Clinical Interests

College/university counseling; counselor training; crisis counseling; identity development; multi/cross-cultural counseling; substance abuse counseling; technology use in counseling; and wellness. I have served as a visiting assistant professor in the UNC at Greensboro Department of Counseling and Educational Development.

### Counseling Style

I identify as an Adlerian with respect to my understanding of how we develop a framework to relate to others and the world in general. In session, I draw heavily from Person-Centered

Counseling and cognitively oriented theories (CBT, REBT, Reality Therapy, SFBT). Based on client needs, I also sometimes invite clients to explore existential and spiritual identities as a means to understanding problem etiology and resolution.

#### Contributions to the Training Program

Dr. Paredes may serve as a secondary supervisor around work with diverse populations and/or supervision of group therapy to an intern who chooses to co-lead a therapy group with him. Dr. Paredes leads intern seminars on hospitalization and involuntary commitment, program evaluation and center outcomes, and the use of metaphors in counseling.

#### Personal

When I am not working, I'm spending time with my wonderful family or indulging my hobbies. I tend to gravitate towards hobbies that lead to concrete results so I like to work on cars, running, and cooking. I acknowledged a long time ago that I am what many would consider a geek – indeed even before it was en vogue to be one.

#### **Christine Love Sterk, Ph.D., HSP-P**

*Associate Director/Training Director*

*NC Licensed Psychologist*

Pronouns: she, her, hers

#### Training

Michigan State University (B.A., Advertising/Psychology)

Western Michigan University (M.A., College Counseling)

Indiana State University (Ph.D., Counseling Psychology)

Internship: University of Nebraska- Lincoln, Nebraska Internship Consortium in Professional Psychology

#### Clinical Interests

Self-esteem and identity development; Anxiety and depression; Sexual assault and trauma; Psychological assessment; Relationship issues; Training and supervision.

#### Counseling Style

I often tell students to think of therapy as a class for learning more about yourself and developing skills for managing thoughts, emotions, and behaviors that can be distressing and disruptive to everyday life. This approach is based on a combination of psychodynamic and cognitive behavioral approaches that allow for exploration of historical causes of current problems in students' lives and teaching techniques for overcoming these issues in the present day. My relational style tends to incorporate a lot of humor as well as directness in sharing my thoughts and reactions in a constructive way.

#### Contributions to the Training Program

Dr. Love Sterk is the designated leader of the WFUCC Internship Program. She serves as a primary supervisor to psychology interns, and may also provide secondary supervision and/or supervision of group therapy to an intern who co-leads a therapy group with her. Dr. Love Sterk

leads both the Internship Administrative Committee and the Supervisors Committee. She also leads intern seminars on college student development and the job search and licensure process.

#### Personal

I am originally from Michigan and have lived in a few other Midwestern states throughout graduate school and beyond. I am happy to now be living in a place with lots of trees (no more corn fields!) and outdoor recreation. In my free time I enjoy spending time with my partner and our cats, getting creative with scrapbooking, jewelry making, cooking and baking, and shopping.

#### **Rachel Wilson, B.A.**

*Office Manager*

Pronouns: she, her, hers

#### Education

Salem College (B.A., History)

#### Professional

As the Office Manager for the University Counseling Center, I want to create an environment that is welcoming, helpful and comfortable for students as well as other visitors.

#### Personal

As a native of Winston-Salem, I enjoy the fun and entertainment this city has to offer as well as the close-knit community feel. I enjoy reading, crocheting, cooking, arts and crafts, and watching movies with my son. I also volunteer with the Overflow shelter for the homeless each winter. I am also an accomplished Moravian chicken pie maker and eater.

#### **Joshua Ziesel, Psy.D., HSP-P**

*Staff Psychologist/Groups Coordinator/Coordinator of International Student Support*

*NC Licensed Psychologist*

Pronouns: he, him, his

#### Training

New York University (B.A., Psychology and Politics)

Azusa Pacific University (M.A., Clinical Psychology)

Azusa Pacific University (Psy.D., Clinical Psychology)

Internship: University of Southern California Student Counseling Services

#### Clinical Interests

International, LGBTQ+, and first-generation student issues; Intersectional identity formation and development; Family issues; Relationships; Men's issues; Spirituality; and Sexuality.

#### Counseling Style

I believe that change occurs in the context of a caring, authentic relationship between myself and my clients, and I primarily draw upon interpersonal, psychodynamic, and relational-cultural models of therapy in my work. I also believe that clients too often attribute their difficulties to internal factors, and I view my role as a psychologist to help clients understand how factors

outside of themselves might contribute to their difficulties. I am particularly energized by group therapy and hope to contribute to the continued expansion of our group offerings.

#### Contributions to the Training Program

Dr. Ziesel serves as a primary supervisor to psychology interns. He may also provide secondary supervision around work with diverse populations and/or supervision of group therapy to an intern who co-leads a therapy group with him. Dr. Ziesel is a permanent member of the Internship Administrative Committee and the Supervisors Committee. He also leads intern seminars on working with LGBTQ+ students and men and masculinity.

#### Personal

I am a Third-Culture Kid who has lived in the United States, Puerto Rico, South Africa, Guam, and Italy. I am new to Winston-Salem and am already enthralled with the pervasive spirit of hospitality, warmth, and friendliness! I am a board game enthusiast, and I eagerly await the day that my three young children will be able to join me and my partner for a rousing game of Settlers of Catan.



## Chapter 2

# The Training Program

The WFUCC Psychology Internship Program is a one-year, full-time training program for doctoral students in clinical and counseling psychology. The training program begins in mid-July each year. During the course of the year, interns will accumulate 2000 total hours, with at least 500 of those hours being in direct, face-to-face service to clients.

### A. Mission Statement of Training

The Mission of the WFUCC Psychology Internship Program is to provide psychology interns with a supervised clinical experience in a broad range of activities in preparation for careers in a university counseling center or similar setting. Interns have the opportunity to learn from a diverse and multidisciplinary team of professionals who practice a broad developmental and mentor-based training approach and use a combination of experiential, didactic, and practical training experiences to achieve training goals. As a result of this process, interns develop skills, competencies, and professional identities as psychologists.

### B. Our Training Philosophy

The Wake Forest University Counseling Center Psychology Internship utilizes a **practitioner-scholar model** in which research informs practice. This approach integrates hands-on work in a multidisciplinary setting with scholarly reading, critical thinking, and self-reflection. We believe that providing both a supportive and challenging environment, as well as ongoing and reciprocal feedback from staff and peers creates the optimum space for interns to feel comfortable making and learning from mistakes and to experience personal and professional growth. We also believe it is important for interns to have the opportunity to tailor their training experience based on areas of interest, and to receive mentorship and guidance in developing a niche as a psychologist. Training opportunities will be developmentally appropriate for each individual's level of training and experience, and will be sequential, cumulative and graded in complexity across the training year.

The University Counseling Center (UCC) also utilizes a **collaborative, systems approach** to working with each other and within a larger campus environment. Therefore, we believe it is important for interns to learn how to navigate administrative processes, provide referrals to on and off-campus agencies, develop case management skills, collaborate with other departments on campus, coordinate crisis response, and manage multiple roles within the University, such as consulting with staff, students, and parents while maintaining confidentiality.

The UCC is committed to providing **culturally sensitive services** and believes it is important for interns to be competent in working with clients, colleagues, and community members from various backgrounds. We foster this competence by providing training on identity and culture, encouraging interns to consult and collaborate with multidisciplinary staff members inside and



outside of the UCC, and by challenging interns to reflect on their own personal and cultural experiences and how these affect their work with clients.

### **C. Accreditation Status**

The WFUCC Psychology internship is accredited on contingency by the American Psychological Association Commission on Accreditation. Initial accreditation on contingency was granted on April 7, 2019. Questions related to the program's accreditation status should be directed to the Office of Program Consultation and 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](mailto:apaaccred@apa.org)*

### **D. APPIC Membership Status**

The WFUCC Psychology Internship is a member of APPIC and participates in the annual APPIC Match. Our program's Match ID code is 2451.

The WFUCC Psychology Internship agrees to abide by the APPIC policy that no person associated with the internship program will solicit, accept, or use any ranking-related information from any intern applicant. Internship slot offers will be made through the APPIC National Matching program in compliance with the APPIC policy. WFU is an equal opportunity employer and adheres to APPIC's nondiscrimination policies.

### **E. Wake Forest University Counseling Center Psychology Internship Diversity and Nondiscrimination Policy**

The Wake Forest University Counseling Center Psychology Internship strongly values cultural and individual diversity and believes in creating an equitable, welcoming, appreciative, safe, and inclusive learning environment for its interns. Diversity among interns and supervisors enhances and enriches the program. Every effort is made by the internship supervisors to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. The WFUCC Psychology Internship includes an overall goal of interns becoming competent in working with clients, colleagues, and community members from various backgrounds. We foster this competence by providing training on identity and culture, encouraging interns to consult and collaborate with multidisciplinary staff members inside and outside of the UCC, and by challenging interns to reflect on their own personal and cultural experiences and how these affect their work with clients.

The WFUCC Psychology Internship also abides by employment guidelines set forth by the larger University. Wake Forest University is committed to diversity, inclusion and the spirit of Pro Humanitate. In adherence with applicable laws and as provided by University policies, the University prohibits discrimination in its employment practices and its educational programs and

activities on the basis of race, color, religion, national origin, sex, age, sexual orientation, gender identity and expression, genetic information, disability and veteran status. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and match of personal goals with the internship goals.

## **F. Training Program Competencies**

The competencies of the WFUCC Psychology Internship include those outlined by the American Psychological Association as competencies for Health Service Psychologists. More information on ways these competencies are achieved through the internship is available in Chapter 3 of this Training Manual.

1. Evidence-Based Practice in Intervention
2. Evidence-Based Practice in Assessment
3. Consultation and Interprofessional/Interdisciplinary Skills
4. Supervision
5. Cultural and Individual Diversity
6. Research
7. Ethical and Legal Standards
8. Professional Values and Attitudes
9. Communication and Interpersonal Skills

## **G. The Intern's Experience**

Interns can expect to be welcomed and supported by all members of the UCC staff and to be treated like a full-time staff member with increasing responsibilities during the internship year. The WFUCC Psychology Internship experience prepares interns to be **strong generalists** who are ready to move into full-time clinical practice upon completion of the training year. Interns leave the internship with strong skills in therapeutic intervention, diagnosis and treatment planning, conceptualization through the lens of a primary theoretical orientation, appropriate use of assessment instruments, and competence in working with clients from diverse backgrounds. Interns will also be proficient in conducting thorough risk assessments and managing crisis situations during and after office hours.

Interns can expect to be engaged in all activities associated with working in a university counseling center, with the goal of this contributing to the development of a **solid professional identity**. Specifically, interns lead the planning and facilitation of prevention and outreach presentations and therapy groups for students, which serve to increase autonomy as a professional and build leadership skills. Interns develop an understanding of their role as a psychologist within a larger university environment by providing consultation to staff, parents, and students regarding persons of concern and consulting with other providers on campus regarding shared students. Additionally, interns gain knowledge of and have influence on the overall functioning of the center and agency decision-making by participating in UCC staff meetings and retreats.

Last, interns can expect to have the ability to **co-construct their internship experience** with their supervisor and the Training Director. As much as possible, we work to tailor the training year to fit the needs of each intern. As such, interns are encouraged to explore their own areas of interest and to select an area of specialization for the purpose of developing a niche in the mental health field.

## **H. Structure of the Training Program**

### **1. Leadership**

The WFUCC Psychology Internship Program is coordinated by the Training Director, who is responsible for developing and administering the training program and ensuring alignment with the program's stated mission, philosophy, and goals. Specific tasks include, but are not limited to:

- Coordinating and overseeing clinical supervision within the scope of the training program, including assigning supervisors
- Serving as a liaison to interns' doctoral academic departments
- Coordinating the assessment of all interns and monitoring interns' overall progress during the training year
- Coordinating continuing education for staff related to clinical supervision
- Chairing all training-related committees (see below)
- Advocating for the interns and the training program within the UCC and across the University
- Communicating with APA, APPIC, and other organizations regarding the internship

### **2. Internship Committees**

#### **a. Internship Administrative Committee**

The Internship Administrative Committee is comprised of the four licensed psychologists at the UCC, as well as at least one additional UCC staff member who expresses interest in participating on this committee. The identified psychologists on the committee include Dr. Love Sterk, who serves as the Training Director for the internship program, Dr. Griffith, Dr. Neill, and Dr. Ziesel. The Training Director serves as the head of this committee and is responsible for scheduling meetings of the committee. The committee meets at least monthly for 1 hour. A designated intern representative attends a portion of these meetings in order to offer an intern perspective to the committee.

The Internship Administrative Committee meets regularly to discuss administrative issues that arise related to the internship program and makes changes to the program policies when necessary. The committee is also charged with enforcing program policies. Formal program evaluations are reviewed at the mid-point and end of each training year. The Internship Administrative

Committee conducts the intern selection process each year, including reviewing applications, interviewing candidates, and determining rankings during the APPIC match.

The Internship Administrative Committee reviews all Due Process referrals from the Supervisors Committee and may also initiate the Due Process procedure based on their own observations or concerns about an intern's performance. The Director of the UCC and a representative of the intern's academic program may also be included in these discussions when possible and appropriate. The committee will determine if the intern is experiencing developmentally appropriate struggles versus impairment (see definitions in *Due Process Procedures* section of this manual), and will make recommendations for assisting the intern with their struggles, which could include remediation or termination in extreme circumstances. (See the section on *Due Process Procedures* for more details.) The Internship Administrative Committee will also manage any intern grievances that arise. (See the section on *Grievance Procedures* for more details.)

#### **b. Supervisors Committee**

The Supervisors Committee is comprised of all UCC staff members who provide clinical supervision to interns, including primary and secondary individual supervision, group supervision, supervision of group therapy, and supervision of supervision. This committee is led by the Training Director and the goal is for the committee to include all licensed psychologists working at the UCC, in addition to other licensed mental health professionals who provide clinical supervision to interns. The committee meets biweekly to discuss the progress of all interns based on the perspectives of all staff members providing supervision. During formal evaluation periods, the Supervisors Committee oversees the evaluation process and discusses interns' specific areas for growth in their development as psychologists and approaches for facilitating progress in these areas.

**Disclosure:** During Supervisors Committee meetings UCC clinical staff consult on topics related to clinical supervision of interns. Supervisors strive to respect interns' privacy within the supervisor/supervisee relationship. However, topics discussed during Supervisors Committee meetings may include: caseloads, individual developmental processes, factors impacting interns' clinical work/professional development, and remediation procedures. Meetings may also include tape review of individual supervision and/or interns' clinical work as it is relevant to supervisor and/or intern support and development. Interns are encouraged to talk with their individual supervisors about privacy within the supervisory relationship.

When concerns arise that an intern may be experiencing impairment (see definition in section *Due Process Procedures*) in their clinical work or is failing to meet the expectations of the training program, the Supervisors Committee

submits this information to the Internship Administrative Committee, which initiates Due Process procedures. (See the section on *Due Process Procedures* for more details.)

## **I. The Selection Process**

### **1. Eligibility:**

- a. Current enrollment in a doctoral program in either clinical or counseling psychology,
- b. Successful completion of comprehensive exams prior to applying to the internship program,
- c. Completion of all required doctoral coursework and practica prior to the start date of the internship,
- d. Formal approval of doctoral dissertation proposal prior to the start date of the internship,
- e. Certification of readiness to begin internship from the applicant's doctoral program, and
- f. Demonstration of genuinely strong interest in counseling center work.
- g. International students currently enrolled at universities within the U.S., and who are able to obtain work authorization from the institution currently sponsoring their visa status, are eligible to apply.

Additionally, students participating in an APA-Accredited doctoral program who have completed a minimum of 500 intervention hours and 50 assessment hours in a supervised practicum setting are considered preferred. Assessment hours can include symptom assessments and structured diagnostic interviews given during intake and crisis assessment, in addition to hours spent administering full psychological batteries.

The WFUCC Psychology Internship agrees to abide by the APPIC policy that no person associated with the internship program will solicit, accept, or use any ranking-related information from any intern applicant. Internship position offers will be made through the APPIC National Matching program in compliance with the APPIC policy. WFU is an equal opportunity employer and adheres to APPIC's nondiscrimination policies.

### **2. Application and Interview Process**

The WFUCC Psychology Internship participates in the APPIC match, and therefore, applicants are required to utilize the AAPI online applicant portal when applying to the program.

Applications should be submitted within the AAPI online applicant portal by December 1st. Applicants are notified of their interview status by December 15<sup>th</sup>. Interviews are scheduled in January and all interviews will take place via videoconference with telephone as a back-up. Selected applicants have the opportunity to interview with members of the Internship Administrative Committee, as well as additional UCC staff

members and interns, and ask questions that they may have about the program. Interviewees are provided contact information for current interns as well if they wish to ask specific questions about the intern experience. The WFUCC Psychology Internship Program holds an on-campus open house in January each year. During the open house, applicants meet the UCC staff, hear about the training experiences offered by the internship program, tour the UCC professional space and campus, and learn more about WFU and the larger Winston-Salem community. Attending the open house is optional and does not have an impact on how a candidate is ranked. All UCC staff have the chance to provide feedback on applicants who are interviewed.

### **3. Intern Selection**

The Internship Administrative Committee uses a standard process to evaluate internship applications with at least two members of the committee reviewing each application. The committee then meets to decide collectively which applicants will be offered interviews. Following interviews, feedback is collected from all UCC staff who participated in the interviews and the committee meets to discuss which internship candidates express goals and interests that best align with the philosophy and aims of the training program. Additionally, the committee looks for interns who are self-motivated and self-directed. Interns must have basic skills and knowledge and a willingness to learn and develop throughout the training year. Group consensus is used to make decisions regarding the rank order list submitted for the APPIC match, with the Training Director acting as the final decision-maker. Current interns participate in application review, interviews, and the annual open house, but are asked to recuse themselves of these processes for any candidates who they know academically or personally. Current interns are also not involved in the ranking process. On match day, interns who match with the program are contacted by telephone by the Training Director. Additionally, a match letter is sent to the intern and to the intern's doctoral program. Should the program not fill both training slots in Phase I of the match, the program will follow APPIC guidelines for participation in Phase II of the match and the Post-Match Vacancy Service, if necessary.

### **J. Onboarding**

The onboarding process of new interns begins at the time that offers for intern positions are accepted. The timeline for various onboarding activities occurs generally as follows:

- February: Match letters are sent to interns and their doctoral program. Interns receive one another's contact information and are welcome to correspond with each other as they plan their possible relocation to the area.
- March/April: Interns are required to complete hiring forms and processes through the Human Resource department at WFU, including a drug test and background check.
- May/June: Interns are asked to rank their preferences for the available specialization areas or to indicate preference for a generalist training experience with focus on specific

training goals for the year. These choices are discussed more during the first week of on-site orientation before final selections are made.

- July: Interns begin the 12-month internship on July 15<sup>th</sup> or the first business day following this date. Formal orientation takes place for the first two weeks of the internship, including interns meeting all of the UCC staff, learning about WFU, the UCC, and the WFUCC Psychology Internship Program, and receiving training in use of laptops, Titanium Schedule software, and video recording software. Interns also receive keys, parking passes, and their campus identification card. During orientation, interns meet available supervisors and submit their preferences for a primary supervisor and their specialization areas, which will be then set by the Training Director.
- August/  
September: As part of the extended orientation to the UCC and campus, interns attend scheduled meetings with select campus partners in order to gain a greater understanding of collaboration amongst offices. Interns observe Initial Visit and Triage/Crisis Walk-In appointments conducted by UCC clinicians in order to learn the process by which students enter the UCC system and begin meeting with scheduled clients for individual therapy. Interns also participate in UCC outreach and trainings related to orientation of new WFU students (i.e., RA training, Arrive and Thrive, Wake Well).

# Chapter 3

## Training Activities

The WFUCC Internship Program is designed to provide interns with a comprehensive counseling center experience. Training experiences are structured to be sequential, cumulative, and graded in complexity. Over time, interns are expected to assume greater responsibility in order to develop their skills as a psychologist. Additionally, the specific responsibilities and opportunities vary slightly from intern to intern depending on each intern's developmental level, personal preferences, and UCC needs. At the beginning of the training year, each intern meets with their supervisor to assess skill level and discuss individual interests so that the specific assignment of direct activities can be determined. These assignments may be adjusted throughout the year as the intern grows and develops in various professional roles. Particular care is taken to ensure interns leave the training experience with a firm theoretical foundation to use in conceptualizing client problems and strengths.

### A. Core Competencies

All interns have opportunities to develop in the following ways and are evaluated on the following broad program competencies during their internship:

#### 1. Evidence Based Practice in Intervention

Interns develop **therapy skills** appropriate for working with typical college student concerns, including anxiety, depression, and relationship issues. These skills are evaluated based on what is expected for the intern's level of development. These skills are developed through provision of therapy to college-aged students, weekly supervision meetings, outside readings as assigned, and reviewing one's own videotaped sessions to increase awareness of areas needing improvement.

Additionally, interns develop skills in **risk assessment and crisis management**. All interns initially observe UCC clinicians conduct initial visits and crisis sessions with clients and then begin covering approximately three hours of the UCC's walk-in clinic per week, where students present with both routine and crisis concerns. Interns also participate in the after-hours crisis intervention on-call rotation for approximately four weeks during the internship year. Ability to assess risk and manage students' emotional crises are a critical part of crisis management skills. Interns are supported by a clinical staff member during crisis situations and are evaluated on their ability to fully assess safety and risk and to consult appropriately.

#### 2. Evidence Based Practice in Assessment

Interns cultivate strong skills in **diagnosis and treatment planning** that are transferrable to other practice settings. Interns receive training in these areas and are expected to



discuss diagnosis and treatment planning in supervision and consultation with UCC staff. Additionally, interns learn how to interpret and utilize **assessment** in their work with clients for diagnostic and clinical outcome purposes. Interns learn how to interpret assessment results, and are expected to monitor clients' symptoms on a regular basis and to use assessment data to inform their work with clients. Interns are expected to develop and demonstrate competency with the various assessment instruments used in a counseling center setting by utilizing a variety of assessments at least once during the internship year (e.g., Eating Disorder Inventory-3, AUDIT, etc.). Interns are also expected to administer and interpret a personality measure (e.g., MMPI-2, NEO, PAI) twice during the internship year.

### **3. Consultation and Interprofessional/ Interdisciplinary Skills**

Interns develop skills for effective **case management**. These skills are essential for working within a larger campus environment and include the ability to consult with professionals in other offices on campus, as well as with off-campus providers, for the coordination of client care. Interns also learn about resources both on- and off-campus for providing referrals to clients when needed and facilitate administrative processes often in collaboration with the Office of Academic Advising. These skills are developed through weekly supervision meetings, consultation with the UCC's Clinical Case Manager, and attendance at consultation meetings with the Learning Assistance Center/Disability Services (LAC), Psychiatry, and the Student Health Service (SHS), and are evaluated based on what is expected for the intern's level of development.

Interns also learn how to **manage a professional schedule** such that they consider the UCC's scope of services when making referrals, and balance client needs with other responsibilities as staff members of the UCC.

Additionally, interns participate in planning, development, and facilitation of campus **outreach** programs. Interns are provided knowledge and skills in program development and outreach through reading and assisting staff members with planning and co-leading outreach group activities. Interns are expected to participate in ongoing UCC outreach programming efforts throughout the internship year, including Signs of Stress week, Exam Fairies, and Suicide Prevention trainings.

### **4. Supervision**

Interns acquire knowledge of **theories and models of supervision** through attendance at the supervision seminar during the fall semester, as well as by joining the UCC's master's counseling interns and psychology practicum trainees for group supervision on a biweekly basis. This foundational knowledge and experiential practice prepares interns to provide direct supervision to counseling interns or psychology practicum students during the spring semester and primes them to offer more effective peer supervision/consultation. Additionally, these experiences help interns prepare for and more effectively use their own supervision.

A developmental model is utilized that allows interns to first observe and co-lead supervision sessions before they **provide supervision** to a master's counseling intern or psychology practicum student at the UCC in the spring. Interns receive ongoing supervision of their provision of supervision during this experience.

## **5. Cultural and Individual Diversity**

Interns build **multicultural competence** for working with diverse people in mental health settings. Interns attend recurring diversity seminars, campus-wide diversity trainings, and related campus events, and complete outside readings related to diversity in order to gain knowledge and awareness. Within supervision interns examine the cultural dynamics between therapist and client and utilize personal reflection in order to further develop this competence area. Throughout the training year interns participate in the UCC's ongoing diversity dialogues with the entire staff and are expected to develop and implement at least two outreach events addressing the unique needs of underrepresented populations on campus. Interns incorporate their specialty focus or an area of clinical interest into one of these outreach programs to foster understanding of the intersection of minority status and mental health (e.g., eating disorders in the Latino population, substance abuse among International students, etc.).

## **6. Research**

Interns **critically evaluate research** as it relates to provision of service, supervision, outreach programming, and other professional areas throughout the training year. Interns are expected to disseminate research during their internship year through completion of a professional research presentation in an area of expertise, typically their dissertation topic.

Additionally, interns participate in **program evaluation** of services provided through the UCC, which will be presented as a poster at the annual Campus Life Assessment Expo.

## **7. Ethical and Legal Standards**

Interns increase their knowledge of **ethical and legal standards** and learn ethical decision-making skills. Interns are expected to have knowledge of the ethical standards set forth by APA and to act in compliance with these standards. Discussion of ethical issues occurs in clinical staff meetings, seminars, and both individual and group supervision on a regular basis to develop these skills.

## **8. Professional Values and Attitudes**

Interns engage in the process of personal reflection to aid in development of **self-awareness**. The UCC staff is committed to the belief that continued personal growth is essential to all mental health professionals. Interns are asked to reflect on their own feelings and reactions toward clients, their role as an emerging psychologist, and the internship experience in individual and group supervision. Interns are expected to

develop awareness of their own biases and personal issues that may impact their work with clients. If necessary, interns may be referred to a community provider to work through personal issues if they arise.

Additionally, interns develop their **professional identity** over the course of the training year. This is developed through functioning as a member of the UCC staff, attending weekly staff meetings and in-service trainings, becoming familiar with the structure and policies of the UCC, engaging in the same professional activities as all staff members, and receiving mentorship from supervisors and other senior staff members. Interns are encouraged to attend outside training activities that develop knowledge and professional identity as well.

## **9. Communication and Interpersonal Skills**

Interns develop and maintain professional relationships and demonstrate **effective interpersonal communication** with a wide range of entities including colleagues, organizations, other professions, communities, and those receiving services from the UCC. When relevant, they will manage difficult conversations in a professional and effective manner. Additionally interns will demonstrate oral, nonverbal, and written communications that are informative and well integrated, as well as demonstrate a mastery of professional language used within the field of psychology.

## **B. Direct Service Activities**

All interns participate in the following direct service activities in order to develop the competencies listed above. Interns complete at least 500 hours of direct, face-to-face service with clients during their training year.

### **1. Walk-In Coverage- Initial Visits (IVs)**

Each student presenting for services at the UCC for the first time or returning for services during a new academic year may walk into the UCC during walk-in hours to be seen for a 30-minute “Initial Visit” (IV). Upon arrival, clients use a UCC iPad to complete an informed consent, the Standardized Data Set (SDS), which includes demographic information, and the Counseling Center Assessment of Psychological Symptoms-62 (CCAPS), which measures distress experienced by college students in eight common problem areas. These data are available to the clinician electronically before meeting with the student.

At the beginning of the training year, interns receive training in how to conduct a brief, structured initial visit, observe select staff members conduct IV sessions, and are observed by supervisors while leading IVs. All interns are also provided training in suicide risk assessment and managing crisis situations, including the use of a solution-focused approach and available campus and community resources. The intern’s primary supervisor will determine when the intern is developmentally ready to conduct IV sessions alone during their weekly walk-in clinic coverage. Interns are expected to learn

how to integrate new clients into their schedule by assessing how quickly they need to be seen, prioritizing high-risk clients and spacing out appointments as appropriate. Interns may also refer clients to another clinician at the UCC or an off-campus provider if a specialized treatment is needed or if it is not possible to meet the scheduling needs of the client.

**a. Minimum Expectations for Interns to Conduct IVs Independently**

**i. Prior to IV**

Must review relevant clinical notes and the SDS and CCAPS data and be familiar with areas of concern (high CCAPS scores, any SI/HI indicated).

**ii. Beginning of IV (should take no more than 5 minutes)**

- Explain role as an intern under supervision at the UCC and the need for videotaping; get consent to videotape and start the recording. If the client is uncomfortable with videotaping, the intern may proceed with the IV, but will need to refer the client to a senior clinician for ongoing therapy. As primary supervisors become familiar with interns' clinical skills, they may allow interns to continue working with clients who will not allow videotaping; interns need to secure their supervisor's permission before scheduling themselves a client who does not consent to recording for ongoing therapy.
- Ask student if they had any questions about the informed consent form. Review confidentiality and all limits to confidentiality.
- Explain the purpose, timeframe, and structure of the IV. The purpose is to assess the student's needs and potentially connect them to campus resources, another clinician at the UCC, or an off-campus provider.
- Discuss UCC scope of service: short-term model, typically biweekly meetings. There is the possibility of referring off campus if student wants to see someone more regularly and has the means to do so.

**iii. During IV Must Cover and Collect:**

- Discuss CCAPS data either formally or to address discrepancies in what the student is sharing during the IV, depending on clinician style.
- Presenting concerns, including symptoms and functioning (sleep, appetite, class attendance, etc.).
- Substance use, including amount, frequency, consequences, etc.

- Suicide risk assessment, including frequency, duration, and intensity of any past or current thoughts. Interns are expected to step out of session to consult with a senior clinician when a client's risk level is elevated due to current suicidal or homicidal ideation with a plan.
- Homicidal ideation.
- Disposition options:
  - Schedule intake appointment with yourself.
  - Schedule intake with another UCC clinician if requested by the student, necessary due to scheduling issues, or most appropriate based on the presenting concern.
  - Can consult with supervisor and get back to the client later about scheduling.
  - Schedule client with the UCC's clinical case manager if the client would prefer to receive services off-campus or requires off-campus services due to the severity or specialized nature of their presenting concern and would like assistance getting connected with a provider.
  - Discuss groups that would be a good fit and schedule for a pre-group appointment if the student is interested.
  - Refer to another office on campus if appropriate (Safe Office, LAC, SHS, Chaplain's Office).
  - No follow-up if client has gotten what they need from the initial visit, is not interested in pursuing therapy at this time, or prefers to utilize the walk-in clinic to check in with a clinician as needed.

**iv. Post-IV**

- Add affect/mood, observations of behavior, etc.
- Add Global Assessment of Functioning in College rating.
- Write a detailed plan, including areas needing assessment during the intake.
- Add a diagnosis.
- Consult with therapist the client is being referred to if a referral is made or with supervisor if assistance is needed with determining next steps.

**2. Walk-In Coverage- Returners/Crisis**

Students may utilize the UCC's daily walk-in hours to meet with a clinician to address an immediate crisis or for brief therapeutic intervention. Interns provide approximately three

hours of walk-in clinic coverage per week and will see a mix of initial visits and returning/crisis clients during that time. During returning and crisis visits, interns assess the immediate presenting concern, utilize brief intervention skills, and offer recommendations regarding ongoing therapy, off-campus referrals, or referrals to other campus offices that may be helpful to the client. These sessions are often conducted in 30-minute increments, but interns may use their clinical judgment to extend this time for particular clients as needed. Interns are expected to step out of session to consult with a senior clinician when a client's risk level is elevated due to current suicidal or homicidal ideation with a plan.

### **3. Individual Therapy**

Interns are expected to begin the training year with a basic knowledge of various therapeutic theories and to increase that knowledge throughout their placement at the UCC. Interns provide individual therapy, seeing WFU students for short-term therapy (1-12 sessions), providing approximately 13-15 individual therapy hours per week. This will include therapy for personal, interpersonal, and general mental health concerns. Individual therapy also involves assessing and conceptualizing presenting problems from a theoretical frame of reference, diagnosing clients using DSM-V criteria, regular assessment of symptoms using diagnostic interview and the CCAPS, as well as other assessments, ongoing suicide risk assessment when necessary, providing dispositions on cases, and engaging in treatment planning and implementation. Interns should discuss management of their caseload and concerns about their ability to accept new clients with their supervisor and the Clinical Director if they arise.

### **4. After-Hours Crisis Intervention (On-Call)**

Once interns are capable of conducting suicide risk assessments and managing crisis situations during office hours, they join the after-hours on-call rotation of the UCC clinical staff members. Interns carry the UCC crisis cell phone during evening and weekend hours when the UCC is closed to respond to crisis situations that arise on campus. This can include conducting a suicide risk assessment via phone or meeting with a student on campus to provide support, assess risk, and/or facilitate hospitalization if needed. Interns always have access to their supervisor or another UCC clinician for consultation and assistance during their on-call responsibilities. Interns will be on-call for a total of approximately four weeks during the training year.

### **5. Group Therapy**

Interns are actively involved in group development, including planning, advertising, and screening potential participants for group. Interns co-lead a group with a staff member during fall semester and receive a half-hour of supervision per week with that staff member to process the group experience, plan for future sessions, and develop interns' skills in group facilitation. In preparation for the spring semester, interns are expected to propose a psychoeducational workshop or seminar, support or therapy group addressing a topic of interest or an issue affecting students on campus. Group proposals are due

around the mid-point of the fall semester and are reviewed by the Groups Coordinator. During spring semester interns may co-lead a group with another intern if approved by their primary supervisor and the Groups Coordinator. When interns facilitate a group together, they meet with the Groups Coordinator for a half-hour weekly for supervision of the group therapy experience. Co-facilitators may also schedule extra preparation time prior to the start date for the group in order to plan the structure of the group, develop a curriculum, and screen potential group members. Interns are expected to co-lead a group during both fall and spring semesters and to exhibit knowledge and understanding of group process and procedures and develop their group therapy skills during the internship year.

## **6. Case Management**

Interns receive training in providing referrals, completing documentation for clients, and communicating with providers on and off campus in the interest of taking a treatment team approach and/or facilitating positive continuity of care. Interns will receive formal and informal feedback on these skills through the internship. Case management should be scheduled as needed to make contact with referral sources on behalf of clients, make follow-up contact with clients, respond to e-mails, return telephone calls, and do general planning regarding work with clients.

## **7. Assessment**

Interns receive training in the use and interpretation of some commonly used psychological assessment instruments through seminars, didactics, and individual supervision. The goals of this training are to ensure interns' competence in:

1. Identifying clients who could benefit from assessment;
2. The selection of instruments appropriate to the client and referral question;
3. The administration, scoring, and interpretation of test data, including awareness of instrument strengths and weaknesses and cultural considerations;
4. The provision of assessment feedback to referrals sources and/or clients;
5. Writing psychological reports in a university counseling setting; and
6. Understanding the use of assessment as a therapeutic tool and/or intervention.

To meet these goals interns are required to complete the following psychological assessments during their training year:

1. Interns will receive training in the use of screeners for assessing disordered eating and substance misuse. Each of these screeners must be utilized at least once during the internship year. The results from the screener should be integrated into the assessment section of the note for that appointment, and the screener should be uploaded into the client's file as an "assessment data" note.
2. Interns are required to complete two personality assessments during the training year.

- a. At least one of these assessments must be completed with a current client of the intern. If the second assessment is completed with another UCC client based on a clinician referral, a clinical interview is required. Decisions to engage in personality assessment with a client must be approved with the intern's primary supervisor before being scheduled.
  - b. Clients must sign a separate informed consent specific to psychological assessment.
  - c. At least one of the objective personality measures available in the UCC must be utilized. Additional assessments can be added based on appropriateness to the referral question, availability, and intern/supervisor competence in the use of the instrument. All raw test data must be uploaded into a client's file in Titanium as an assessment data note type.
  - d. Feedback from the assessment must be given to the student or the referring clinician within two weeks of the completion of the assessment session(s), as the intern's and client's schedules permit.
  - e. A written report from the assessment must be completed, printed, signed by the intern and their supervisor, and uploaded as an "assessment report" note in the client's Titanium file within four weeks of the assessment session. The report should contain sections for the referral question(s), relevant background data, assessments administered, results and discussion, diagnoses, and recommendations. Specifics within each of the headings are ultimately determined by the intern's supervisor.
3. Clients receiving services at the UCC are asked to complete the CCAPS-62 at the onset of therapy. Clients then complete the shorter version of this measure, the CCAPS-34, prior to every subsequent session to track symptom levels and client progress over time. These assessments are taken on a UCC iPad and results are automatically calculated and saved into the client's electronic file. Interns are expected to utilize this assessment data to aid in diagnosis and to inform their work with clients.

### **C. Training Program Specialization Areas**

Interns can receive additional training in one clinical specialization area during the training year. A specialization provides interns with in-depth training that would go beyond the otherwise generalist nature of working in a university counseling center and prepares interns to take on a coordinator role following graduation (e.g., substance abuse services coordinator, eating disorder services coordinator, diversity coordinator, sport psychology liaison). However, interns may choose to forego a specialization in lieu of a more generalist training experience.

Prior to the start of the internship year, interns rank the available specialization areas, as well as the more generalist option. Because some specialization areas can only accommodate one intern per year due to supervisor demands and availability of opportunities in that area, if more than one intern ranks one of these specializations as their first choice, an open, transparent conversation about specialization choices will take place during orientation to the internship. If neither intern volunteers to choose a different specialization area, the Internship Administrative



Committee will decide specialization assignments based on interns' submitted rankings and demonstrated interest in various specialization areas, which may include previous practicum experience in one of our specialization areas or participation in research focused on a specialization area. Available specializations will include focused education, supervision, and provision of service in one of the following areas:

**1. Disordered Eating and Body Image Concerns Prevention and Intervention**

The UCC can offer many opportunities for one intern to gain specialized training in the prevention and treatment of disordered eating and body image concerns each training year. The intern selecting this specialization area may conduct eating disorder assessments utilizing the EDI-3, provide treatment to students presenting with disordered eating and body image issues as a primary concern, and attend biweekly meetings of the Eating Assessment and Treatment (EAT) Team, which is a multidisciplinary team composed of a professional counselor, a physician, and two nutritionists. The intern may also be involved with the training and coordination of the Body Project, a campus-wide effort to promote body-acceptance. The intern who selects this specialization would receive secondary supervision and consultation from a UCC clinician trained in the provision of eating disorder treatment.

**2. Outreach and Intervention for an Underrepresented Population**

While all interns will have the opportunity to work with diverse students across campus, interns selecting this specialization choose an underrepresented population (e.g., International students, LGBTQ+, first generation college students, African American students, etc.) on campus with which to specifically connect. Interns collaborate with campus partners such as the Intercultural Center, the Women's Center, the LGBTQ Center, First in the Forest, and International Students and Scholars to organization outreach programs addressing the specific needs of these students and provide consultation regarding student mental health concerns in the chosen population. Interns are expected to develop knowledge of nuanced mental health concerns and skills in providing clinical services to students from their chosen population. Knowledge, skills, and awareness will be developed through secondary supervision and consultation from UCC clinician(s) with advanced training in working with specific client populations and by attending trainings and completing readings in that area. More than one intern may choose this specialization area provided that each intern chooses a different population to specialize in working with.

**3. Sport Psychology**

In collaboration with Wake Forest Athletics, the UCC can offer many opportunities for one intern to specialize in sport psychology efforts each training year. The intern selecting this specialization will be assigned to a specific sport and will track the progression of that team throughout the academic year, including co-facilitating team sessions, shadowing coach consultations, and observation of practices and games. Additionally, the intern may provide individual sessions focused on clinical and/or sport

performance topics with a variety of student-athletes. The intern selecting this specialization will have the opportunity to attend an integrated care team meeting of their choice: the Performance Team, focused on Athletics department policy, culture, and collaboration; the Eating Assessment and Treatment (EAT) Team, focused on prevention and treatment of eating disorders on campus; or the Sports Medicine Behavioral Health Team, focused on consultation, coordination of care, and maintaining best practices. Based on the availability of these opportunities, the intern may also create/plan outreach events and co-facilitate a lecture for developing student-athlete leaders. The intern who selects this specialization would receive secondary supervision and consultation from a licensed psychologist specialized in sport psychology within Athletics.

#### **4. Substance Abuse Prevention and Intervention**

In collaboration with the Office of Wellbeing, the UCC can offer many opportunities for one intern to specialize in substance abuse prevention and intervention efforts each training year. Based on the availability of these opportunities, the intern selecting this specialization may participate in trainings on Motivational Interviewing and the BASICS model, co-facilitate educational groups with the Assistant Director of Wellbeing, shadow and conduct one-on-one BASICS sessions with mandated students, conduct substance misuse assessments at the UCC using the AUDIT, and provide short-term treatment to students presenting with substance abuse issues as a primary concern. The intern who selects this specialization would receive secondary supervision and consultation from a UCC clinician trained in the provision of substance abuse treatment.

### **D. Non-Direct Service Activities**

All interns will also participate in the following activities that do not count as direct service hours but are integral to the mission and operation of the UCC.

#### **1. Outreach Programming and Prevention**

The UCC engages in a wide range of outreach activities, including invited presentations to departments, classes, residence halls, and student groups, resource fairs, and suicide prevention trainings to the campus community. The UCC will provide training in program development and outreach through didactics, supervision, readings, and assisting staff members with planning and co-leading outreach group activities.

Interns will receive developmentally appropriate guidance around planning and implementation of outreach through outreach supervision, as well as primary and secondary supervision where applicable.

- a. Initially, interns will observe outreach completed by senior staff and participate in small part.

- b. As interns become more comfortable with outreach and senior staff are able to observe skills, interns will become increasingly responsible for developing outreaches from inception to delivery and evaluation.

Intern expectations regarding outreach are as follows:

- a. Interns are expected to participate in at least **2 whole-campus outreach initiatives** (e.g. SOS, Red Flag Campaign, Fairies) *per semester*. One of these **must** be 4 hours each semester devoted to the Signs of Stress events.
- b. Interns are expected to volunteer to complete at least **4 general outreach requests** (e.g. outreaches requested by departments, student groups etc.) **over the course of the school year**, which can be completed with senior staff.
  - i. Two of these must be presentations in which they take an active role.
  - ii. Two of these may be tabling events.
- c. All interns will complete at least **2 suicide prevention presentations**.
- d. All interns are expected to design, plan, complete, and evaluate **2 outreaches** (“outreach projects”) designed specifically for underrepresented population(s) of their choice over the course of the year. For more details, please see the Required Intern Projects section of this chapter.

## **2. Provision of Supervision**

After engaging in a supervision seminar during the fall, observing various supervision styles, and providing co-supervision, interns have the opportunity to act as supervisor to a master’s counseling intern or doctoral practicum trainee during the spring semester of the internship year. Developmental readiness to take on the task of providing supervision is determined by the primary supervisor, the Training Director, and the Training Coordinator based on sufficient demonstration of the proficiencies listed below. Interns meet weekly for one hour with their supervisee and are also responsible for reviewing and providing feedback on the supervisee’s case notes and videotaped sessions. Supervision sessions are recorded so interns can review them in supervision of supervision. Interns attend a weekly group supervision of supervision meeting during spring semester to aid in the development of supervision skills and to process their experience as supervisors. Clinical responsibility for the interns’ supervisees ultimately lies with the Training Director, Training Coordinator, and the Director of the UCC.

- a. **Intern Demonstrated Proficiencies for Becoming a Primary Supervisor**
  - i. Demonstration of the ability to identify clinical patterns, themes, and interpersonal dynamics through watching video, observing

- group dynamics, and hearing about cases.
- ii. Awareness of personal biases and emotions, and the knowledge and ability to ask for help and support as needed.
- iii. Demonstration of accurate case conceptualization and ability to match appropriate interventions to assist clients with meeting their therapeutic goals.
- iv. Solid knowledge of safety procedures and crisis protocols and demonstrated ability to seek consultation during complex crisis situations as needed.
- v. Strong suicide/homicide risk assessment skills.
- vi. Demonstration of ability to integrate multicultural knowledge, skills, and awareness into their multiple roles at the UCC.
- vii. Consistently demonstrates responsibility for completing administrative tasks (e.g., record keeping, supervision preparation, etc.) in a responsible and timely manner.
- viii. Demonstration of good time management skills and flexibility in managing a full caseload and additional UCC responsibilities.
- ix. Demonstrated ability to provide appropriate and timely feedback to peers, supervisors, etc.
- b. An intern who has not met the proficiencies listed above may be able to gain supervisory experience through other means, such as providing rotating biweekly supervision to the intern with a staff member providing supervision on the alternating weeks, until they meet full proficiency.

### **3. Counseling Center Administration**

Interns have the opportunity, but are not required, to choose an area of counseling center administration they are interested in and to shadow and assist the UCC staff member in that role. Areas of administration include, but are not limited to, clinical service, programming and prevention, training, group coordination, and directorship. Regardless of a choice to learn more about a particular area of administration, interns may be given administrative tasks to complete to assist the operation of the UCC, such as researching resources or materials for UCC purchase, providing feedback on UCC policies or website language, or creating handouts or brochures for clients. Interns can also volunteer to participate on work groups that form within the UCC to address specific challenges or to implement certain projects. Additionally, interns, along with other clinical staff members, assist with providing coverage at the front desk of the UCC occasionally when the administrative staff members are not available. All of these tasks allow interns to see how various aspects of the UCC operate.

## **E. Required Intern Projects**

Throughout the training year, interns are required to complete certain projects in order to enhance their learning and to ensure that they are participating in all facets of university counseling center work.

## **1. Outreach Programming for Underrepresented Populations**

During the fall and spring semesters, interns are each required to develop and implement at least two outreach events addressing the unique needs of underrepresented populations (e.g., International students, LGBTQ+, first generation college students, African American students, etc.) on campus. Interns incorporate their specialty focus or an area of clinical interest into one of these outreach programs to foster understanding of the intersection of minority status and mental health (e.g., eating disorders in the Latino population, substance abuse among International students, etc.). Interns specializing in Outreach and Prevention for an Underrepresented Population must choose different population(s) for the focus of these programs than they have chosen for their specialty focus. Interns will consult with the Assistant Director for Outreach and Prevention and/or the Outreach Coordinator during the development of their program and may utilize UCC staff members in the implementation of the program if needed.

## **2. Program Evaluation**

Interns are expected to participate in a program evaluation project during the spring/summer, which will examine some facet of the outreach, clinical, or training services offered by the UCC. This may include looking at client satisfaction surveys or feedback on outreach programs, change in CCAPS scores of clients in group therapy versus individual therapy, or utilization rates of new services or programs offered by the UCC. Results of the program evaluation are presented as a poster at the annual Campus Life Assessment Expo which takes place each July. Interns utilize the Clinical Director as a resource for knowledge and consultation during the development of their project and data analysis.

## **3. Professional Research Presentation**

Interns are given dissertation or personal research release time of up to 2 hours per week during the academic year and approximately 4 hours per week during the summer months. Interns are required to disseminate the research they have conducted during their internship year through completion of a professional research presentation to the UCC staff and campus colleagues. Whenever possible, the intern's research presentation should be on a topic relevant to their experience with the WFUCC Psychology Internship. Research presentations take place at the end of the training year.

## **4. Case Presentations**

In order to assist interns in honing their case presentation skills, which are important for professional job interviews, interns present their work with a client twice during the internship year to the UCC clinical staff. Case presentations include general background information about the client, a summary of treatment, the intern's conceptualization of the client based on their theoretical orientation, a brief video clip from a session with the client, and specific questions to the group about perceptions of the client and/or strategies

for working with that client. These presentations last for one hour including feedback and discussion.

## **F. Training Activities**

Interns develop skills in conceptualization, treatment planning, diagnosis, treatment provision, outreach planning and facilitation, self-reflection, and professionalism through the following training activities.

### **1. Clinical Supervision**

#### **a. Individual Supervision (Primary)**

Primary supervision of interns by a licensed psychologist is conducted on an individual, face-to-face basis for a minimum of 2 hours per week. The role of the primary supervisor is to provide oversight of supervisees' clinical caseloads and to aid supervisees in the development of clinical skills. This includes signing off on clinical documentation, reviewing and providing feedback on videotaped sessions, providing mentorship in the development of a professional identity and in learning appropriate professional behavior, assisting in the development of a solid theoretical orientation, providing ongoing evaluation and feedback, and creating a safe, supportive environment in which examining biases, privilege, intersecting identities, and ethical concerns is a focus of supervision. Supervisors document discussions that take place during supervision meetings in Titanium and these notes are available to the supervisee for review.

#### **i. Supervision Attendance**

If supervisor or supervisee misses a scheduled supervision meeting, it is the responsibility of both parties to reschedule the meeting within the same week if possible. In rare circumstances when supervision cannot be rescheduled in the same week, supervision may be provided via telephone or videoconferencing if the supervisor is available but unable to be physically present (e.g., away at a conference, home with a sick child). When extended absences occur (a week or more) for planned or unexpected reasons on the part of the supervisor, it is the supervisor's responsibility to find another staff psychologist to provide supervision in their absence.

#### **ii. Supervision Preparation**

Interns are expected to be prepared for supervision each week. Preparation can involve reviewing videotapes, organizing cases, preparing questions, and reviewing set goals to provide direction for each session of supervision. From time to time, supervisors may assign individualized readings to interns. These are most likely to be about topics that are

coming up in the intern's sessions with a particular client, theoretical material, and/or other information that may enhance the intern's ability to work therapeutically with clients. Interns should make every effort to complete readings in a timely manner in preparation for supervision sessions.

### **iii. Recording of Supervision**

Interns will be asked to sign a recording agreement at the beginning of the supervision relationship allowing their supervisor to record all supervision meetings. These recordings will be saved securely by the supervisor on their work-issued laptop and may be used for the purpose of supervisor consultation around supervision issues, supervisor professional development, and intern growth. Recordings may also be requested from the supervisor and reviewed by the Internship Administrative Committee in the event that an intern raises a grievance against one of their supervisors. Interns reserve the right to ask a supervisor to stop recording a particular supervision meeting if the recording would hinder their ability to be fully open; however, the ultimate decision to pause a recording lies with the supervisor. Supervisors are expected to record all supervision sessions in their entirety and to only pause the recording at the request of the supervisee(s).

### **iv. Supervision Assignments**

During orientation to the internship, interns meet all available primary supervisors and are asked to submit a supervisor preference. Interns are not guaranteed their first choice of supervisor, but preferences are taken into consideration. The Training Director oversees supervisor assignments by also considering the match between intern and supervisor interest areas, theoretical orientation, professional identity, and personality. Interns will maintain the same primary supervisor throughout the internship year. However, during the second half of the year, interns may request to split their 2 hours of primary supervision per week among two different psychologists if there is an additional staff member who they would like to be supervised by and who is available to provide supervision. This creates the opportunity to learn from a supervisor with a different theoretical background or skillset if desired.

### **b. Secondary Supervision**

All interns will receive one hour of individual, biweekly secondary supervision by a licensed mental health provider. Specialty areas have set supervisors who have specialized knowledge and training in particular areas of practice and are licensed and/or certified in their area of mental health practice (e.g., psychology, counseling, addictions). Interns who choose to forego a specialization area in lieu of a more generalist training experience receive secondary supervision from a

licensed mental health provider in alignment with the interns' training goals (e.g., public speaking, leadership, behavioral intervention).

Secondary supervision will focus on building clinical skills, consultation and outreach skills, and/or leadership skills in the intern's area of specialization/specific training goals. At the beginning of secondary supervision, the intern and their secondary supervisor will spend time specifying the intern's goals and coming to an agreement of what activities the intern will participate in weekly to help them reach these goals. These activities will be accounted for in the intern's benchmarks.

**c. Group Supervision**

Group supervision is held for one hour each week and provides an opportunity for interns to discuss ongoing cases and clinical issues. These meetings are led by an appropriate staff member(s). Every other week interns will join the master's interns/doctoral practicum trainees in group supervision using the Structured Peer Supervision Model (Borders, 1991) to enhance their own learning experience as clinicians and as future supervisors. During the spring semester, interns meet biweekly for group supervision with the Training Director and discontinue group supervision with the master's interns/doctoral practicum trainees as they step into the role of primary supervisor for these individuals. The supervisor(s) arrange for another clinical staff member to lead group supervision in instances where they will be absent. Interns are expected to present client cases regularly to peers using brief video clips of therapy sessions to obtain feedback. Professional issues that arise may be addressed in group supervision as well.

**d. Special Topics Supervision**

Interns meet weekly for one hour of group supervision that rotates to focus on the following topics: assessment, outreach, group therapy, and additional areas of clinical focus as needed. During the summer, these special topics supervision meetings are reduced to twice per month and rotate among topics focused on projects and tasks interns are completing as internship comes to an end. These sessions will be led by UCC staff with specific knowledge and expertise in each of these areas.

**i. Outreach Supervision**

Interns will participate in monthly special topics supervision with the Outreach Coordinator to discuss planning and implementation of planned outreach, particularly outreach projects.

- A. This is not the only time where interns can or will be expected to discuss these projects. They can and should



also be getting feedback from their supervisors or other involved parties.

- B. Interns are permitted to invite senior staff to participate in their outreach projects, although logistics and content are expected to be handled largely by the intern and the project is the intern's responsibility.

**C. Outreach Projects Timeline:**

These guidelines for tasks to complete for each outreach supervision meeting are designed to give you some guidance as to how you will prepare:

- **August:** Interns will identify the specific group they want to work with for Fall semester (or year). Interns will schedule at least one meeting with campus partner(s) who work in this area to discuss the needs of the population.
- **September:** Interns will be ready to discuss the results of their meetings with campus partners and how they envision using these in an outreach by bringing a draft of the outreach planning form to get feedback and share ideas with one another and with the Outreach Coordinator.
- **October:** Interns will have had at least one additional meeting with the identified campus partner to discuss content and logistics of the program. The program should be scheduled *prior to this supervision meeting*.
- **November:** If outreach has not been completed, final details of outreach program and logistics will be discussed.
- **December:** Program should be completed and evaluated. Interns should be prepared to discuss highlights and challenges of completing the outreach, from inception to delivery and assessment. Interns should be thinking ahead to next semester's outreach project(s).
- **Winter Break:** Interns are encouraged to meet with campus partners when available to continue work on planning for next semester. They are also encouraged to meet with Outreach Coordinator and/or Supervisors to discuss outreach.

Spring Semester

- **January:** Interns should have met with campus partner(s) identified for partnership for the second semester. Interns will be ready to discuss the results of these meetings and how they envision using these by bringing a draft of the outreach planning form to get feedback and share ideas with one another and with the Outreach Coordinator.

- **February:** Interns will have had at least one additional meeting with the identified campus partner to discuss content and logistics of the program. Program should be scheduled *prior to this supervision meeting*.
- **March:** If outreach has not been completed, final details of outreach program and logistics will be discussed.
- **April:** Program should be completed and evaluated. Interns should be prepared to discuss highlights and challenges of completing the outreach, from inception to delivery and assessment.

#### **e. Supervision of Supervision**

During the spring semester, interns meet weekly for supervision of supervision, focusing on their experiences acting as a supervisor to a master's counseling intern or doctoral practicum trainee. During supervision of supervision, interns discuss their experience as a supervisor, learn skills for managing issues that arise in supervision, and review videotapes of their work with their supervisees. In the case that an intern does not demonstrate sufficient proficiencies to take over as a primary supervisor to a trainee, alternative options to gain supervision experience will be considered, such as leading supervision biweekly in alternation with a primary supervisor, and the intern will still attend weekly supervision of supervision meetings. Supervision meetings focused on supervision of supervision are consistently led by a UCC staff member with specialized training in the provision of supervision.

#### **e. Supervision of Group Therapy**

Interns receive a half-hour of supervision of group therapy per week from the staff member they are co-facilitating group with. In the case of two interns facilitating a group together or an intern facilitating a group alone, a half-hour of weekly supervision of group therapy will be provided by the Groups Coordinator and consultation is available regularly as needed. Supervision is used to process the group experience, plan for future sessions, and develop interns' skills in group facilitation.

### **2. Consultation**

#### **a. Clinical Staff Meetings**

Interns are required to attend the clinical staff meeting that follows the general staff meeting each week. This meeting uses a staff consultation approach with clinicians bringing forward cases for consultation or that they would like others to be aware of in case the client is seen by another clinician in crisis. Interns are encouraged to contribute to the discussion by offering feedback to staff members or by discussing their own cases.

**b. Clinical Consultation Meetings**

Interns attend consultation meetings with the Learning Assistance Center/ Disability Services (LAC) and campus psychiatry biweekly and Student Health Services (SHS) monthly to observe and participate in consultation about clients with multidisciplinary staff on campus. Interns are encouraged to discuss clients they are working with who are receiving services elsewhere on campus or who would benefit from a referral. As the training year progresses and interns' caseloads are heavier, they may opt out of attending these meetings unless they have clients to consult about.

**c. Informal Consultation**

The UCC believes in an open-door policy for consultation and encourages interns to informally consult with various UCC clinical staff members as needed. Interns may also contact colleagues in the LAC and SHS between formal consultation meetings to discuss a mutual client when needed.

**3. Training Seminars**

**a. Intern Training Seminar**

Interns attend a weekly seminar ranging from 1 to 2 hours presented by various UCC staff members and campus partners with specific expertise on the designated topic. Seminar topics address multicultural competence, ethics, assessment, different treatment models and techniques, issues prevalent in a college population, and professional identity development.

**b. Supervision Seminar**

During the fall semester, interns attend supervision seminar for one hour biweekly to review supervision theories and models, discuss supervision dynamics, and learn methods for providing multicultural supervision in preparation for taking on the role of supervisor to a master's counseling intern or doctoral practicum trainee during the spring semester. Interns also attend any staff-wide trainings or webinars on the topic of supervision. Supervision seminar meetings are consistently led by a UCC staff member with specialized training in the provision of supervision.

**c. Diversity Seminar**

At the beginning of the internship year interns' multicultural competence will be assessed so the goals of this seminar can be tailored to specific intern needs. Activities of this seminar may include exploration of own identities and areas of privilege, discussion of biases, discrimination of all forms, systems of oppression, and social justice in action, and participation in self-care surrounding interns' own

marginalized identities. Interns are assigned articles and books to read in preparation for discussion and are encouraged to be open, vulnerable, and lean into the inherent discomfort that comes along with exploring challenging topics and engaging in difficult conversations. Interns attend the diversity seminar for one hour biweekly led consistently by a UCC staff member with knowledge and understanding of the topic. Guest speakers may occasionally lead these meetings.

**d. In-Service Trainings**

Interns are expected to attend weekly in-service trainings with the entire UCC clinical staff. An average of once per month these trainings are devoted to Diversity Dialogues, during which staff members have the opportunity to share reactions to readings or videos about a specific diverse population, discuss biases and beliefs that may impact work with particular individuals, and develop knowledge, skills, and awareness that enhance effectiveness in working with diverse students. Other training topics may include clinical case presentations by staff members, meeting colleagues across campus and learning more about their departments and specific roles, and training on specific treatment techniques from community providers. Interns will have the opportunity to suggest specific topics of interest for in-service trainings.

**e. Staff Professional Development Activities**

Interns have the opportunity to participate in continuing education activities designed for the UCC staff. Such trainings might include a full or half day workshop on working with a specific population (e.g., International students, transgender students), as well as presentations by other mental health providers in the community on their areas of expertise or the services they offer. Additionally, there are regular opportunities for professional development offered through the University's Professional Development Center (PDC), including workshops on public speaking/group facilitation, diversity and inclusion, and leadership. In keeping with the University's commitment to issues of diversity and inclusion, two-day institutes on social and racial justice are open for staff members and interns to attend when they are offered. Interns should discuss their interest in attending professional development workshops with their supervisor before signing up.

**G. Administrative Activities**

**1. Videotaping of Sessions**

Interns obtain consent from clients during the walk-in appointment/initial visit or intake to videotape all client sessions using a webcam. These videos are stored on a secure, password-protected network drive, and are used for supervisory purposes within the UCC only unless further permission is obtained from the client. Videos are deleted on a regular basis once they have been reviewed by a supervisor.

## **2. Record Keeping**

Record keeping time is provided each week so that interns can write client reports, session notes, and business/professional letters. It is expected that interns have session notes completed within 48 hours of meeting with a client. Initial visit, triage, and after-hours crisis documentation must be entered prior to the end of the day on which the service has been provided. Copies of correspondence, emails, notes regarding phone calls and consultations, and test data is entered into Titanium. All documentation is signed off by the intern's supervisor.

## **3. Staff Meetings**

General staff meetings occur once per week and include all staff members, interns, and other available trainees. During staff meetings general issues of UCC functioning are discussed, and outreach and group workshop opportunities are shared. Additionally, during these meetings, the staff often discusses systems level issues related to the growth of the UCC, incorporation of global treatment protocols (e.g., the university-wide substance use program), and collaboration with other departments and professionals. Interns are encouraged to actively participate in these discussions to further develop their competence in counseling center administration.

There may be portions of staff meetings that are designated for senior staff only that the interns do not attend. Senior staff meetings are utilized for topics in which self-disclosure may not be used with the intentionality typically appropriate for supervision, and therefore may have some risk of harm to the supervisee. Whenever possible an effort will be made to include interns in difficult staff discussions in order to model health and appropriate workplace conflict.

## **4. Staff Retreats**

Three times per year (August/January/June) the UCC staff takes a half day or full day away from the office for the purpose of planning for an upcoming semester, discussing strategic issues, and bonding with each other in a fun, relaxed atmosphere. Interns are required to attend these meetings and are encouraged to share thoughts and ideas about the planning items being discussed.

## **5. Dissertation and Personal Research Release Time**

At certain times during fall and spring semesters interns are able to utilize up to two hours per week to work on their dissertations or other personal research projects. During the summer months, interns can use up to four hours per week to pursue research interests. Interns should discuss with the Training Director the appropriate time for using this release time.

## H. Summer Operations

Summer sessions at the UCC tend to be slower with fewer students seeking services than during the academic year. Interns should check with current clients and offer continued services over the summer. Interns should let clients know in advance of any breaks they plan to take from the UCC and plan accordingly for having the client meet with a staff member in the meantime if needed. Interns are asked to take on administrative projects during the summer months and use this time to work on required projects and presentations.

## I. Sample Weekly Schedule

This sample weekly schedule is an estimation of how interns will spend their time in any given week. A specific breakdown of how interns' time will be spent will depend upon their chosen specialization area and their individual benchmarks, which will be set with their primary supervisor at the start of each semester. UCC staff and interns are expected to work at least 40 hours per week according to their employment contract with the University. However, at times during the year staff and interns may work more than 40 hours per week due to participating in after-hours outreach or managing after-hours crises. Interns need to be mindful of logging enough hours to complete the internship and should speak with their supervisor or the Training Director about structuring their schedule in order to achieve this.

This description is an approximation and subject to change during the peak times of the year.	Fall	Spring	Summer
<b>Direct Clinical Service</b>			
Walk-In Coverage	3	3	6
Individual Therapy	15	13	7
After-hours Crisis Intervention (on-call)	0-2	0-2	0-2
Group Therapy	1.5	1.5	0
Case Management	1	1	1
Consultation	0-1	0-1	0-2
Subtotal	20.5-23.5	18.5-21.5	14-18
<b>Non-Direct Service</b>			
Outreach Facilitation	1-3	1-3	0-3
Outreach Preparation	0-1	0-1	0-1
Group Preparation	0.5	0.5	0
Provision of Supervision	0	1	0
Supervision Preparation (providing)	0	1	0
Subtotal	1.5-4.5	3.5-6.5	0-4
<b>Training Activities</b>			
Individual Supervision	2	2	2
Group Supervision	1	1	1
Secondary Supervision (1 hr. biweekly)	0.5	0.5	0.5
Supervision of Group Therapy	0.5	0.5	0
Special Topics Supervision	1	1	0.5
Supervision of Supervision	0	1	0

Clinical Staff Meetings	1	1	0.5
LAC/Psychiatry Consultation (1 hr. biweekly)	0-0.5	0-0.5	0
SHS Consultation (1 hr. monthly)	0-0.25	0-0.25	0
Intern Training Seminar	1	1	1
Supervision Seminar (1 hr. biweekly)	0.5	0	0
Diversity Seminar (1 hr. biweekly)	0.5	0.5	0.5
In-Service Trainings	1	1	0
Other Professional Development	0-2	0-2	0-5
Subtotal	9-11.75	9.5-12.25	6.5-11.5
<b>Administrative Activities</b>			
Record Keeping	4	4	4
Staff Meetings	1	1	1
Administrative Tasks	0-2	0-2	5
Dissertation/Research Release Time	0-2	0-2	2-4
Supervision Preparation	1	2	1
Subtotal	6-10	7-10	13-15
<b>Average Weekly Total</b>	40-42	40-42	40

# Chapter 4

## Policies and Expectations

Interns are given and expected to read and understand the UCC's Internship Training Manual. Additionally, interns will be treated like staff members, and are therefore expected to adhere to policies and procedures set forth in the UCC's Policy and Procedure Manual. The policies and expectations most relevant to interns' experience at the UCC are included here.

### A. Administrative Policies and Procedures

#### 1. Stipends and Benefits

The full-time internship position (12 months with a minimum of 2000 hours), begins in mid-July and has an annual stipend of \$35,568. All interns matched to the WFUCC Psychology Internship become employees of Wake Forest University, and therefore must complete pre-employment screenings, including a drug test and background check, in order to be officially hired as an intern. Interns are eligible for the same benefits as all full-time staff members at WFU, including medical, dental, and vision (<http://hr.wfu.edu/benefits/>). Interns may also elect to cover family members on university-sponsored insurance plans for an additional cost. Interns are provided with 25 days of paid time off (PTO) for vacation and sick leave and are not required to work on the approximately 13 University-observed holidays (<http://hr.wfu.edu/faculty-staff/leaves-and-absences/holidays/>).

#### 2. Work Hours

The University Counseling Center is open during normal university business hours, 8:30am - 5:00pm, Monday-Friday. In an effort to assist interns with their goal of accruing 2,000 total hours during the internship year, interns are classified as 40 hour-per-week employees of the University. Because the UCC is open 37.5 hours per week, interns will need to spend time outside of normal office hours to reach their scheduled 40 hours per week. Interns are welcome to arrive early or stay late completing administrative or recordkeeping tasks; however, clients cannot be scheduled prior to 8:30 am or after 5:00 pm. Participating in after-hours outreach activities also counts toward interns' work hours. Interns are encouraged not to shorten their lunch hour to accrue work hours. During the summer months, the UCC closes its doors for lunch between 12:30pm-1:30pm.

No clinician or trainee should ever see a client without another UCC staff member present and available at the center. For sessions at the end of the day, staff in session must be thoughtful about ending sessions by 5:00pm, and there must be at least one staff member not in session that remains until the session ends. Remaining staff are



encouraged to call in to the therapist in session by 5:10pm to check in on the process of ending the session.

### **3. Workspace and Support**

Interns are provided clerical and technical support equivalent to other full-time professional staff at Wake Forest University. This includes office space and access to the University Counseling Center's administrative staff members, who assist with scheduling of clients, answering telephone calls, and faxing records to outside providers. Interns are issued a University-owned laptop computer for use during the internship year, equipped with Microsoft Office software, internet access, video recording software, security software, and Titanium Schedule, which the Counseling Center uses for client scheduling and electronic recordkeeping. Interns also have access to the Counseling Center printer, copier, and fax machine, as well as a library of assessment instruments and therapy materials. Intern offices are equipped with telephones and webcams. All Counseling Center offices are equipped with a panic button that alerts University Police in the event of an emergency. Counseling Center staff members utilize a University-owned cell phone for rotating after-hours on-call duties, so personal phones do not need to be utilized.

### **4. Driving Distance**

Staff members and interns at the UCC are expected to live within a 45 minute drive to campus due to the likelihood of needing to respond in-person to crisis situations during on-call shifts. It is important to be able to respond to these situations in a timely manner.

### **5. Professional Liability Insurance**

While covered by the University's general liability insurance, interns are required to carry their own professional liability insurance coverage, which can be purchased online at minimal cost or may be available through the intern's home institution. The UCC may be able to cover the cost of professional liability insurance for interns who do not already have a policy or coverage through their home institution.

### **6. Internship Documentation**

#### **a. Maintenance of Intern Records**

The Training Director is responsible for maintaining intern records, which include all intern evaluations, formal complaints and grievances, remediation plans, and certificates of internship completion. These records are stored electronically as part of the Titanium Schedule database used by the University Counseling Center. Intern files are accessible by the Director and Associate/Assistant Directors of the University Counseling Center, as well as the intern's assigned supervisors. Additionally, interns have access to their own intern files and are encouraged to review supervision notes entered by their supervisors to recall tasks to be

completed between sessions. Intern files will be maintained indefinitely by the Wake Forest University Counseling Center Internship Program.

**b. Supervision Notes**

Each attended supervision session in individual and group formats requires a supervision note to be entered in Titanium. Supervisors use these notes to document clinical themes discussed, supervisee strengths and growth edges, and to track the use of video recordings in supervision and discussion of ethical/legal issues, diversity issues, administrative issues, and goals/special projects. These notes are available in the supervisee's Titanium file, which is available for interns to review. When interns take on the role of supervisor to a master's intern/doctoral practicum trainee, they will also be expected to complete this documentation in Titanium and to have their supervisor of supervision sign off. A template of this note can be found in Chapter 6 of this manual.

**c. Service Benchmarking**

Prior to each semester, individual interns and their primary supervisor will meet to develop a clear expectation of time allocation for the coming semester. This will be based on a minimum of 40 hours each week related to professional activities and does not include on-call duty. Minimum expectations will include time in direct clinical contact, specialization activities or meetings, supervision, seminars, and didactic trainings, and foreseeable significant participation in other UCC or university activities. Service Benchmarks represent an opportunity for interns and supervisors to project and then regularly reassess the accrual of clinical and non-clinical hours and the completion of internship requirements. Interns and their supervisors have access to this benchmarking spreadsheet in Google Drive.

**d. Formal Internship Log**

The service benchmarking spreadsheet discussed above is not the official hours log for the internship since it estimates projected hours. At the end of each month interns are expected to complete a weekly log of how their hours were spent. This detailed log will help interns and their supervisors track their progress toward reaching the goal of accumulating 500 direct clinical hours and 2,000 total hours over the internship year. Interns and their supervisors have access to this log in Google Drive. A sample of this log can be found in Chapter 6. When the monthly log is complete, it should be downloaded as a PDF file and uploaded as an attachment into Titanium.

**e. Client Spreadsheet**

As a tool for supervision, interns will utilize a spreadsheet containing a brief overview of every client they have met with, including presenting concern(s),

acuity level, identity/cultural considerations, conceptualization, interventions used, and questions for their supervisor. This can be used as a useful reference as interns prepare for supervision meetings and may also be helpful for supervisors to reference during supervision meetings. Interns are expected to have this log thoroughly filled in at the mid-point and end of the fall and spring semesters, and at the end of the internship year. Some UCC supervisors may require interns to maintain the spreadsheet more regularly, so this should be discussed early in the supervisory relationship. A sample of the client spreadsheet can be found in Chapter 6.

## **7. Inclement Weather/Center Closing**

In the event of the closing of the Reynolda Campus or adjustment of Reynolda Campus hours of operations, the UCC's hours of operation will adjust accordingly. UCC staff are expected to be present during the adjusted hours of operation, as their individual travel/safety dictates. For all scheduled IVs/Triages, the administrative staff will be responsible for contacting those clients to reschedule. The rescheduling of all returning clients already assigned to a therapist/intern will be the responsibility of their respective therapist, taking into account the acuity at last contact.

## **8. Management of Time Off**

The University grants all full-time staff Paid Time Off (PTO), which is tracked through Workday (see WFU Policy: <http://hr.wfu.edu/faculty-staff/leaves-and-absences/pto/>). Because of the generous amount of PTO given to employees, interns are encouraged to be judicious in their use of PTO in order to meet the minimum hours (2000) needed to complete internship. Interns are expected to request leave from the Training Director and their primary supervisor as early as possible, with the understanding that it may not be granted due to minimum staffing needs or during high service times of the year. Interns are expected to keep updated Workday balances. A full day of PTO is equal to 8 hours.

### **a. Unplanned Paid Time Off (PTO)**

Interns are expected to notify both their primary supervisor and the Training Director as soon as possible in the event of an unexpected absence (personal illness, other unexpected absence). This notification should happen by text or phone call. Retroactive PTO requests through Workday related to unexpected absences should occur within 48 hours of returning to work.

### **b. Planned PTO Requests**

Interns must request planned PTO through their primary supervisor and the Training Director well in advance of the planned PTO. These requests should be done through direct conversations prior to submitting the request in Workday. The Training Director and primary supervisor evaluate the needs of the center based

on consideration of staffing needs at that time of year and may also find it useful to consult with the Clinical Director. Please ensure that approval has been granted prior to making any permanent commitments (airline tickets, etc.).

**c. Wellness Leave**

Consistent with WFU efforts to focus on student, staff, and faculty wellbeing, the UCC grants staff a maximum of 7.5 hours over the course of each fall and spring semester for wellbeing-related activities. Such wellbeing activities may include medical/dental visits, therapy appointments, a yoga class, a personal interest course through the PDC, and other self-care activities. Interns are asked to check with their supervisor to make sure that their planned leave doesn't conflict with UCC operations. To encourage staff/interns to utilize wellness leave each semester, wellness leave cannot be "banked" or applied to the summer. Leave requests for self-care activities in excess of the 7.5 hour per semester allotment should be categorized as PTO and reflected in Workday and Titanium.

**d. Comp Time**

The UCC grants staff and interns up to 90-minutes at any point during the workday to replace time spent during an after-hours clinical activity (e.g., group facilitation or on-call) the previous evening. Interns should inform their supervisor of their intention to take time and indicate this time in Titanium using the "OUT" Titanium code. Comp time does not cover participation in after-hours outreach activities and should reflect only the time spent on the activity itself. Please note that comp time exists either as an adjustment to normal working hours, such as when a clinician is facilitating a group after hours for multiple weeks, or to compensate for on-call response that is particularly involved and disruptive to one's sleep, and should be used very judiciously by staff members.

**e. Lunch**

All staff and trainees are able to take up to one hour of lunch for each full day worked. The "Lunch" code should be used in Titanium and needs to be taken between the hours of 10:30am and 2:30pm. Per university policy lunch time should not be used as a means to shorten the workday. However, lunch time can be used to extend PTO, Wellness Leave, or Comp Time as long as it is used within the appropriate time period.

**f. Professional Development for Education/Career Purposes**

Interns may request time away from internship to engage in activities related to completing their dissertation (i.e., dissertation defense) or to attend post-doc and job interviews. The actual time spent preparing for and engaging in the activity may be coded as Professional Development and count toward the accrual of the

2,000 hours of internship. Time spent traveling for such activities can be coded in Titanium as “OUT” and will not count against an intern’s PTO balance; however, this time cannot be counted toward the accrual of total internship hours. There is no set limit on the number of hours/days of internship an intern can engage in these professional development activities, but interns need to be mindful of time spent away from internship that could impact their ability to meet the minimum number of clinical (500) and total (2,000) hours to complete internship. Interns should discuss their use of professional development time with their primary supervisors and the Training Director and request time off for education and career purposes as far in advance as possible.

## **9. Meeting Attendance**

As a part of regular operations, UCC staff and interns participate in regular meetings of both clinical and administrative natures. These include weekly Staff/Clinical Staff meetings and weekly In-Service meetings/trainings. These are high priority meetings and both preparation for and attendance at them is placed at a premium. Additionally, interns are expected to prioritize attendance at all supervision meetings, seminars, and didactic trainings and to come to these meetings prepared. When an intern needs to miss an individual supervision meeting due to a planned or unexpected absence, it is their responsibility to coordinate with their supervisor to reschedule the meeting within the same week if possible. If a supervision appointment, seminar, or didactic training is missed due to a supervisor’s or staff member’s absence, it is that person’s responsibility to reschedule the meeting as soon as possible.

Campus Life and University-wide meetings may or may not be mandatory, so attendance by individual staff and interns or the UCC as a whole should be discussed at a staff meeting. Of note, if lunch is served at a Division or University sponsored event, additional lunch time should not be taken that day.

## **10. Professional Development**

Interns should discuss with their primary supervisor and/or the Training Director their interest in attending conferences or trainings that are related to their professional goals and interests before registering, particularly when participating in such trainings will result in time away from the office. Interns do not take PTO for time away from the office for approved professional development opportunities. When there are costs associated with participating in attending trainings, interns need to submit the *UCC Request for Training Funds and Time Off* Google Form to the Director of the UCC for approval as well. Interns are welcome to register for trainings/classes through Wake Forest University Professional Development Center (PDC) that are of personal interest to them, and to use their lunch hour, PTO, or Wellness Leave to attend.

## **11. Professionalism**

A university-based counseling center is a unique place to work based on the type of

professionals who staff it, the needs of the clients whom we serve, and the expectations of the University. It is therefore particularly important to be attentive to the level of professionalism all UCC staff and trainees exhibit.

**a. Professional Conduct**

UCC staff and trainees are expected to conduct themselves professionally at all times, both on- and off-campus, when acting in a professional capacity, remembering that we represent the UCC and Wake Forest University, as well as our profession(s). UCC staff and trainees treat clients, colleagues, and other professionals on campus with professional courtesy and present a friendly demeanor to the public and each other. The public expects mental health staff and professionals to be skilled at interacting with them and each other.

**b. Dress Code**

All UCC staff and trainees are expected to exercise professionalism and discretion in the apparel worn on the job and to maintain high standards of grooming and personal hygiene. Staff members and interns should present themselves in attire appropriate in style, length and fit for their work environments during all business hours. Business casual attire is recommended.

**c. Stress Management**

Stress can run high at the UCC due to the intensity of the work we engage in, as well as the fast pace of the Center at peak times of the year. It is important for UCC staff and trainees to practice effective self-care practices to avoid letting the stress negatively impact our physical and mental wellbeing. Interns are encouraged to use their lunch break, PTO, and Wellness Leave to engage in self-care activities, and to discuss stress management with their supervisors.

**d. Personal Affairs**

All UCC staff members and trainees have a life outside of the UCC and may have personal affairs to attend to during business hours at times. Personal business should be handled in the privacy of one's office and should not interfere with scheduled meetings. UCC staff and interns should not give out their direct office phone numbers, as all calls should go through the front desk. Staff and interns are encouraged to handle personal affairs during the lunch hour or to take PTO as needed for issues that are more time intensive.

**e. Presence on Social Media**

Thoughtful and professional participation in social media on behalf of the UCC's prevention efforts, or as a staff member or trainee of the UCC is supported. This can include highlighting a UCC event or achievement, or sharing information

about mental health/illness and/or wellbeing consistent with the UCC's philosophy. Any personal presence on social media sites and platforms should utilize the highest level of privacy restrictions. Staff and interns should be thoughtful about references to their work that they make on personal social media, even if confidentiality is not technically breeched (i.e., avoid saying: "what a crazy day at the UCC today! I need a massage!").

## **12. Email Signature/Away Messaging**

Staff and interns should adopt a regular email signature which reflects their name and credentials relevant to their work at the UCC, as well as a statement regarding confidentiality considerations with electronic communication. Please see below for an example:

**Jane C. Psychologist, Ph.D.**  
Staff Psychologist  
Pronouns: she, her, hers  
Wake Forest University Counseling Center  
118 Reynolda Hall  
Tel 336.758.5273  
Fax 336.758.1991

\*Confidentiality Notice: Email is not a secure form of communication and confidentiality cannot be ensured. This email message, along with any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by email and destroy all copies of the original message. Please note that email may not be checked on a daily basis, particularly on weekends and holidays. If you are in need of emergency assistance, please call 911.

Staff and interns are also invited to set an away message if there is an expectation that they will not be able to respond to email communication in a timely manner during normal business operations. Typically, these times are during PTO and travel for personal, and at times professional, reasons. Please see below for an example:

I am out of the office and may not be able to return emails in a timely manner until I return on Tuesday, October 24, 2019. If you are experiencing a life-threatening emergency, please call 911. If you are having a mental health crisis and need to speak with a counselor, please call the University Counseling Center at 336-758-5273 and select the option to connect with an on-call counselor immediately.

## **13. Information Security Procedures**

### **a. Hardware and Computing**

WFU provides each staff member and intern with computers and related technology support as needed for their professional responsibilities. Reflective of the need for mobile computing from time to time, UCC staff and interns receive laptops. When working with confidential documents, including any time Titanium

is accessed off-campus, UCC staff and interns are required to use VPN to ensure the highest level of information security available to us. Staff and trainees are required to have a screen saver enabled on their computers, set to begin after 5 minutes of inactivity, to assist with computer privacy. Staff and trainees should also lock their laptops whenever they leave them unattended. Monitor privacy screens are available as needed.

**b. Office Security**

Clinical staff and trainees are responsible for the physical security of their individual offices. All UCC staff and trainees take a collective responsibility for maintaining the safety and security of the public spaces within the UCC. In general, office doors should not be left open when the staff member leaves the UCC suite. Clinical staff and trainees are encouraged to keep their desks and file cabinets locked as relevant. The last staff member or trainee remaining in the UCC at the conclusion of the business day is asked to check the security of the break room door, administrative desks and cabinets, and UCC front and back doors. Each staff member and intern will be issued keys to the areas they need to access regularly and are required to inform the Office Manager immediately if there is any concern about having misplaced or lost UCC/WFU related keys.

**14. Emergency Procedures**

**a. Individual Safety**

As an office that provides mental health care, our staff and trainees are likely to encounter individuals experiencing a greater degree of elevated emotional states than many other offices on campus. Staff and trainee physical safety is placed at a premium, and in situations of serious concern for physical security staff and trainees are instructed to utilize the panic buttons available in each office and the waiting room by the front desk. The buttons alert WFU Police that there is an emergency in the UCC suite and that we require immediate response. If possible, also call the front desk to alert them that University Police will be coming using the code that you would like to have your next meeting with “Dr. Rachel Blue” rescheduled. Front desk staff will then be able to direct University Police to your office when they arrive and ensure the security of staff and individuals in the waiting room.

**b. Active Shooter**

In the event of an active shooter on campus, staff and trainees must first secure their own safety and are typically instructed to shelter in place. In an active shooter situation, staff and trainees are instructed to utilize the “Run/Hide/Fight” protocol, with training available through the Professional Development Center. Please be alert for WakeAlert instructions via email/text/website: [wakealert.wfu.edu](http://wakealert.wfu.edu)



**c. Tornado/Fire/Building Safety**

In the case of a weather/disaster related alarm, please follow the instructions for safety relayed through the fire alarm system and/or through the PA system connected to WakeAlert. You will also receive alerts via email, text, and phone if signed up for WakeAlert. If at all possible, please ensure the security of your laptop and office door if leaving the UCC suite.

**15. Dirt Got Ya Down?**

Staff and trainees are asked to take shared responsibility for maintaining a clean and professional environment in public/general spaces. Regular wiping down, straightening up, picking up a stray wrapper, etc. are easy things we can all do. The refrigerator, microwave, and coffee maker/prep area are all spaces that need particularly regular attention and the responsibility for this is shared among all staff members.

**a. Personal office spaces**

Personal offices are the responsibility of the person/people who typically inhabit that space, and it is asked that offices are kept regularly cleaned and maintained. WFU facilities provides nightly trash removal and cleaning for UCC's public spaces, and weekly trash removal and cleaning for individual offices. Staff and trainees can place their trash cans outside their doors for pick up or utilize the trash cans in public UCC areas between cleanings if needed. Staff and trainees are asked not to keep food in trash cans overnight, or in unsealed containers/bags in their offices so that we can minimize the presence of bugs/rodents.

**b. Requesting cleaning/repair**

Staff and trainees who have unique needs for specialized cleaning or repair should consult with our Office Manager on how to best address the need.

**16. Office Resources**

**a. Group room**

The UCC has one group room that may be used as a meeting space for administrative or clinical group meetings. Staff and trainees who plan to use the group room for a meeting should check the Group Room schedule in Titanium for availability and indicate that the group room will be in use in Titanium. Administrative staff can assist with identifying and reserving group meeting spaces throughout campus when needed.

**b. Phone Extensions/Voicemail**

To reduce counseling session interruptions, UCC staff and trainees are always encouraged to give out only the main UCC number (x5273) and not their individual office extensions. Interns will be given access to their office voicemail upon starting at the UCC and should record a standard greeting that introduces themselves, asks the caller to leave a message, and instructs the caller to hang up and call 9-1-1 if they are experiencing a mental health emergency. Interns can opt to receive their voicemails as an email attachment by requesting Unified Messaging at <https://is.wfu.edu/services/telecom-basics/>. Interns should check their voicemail often and delete messages as appropriate in order to allow space for additional messages to be recorded.

**c. Use of Google Drive & Team Drive**

To facilitate efficiency and collaboration, the UCC utilizes cloud-based computing via Google Drive. All staff and interns should have access to a University Counseling Center Team Drive through Google Drive. In it are documents, spreadsheets, and forms that are frequently used, as well as a library of electronic outreach and educational resources.

**B. Clinical Policies and Procedures**

**1. Ethical Behavior**

Interns are expected to understand and abide by the APA Ethical Principles of Psychologists and Code of Conduct (2017). See Appendix B for the full version of this document.

**2. Scheduling Assessment**

When scheduling a client to come to the UCC to complete an assessment that does not need to be administered by a clinician, such as the MMPI or MCCL, interns need to plan for a quiet, private location for the client to work. Interns could have a client use their office for testing while they are in a meeting elsewhere, an empty office (if available), or another clinician's office if they approve. If any clinician's office is used for testing, it is imperative that all confidential information is locked up. If no other room is available, the Group Room may be used if no meetings are taking place there. The LAC/DS's proctored testing room may also be an option if needed. When a location is decided upon, be sure to block the time in whichever office or room will be used in Titanium using the Information code so others will know not to interrupt the testing session. The intern needs to be available at the start of the assessment session to go over instructions with the client and to answer any questions they may have. The client can be instructed to give the completed assessment to administrative staff at the front desk as they leave the UCC.

### **3. Clinical Documentation**

#### **a. Electronic Records**

All clinical documentation is stored in an electronic schedule database called Titanium. Digital Recording Consent and Releases of Information are the only paperwork that requires a “wet” signature from clients and is then scanned into Titanium. These forms, as well as any hard copy letters or documents produced by a staff member or intern, should be given to the Office Manager or Administrative Assistant to be scanned into Titanium, and the original copy should be placed in the secure shred box. Both electronic and paper clinical documentation is maintained for seven years and then shredded/obliterated.

#### **b. Documentation Timeliness**

As a mental health professional, it is important to document all contact with clients accurately and timely. Interns are expected to complete intake reports, session notes, and group notes within 72 hours of meeting with a client. Initial visits with elevated risk, triage, and after-hours crisis documentation must be entered prior to the end of the day on which the service has been provided. Initial visits without elevated risk should be written within 24 hours of the meeting with the client.

#### **c. Diagnosis**

There are three times during which staff and trainees are required to enter a diagnosis for a client: after Initial Visit, after the first full session (intake), and at termination. Additionally, a client’s diagnosis may be updated during treatment if a particular diagnosis being considered has been ruled out or in, if a diagnosis no longer fits, or if additional information has been gathered that points toward a new diagnosis.

The use of the provisional specifier, *unspecified*, or *other specified* diagnoses is strongly encouraged when a client is met during an Initial Visit. A robust clinical interview should precede the assignment of a more definitive diagnosis.

#### **d. Required Documentation**

UCC staff and trainees are required to document all client appointments in Titanium. Copies of correspondence, emails, notes regarding phone calls and consultations, and test data should be entered into Titanium as well. Additionally, interns are required to complete a termination form on students they have met with during the training year. These summaries and forms can be completed on a rolling basis throughout the training year as they are populated on the interns’ Titanium task list, and all terminations must be completed by the end of the interns’ last day of service at the UCC. Interns who have not completed this

documentation or need to make corrections following review by their supervisor may be asked to return to the UCC to do so. All documentation completed by interns is reviewed and signed off by the intern's primary and secondary individual supervisors. (See the table below for guidelines regarding the documentation required for various types of client appointments.)

<u>Walk-In: Initial Visit</u>	<p>Who: Any new client to the UCC or those who are returning for the first time during a data collection year.</p> <p>What: <ul style="list-style-type: none"> <li>• SDS and CCAPS-62 completed on iPad prior to appointment</li> <li>• Initial Visit/Triage Form</li> <li>• Diagnosis</li> </ul> </p> <p>Timeline: Documentation for routine concerns should be completed within 24 hours; when there is elevated risk, the note should be written prior to the end of the day the service was provided.</p>
<u>Walk-In: Follow-Up</u>	<p>Who: Any client who has already been seen at the UCC during the given data collection year and utilizes the walk-in clinic for a follow-up session.</p> <p>What: <ul style="list-style-type: none"> <li>• CCAPS-34 completed on iPad prior to appointment</li> <li>• Session Note</li> </ul> </p> <p>Timeline: Documentation should be completed within 72 hours; when there is elevated risk, the note should be written prior to the end of the day the service was provided.</p>
<u>Walk-In: Crisis</u>	<p>Who: Student who states their distress is urgent and cannot wait.</p> <p>What: <ul style="list-style-type: none"> <li>• SDS and CCAPS-62 on iPad if not a current client; CCAPS-34 for returning clients.</li> <li>• Initial Visit/Triage Form</li> </ul> </p> <p>Timeline: The note should be written prior to the end of the day.</p>
<u>Intake</u>	<p>Who: Any client scheduled for an intake after an Initial Visit.</p>

What:	<ul style="list-style-type: none"> <li>• CCAPS-34 completed on iPad prior to appointment</li> <li>• Intake form</li> <li>• Diagnosis</li> </ul>
Timeline:	Documentation should be completed within 72 hours.
<u>Personal Counseling</u>	
Who:	Any client already seen for Intake or is not deemed to need an intake interview who is participating in ongoing individual therapy.
What:	<ul style="list-style-type: none"> <li>• CCAPS-34 completed on iPad prior to appointment</li> <li>• Session Note</li> </ul>
Timeline:	Documentation should be completed within 72 hours.
<u>Crisis Action</u>	
Who:	After-hours contact with either a group or individual where our primary role is providing consultation. Examples include receiving collateral information about a student, providing referral information, or providing guidance to another WFU professional staff member.
What:	<p><i>If the student's name is known:</i></p> <ul style="list-style-type: none"> <li>• Non-client note with the name of the student of interest and a narrative describing the interaction.</li> </ul> <p><i>If the student's name is not known:</i></p> <ul style="list-style-type: none"> <li>• A brief description in the appointment comment field.</li> </ul>
Timeline:	The note should be written as soon as possible after the crisis action and should be completed by the end of the day.
<u>On-Call Contact</u>	
Who:	After-hours contact with a student who is a client or is being added as a client in Titanium. Our role is direct clinical service provided to the student in crisis.
What:	<ul style="list-style-type: none"> <li>• Crisis Intervention form</li> </ul>
Timeline:	The note should be written as soon as possible after the crisis action and should be completed by the end of the day.

#### **4. Managing Safety Concerns**

Clinical staff and trainees are encouraged to be thoughtful about their own security and communicate with relevant UCC staff if there is a client who might be at an elevated risk for a safety related issue. If in session and there is concern about one's own safety, staff and trainees can: 1) attempt to de-escalate the individual; 2) calmly explain to the client that you would like to step out to consult with another clinician and/or bring another clinician into the room to assist; 3) press the panic button and if possible call the front desk to reschedule your next meeting so that you can spend more time with the client. When making that call, tell the front desk staff that you would like to have your next meeting with "Dr. Rachel Blue" rescheduled, which will alert front desk staff to direct University Police to your office when they arrive and ensure the security of staff and individuals in the waiting room.

##### **a. Clients at Heightened Risk for Suicide**

It is likely that interns working at the UCC will work with clients who are experiencing suicidal ideations. Interns are expected to remain calm when these issues arise and conduct a thorough assessment of the thoughts, including:

- Time frame during which the student has been having the thoughts
- Frequency of the thoughts
- Content of the thoughts
- Whether the thoughts are vague or involve specific plans for self-harm
- The client's intent to follow through with these plans
- Access to identified means
- Access to firearms (even if not identified means)
- History of past suicidal thoughts and attempts
- Support systems the client has in place
- Recent stressors contributing to the client's thoughts

After completing the suicide risk assessment, interns who have assessed the client's risk to be at the "Low" or "Mild" level based on the Suicide Staging Criteria (page 89) can allow the client to leave without further consultation. At the beginning of the internship interns are expected to consult with their supervisor or another clinical staff member of the UCC when a client's risk level is assessed as "Moderate" or "High" before the client leaves the UCC. The intern may leave the client in their office to look for an available staff member to consult with or may call their supervisor's extension directly or contact the front desk and have the administrative staff send an available staff member to their office. If a client is actively suicidal and is threatening to harm themselves immediately, interns should never leave them alone. The consultation should be done before the client leaves the UCC in order to ensure their safety. As risk assessment and crisis intervention skills develop during the internship year, interns will have more autonomy in making clinical decisions on their own but should consult with their supervisor following such an assessment.

**b. Clients at Risk for Harm to Others**

Although it is extremely rare for a client to become aggressive toward staff members or trainees at the UCC, it is important to be prepared and knowledgeable of what actions to take if this were to occur. Here are some tips for handling such situations:

- i. It is always best practice when working with potentially aggressive clients to sit nearest to the door. In general, therapists never want the client to be seated between them and the door since it would allow the client to block access to the door in the case of needing a quick escape.
- ii. Interns should be sure to unlock their office door at the beginning of each day so coworkers can enter quickly to help if they hear yelling.
- iii. If an intern feels physically uncomfortable with a client and/or as though they may be in danger, they may decline to meet with that client to maintain personal safety. This should always be discussed with their supervisor.
- iv. When meeting with a potentially aggressive client, interns should let coworkers in nearby offices know to keep watch and consider leaving the door cracked so others can hear easily if they need help.
- v. Many potentially violent outbursts can be deescalated by speaking in calm tones, letting the client know the source of their anger is understandable, and asking them to calm down, take deep breaths, etc. This is an appropriate situation for interns to be transparent with a client by telling them that they are concerned or are even scared by their behavior, which can also help to deescalate the situation.
- vi. If an intern is unable to calm a client and is fearful for their own safety, they should leave the situation immediately and find their supervisor or another staff member who can help deescalate and/or assess the situation. If an intern is unable to leave a situation in which they are fearful for their safety, they may use the panic button to call University Police and if possible call the front desk to reschedule your next meeting so that you can spend more time with the client. When making that call, tell the front desk staff that you would like to have your next meeting with “Dr. Rachel Blue” rescheduled. This will signal to front desk staff that you need

assistance and they will follow their procedures to direct University Police to your office when they arrive.

- vii. Before a client who has shown potentially violent tendencies leaves the UCC, it would be appropriate for an intern to call their supervisor or another staff member to consult about their risk assessment, particularly if the client has voiced either vague or specific thoughts or plans to harm someone else.

## **C. Confidentiality**

### **1. Commitment to Confidentiality**

Consistent with North Carolina State Law, as well as with the relevant ethical codes to which our individual staff ascribe, the University Counseling Center serves as a confidential resource to our university community. This means that all clinical information contained within the UCC (including a student's attendance, or lack thereof, in counseling) will not be released to any person outside of the UCC without the student's voluntarily given signature on an appropriate *Release of Information* form (see Chapter 6). In lieu of this, relevant clinical information may be released to appropriate parties when there is imminent concern over harm to self or others, concern of abuse or neglect of minors, elder persons, and disabled adults, and/or when subpoenaed by a court.

### **2. Clinical Records Distinct from Academic Records**

Counseling centers in higher education work are at the intersection of multiple federal and state rules. At the UCC, these rules include the [Health Information Portability and Accountability Act Privacy Rule](#); the [Family Educational Rights and Privacy Act](#); the [Department of Education's August 18, 2015 Dear Colleague Letter](#); [the North Carolina Mental Health, Developmental Disabilities, and Substance Abuse Act](#); and the licensure codes/rules specific to the disciplines represented amongst providers. Client records are distinct from academic records, which have less strict boundaries for disclosure. As such, although the center does not meet criteria as a HIPAA entity (no electronic filing for reimbursement), it operates under HIPAA-like confidentiality rules by drawing from the 9/18/15 *Dear Colleague Letter* and state rules regarding mental health records. Great care is taken when sharing information with other campus offices to maintain boundaries between clinical and academic information. Additionally, all UCC staff members and interns are required to sign a Confidentiality Agreement that covers their employment time at the UCC. This signed form is kept in the personnel files.

## **D. Privacy & Boundaries**

### **1. Multiple Relationships**

A multiple relationship occurs when a UCC staff member or trainee is in a professional role with a client and at the same time is in another role with the client or may reasonably



come into another role with the client. Consideration should also be made of developing relationships with others who might be in a close personal relationship with a client.

UCC staff and trainees are to refrain from entering into a multiple relationship if it could reasonably be expected to impair the staff member's objectivity, competence or effectiveness in performing their functions as a professional, or otherwise risks exploitation or harm to the client with whom the professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical (Adapted from *APA 2010 Code of Ethics*, 3.05).

## **2. Recognizing Clients at the UCC**

The UCC is utilized by a wide variety of students on campus, including graduate students and students from various student organizations. It is important to protect the privacy of all students, particularly those interns may know or come to know in their various roles on campus. Here are some tips for doing this:

- a. If an intern is scheduled for an initial visit, intake, or triage appointment with a student who they know directly or indirectly in a personal manner, the intern must let their supervisor or an Associate/Assistant Director know about this immediately so the student can be rescheduled with another provider.
- b. If during a meeting with a student an intern realizes they also provide services to their roommate, friend, etc., the intern should discuss this with their supervisor. The intern needs to consider whether they can remain objective in their work with both clients based on potentially competing concerns. The intern must remember that they cannot tell either client that they know the other, even if the client tells the intern that they know their roommate, friend, etc. is also meeting with them. The intern will need to explain confidentiality to the client and remind them that they are there to help them and not to discuss others. If this becomes a recurrent problem, the intern may need to transfer one of the clients to another therapist.
- c. If during a meeting with a client an intern realizes that they have common friends or have knowledge about this client from an external source, the intern must discuss this with their supervisor. The intern needs to consider whether they can remain objective in their work with the client and if there is potential for harm to the client due to the indirect relationship. In some cases it may be appropriate to disclose the indirect connection to the client or the knowledge that the intern has of them, and to remind them that what they share with the intern will be kept confidential. However, making these types of disclosures should be discussed with a supervisor first.
- d. If an intern sees a friend, classmate, or acquaintance in the waiting room at the UCC, they should remain professional and acknowledge him or her as

seems appropriate based on the nature of the relationship and the setting in which the interaction takes place. The intern may then want to have a private discussion with him or her outside of the UCC about how each would like to handle such interactions in order to feel comfortable. However, the intern must remember that even seeing the student in the waiting room at the UCC is confidential information and cannot be shared with anyone else.

### **3. Managing Client Contact Outside of the UCC**

With Wake Forest University offering a small campus community, UCC staff and interns are bound to see past and present clients outside of the UCC. Here are some tips for handling such situations:

- a. At the start of therapy with each new client, it is good practice to talk with the client about the potential of running into each other on campus or in the community and how this will be handled.
- b. Saying hello to a client when seeing him or her on campus can be seen as a breach of confidentiality since it could be deduced by others who witness the interaction that the student is being seen in counseling. Therefore, it is best to refrain from acknowledging a client and allow them to acknowledge you first. It is important to discuss this with clients before it happens so they don't feel slighted.
- c. After such an encounter, discuss it with the client in their next therapy session and process how it made them feel. This gives the clinician an opportunity to correct any misperceptions the client may have had about the experience and to discuss the rules of interaction again.
- d. Despite the possibility of seeing clients on or off campus, feel comfortable living life as usual and just being yourself. It is good for clients to see clinicians as regular people and not just therapists. However, interns must remember not to discuss client information in public places, and never provide identifying information about a client to anyone outside the UCC except for the purposes of training, supervision, and consultation with other confidential sources.
- e. If a client becomes too friendly outside of therapy sessions, such as engaging in lengthy, personal conversations in public, it is appropriate for the intern to excuse themselves from the conversation and tell the client that they can discuss a particular issue at their next appointment. During the next appointment, it will be important to discuss boundaries with the client and to explain to them the ethical limitations on therapists having personal relationships with clients.

- f. Situations may also arise when a client invites an intern to an event outside of therapy. It is important for the intern to discuss with the client why they would like them to attend before providing an answer to their invitation. If the client is asking an intern to attend a social event, such as a party, it is inappropriate to accept such an invitation since this crosses the boundaries of the therapeutic relationship. However, it may be appropriate to accept an invitation to attend a client's performance/show or an event they have organized or are passionate about, as doing so could provide support that the client needs. Interns should always discuss such invitations with their supervisor before accepting in order to examine the client's intentions, their own personal feelings about the client, any sense of obligation they may feel, and any inconvenience accepting the invitation may cause.

#### **4. Electronic Communication with Clients**

In this age of technology, interns are likely to have a client contact them via email or social media. The following guidelines can help interns navigate these interactions professionally:

##### **a. Email**

1. Interns should communicate with clients via their WFU email only and should never provide clients with their personal email address. Because email is not a confidential form of communication and is not monitored constantly, staff and trainees should limit email communication with clients to brief contacts about scheduling and should not communicate any material from therapy sessions. Clients should be encouraged to re/schedule appointments by calling or coming by the UCC during normal business hours.
2. Some UCC clients prefer to communicate via email regarding appointment scheduling due to ease of communication or anxiety about talking on the phone. This type of email communication is permitted but should be limited. Therefore, interns are expected to check their WFU email accounts regularly but are not required to respond to client emails after hours or on weekends. Interns should clarify with clients who prefer email contact that this method of communication is used for appointment scheduling and brief check-ins only and will not be used for crisis purposes or as an additional form of therapy.
3. If a client seems to be seeking therapy or crisis services via email, the intern must let their supervisor know as soon as possible and decide together how to respond to the client depending on the content of the message. If the intern feels it is important to have

email contact with a client beyond simple scheduling for the purpose of fostering the therapeutic relationship, they should discuss this with their supervisor before doing so.

**b. Phone**

1. Interns should not allow clients to contact them via personal phone numbers. All work-related phone calls should come through the main UCC phone number and will be transferred to the intern's office extension if they are available to take the call. Interns should set up the voicemail on the phone in their offices and check it often in case a client was transferred to voicemail when they were not available.
2. If a client obtains an intern's personal phone number and tries to contact them in this way, the intern should let the client know they will speak with them at their next scheduled appointment, and they should discuss this with their supervisor as soon as possible. Based on the conversation with their supervisor, the intern will likely want to discuss with the client the inappropriateness of communicating in this manner, explore why the client felt they needed to have this contact with the intern, and set firm boundaries and expectations about how the client will communicate with them in the future. If the client continues to contact the intern in inappropriate ways, they need to inform their supervisor of each occurrence and discuss with their supervisor potentially transferring the client to another therapist.

**c. Social Media**

1. Interns are likely to have a client try to "friend" or "follow" them on social media websites at some point in their careers. For this reason, interns will want to make sure they do not post personal information that they would not want clients to know, or to limit access of their information only to people they know. (Most social networking sites have privacy settings that can be changed to limit view of personal information only to approved friends.)
2. When a client tries to "friend" or "follow" an intern, they should never accept such a request without discussing it with their supervisor. At the next scheduled appointment the intern will want to speak with their client about their intent and explain professional boundaries that need to be maintained. If therapeutic work with the client has already been terminated, interns should send the prior client a brief message explaining the boundaries of the relationship even after termination of treatment before declining the request.

3. Regular electronic communication with clients via social media should not occur unless it is part of a very specific treatment plan which has been thoroughly documented in Titanium and discussed with the Director.

## E. Evaluation and Feedback

The Wake Forest University (WFU) Counseling Center Psychology Internship requires that interns demonstrate minimum levels of achievement across all training competencies and elements. Interns are formally evaluated by their primary supervisor three times annually, at the end of the fall semester (December), during the spring semester (March), and at the end of the internship year (July). Evaluations are conducted using a standard rating form (See *Intern Evaluation* in Chapter 9 of this manual). The evaluation form includes information about the interns' performance regarding all of the WFU Counseling Center Psychology Internship expected training elements. To ensure that interns are evaluated based on methods of direct observation, primary supervisors seek feedback from staff members who have directly observed knowledge, skills, and awareness of specific training elements on the intern evaluation. Specifically, input is taken from the UCC staff member co-facilitating a therapy group with the intern regarding items on the evaluation related to provision of group therapy, and from the supervisor of supervision for items related to the intern's provision of supervision. Secondary supervisors, who supervise intern specialization areas or work toward other specific goals, complete separate evaluations (See *Intern Evaluation for Area of Specialization/Focus* in Chapter 9 of this manual) of interns' progress toward these goals three times during the internship year as well. Secondary supervisors review these evaluations with interns during the evaluation period and submit these evaluations to interns' primary supervisors to integrate their ratings on the overall intern evaluation that is completed in the same time period (December, March, and July). Primary supervisors review the overall intern evaluations with interns during a supervision meeting and provide an opportunity for discussion of interns' questions or concerns about the feedback. Interns sign the evaluation form to acknowledge that they reviewed it with their supervisor. Only the overall intern evaluation completed by the intern's primary supervisor is shared with the intern's academic department. The WFU Counseling Center Psychology Internship requires that all interns receive a minimum of 4 total hours of supervision each week, with 2 of those hours being individual, face-to-face with a licensed psychologist.

The following rating scale, which includes minimum levels of completion for each evaluation period, is used for each of the three formal evaluations of intern competency by primary and secondary supervisors:

<b>Pre-Internship Level:</b>	
<b>1</b>	Persons at this level may have knowledge of academic and theoretical material in this area and some appreciation for how to apply that knowledge to real life situations. However, they are unable to apply their knowledge without intensive clinical supervision and monitoring of basic tasks in this area. Performance is inadequate for a psychology intern in this area.
<b>Beginning Internship level:</b> Persons at this level show increasing psychological mindedness in general and have a basic foundation in the knowledge, skills, and awareness in this area. The intern requires frequent supervision and close monitoring in this area.	

<b>2</b>	An early beginning level intern is beginning to show emerging competence in carrying out basic tasks in this area and demonstrates awareness and implements skills with support.
<b>3</b>	A beginning level intern that is progressing in their competence consistently demonstrates knowledge, skills, and awareness at an emerging level of competence and does so independently.
<b>NOTE:</b>	A score below 2 on any learning element at the Fall Semester evaluation (December) will trigger the formal Due Process Procedures.
<b>Intermediate Internship level:</b> Persons at this level display an emerging professional identity as a psychologist. The intern displays an intermediate level of knowledge, skills, and awareness in the area being evaluated. The intern is aware of the competency area and can utilize this awareness to inform their work in the internship setting, although the application of knowledge to practice may be inconsistent and the intern still needs assistance. Ongoing training and supervision is needed to further enhance competence in this area.	
<b>4</b>	An early intermediate level intern is beginning to show competence in carrying out basic tasks in this area and implements skills and demonstrates awareness at the intermediate level with support.
<b>5</b>	An intermediate level intern that is progressing in their competence consistently and independently demonstrates intermediate competence in this area.
<b>NOTE:</b>	A score below 4 on any learning element at the Spring Semester evaluation (March) will trigger the formal Due Process Procedures.
<b>Advanced Internship level:</b> Persons at this level have a strong sense of themselves as psychologists and actively and accurately seek supervisory input in order to solve emerging problems and practice effectively. The intern has developed strong knowledge, skills, and awareness in the area being evaluated. The intern is aware of the competence area and seeks greater learning about and understanding of the competence area as a form of ongoing development. Ongoing supervision is helpful for performance of advanced skills in this area.	
<b>6</b>	An early advanced level intern is beginning to show advanced competence in carrying out basic tasks in this area and occasionally and spontaneously demonstrates advanced skills in this area. <b>Interns who achieve this level of competence are considered prepared for entry level independent practice and licensure.</b>
<b>7</b>	An advanced level intern that is progressing in their competence consistently and independently demonstrates advanced competence in this area.
<b>NOTE:</b>	A minimum score of 6 is required on each learning element at the End-of-Year evaluation (July) to graduate from internship.
<b>Postdoctoral Level:</b>	
<b>8</b>	Persons at this level have a sense of confidence in their own abilities to practice and make decisions in difficult situations. The intern has a strongly established competence in the knowledge, skills and awareness being evaluated. The intern demonstrates mastery of basic tasks in this area and functions in this competency area at a level that would allow them to work independently. The use of the knowledge, awareness or skill is consistently incorporated into the intern's understanding of their work as an emerging psychologist and is evident in their daily professional practice. They are able to accurately determine when to seek consultation and are able to provide competent consultation due to their developed capabilities.

If an intern receives a score on any learning element that is lower than the minimum level of achievement stated in the above rating scale, or if supervisors have reason to be concerned about the intern's performance or progress, the program's Due Process procedures will be initiated.

The Due Process guidelines can be found later in this chapter of the Training Manual. Interns must receive a minimum score of 6 on all learning elements to successfully complete the program. Interns who achieve this level of competence are considered prepared for entry level independent practice and licensure.

Additionally, all WFU Counseling Center Psychology interns are expected to complete 2000 hours of training, with 500 of those being in direct service to clients, during the internship year. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Intern evaluations and certificates of completion are maintained indefinitely by the Training Director. Feedback to the interns' home doctoral program is provided at the end of each of the three evaluation periods. If successful completion of the program comes into question at any point during the internship year, or if an intern enters into the formal review step of the Due Process procedures due to a grievance by a supervisor or an inadequate rating on an evaluation, the home doctoral program will also be contacted within 5 business days.

In addition to the evaluations described above, interns must complete a self-evaluation form at the beginning of the training year. Additionally, interns will complete an evaluation of their supervisor(s) three times during the training year (December, March, and July) and a program evaluation at the mid-point and end of the internship year, in order to provide feedback that will inform any changes or improvements in the training program.

## **F. Due Process Procedures**

**Due Process Procedures** are implemented in situations in which a supervisor, staff member, or the Supervisors Committee raises a concern about the professional functioning of a psychology intern. These procedures are a protection of intern rights and are implemented in order to afford the intern with every reasonable opportunity to remediate problems and to receive support and assistance. These procedures are not intended to be punitive.

### **1. Definition of a Problem**

For purposes of this document, a problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an issue becomes problematic rather than of concern. Interns may exhibit behaviors, attitudes or characteristics that, while of concern and requiring attention, are not unexpected or excessive for professionals in training. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:

- a. the intern does not acknowledge, understand, or address the problem when it is identified;
- b. the problem is not merely a reflection of a skill deficit which may be able to be rectified by the scheduled sequence of clinical or didactic training;
- c. the quality of services delivered by the intern is sufficiently negatively affected;
- d. the problem is not restricted to one area of professional functioning;
- e. a disproportionate amount of attention by training personnel is required;
- f. the intern's behavior does not change as a function of feedback, and/or time;
- g. the problematic behavior has potential for ethical or legal ramifications if not addressed;
- h. the intern's behavior negatively impacts the public view of the agency;
- i. the problematic behavior negatively impacts the intern cohort;
- j. the problematic behavior potentially causes harm to a patient; and/or,
- k. the problematic behavior violates appropriate interpersonal communication with agency staff.

## **2. Administrative Hierarchy and Definitions**

The WFU Counseling Center Psychology Internship Due Process procedure occurs in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. Relevant roles included herein are defined as follows:

### **a. Supervisor**

Any individual who provides direct supervision or teaching to an intern.

### **b. Training Director**

The supervisor who functions as the director of training. The Training Director leads the internship Supervisors Committee and the Internship Administrative Committee and serves as a voting member of each.

## **3. Informal Review**

When a supervisor believes that an intern's behavior is becoming problematic, the first step in addressing the issue should be to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. This process should be documented in writing in supervision notes and discussed with the Internship Administrative Committee but will not become part of the intern's professional file.

## **4. Formal Review**

If an intern's problem behavior persists following an attempt to resolve the issue



informally, or if an intern receives a score on any learning element that is less than the minimum level of achievement expected for that evaluation period, the process outlined below will be initiated. Because psychology interns are classified as full-time exempt employees, there may be concurrent applicable Human Resources interventions to address employment concerns, including documentation, review, and assistance with performance improvement. If appropriate, the supervisor may choose to advise the intern that the issue is being referred for formal review.

- a. The Internship Administrative Committee and the Director of the UCC will meet within 10 working days to discuss the identified problem behavior or unsatisfactory evaluation and determine what action needs to be taken to address the issue.
- b. The Training Director will meet with the intern to notify them that such a review occurred by the Internship Administrative Committee and to invite the intern to provide a written statement related to their response to the problem.
- c. After discussing the problem and the intern's response, the Internship Administrative Committee and the Director of the UCC may adopt one of the following actions or another action deemed more appropriate for a particular situation:
  - i. Issue an Acknowledgement Notice which formally acknowledges:
    - that the Committee is aware of and concerned with the problem;
    - that the problem has been brought to the attention of the intern;
    - that the Committee will identify the appropriate person(s) to work with the intern to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
    - that the problem is not significant enough to warrant further remedial action at this time.

This notice will be issued within 5 working days of the meeting. The Committee may choose to share a copy of the Acknowledgement Notice with the intern's home institution.

- ii. Issue a Remediation Plan, which defines a relationship such that the Training Director and involved supervisors actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The length of the remediation period will depend upon the nature of the problem and will be determined by the Internship Administrative Committee. A written Remediation Plan is shared with the intern and the Director of Clinical Training at the intern's graduate institution and includes:
  - the actual behaviors or skills associated with the problem;

- the specific recommendations for rectifying the problem;
- the time frame during which the problem is expected to be ameliorated;
- the procedures designed to ascertain whether the problem has been appropriately rectified; and,
- possible consequences if the problem is not corrected.

The Remediation Plan could also include modification of an intern's schedule to allow more time to focus on the area of remediation, including increased supervision and/or reduction of intern clinical or other workload. This statement will be issued within 5 working days of the decision. The Training Director will provide a written statement within 5 days of the end of the remediation period indicating whether or not the problem has been remediated. This statement will become part of the intern's permanent file and also will be shared with the intern and sent to the Director of Clinical Training at the intern's graduate institution.

Concurrent to this process, because interns are also University employees, the Training Director and/or the Director will follow recommended Human Resources processes for addressing performance concerns. This may include the initiation of a Performance Improvement Plan. More information about this, and staff grievance resources are available in the UCC Policies & Procedures Manual, and via WFU Human Resources.

iii. Switch Supervisors within the WFU Counseling Center. This option would be applicable in situations in which it is believed that the intern's difficulties are the result of an irreparable rupture in the supervisory alliance and that the intern could be successful in a different supervisory relationship.

- d. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within the WFU Counseling Center Psychology Internship may be terminated. The decision to terminate an intern's placement would be made by the entire Internship Administrative Committee and a representative of Human Resources and would represent a discontinuation of participation by the intern within every aspect of the training program. The Internship Administrative Committee would make this determination during a meeting convened within 10 working days of the end date of the written plan established in step c above or the original meeting discussed in step a. The Training Director may decide to temporarily suspend an intern's clinical activities or place the intern on full administrative leave during this period prior to a final decision being made, if warranted. In the event of dismissal, APPIC and the intern's Director of Clinical Training at the intern's home doctoral program would be contacted.

## **5. Appeals Process**

If the intern wishes to challenge the decisions made, they may request an Appeals Hearing before the Internship Administrative Committee. This request must be made in writing- an email will suffice- to the Training Director within 5 working days of notification regarding the decision made in step c or d above. If requested, the Appeals Hearing will be conducted by a review panel convened by the Training Director and consisting of the Training Director (or another supervisor, if appropriate), the intern's primary supervisor, and at least two other members of the Internship Administrative Committee. The intern may request a specific member of the Supervisors Committee to serve on the review panel as well. The Appeals Hearing will be held within 10 working days of the intern's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. The review panel has final discretion regarding outcome.

## **6. Notifying the Sponsoring Doctoral Program**

If a Remediation Plan is issued, the Training Director will inform the intern's sponsoring university, indicating the nature of the inadequate rating and/or problematic behavior, the rationale for the action, and the action taken by the Internship Administrative Committee. The intern shall receive a copy of the letter sent to the sponsoring university.

Once the Acknowledgment Notice or Probation is issued by the Training Director, it is expected that the status of the problem or inadequate rating will be reviewed no later than the next formal evaluation period or, in the case of remediation, no later than the time limits identified in the remediation plan and/or Human Resources Performance Improvement Plan. If the problem has been rectified to the satisfaction of the Internship Administrative Committee, the Director, and the intern, the sponsoring university and other appropriate individuals will be informed and no further action will be taken.

## **G. Grievance Procedures**

**Grievance Procedures** are implemented in situations in which a psychology intern raises a concern about a supervisor, fellow intern or trainee, or the internship training program. These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which an intern raises a grievance about a supervisor, staff member, intern/trainee, or the internship program:

### **1. Informal Review**

First, the intern should raise the issue as soon as feasible with the involved supervisor, staff member, other intern/trainee, or Training Director in an effort to resolve the problem informally.

## **2. Formal Review**

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the Internship Administrative Committee. If the Training Director or another Associate/Assistant Director of the UCC is the object of the grievance, the Director of the UCC will be involved in review of the grievance to protect the intern from hierarchical conflicts of interest that may exist within the UCC reporting structure. If the grievance is with the Director, the intern may consult with Human Resources and the next-level supervisor (VP of Campus Life). The individual being grieved will be asked to submit a response in writing. The Training Director (or Director, if appropriate) will meet with the intern and the individual being grieved within 10 working days. In some cases, the Training Director or Director may wish to meet with the intern and the individual being grieved separately first. The goal of the joint meeting will be to develop a plan of action to resolve the matter. The plan of action will include:

- a. the behavior associated with the grievance;
- b. the specific steps to rectify the problem; and,
- c. procedures designed to ascertain whether the problem has been appropriately rectified.

The Training Director or Director will document the process and outcome of the meeting. The intern and the individual being grieved will be asked to report back to the Training Director or Director in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the Training Director or Director will convene a review panel consisting of themselves and all members of the Internship Administrative Committee within 10 working days. The intern may request a specific member of the UCC staff to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to Wake Forest University Human Resources in order to initiate the due process procedures outlined in the employment contract (<http://hr.wfu.edu/files/2016/03/Staff-Grievance-and-Appeal.pdf>). If the review panel determines that the grievance against the staff member potentially can be resolved internally, the review panel will develop a second action plan that includes the same components as above. The process and outcome of the panel meeting will be documented by the Training Director or Director. The intern and the individual being grieved will again be asked to report back in writing regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel or the intern is dissatisfied with the way the grievance has been handled, the intern is able to utilize the WFU Grievance Procedure

(<http://hr.wfu.edu/files/2016/03/Staff-Grievance-and-Appeal.pdf>) which includes consultation with Human Resources and the next-level supervisor (VP of Campus Life).

# Chapter 5

## Titanium

The UCC uses Titanium Schedule as its electronic health records software package. This chapter provides instructions for basic Titanium functions and describes the ways in which the UCC uses Titanium. More detailed instructions for using Titanium are available in the program's Help menu, through videos at [www.titaniumschedule.com](http://www.titaniumschedule.com), and in the UCC Google Team Drive.

### A. Scheduling

Right click on the hour you want (ex: if the appointment is at 10am) and pick ADD. This will give you options:

1. **An individual appointment:** if you select an individual appointment, you will need to input the client's last name and/or first name and double click on the correct client in the search window that appears. In either of these options, you will then need to select from the drop-down menu what type of appointment it is (i.e., intake-personal, personal counseling, group screening, etc.) and the length of the appointment. At the end of each counseling appointment you will be responsible for scheduling your client for another appointment if needed.
2. **A group/couple appointment:** you will first select whether you are adding a therapy/counseling group appointment or couples counseling appointment to your schedule. Then on the "Clients" tab you can add multiple clients to the appointment by searching for each client using first and last names. After a group or couples appointment, you will need to open the "Client" tab and make sure each client's attendance has been recorded correctly.
3. **A recurring individual or group/couple appointment:** this is the best option for groups you lead each week at the same time. As interns you may also be permitted to meet on a weekly basis with some of your clients and may choose to use this option for scheduling individual recurring appointments. Once you select this option, you will need to select from the drop-down menu what type of appointment it is and the length of the appointment. You will also need to choose how often the appointment will occur (i.e., daily, weekly, biweekly, monthly) and be sure to change the date range to carry the recurring appointments out for however many weeks you plan to lead the group or see the client. For group or couples appointments, be sure to add all clients to the appointment as well.
4. **A placeholder for an individual, group/couple, or other appointment:** choose this option if you want to reserve a specific time in your schedule for a specific type of task or if you want to hold an appointment time for a specific client, but are not positive whether they will be able to meet with you. Specific clients will be added to the placeholder by searching for the client using first and last names.

5. **Other appointments or recurring other appointments:** these include record keeping, supervision, and lunch, and can be scheduled on a recurring basis. Additional ‘other’ appointments might include ‘OUT’ for times when you are not in the office, ‘Case Management,’ or ‘Activity: Professional Development.’
6. **A trainee individual or group appointment or recurring appointment:** these appointments include individual and group supervision, which are typically scheduled on a recurring basis. To schedule either an individual or group trainee appointment, you will need to choose the appropriate appointment code and the trainees who the supervision will be provided to. The staff member providing the supervision will be listed under the “Scheduling” tab as the organizer.

## **B. Finding a Client in Titanium**

Find a client by choosing the ‘open’ menu on the main schedule page, select the ‘clients’ option, and type in the client’s first and/or last name. A list of clients matching the criteria you entered will be shown and you can select the correct client by double-clicking on the name. If a client has been “assigned” to you in Titanium, you will be listed under the ‘client security’ tab and the client’s name will be shown on your client list. To open your client list, choose the ‘open’ menu on the main schedule page and select ‘my clients.’ A list of all clients to which you have been assigned will be shown in a new window.

## **C. Documentation**

### **1. Writing notes attached to an appointment:**

To write a note for a service you have provided, left click once on the appointment in your schedule. This will open a window with information about the date and time of that appointment. Click on the ‘client note’ button at the top of the window to insert a note. This will open a new window in which you will write your note. In the drop-down menu, select the type of note you want to write and either an appropriate template will be provided or you will be prompted to add a data form. The following are your options:

- a. **Initial visit:** when seeing a client for a walk-in initial visit, you will select Initial Visit as the note type and add an Initial Visit/Triage Form by clicking on Data Forms at the top of the window. The data form will provide prompts for which questions to ask during the meeting and text boxes for recording responses. There are also questions requiring a simple Yes or No response or that require you to select an option from a drop-down menu. It is typical for clinicians to follow along with the form and record responses during the session. This will remind you which questions to ask and helps keep the client on track. Be aware that certain questions under the risk assessment section must be answered before you can exit the form. An outline of this data form is included in the next section of this manual.

- b. **Intake:** after the first full session with a new client, you will typically complete an Intake Form, which includes narrative bio, psycho, social, spiritual sections to complete, as well as space to record follow-up on any risk assessment issues and interventions used and the treatment plan. The Intake note template is included in the next section of this manual.
- c. **Session note:** this is the type of note to select to write a progress note after seeing a client. The template is a Subjective, Objective, Assessment, Plan (SOAP) note. Directions for completing a SOAP note and an example of how to do so are included in the next section of this manual.
- d. **Assessment:** this type of note does not provide a template, but should be used to write a brief narrative account of how the client presented to a testing session, what tests were administered, what questions the client had, and how long it took them to complete the assessment. Any other behaviors of note should be documented.
- e. **Other communication or Consult:** these types of notes do not provide a template and therefore can be used to document other types of contact you have with clients, such as contact by phone or an in-person consult with a student regarding their concerns about another student.

## 2. **Writing notes NOT attached to an appointment:**

Occasionally you will need to add notes to a client's electronic file that are not directly linked to a service that was provided. When you need to do this, open the client's file by searching for the client, left clicking on the last service provided to the client, or by selecting the client's name from your 'my clients' list. From the client's demographic screen, which can be accessed by clicking the 'client' button at the top of the appointment window, click the button for 'client file,' which opens a new window that shows a history of the client's scheduled appointments, including their attendance at each appointment, and previously written notes for each service. To add a note that is not attached to an appointment, click the 'new note' button at the top of the window. Titanium will ask if you want to add a note that is not attached to an appointment; click yes. Select the type of note you want to write from the drop-down menu. Template options are the same as when inserting a note attached to a service, but typically you will use one of the following:

- a. **Other communication or Consult:** these note types could be used to document information you have received from an outside source about the client. You could also use this type of note to document email contact you have had with a client. All email contact should be documented in Titanium by copying and pasting the email conversation.
- b. **Termination summary:** you will be asked to write a summary of contact with all clients you have met with during the training year. This note includes



a brief summary of the client's presenting concerns, interventions used in therapy, and recommendations for follow-up if the client returns to the UCC. Directions for completing termination summaries/forms are included later in this chapter, and a template of the forms are included in the next section of this manual.

#### **D. Signing, Forwarding, and Saving Notes**

Once you have written any type of note, your signature and the signature of your supervisor are required. Select your supervisor's name from the 'forward to' drop-down menu at the bottom of the window (if it does not already appear there) so that your note will be forwarded to him or her for review. Click the 'save' button at the top left side of the window to lock in the note and hit 'exit' to return to the appointment information window. Clicking 'exit' again will return you to the main schedule screen of Titanium. At the beginning of your training experience, you should simply forward your notes to your supervisor without your signature so they can make revisions easily if needed. Your supervisor will then forward the note back to you with revisions made or suggestions for revisions, or if the note is approved, they will forward it back to you to sign. You can find notes that have been forwarded to you in your task list (see below).

To sign your notes, click the '1' button directly under the note you have written. If the note has already been saved and forwarded to your supervisor, you may need to click the 'edit' button to add your signature to the note. Once the note is signed, click 'save' again and 'exit.'

#### **E. Task List**

Your task list in Titanium will show you any unsigned or forwarded notes you need to attend to. When your supervisor has reviewed a note you have forwarded to him or her and has sent it back to you for corrections or your signature, a link to the note will appear in your task list. Your task list will also prompt you to change the attendance for any appointments or meetings on your schedule that have already taken place. You are expected to check your task list regularly in order to respond quickly to your supervisor's requests. To access your task list, choose the 'open' menu on the main schedule page and select 'task list.' A list of tasks you need to attend to will open in a separate window.

#### **F. Diagnosing**

There are three times during which you are required to enter a diagnosis for a client: at initial visit, intake and termination. Additionally, you may wish to update a client's diagnosis during treatment if you have decided to rule out or rule in a particular diagnosis you have been considering, if a diagnosis no longer fits, or if you have gathered additional information that points toward a new diagnosis. The use of the provisional specifier, unspecified, or other specified diagnoses is strongly encouraged following an Initial Visit appointment. A robust clinical interview should precede the assignment of a more definitive diagnosis. When in doubt, consult with your supervisor or another clinical staff member of the UCC to discuss diagnosis before assigning one.

To add a diagnosis in Titanium, follow these steps:

1. In the window in which you have written the client's intake, termination, or follow-up note, click on the tab at the top of the screen that says 'DSM-V Diagnosis.'
2. On the right-hand side of the window, click the 'Add' button.
3. You can use the drop-down menu to find the diagnosis you would like to select or begin typing the proper diagnosis in the text box and a list of matching diagnoses will be provided. To select a diagnosis from the list, simply click on the diagnosis once.
4. You can select 'principal' or 'provisional' for the certainty of your diagnosis.
5. You can also add a specifier in the text box at the bottom of the window, such as "By history," "By report," "In partial remission," "In full remission," or as in the case of personality disorders, "Traits."
6. If you have previously diagnosed the client at triage or during intake and would like to copy the previous diagnosis forward to the current note, you can click the "Copy from" button on the 'DSM-V Diagnosis' tab and select which note you would like to copy the diagnosis from.

## **G. Using Client Flags**

Flags are a feature in Titanium that allow for providers to alert others on staff to special considerations in working with the client, to assist in case management, and to assist in center data collection. To view or add flags:

1. In the right-hand corner of the appointment window or client information window you will see the flag icon. When you click on this icon, current flags will be shown, as well as an option to Manage Flags.
2. To view the details of an existing flag, hover over the appropriate flag in the list and select View from the menu that appears to the left. You can also Deactivate or Delete a flag from this menu. When you select View, a window will appear on your screen that shows who added the flag and when, as well as any comments that were made at the time the flag was added.
3. To add a flag, select Manage Flags from the drop-down menu associated with the flag icon. Choose Add from the right-hand side of the window that appears, choose the type of flag you wish to add from the drop-down menu, and add any necessary comments about the purpose of the flag.
4. When deactivating a flag, be sure to add a reason for deactivation.

Types of flags and their uses:

- LAC – the client is also seen by a provider at the LAC. Students with this flag are generally discussed at the next consultation meeting with the LAC staff. Deactivate this flag when no additional LAC consultation is warranted.
- SHS – the client has been referred to and/or is currently seeing a provider at the SHS. Clients with this flag are generally discussed at the next consultation meeting with the physicians at the SHS. When referring a client to the SHS, make a note in the description field documenting why the referral was made. Remove this flag once the client has been discussed at the monthly UCC-SHS consultation meeting or keep active for longer periods if the client continues to be of concern.
- EAT – the client is experiencing eating disorder concerns and has signed a release to be discussed during the regular EAT team meetings. Students with this flag have been referred to the team by the UCC, SHS, or the campus nutritionist. Deactivate this flag when terminating.
- After Hours Contact – the client has utilized the after-hours on-call services; this may be a way for clinicians to keep track of clients who have made after hours contact with the UCC or to alert the front desk staff to encourage rescheduling rather than cancellation should the client call to cancel. This flag should be deactivated after the client was seen for a follow-up appointment or at termination.
- Alert Provider – use this flag if you would like to be notified that the client has called or walked into the UCC. Additionally, this flag may be used to identify when a student is being referred to the UCC under urgent circumstances and the counselor who will be meeting with the client wishes to alert the front desk that they should be interrupted when the client in crisis arrives. This flag should be deactivated once the circumstances that led to the counselor wanting to be notified of the client presenting have passed.
- Under-Age Client – use this flag to note a client who is under 18 years of age and therefore warrants different confidentiality considerations. For other special populations where confidentiality is a special concern, request that the file be restricted only to the assigned counselor and supervisors. Deactivate flag when the client turns 18.
- Confirm With Counselor – use this flag to denote when a client's non-crisis/triage appointment requests should be directed to the assigned counselor. This flag is typically used when a client has demonstrated a history of poor attendance. Deactivate this flag at termination.
- Do not schedule with – use this flag to note that special care should be taken to avoid scheduling two clients to be in the lobby at the same time. Clients who have this flag added should be brought to the attention of all UCC staff to avoid missteps in

scheduling. The flag description should denote the initials of the student with which they should not be scheduled and a reference to which UCC clinical staff can provide additional information. This flag is also used to identify clients who should be scheduled with a senior staff member rather than an intern. Deactivate this flag at termination.

- Aggression – to be used for clients who pose an elevated risk for aggressive behaviors to let staff know it is especially important to be mindful of proximity to exits and follow-up if sessions run long. Clients who are being flagged as such should be discussed at the next immediate staff meeting to discuss appropriateness for our level of care. This flag should be deactivated when the file is closed.
- Police Contact – you may see this flag on a client who has recently been in trouble with police on campus. The Clinical Director attends the meeting where the report is reviewed and can provide any additional context to the clinical staff. These flags will be deactivated a month after the student’s listing on the police report.
- Confirm ID – use this flag to notify UCC staff of clients with similar names so their identity can be confirmed before scheduling. Deactivate this flag when you have terminated.
- Case Management – use this flag as a reminder to yourself of clients you need to follow up with and provide case management. Such follow-up might be sending an e-mail or letter on behalf of the client, coordinating care with other campus providers, or contacting the client at the beginning of the semester. Deactivate flag once case management tasks have been completed or when terminating.
- Off-Campus – use this flag to denote any clients you refer off campus and may need referrals provided. It also can be used (depending on the client search parameters) to identify who needs follow-up to assure that they have made contact with an outside provider. Deactivate flag when terminating.

## **H. Terminating Services**

Termination forms must be completed for all UCC clients seen during the data collection year and include a narrative summary of the client’s presenting concerns, treatment provided, and recommendations at the time of termination. The termination form also captures clients’ use of psychotropic medications, hospitalizations during the year, academic dispensations granted, and referrals made. An additional form, the Clinician Index of Client Concerns, is also completed at the time of termination and asks clinicians to choose all applicable presenting concerns from an extensive list and to indicate the top concern addressed during treatment. A final diagnosis is also required at the time of termination. These forms must be completed no later than May 31<sup>st</sup> regardless of whether or not the client plans to continue in treatment over the summer; however, they can be completed on a rolling basis throughout the training year as they are populated on interns’ Titanium task lists. Clients are automatically deactivated from clinician caseloads

and from the general pool of counseling center clients at the time the termination forms are completed.

## **I. Uploading Attachments**

Interns will regularly need to add PDF or Word document attachments into a Client or Trainee file. To upload an attachment:

1. Navigate to the appointment note or add a new note into the file to which the document should be attached.
2. Click Attach and Add Attachment at the top right-hand corner of the screen.
3. Navigate to the correct file on your computer, select, and click Open.
4. Titanium will prompt you to name the file, which can be different from the original file name and should be detailed enough for other users to understand what the attachment includes prior to opening it.

# **Chapter 6**

## **UCC Forms**



## Informed Consent to Counseling

*The information below provides details about some of the procedures and guidelines of the University Counseling Center (UCC). Individuals requesting services are asked to read this material prior to initial appointment, and sign to acknowledge that they understand and accept the conditions of service.*

### Eligibility for Services

Our services are free and available to all currently enrolled full-time undergraduate and graduate/professional school students based on the Reynolda Campus. Limited services are available to part-time and online/distance learning students. Full-time students at other WFU-affiliated campuses (excluding Bowman Gray Campus) will be provided in person or phone consultation and then given appropriate referrals in your area. Students who are not yet 18 years of age are required to provide documentation of parental permission or referral from a physician before ongoing services can be provided.

### Staff

The staff of the UCC consists of licensed mental health professionals, selected graduate students in counseling and psychology operating under direct supervision of a clinical staff member, and administrative office staff.

### Counseling Center Services

The UCC offers short-term counseling for personal, interpersonal, and general mental health concerns and may be provided in either individual or group formats. As the UCC operates using a brief counseling model, students are typically afforded no more than 12 individual sessions per academic year (group services do not carry the same limitations). Individual sessions of either 25 or 45 minutes in length may be held on a weekly, biweekly, or less frequent basis. Determination about length and frequency of sessions is made by the clinician in consultation with each individual client, and is informed by the assessment of presenting needs and any specialized concerns that would be better provided for through local community resources. These decisions are typically made in the first sessions, though may be revised throughout the counseling process. If at any time it is determined (either by clinician or client) that off-campus mental health resources would be more appropriate, the UCC will assist the client with finding an appropriate referral. Additionally, based on information gained in the initial assessment process, the clinician seen for the initial session may or may not be the clinician assigned on an ongoing basis.

### Confidentiality

Other than the legal and ethical exceptions noted below, your presence in this office and all communications between client and clinician are confidential and are not released outside the UCC without client signed consent. Authorization-To-Release-Information forms are available for this purpose. Client records here are not part of any University record and no one outside the UCC has access to them. Electronic records are kept in a secure server. In keeping with professional standards, clinicians may consult with one another for the purpose of providing the best service to you. In order to coordinate care, UCC staff may also engage in limited consultation with providers at the Learning Assistance Center & Disability Services, medical providers at Student Health Service, and other mental health professionals at the Wake Forest Baptist Medical Center.

As required by North Carolina law, there are exceptions to the confidentiality provided within the University Counseling Center. They are:

1. When your clinician determines that there is the potential for imminent harm that could come to yourself we are required to reasonably act to reduce the risk of such harm. If we are concerned about imminent harm could come to another identified person, we are permitted to reasonably act to reduce the risk of such harm. This can include informing other healthcare professionals, law enforcement, or other relevant identified persons, or facilitating additional assessment for higher levels of care and security;
2. If you disclose actual or possible current child abuse or neglect; or the abuse, neglect or exploitation of an elder or disabled adult in need of protection, we must report the information to the appropriate department of social services;
3. If we are ordered by a court of law to release information about you.

If you are 17 years old or younger, **or** have been referred as part of a university disciplinary or administrative matter, there are further exceptions to the confidentiality policy which your clinician will discuss with you.

Our graduate student trainees are required to record their counseling sessions. This is solely for the purpose of review and supervision in order to provide clients with the best possible counseling. Recording occurs only with client knowledge and consent. All recordings are erased after supervision is completed.

Because of the confidentiality of the counseling process, please indicate the methods by which we can contact you:  
(PLEASE INITIAL)

Phone: yes \_\_\_\_\_ no \_\_\_\_\_

Voice Mail: yes \_\_\_\_\_ no \_\_\_\_\_

E-mail: yes \_\_\_\_\_ no \_\_\_\_\_

*If you do not wish to receive our annual survey of client experiences, please inform the administrative coordinator who has provided you with this form.*

Data, including attendance and information that clients submit either online or in person to the UCC may be shared in an anonymous (no identifying information) and aggregate (summarized group data) manner for quality assurance purposes with designated university officials. Such data includes, but is not limited to, information such as presenting concerns and level of distress. No specific client content or discussions with UCC staff will be shared as a part of this quality assurance process.

### **Your Counseling Process**

Counseling is a process by which people who desire to explore some aspect(s) of their lives enter into a relationship with a trained professional in order to gain greater insight into their circumstances, and to develop more effective ways of handling/responding to situation(s) which may have been problematic. Except in extreme cases of loss of ability to function, clinicians do not make decisions for or give advice to their clients. Rather, our clinicians will seek to help you understand yourself and your situation more fully, so that you may see your options more clearly and understand additional healthy ways to cope with difficulty. It is useful for you to know ahead of time that the counseling process may be at times uncomfortable for you – the presence of emotional pain, stress, and life changes are not uncommon experiences. Although counseling benefits most people, there is no guarantee that it will be beneficial to you.

You may discontinue counseling at any time. You are, however, strongly encouraged to discuss this decision with your clinician. You may also request a transfer to another clinician. You may discuss this with your present clinician or speak with the administrative assistant. Finally, just as many physical symptoms have underlying psychological causes, psychological distress can have underlying physical or medical components which need to be addressed. We may refer you for consultation to the professionals at the Student Health Service or other healthcare providers. In lieu of our services, you may request referral to an off campus agency or directly contact them yourself.

### **Appointments**

Appointments are made by phone or in person during office hours, Monday through Friday from 8:30 AM to 5:00 PM. IF IT IS NECESSARY TO CHANGE OR CANCEL YOUR APPOINTMENT, PLEASE DO SO AT LEAST 24 HOURS IN ADVANCE BY CALLING 336.758.5273

It is sometimes difficult to reschedule an appointment so please keep the appointments you have made if possible. If you miss two consecutive appointments without notice your clinician may discuss with you the appropriateness of continuing counseling at this time. These missed sessions are typically counted in your session limit. The UCC may limit some services to students who fail to keep appointments or who misuse or abuse our services or property. The UCC will provide alternate referral options in these cases.

#### **Psychological Crises**

- For life threatening emergencies, contact emergency services at 911
- For other crisis situations:

A clinician is available 365 days per year after hours and on weekends by calling the main UCC phone line (336.758.5273). The following resources are also available:

WF Baptist Medical Center ED	336.713.9000	Wake Forest University Police	336.758.5911
Forsyth Medical Center ED	336.718.2001	Sexual Assault Response Team	336.722.4457
National Suicide Prevention Lifeline	800.273.8255		

**Please sign below to indicate that you have read, understood, and accept the information and conditions contained in this document. Please keep the unsigned copy for your own reference.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Student ID \_\_\_\_\_



## **Suicide Staging Criteria**

### **I. Low Risk:**

- No thought pattern of suicide or self-harm

### **II. Mild Risk:**

- No verbal expressions of intent for suicide or self-harm unless asked
- May vigorously deny suicidal thoughts or admits to intermittent/passing
- Thoughts of death with spontaneous assurance to the evaluator that no attempt will be made
- Feeling overwhelmed with crisis, feels hopeless for change
- May exhibit somatic complaints
- Feeling depressed, “the blues”
- Feelings of rejection or disappointment
- Support system is available
- Expresses options (other than suicide) to solve problems
- Will make a Safety Plan, usually does so spontaneously

### **III. Moderate Risk:**

- Hesitates when asked if suicidal ideation is present
- Makes joking or off-hand statements about suicide
- May have a diagnosis of a chronic or terminal illness, including chronic emotional illness
- Thoughts of suicide but nonspecific plan
- Suicidal ideation is present and includes:
- Listlessness, tiredness, depression, neurovegetative signs
- Thoughts of wanting to go to sleep and never waking up, being a burden to others
- Accident proneness
- Alcohol/Drug abuse
- Support system not utilized, significant others/family not aware of depression
- Spiritual thoughts a deterrent to self-harm
- Can think of options other than suicide to solve problems but sees “not being here” as an option
- Agrees to Safety Plan, which includes going to emergency center/calling support if the impulse for self-harm becomes strong

### **IV. High Risk:**

- Admits to thoughts of death
- Plans a suicide attempt and selects a method/weapon (*consider lethality of method*)
- May actually attempt suicide or self-harm
- Suicidal ideation is present and includes:
  - Feelings of hopelessness, depression
- Admits to thoughts of death
- No support system, perceives self as a great burden to others
- Has rationalized spiritual ideology to encompass a justification of planned actions
- Can think of no other option other than suicide
- Hesitant to make a Safety Plan

## INITIAL VISIT/TRIAGE FORM

### Informed Consent:

- Reviewed informed consent info?
- Questions or concerns about informed consent

### Counseling History:

- Previous counseling history?

### Current Treatment:

- Currently being seen by a mental health or medical professional?
- Current provider, medications, and dosage

### Demographics:

- Year in college/graduate school
- Hometown

### Presenting Concerns:

#### Type of problem/symptoms:

- Depressed mood
- Anxiety
- Panic attacks
- Relationship problems (romantic, family, friends)
- Self-destructive behaviors (cutting, burning, hair pulling, reckless driving, other)
- Concerned about drug and alcohol use?
- Do you eat differently when you're alone versus when you're with others?
- Have you been hearing voices or seeing things that others do not?
- Has there been any traumatic or upsetting events in your life recently?

#### Change in Functioning:

- Are you having trouble concentrating? (Is this a recent change?)
- Are you attending classes regularly? (Is this a recent change?)
- Are you able to keep up with your class demands?
- Have there been any recent changes or problems in your sleeping habits?
- Have there been any recent changes or problems in your eating habits or appetite?

#### Risk Assessment:

- When was the last time you thought about killing yourself?
- Additional information (circumstances, triggers)
- Details of suicidal thoughts (frequency, duration, intensity)

Details of suicide plans (details, access to means, etc)

Access to firearms

Have you ever attempted to kill yourself?

Additional information (when, means, circumstances)

Protective factors

Details of safety plan (if any)

Overall suicide risk assessment

Risk of Harm to Others:

Are you currently having thoughts of killing or seriously harming someone else?

Have you had thoughts of killing or seriously harming someone else in the past?

Other information not previously discussed:

What are your goals for counseling?:

Manner/Affect:

Global Assessment of Functioning in College (GAFC-MHRJ):

Other Information/Plan:

Disposition:

## INTAKE NOTE TEMPLATE

### BIO:

(medical concerns that might contribute to MH distress, medication, sleep, nutrition)

### PSYCHO:

(sx in support of a dx, previous MH concerns, trauma hx, AOD hx, personal strengths)

### SOCIAL:

(early family/life experiences contributing to current coping, cultural considerations, sources of emotional support/isolation)

### SPIRITUAL:

(practices/beliefs belying organizing principles)

### SUICIDE ASSESSMENT FOLLOW-UP:

### INTERVENTION/TREATMENT PLAN:

## Case Notes SOAP Format

The UCC uses the SOAP note format as standard for clinical notes. The SOAP format includes four categories. Below is a description of what to include in each category and an example of how to include this information.

**SUBJECTIVE:** This category would include information the client reports to you, including reports of activities, statements of mood, or any other relevant self-report information. This category might also include reports by other people about the client. You can also include information about interactions between you and the client that took place during the session.

Example: "George stated that he had been extremely depressed during the past two weeks. He reported experiencing frequent crying spells, which occurred several times each day. His wife said he has frequently told her he wished he were dead. George and I talked about triggers for his depression, including an injury he sustained three weeks ago."

**OBJECTIVE:** This category includes a description of the client's behavior and/or affect which you observe during session.

Example: "George presented oriented x3 with responsive affect, depressed mood, appropriate eye contact, and slowed speech. He was casually dressed with unremarkable grooming. DP cried several times during session. Self-deprecating statements were prevalent."

**ASSESSMENT:** This category includes an assessment of client status and needs, including the clinician's conceptualization of the client and rationale for diagnosis. Include any behavioral assessments (i.e., inventories, self-monitoring data, etc.) administered if relevant.

Example: "The BDI-II was administered and George's score was 21, which falls within the Severe Depression range. George's depression may be related to a recent injury which has prevented his use of preferred self-care activities and has resulted in time away from work, which he associates as a core part of his identity."

**PLAN:** This category should include when your next session is scheduled. Short-term and long-term treatment plans might also be stated. Homework assignments might also be included in this section.

Example: "George and I will meet again in one week. At that time, alternatives to his preferred coping activities will be discussed. George has agreed to self-monitor frequency of self-critical thoughts and to bring this data to next session."

## TERMINATION SUMMARY FORMAT

Covers services received in academic year:

Summer school/Fall semester?

Spring semester?

Presenting Concerns:

Taking psychotropic medication(s)? (this academic year)

Yes

No

Support for Academic Dispensation (check all that apply)

Course drop (not full withdrawal)

Withdrawal (drop of all courses)

WFU Resources referred to (check all that apply):

CARE Team

Chaplains/Campus Ministry

Dean of Students

Faculty/Staff/Administration

Financial Aid

In-house (Another UCC provider)

In-house (Group)

Intercultural Center

Learning Assistance Center

LGBTQ Center

Nutritionist

Office of Academic Advising

Office of Personal and Career Development

Office of Wellbeing- Substance Abuse Prevention

Coordinator

Residence Life and Housing

SAFE Office

Sports Medicine (Athletic Department)

Student Health Service

University Police

Women's Center

Therapist/Other Clinician:

Prescriber:

Nutritionist:

Higher Levels of Care:

Psychiatric hospitalization (referred)

Psychiatric hospitalization (admitted)

Addictions/AOD IOP or Detox (referred)

Addictions/AOD IOP or Detox (admitted)

Eating d/o treatment IOP or residential (referred)

Eating d/o treatment IOP or residential (admitted)

Other External Resource(s) Referred to:

Narrative Summary of Treatment Provided and Outcome:

Recommendations/Future Plan:

Global Assessment of Functioning in College (GAFC-MHRJ) at most recent session:

5. Very good to superior functioning

4. Satisfactory to good functioning

3. Problematic functioning

2. Impaired functioning

1. Severely to seriously impaired functioning

## CLINICIAN INDEX OF CLIENT CONCERNS (CLICC)

Please indicate your assessment of the client's primary concerns (check all that apply):

Anxiety	Sexual orientation
Generalized	Gender identity
Social	Religion/spirituality
Panic attack(s)	Discrimination
Test taking	
Specific phobia	Academic performance
Unspecified/other	Career
Obsessions or compulsions	
Perfectionism	Attention/concentration difficulties
Stress	Autism spectrum
	Learning disorder/disability
Depression	
Mood instability (bi-polar symptoms)	Alcohol
Emotion dysregulation	Drugs
Anger management	Addiction (no alcohol or drugs)
Relationship problem (specific)	Self-injurious thoughts or behaviors
Interpersonal functioning	Suicidality
Social isolation	Violent thoughts or behaviors toward others
Family	Psychotic thoughts or behaviors
Grief/loss	Dissociative experience(s)
Health/medical	Trauma
Eating/body image	Physical abuse/assault (victim)
Sleep	Sexual abuse/assault (victim)
Sexual concern	Harassment/emotional abuse (victim)
Pregnancy related	Stalking (victim)
Identity development	Financial
Self-esteem/confidence	Legal/judicial/conduct
Adjustment to new environment	None
	Other
Racial, ethnic, or cultural concerns	Child abuse

Please briefly describe the "other" concern without using identifying information:

Choose the top concern of those already selected:



## Authorization to Release/Exchange Confidential Information

I, \_\_\_\_\_, authorize the Wake Forest University Counseling Center (UCC) to release/exchange confidential information about me to/with \_\_\_\_\_

pertaining to: (PLEASE INITIAL)

\_\_\_\_ Attendance      \_\_\_\_ Recommendations      \_\_\_\_ Counseling/treatment  
\_\_\_\_ Other (specify) \_\_\_\_\_

I understand that the information is to be used for: (PLEASE INITIAL)

\_\_\_\_ Continuity of care      \_\_\_\_ Family involvement      \_\_\_\_ Academic considerations  
\_\_\_\_ Coordination of care      \_\_\_\_ Residential considerations  
\_\_\_\_ Other(specify) \_\_\_\_\_

In signing this authorization, I understand that I am giving permission to the UCC to disclose or exchange confidential health care information and/or records with the above named. I understand that I have the right to revoke this authorization at any time, but my revocation is not effective until received in writing by the UCC. Federal regulations and state law prohibit the recipient(s) of this information to re-disclose it without my specific written consent.

This authorization expires 12 months from date of signature, unless another date is specified.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

---

I hereby revoke this authorization: \_\_\_\_\_ Date: \_\_\_\_\_





**Authorization for Verbal Release of Information to Eating Disorder Staffing**  
*University Counseling Center and Student Health Service*

All students with disordered eating/eating disorders treated at the University Counseling Center and/or the Student Health Service may sign an authorization for exchange of verbal information to allow providers the ability to coordinate care.

To provide the best possible treatment or referral, the professionals at Wake Forest University involved in the treatment of students with disordered eating/eating disorders meet on a regular basis to coordinate care. The information discussed in this meeting will not be discussed outside of the staffing group; our commitment to confidentiality is paramount. There are certain legal exceptions in which we are required to break confidentiality:

- Imminent danger to self or others
- Disclosure of actual or possible abuse or neglect of a vulnerable individual (e.g., child, elder person, etc.)
- Court order from a judge.

There are further exceptions to confidentiality which apply to students age 17 and younger.

Representatives from the following disciplines will be present at these meetings:

Student Health Service  
University Counseling Center  
Nutritional Consultant for Student Health Service  
Sports Medicine

Having a multidisciplinary team broadens our knowledge, helps us to serve you best, and is considered best practices in the standard of care for eating disorders/disordered eating. Please feel free to contact any of the participating offices to discuss questions you may have.

*I understand the above description of the staffing and agree to authorize discussion of my care in this setting as needed. I understand that this authorization is valid for one year following today's date. I further understand that I may revoke this permission in writing at any time.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Student ID Number

---

I hereby revoke this authorization: \_\_\_\_\_ Date: \_\_\_\_\_



WAKE FOREST UNIVERSITY

## COUNSELING CENTER

### Digital Recording Agreement

The Wake Forest University Counseling Center serves as a practicum and internship site for graduate students in counseling and psychology. Our trainees may be enrolled in Wake Forest University's Master of Arts program in Clinical Mental Health Counseling or in a similar Master's program or a psychology doctoral program at another university.

Our trainees are supervised by members of our staff who are licensed in North Carolina as either counselors or psychologists. Additionally, trainees receive supervision from faculty members in their graduate department. In order to ensure that you receive the best possible service and to facilitate the training of future professional counselors and psychologists, our trainees are required to digitally record their counseling sessions. These recordings are used by the trainee as a learning device. Additionally, the recordings are used as part of the supervision process with both the trainee's supervisor here at the University Counseling Center and potentially their faculty supervisor. Recordings are treated as confidential information and are erased after their use.

I, \_\_\_\_\_, give my permission for my sessions at the Wake Forest University Counseling Center to be digitally recorded. I understand that these recordings will be used only for training purposes and are confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID: \_\_\_\_\_



## Supervision Digital Recording Agreement

The Wake Forest University Counseling Center (WFUCC) serves as a practicum and internship site for graduate students in counseling and psychology. An integral piece of our trainees' experience working at the WFUCC is receiving weekly individual supervision from a staff member who is appropriately licensed in North Carolina or from a psychology intern who is supervised by an appropriately licensed staff member. Staff members who are providing supervision to trainees meet regularly as a Supervisors Committee to discuss trainee development and to support one another's growth as clinical supervisors. Psychology interns providing supervision to trainees meet separately with a licensed staff member for Supervision of Supervision to support their development in this role.

While supervisors strive to respect trainees' privacy within the supervisor/supervisee relationship, supervision is not considered confidential. Topics discussed during Supervisors Committee or Supervision of Supervision meetings may include: caseloads, individual developmental processes, factors impacting trainees' clinical work/professional development, and remediation procedures. It is the expectation that information discussed in these meetings is limited to information that is relevant to the supervisee's or the supervisor's professional development and will be kept private by other supervisors. Meetings may also include review of recordings of individual supervision and/or trainees' clinical work as it is relevant to supervisor and/or trainee support and development. Therefore, supervisors digitally record their supervision meetings with trainees and may share portions of these recordings in these meetings, as appropriate. Access to the recordings is restricted to the supervisor and their supervisor of supervision, if applicable. All recordings are erased at the end of each semester. If trainees have concerns about specific information shared in supervision being discussed with other supervisors, they are encouraged to discuss this with their supervisor. Trainees have the right to request that the recording of supervision be paused, with the ultimate decision residing with the supervisor.

I, \_\_\_\_\_, give my permission for my supervision meetings at the Wake Forest University Counseling Center to be digitally recorded by my supervisor, \_\_\_\_\_. I understand that these recordings will be used for the purpose of both mine and my supervisor's professional development, and access to them is strictly controlled.

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUPERVISION NOTE FORMAT

	Yes	No
Audio/Video Review		
Legal/Ethical Issues Addressed		
Diversity Issues Discussed		
Administrative/Clerical Issues Addressed		
Goals/Special Projects Addressed		

Clinical Themes, Strategies, Interventions Addressed:

Supervisee Strengths/Competencies Demonstrated:

Growth Edges/Issues for Follow-Up:

# INTERN MONTHLY ACTIVITY LOG

Month:

Name:

Supervisor:

Direct - Clinical	Week 1	Week 2	Week 3	Week 4	Week 5
Walk-Ins (Initial visits and returners)					
Individual Therapy (intakes and ongoing sessions)					
Walk-In Crisis					
After-hours Crisis Intervention (on-call)					
Group Therapy					
Assessment Administration/Feedback					
Case Management					
Consultation Provided					
<b>Subtotal</b>	0	0	0	0	0
Direct - Non-Clinical	Week 1	Week 2	Week 3	Week 4	Week 5
Outreach Facilitation					
Outreach Preparation					
Provision of Supervision					
Supervision Preparation (providing)					
Assessment Report/Interpretation					
Group Preparation					
<b>Subtotal</b>	0	0	0	0	0
Training Activities	Week 1	Week 2	Week 3	Week 4	Week 5
Individual Supervision					
Group Supervision					
Secondary Supervision					
Supervision of Group Therapy					
Special Topics Supervision					
Supervision of Supervision					
Clinical Staff Meetings					

Clinical Consultation Received					
LAC/Psychiatry and SHS Consultation					
Intern Training Seminar					
Supervision Seminar					
Diversity Seminar					
In-Service Trainings					
Other Professional Development					
<b>Subtotal</b>	0	0	0	0	0
<b>Administrative Activities</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>
Record Keeping					
Staff Meetings					
Administrative Tasks					
Orientation Activities					
Dissertation/Research Release Time					
Supervision Preparation (receiving)					
<b>Subtotal</b>	0	0	0	0	0

**Weekly Totals:**                      0                      0                      0                      0                      0

## CLIENT SPREADSHEET

[illegible]

# Chapter 7

## Resources for the WFU/Winston-Salem Community

### WFU Student Resources

#### Division of Campus Life:

**Campus Recreation**, Reynolds Gym, 336-758-5838

Provides individual and group exercise resources and classes, outdoor pursuits trips, and intramural sports.

**Office of the Chaplain**, 8 Reynolda Hall and 317 & 321 Benson, 336-758-5210

Offers pastoral care and advisement through individual counsel, programming on critical spiritual themes, intervention in medical emergencies, mortality concerns and presiding at key Campus Life rituals.

**Office of the Dean of Students (DOS)**, 139 Benson, 336-758-4869

Houses the Campus Assessment, Response, and Evaluation (CARE) Team, which evaluates and responds to disruptive, troubling, or threatening behaviors and seeks to help identify individuals in need of support, guidance, or other intervention and to refer them to appropriate campus and community resources.

**Learning Assistance Center (LAC)**, 118 Reynolda Hall, 336-758-5929

Assistance is provided through counseling and individual and group tutoring. Students with a wide range of learning and other documented disabilities may also receive academic support, training, and advocacy through the LAC.

**Residence Life and Housing**, Maya Angelou Hall, 336-758-5185

Students may benefit from contacting this office if they are experiencing persistent problems with a roommate/hall-mate or wish to change rooms for another reason.

**SAFE Office**, B104 Reynolds Gym, 336-758-4963, After-hours crisis: 336-758-5285

Provides confidential crisis response and on-going support services for concerns related to interpersonal violence, including sexual misconduct, relationship violence, and stalking. May be a helpful referral source for students with questions about the Title IX process as they make decisions about whether or not to report an incident or for advocacy as they go through the Title IX process.

**Student Conduct**, 139 Benson, 336-758-5226

Housed within the Office of the Dean of Students and handles student conduct issues. May be a helpful referral source for a student who wishes to report another student who has broken the student code of conduct without reporting it as a crime.



**The Office of Student Engagement, 335 Benson, 336-758-5226**

Connects students with meaningful opportunities to get involved on campus and learn leadership.

**Student Health Service (SHS), Reynolds Gym, 336-758-5218**

Provides routine and urgent health care, and houses the UCC psychiatrist who can prescribe medication for mental health concerns. SHS is also the main point of access to the after-hours on-call UCC staff member for crisis issues.

**Title IX Office, 307 Reynolda Hall, 336-758-7258**

Responsible for handling investigations of sex discrimination and sexual misconduct reports. Students can be directly referred to this office if they know they would like the University to take action.

**University Police, Alumni Hall, Emergency calls: 911 or 336-758-5911,**

Non-emergency calls: 336-758-5591

University police would be called in the case of an aggressive client who needs to be restrained or to transport a client who is a danger to self or others to the local hospital. Students can also contact the university police to report a crime.

**Office of Diversity and Inclusion:**

**Intercultural Center, 346 Benson, 336-758-5864**

Collaborates to recruit and engage students through educational, social and co-curricular programming.

**LGBTQ Center, 311 Benson, 336-758-4665**

Provides support and advocacy to WFU's lesbian, gay, bisexual, transgender, queer and questioning students, faculty and staff, and education to the entire campus community about issues of gender identity and sexual orientation. Offers Safe Zone training and a regular coffee hour for students.

**Women's Center, 314 Benson, 336-758-4053**

Strives to create an educational and professional environment that supports women and promotes gender equity at Wake Forest.

**Center for Global Programs and Studies, 116 Reynolda Hall, 336-758-5938**

Coordinates study abroad and services for International students.

**Office of Personal and Career Development, 230 Reynolda Hall, 336-758-5902**

Guides and inspires Wake Forest students to take charge of their personal and career development by helping students explore majors and career options, find internships and jobs after graduation, learn how to write a resume and cover letter and how to interview for a job. Also offers workshops, leadership programs, and mentoring.

# **Chapter 8**

## **Training Agreements**

## CONFIDENTIALITY AGREEMENT

### **Wake Forest University Counseling Center**

**POLICY:** Each intern performing paid assistance in the University Counseling Center will be required to read and sign a copy of the statement below. A copy will be given to the intern upon request. The original will be kept by the Training Director.

I confirm that I understand that in the course of my employment, assignment, or volunteer duties in the Wake Forest University Counseling Center, I will encounter various types of confidential information. I understand that any information of which I become aware, **INCLUDING WHETHER A PERSON HAS EVER BEEN IN THE COUNSELING CENTER, IS CONFIDENTIAL.** I will not in any manner, directly or indirectly, make known any confidential information to anyone or permit any person or persons to have access to the confidential information in the Center. I will not view information I do not have specific permission to access. I further understand that a breach of confidentiality will result in disciplinary action, up to and including termination of my placement at the UCC.

In signing this form, I agree to adhere to the confidentiality policy of this office.

Signed:

---

Intern Name (printed)

---

Date

---

Intern Signature

## POLICIES AND PROCEDURES AGREEMENT

### **Wake Forest University Counseling Center**

I confirm that I have received a copy of the Wake Forest University Counseling Center's Psychology Internship Training Manual. I am also aware of the location of the UCC's Policy and Procedure Manual that I am to refer to for any needed clarification. I understand that as an intern at the UCC, I am responsible for following the policies and procedures described in both manuals. I further understand that failure to comply with the policies and procedures set forth in the manual may result in disciplinary action, up to and including termination of my placement at the UCC.

In signing this form, I agree to adhere to the policies and procedures of this office.

Signed:

---

Intern Name (printed)

---

Date

---

Intern Signature

# **Chapter 9**

## **Evaluation Forms**

**Wake Forest University Psychology Internship Program**  
**Intern Evaluation**

Intern: \_\_\_\_\_

Primary Supervisor: \_\_\_\_\_

Please choose the time at which this evaluation is occurring:

December \_\_\_\_ March \_\_\_\_ July \_\_\_\_

Methods used in evaluating competency:

Direct Observation \_\_\_\_ Review of Audio/Video \_\_\_\_ Feedback from Other Staff/Supervisors \_\_\_\_

Supervision Meetings \_\_\_\_ Case Presentation \_\_\_\_ Documentation Review \_\_\_\_

Scoring Criteria:

<b>Pre-Internship Level:</b>	
<b>1</b>	Persons at this level may have knowledge of academic and theoretical material in this area and some appreciation for how to apply that knowledge to real life situations. However, they are unable to apply their knowledge without intensive clinical supervision and monitoring of basic tasks in this area. Performance is inadequate for a psychology intern in this area.
<b>Beginning Internship level:</b> Persons at this level show increasing psychological mindedness in general and have a basic foundation in the knowledge, skills, and awareness in this area. The intern requires frequent supervision and close monitoring in this area.	
<b>2</b>	An early beginning level intern is beginning to show emerging competence in carrying out basic tasks in this area and demonstrates awareness and implements skills with support.
<b>3</b>	A beginning level intern that is progressing in their competence consistently demonstrates knowledge, skills, and awareness at an emerging level of competence and does so independently.
<b>NOTE:</b>	A score below 2 on any learning element at the Fall Semester evaluation (December) will trigger the formal Due Process Procedures.
<b>Intermediate Internship level:</b> Persons at this level display an emerging professional identity as a psychologist. The intern displays an intermediate level of knowledge, skills, and awareness in the area being evaluated. The intern is aware of the competency area and can utilize this awareness to inform their work in the internship setting, although the application of knowledge to practice may be inconsistent and the intern still needs assistance. Ongoing training and supervision is needed to further enhance competence in this area.	
<b>4</b>	An early intermediate level intern is beginning to show competence in carrying out basic tasks in this area and implements skills and demonstrates awareness at the intermediate level with support.
<b>5</b>	An intermediate level intern that is progressing in their competence consistently and independently demonstrates intermediate competence in this area.
<b>NOTE:</b>	A score below 4 on any learning element at the Spring Semester evaluation (March) will trigger the formal Due Process Procedures.
<b>Advanced Internship level:</b> Persons at this level have a strong sense of themselves as psychologists and actively and accurately seek supervisory input in order to solve emerging problems and practice effectively. The intern has developed strong knowledge, skills, and awareness in the area being evaluated. The intern is aware of the competence area and seeks greater learning about and understanding of the competence area as a form of ongoing development. Ongoing supervision is helpful for performance of advanced skills in this area.	
<b>6</b>	An early advanced level intern is beginning to show advanced competence in carrying out basic tasks in this area and occasionally and spontaneously demonstrates advanced skills in this area. <b>Interns who achieve this level of competence are considered prepared for entry level independent practice and licensure.</b>

<b>7</b>	An advanced level intern that is progressing in their competence consistently and independently demonstrates advanced competence in this area.
<b>NOTE:</b>	A minimum score of 6 is required on each learning element at the End-of-Year evaluation (July) to graduate from internship.
<b>Postdoctoral Level:</b>	
<b>8</b>	Persons at this level have a sense of confidence in their own abilities to practice and make decisions in difficult situations. The intern has a strongly established competence in the knowledge, skills and awareness being evaluated. The intern demonstrates mastery of basic tasks in this area and functions in this competency area at a level that would allow them to work independently. The use of the knowledge, awareness or skill is consistently incorporated into the intern's understanding of their work as an emerging psychologist and is evident in their daily professional practice. They are able to accurately determine when to seek consultation and are able to provide competent consultation due to their developed capabilities.

### Evidence Based Practice in Intervention

Supervisor completing this section (if not primary supervisor):

1. Establishes and maintains effective therapeutic relationships, including the management of client transference, clinician counter-transference, and the termination process.	
2. Uses clinical conceptualization of clients to inform ongoing evidence-based treatment planning with the client's goals in mind.	
3. Utilizes scientific literature, assessment findings, diversity characteristics, and contextual variables to inform implementation of appropriate therapeutic interventions.	
4. Evaluates intervention effectiveness and modifies/adapts the selected approach as needed based on on-going evaluation to meet client goals for treatment.	
5. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.	
6. Demonstrates the ability to apply the relevant research literature to clinical decision making.	
7. Effectively implements crisis intervention when indicated.	
8. Makes appropriate client referrals when indicated.	
9. Effectively manages overall caseload, including contacting clients in a timely manner regarding crisis follow-up or missed appointments as appropriate.	
10. Understands group therapy selection criteria and group stages and process, and demonstrates the ability to effectively co-lead a group.	
11. Writes clear, accurate, and concise documentation of work with clients.	

Comments:

**Evidence Based Practice in Assessment**

Supervisor completing this section (if not primary supervisor):

- |   |  |
|---|--|
| 12. Utilizes data from multiple sources as well as relevant diversity characteristics of the client to develop a comprehensive conceptualization of the client.   |  |
| 13. Accurately performs suicide and violence risk assessments.  |  |
| 14. Demonstrates knowledge of diagnostic classification systems, functional and dysfunctional behaviors, and consideration of client strengths and psychopathology.   |  |
| 15. Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).   |  |
| 16. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors within context to the assessment and/or diagnostic process.  |  |
| 17. Selects and applies/administers assessment methods that draw from the best available empirical literature; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the client.                                 |  |
| 18. Accurately scores assessment measures.  |  |
| 19. Interprets assessment results within current research and professional standards and guidelines, and uses interpretations to inform case conceptualization, diagnosis, and recommendations while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. |  |
| 20. Communicates assessment results both orally and in writing in an accurate and effective manner sensitive to a range of audiences.   |  |

Comments:

**Consultation / Interprofessional / Interdisciplinary**

Supervisor completing this section (if not primary supervisor):

- |  |  |
|--|--|
| 21. Demonstrates knowledge and respect for the roles and perspectives of other professions.  |  |
| 22. Applies knowledge about consultation in direct or simulated consultation with individuals and their families, other healthcare professionals, interprofessional groups, or systems related to health and behavior.                                       |  |
| 23. Prepares thoroughly for outreach presentations, displays effective public speaking skills, covers the material comprehensively, and effectively answers audience questions.  |  |
| 24. Demonstrates initiative, creativity, and follow-through in development of outreach programming that is appropriate in scope and sensitive to the needs of the University community; Solicits appropriate support, guidance, and collaboration as needed. |  |



Comments:

### **Supervision**

Supervisor completing this section (if not primary supervisor):

25. Demonstrates knowledge of supervision models and practices.	
26. Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees and other mental health professionals.	
27. Prepares adequately for supervisory sessions with supervisors.	
28. Open to feedback and suggestions from supervisors and applies feedback in a timely manner.	
29. Demonstrates self-sufficiency and uses consultation and guidance appropriately.	

Comments:

### **Cultural and Individual Diversity**

Supervisor completing this section (if not primary supervisor):

30. Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	
31. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.	
32. Demonstrate the ability to independently apply knowledge and awareness of individual and cultural differences in the conduct of various professional roles (e.g., research, clinical services, other professional activities).	
33. Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may create conflict with their own.	
34. Demonstrate the ability to independently apply their knowledge and awareness of individual and cultural differences in working effectively with the range of diverse individuals and groups encountered during internship.	

Comments:

**Research**

Supervisor completing this section (if not primary supervisor):

- |  |  |
|--|--|
| 35. Demonstrates the ability to apply knowledge of relevant scientific literature to inform the use of specific therapeutic interventions, treatment planning, and clinical decision making.   |  |
| 36. Demonstrates the substantially independent ability to critically evaluate and disseminate research through scholarly activities (e.g., conference presentations, client and research presentations to UCC staff, publications) at the local, regional or national level. |  |
| 37. Demonstrates knowledge of theories and methods of program evaluation through development of a poster for the Campus Life Assessment Expo or other projects using UCC data.   |  |

Comments:

**Ethical and Legal Standards**

Supervisor completing this section (if not primary supervisor):

- |  |  |
|--|--|
| 38. Demonstrates knowledge of and acts in accordance with the APA Ethical Principles and Code of Conduct, relevant professional standards and guidelines, and all local, state, regional, and federal laws, regulations, rules, and policies relevant to health service psychologists. |  |
| 39. Demonstrates knowledge of and acts in accordance with UCC policies and procedures, such as completing clinical documentation in a timely manner.   |  |
| 40. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve them.  |  |
| 41. Conducts self in an ethical manner in all professional activities.   |  |

Comments:

**Professional Values and Attitudes**

Supervisor completing this section (if not primary supervisor):

- |   |  |
|---|--|
| 42. Behaves in ways that reflect the values and attitudes of psychology (e.g., integrity, deportment, professional identity, accountability, lifelong learning, and empathy). |  |
| 43. Engages in self-reflection regarding personal and professional functioning.   |  |

44. Engages in activities to maintain and improve performance, well-being, and professional effectiveness.	
45. Represents the counseling center in a professional and competent manner.	
46. Demonstrates acceptance of responsibility for own experiences and tasks (e.g., learning in supervision, outreach projects).	
47. Actively seeks out and demonstrates openness and responsiveness to feedback and supervision.	
48. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	

Comments:

### Communication & Interpersonal Skills

Supervisor completing this section (if not primary supervisor):

49. Develop and maintain effective relationships with a wide range of individuals, including colleagues, organizations, professions, communities, and those receiving professional services.	
50. Demonstrates the ability to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated.	
51. Demonstrates a thorough grasp of professional language and concepts.	
52. Manages difficult communication with colleagues and other professionals, as indicated.	
53. Communicates clearly with colleagues, supervisors, etc. in a timely manner.	
54. Maintains appropriate professional boundaries with clients, staff, supervisors, and other individuals the intern comes into contact with in their role as a trainee of the UCC.	

Comments:

**OVERALL**

Comments on Intern's overall performance:

I acknowledge that my supervisor(s) has/have reviewed this evaluation with me.

---

Intern Signature

Date

---

Supervisor's Signature

Date

---

Additional Supervisor's Signature (if applicable)

Date

---

Additional Supervisor's Signature (if applicable)

Date

## **Intern Evaluation for Area of Specialization/Focus**

Intern: \_\_\_\_\_

Secondary Supervisor: \_\_\_\_\_

Specialization/Focus: \_\_\_\_\_

Please choose the time at which this evaluation is occurring

December \_\_\_\_ March \_\_\_\_ July \_\_\_\_

Methods used in evaluating competency:

Direct Observation \_\_\_\_ Review of Audio/Video \_\_\_\_ Feedback from Other Staff/Supervisors \_\_\_\_

Supervision Meetings \_\_\_\_ Case Presentation \_\_\_\_ Documentation Review \_\_\_\_

Scoring Criteria:

<b>N/A</b>	Not applicable to supervisor's work with intern.
<b>Pre-Internship Level:</b>	
<b>1</b>	Persons at this level may have knowledge of academic and theoretical material in this area and some appreciation for how to apply that knowledge to real life situations. However, they are unable to apply their knowledge without intensive clinical supervision and monitoring of basic tasks in this area. Performance is inadequate for a psychology intern in this area.
<b>Beginning Internship level:</b> Persons at this level show increasing psychological mindedness in general and have a basic foundation in the knowledge, skills, and awareness in this area. The intern requires frequent supervision and close monitoring in this area.	
<b>2</b>	An early beginning level intern is beginning to show emerging competence in carrying out basic tasks in this area and demonstrates awareness and implements skills with support.
<b>3</b>	A beginning level intern that is progressing in their competence consistently demonstrates knowledge, skills, and awareness at an emerging level of competence and does so independently.
<b>NOTE:</b>	A score below 2 on any learning element at the Fall Semester evaluation (December) will trigger the formal Due Process Procedures.
<b>Intermediate Internship level:</b> Persons at this level display an emerging professional identity as a psychologist. The intern displays an intermediate level of knowledge, skills, and awareness in the area being evaluated. The intern is aware of the competency area and can utilize this awareness to inform their work in the internship setting, although the application of knowledge to practice may be inconsistent and the intern still needs assistance. Ongoing training and supervision is needed to further enhance competence in this area.	
<b>4</b>	An early intermediate level intern is beginning to show competence in carrying out basic tasks in this area and implements skills and demonstrates awareness at the intermediate level with support.
<b>5</b>	An intermediate level intern that is progressing in their competence consistently and independently demonstrates intermediate competence in this area.
<b>NOTE:</b>	A score below 4 on any learning element at the Spring Semester evaluation (March) will trigger the formal Due Process Procedures.
<b>Advanced Internship level:</b> Persons at this level have a strong sense of themselves as psychologists and actively and accurately seek supervisory input in order to solve emerging problems and practice effectively. The intern has developed strong knowledge, skills, and awareness in the area being evaluated. The intern is aware of the competence area and seeks greater learning about and understanding of the competence area as a form of ongoing development. Ongoing supervision is helpful for performance of advanced skills in this area.	
<b>6</b>	An early advanced level intern is beginning to show advanced competence in carrying out basic tasks in this area and occasionally and spontaneously demonstrates advanced skills in this area.

	<b>Interns who achieve this level of competence are considered prepared for entry level independent practice and licensure.</b>
<b>7</b>	An advanced level intern that is progressing in their competence consistently and independently demonstrates advanced competence in this area.
<b>NOTE:</b>	A minimum score of 6 is required on each learning element at the End-of-Year evaluation (July) to graduate from internship.
<b>Postdoctoral Level:</b>	
<b>8</b>	Persons at this level have a sense of confidence in their own abilities to practice and make decisions in difficult situations. The intern has a strongly established competence in the knowledge, skills and awareness being evaluated. The intern demonstrates mastery of basic tasks in this area and functions in this competency area at a level that would allow them to work independently. The use of the knowledge, awareness or skill is consistently incorporated into the intern's understanding of their work as an emerging psychologist and is evident in their daily professional practice. They are able to accurately determine when to seek consultation and are able to provide competent consultation due to their developed capabilities.

**Evidence Based Practice in Intervention-** intern is able to develop, apply, and evaluate evidence-based intervention plans with clients and develop and maintain effective relationships with clients at a developmentally-appropriate level.

OVERALL SCORE FOR BROAD GOAL AREA	
-----------------------------------	--

Comments:

**Evidence Based Practice in Assessment-** intern is able to select, apply, and interpret appropriate formal and informal assessment techniques in work with clients at a developmentally-appropriate level.

OVERALL SCORE FOR BROAD GOAL AREA	
-----------------------------------	--

Comments:

**Consultation / Interprofessional / Interdisciplinary-** intern demonstrates knowledge and respect for the roles and perspectives of other professions and professionals and applies this knowledge at a developmentally-appropriate level.

OVERALL SCORE FOR BROAD GOAL AREA	
-----------------------------------	--

Comments:

**Supervision-** intern demonstrates developmentally-appropriate knowledge of supervision models and practices both as a supervisee and a supervisor.

OVERALL SCORE FOR BROAD GOAL AREA	
-----------------------------------	--

Comments:

**Cultural and Individual Diversity-** intern demonstrates developmentally-appropriate self-awareness around diversity, as well as knowledge about theoretical and empirical literature around diversity, and can apply this knowledge in their professional role.

OVERALL SCORE FOR BROAD GOAL AREA	
-----------------------------------	--

Comments:

**Research-** intern demonstrates a developmentally appropriate ability to consume, evaluate, and apply research to clinical practice.

OVERALL SCORE FOR BROAD GOAL AREA	
-----------------------------------	--

Comments:

**Ethical and Legal Standards-** intern is aware of and able to apply ethical standards to practice in a developmentally appropriate way, and can identify and manage ethical dilemmas appropriately.

OVERALL SCORE FOR BROAD GOAL AREA	
-----------------------------------	--

Comments:

**Professional Values and Attitudes-** intern behaves professionally and responsibly, is able to engage in self-reflection, and responds to feedback and supervision appropriately.

OVERALL SCORE FOR BROAD GOAL AREA	
-----------------------------------	--

Comments:

**Communication & Interpersonal Skills-** intern develops and maintains appropriate interpersonal relationships with colleagues and communicates effectively and appropriately in both written and oral communications.

OVERALL SCORE FOR BROAD GOAL AREA	
-----------------------------------	--

Comments:

### OVERALL RATING

Comments on Intern's overall performance:

I acknowledge that my supervisor has reviewed this evaluation with me.

Intern Signature

Date

Supervisor's Signature

Date

## **Intern Self-Evaluation**

Intern: \_\_\_\_\_

Primary Supervisor: \_\_\_\_\_

Date of Self-evaluation: \_\_\_\_\_

Use the following rating scale to evaluate yourself honestly on each of the items on this form. Ratings on this evaluation will not affect your supervisors' ratings of you, but are instead used to identify areas for growth and for development of self-awareness of your skills and abilities. This evaluation will be discussed with your primary supervisor.

### Scoring Criteria:

<b>Pre-Internship Level:</b>	
<b>1</b>	Persons at this level may have knowledge of academic and theoretical material in this area and some appreciation for how to apply that knowledge to real life situations. However, they are unable to apply their knowledge without intensive clinical supervision and monitoring of basic tasks in this area. Performance is inadequate for a psychology intern in this area.
<b>Beginning Internship level:</b> Persons at this level show increasing psychological mindedness in general and have a basic foundation in the knowledge, skills, and awareness in this area. The intern requires frequent supervision and close monitoring in this area.	
<b>2</b>	An early beginning level intern is beginning to show emerging competence in carrying out basic tasks in this area and demonstrates awareness and implements skills with support.
<b>3</b>	A beginning level intern that is progressing in their competence consistently demonstrates knowledge, skills, and awareness at an emerging level of competence and does so independently.
<b>NOTE:</b>	A score below 2 on any learning element at the Fall Semester evaluation (December) will trigger the formal Due Process Procedures.
<b>Intermediate Internship level:</b> Persons at this level display an emerging professional identity as a psychologist. The intern displays an intermediate level of knowledge, skills, and awareness in the area being evaluated. The intern is aware of the competency area and can utilize this awareness to inform their work in the internship setting, although the application of knowledge to practice may be inconsistent and the intern still needs assistance. Ongoing training and supervision is needed to further enhance competence in this area.	
<b>4</b>	An early intermediate level intern is beginning to show competence in carrying out basic tasks in this area and implements skills and demonstrates awareness at the intermediate level with support.
<b>5</b>	An intermediate level intern that is progressing in their competence consistently and independently demonstrates intermediate competence in this area.
<b>NOTE:</b>	A score below 4 on any learning element at the Spring Semester evaluation (March) will trigger the formal Due Process Procedures.
<b>Advanced Internship level:</b> Persons at this level have a strong sense of themselves as psychologists and actively and accurately seek supervisory input in order to solve emerging problems and practice effectively. The intern has developed strong knowledge, skills, and awareness in the area being evaluated. The intern is aware of the competence area and seeks greater learning about and understanding of the competence area as a form of ongoing development. Ongoing supervision is helpful for performance of advanced skills in this area.	



<b>6</b>	An early advanced level intern is beginning to show advanced competence in carrying out basic tasks in this area and occasionally and spontaneously demonstrates advanced skills in this area. <b>Interns who achieve this level of competence are considered prepared for entry level independent practice and licensure.</b>
<b>7</b>	An advanced level intern that is progressing in their competence consistently and independently demonstrates advanced competence in this area.
<b>NOTE:</b>	A minimum score of 6 is required on each learning element at the End-of-Year evaluation (July) to graduate from internship.
<b>Postdoctoral Level:</b>	
<b>8</b>	Persons at this level have a sense of confidence in their own abilities to practice and make decisions in difficult situations. The intern has a strongly established competence in the knowledge, skills and awareness being evaluated. The intern demonstrates mastery of basic tasks in this area and functions in this competency area at a level that would allow them to work independently. The use of the knowledge, awareness or skill is consistently incorporated into the intern's understanding of their work as an emerging psychologist and is evident in their daily professional practice. They are able to accurately determine when to seek consultation and are able to provide competent consultation due to their developed capabilities.

### **Evidence Based Practice in Intervention**

Supervisor completing this section (if not primary supervisor):

1. Establishes and maintains effective therapeutic relationships, including the management of client transference, clinician counter-transference, and the termination process.
2. Uses clinical conceptualization of clients to inform ongoing evidence-based treatment planning with the client's goals in mind.
3. Utilizes scientific literature, assessment findings, diversity characteristics, and contextual variables to inform implementation of appropriate therapeutic interventions.
4. Evaluates intervention effectiveness and modifies/adapts the selected approach as needed based on on-going evaluation to meet client goals for treatment.
5. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.
6. Demonstrates the ability to apply the relevant research literature to clinical decision making.
7. Effectively implements crisis intervention when indicated.
8. Makes appropriate client referrals when indicated.
9. Effectively manages overall caseload, including contacting clients in a timely manner regarding crisis follow-up or missed appointments as appropriate.

10. Understands group therapy selection criteria and group stages and process, and demonstrates the ability to effectively co-lead a group.

11. Writes clear, accurate, and concise documentation of work with clients.

Comments:

### **Evidence Based Practice in Assessment**

Supervisor completing this section (if not primary supervisor):

12. Utilizes data from multiple sources as well as relevant diversity characteristics of the client to develop a comprehensive conceptualization of the client.

13. Accurately performs suicide and violence risk assessments.

14. Demonstrates knowledge of diagnostic classification systems, functional and dysfunctional behaviors, and consideration of client strengths and psychopathology.

15. Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).

16. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors within context to the assessment and/or diagnostic process.

17. Selects and applies/administers assessment methods that draw from the best available empirical literature; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the client.

18. Accurately scores assessment measures.

19. Interprets assessment results within current research and professional standards and guidelines, and uses interpretations to inform case conceptualization, diagnosis, and recommendations while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

20. Communicates assessment results both orally and in writing in an accurate and effective manner sensitive to a range of audiences.

Comments:

**Consultation / Interprofessional / Interdisciplinary**

Supervisor completing this section (if not primary supervisor):

- |  |  |
|--|--|
| 21. Demonstrates knowledge and respect for the roles and perspectives of other professions.  |  |
| 22. Applies knowledge about consultation in direct or simulated consultation with individuals and their families, other healthcare professionals, interprofessional groups, or systems related to health and behavior.                                       |  |
| 23. Prepares thoroughly for outreach presentations, displays effective public speaking skills, covers the material comprehensively, and effectively answers audience questions.  |  |
| 24. Demonstrates initiative, creativity, and follow-through in development of outreach programming that is appropriate in scope and sensitive to the needs of the University community; Solicits appropriate support, guidance, and collaboration as needed. |  |

Comments:

**Supervision**

Supervisor completing this section (if not primary supervisor):

- |   |  |
|---|--|
| 25. Demonstrates knowledge of supervision models and practices.   |  |
| 26. Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees and other mental health professionals. |  |
| 27. Prepares adequately for supervisory sessions with supervisors.  |  |
| 28. Open to feedback and suggestions from supervisors and applies feedback in a timely manner.  |  |
| 29. Demonstrates self-sufficiency and uses consultation and guidance appropriately.   |  |

Comments:

### **Cultural and Individual Diversity**

Supervisor completing this section (if not primary supervisor):

30. Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

31. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

32. Demonstrate the ability to independently apply knowledge and awareness of individual and cultural differences in the conduct of various professional roles (e.g., research, clinical services, other professional activities).

33. Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may create conflict with their own.

34. Demonstrate the ability to independently apply their knowledge and awareness of individual and cultural differences in working effectively with the range of diverse individuals and groups encountered during internship.

Comments:

### **Research**

Supervisor completing this section (if not primary supervisor):

35. Demonstrates the ability to apply knowledge of relevant scientific literature to inform the use of specific therapeutic interventions, treatment planning, and clinical decision making.

36. Demonstrates the substantially independent ability to critically evaluate and disseminate research through scholarly activities (e.g., conference presentations, client and research presentations to UCC staff, publications) at the local, regional or national level.

37. Demonstrates knowledge of theories and methods of program evaluation through development of a poster for the Campus Life Assessment Expo or other projects using UCC data.

Comments:

### **Ethical and Legal Standards**

Supervisor completing this section (if not primary supervisor):

38. Demonstrates knowledge of and acts in accordance with the APA Ethical Principles and Code of Conduct, relevant professional standards and guidelines, and all local, state, regional, and federal laws, regulations, rules, and policies relevant to health service psychologists.

39. Demonstrates knowledge of and acts in accordance with UCC policies and procedures, such as completing clinical documentation in a timely manner.

40. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve them.

41. Conducts self in an ethical manner in all professional activities.

Comments:

### **Professional Values and Attitudes**

Supervisor completing this section (if not primary supervisor):

42. Behaves in ways that reflect the values and attitudes of psychology (e.g., integrity, deportment, professional identity, accountability, lifelong learning, and empathy).

43. Engages in self-reflection regarding personal and professional functioning.

44. Engages in activities to maintain and improve performance, well-being, and professional effectiveness.

45. Represents the counseling center in a professional and competent manner.

46. Demonstrates acceptance of responsibility for own experiences and tasks (e.g., learning in supervision, outreach projects).

47. Actively seeks out and demonstrates openness and responsiveness to feedback and supervision.

48. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

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Comments:

### **Communication & Interpersonal Skills**

Supervisor completing this section (if not primary supervisor):

49. Develop and maintain effective relationships with a wide range of individuals, including colleagues, organizations, professions, communities, and those receiving professional services.

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50. Demonstrates the ability to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated.

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51. Demonstrates a thorough grasp of professional language and concepts.

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52. Manages difficult communication with colleagues and other professionals, as indicated.

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53. Communicates clearly with colleagues, supervisors, etc. in a timely manner.

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54. Maintains appropriate professional boundaries with clients, staff, supervisors, and other individuals the intern comes into contact with in their role as a trainee of the UCC.

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Comments:

Review this evaluation with your primary supervisor. Both supervisor and intern should retain a copy of this evaluation for their records.

**Wake Forest University Psychology Internship Program**  
**Supervisor Evaluation**

To be completed by intern at end of fall, spring, and summer semesters and discussed with supervisor during intern evaluation meeting

Intern: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Evaluation: \_\_\_\_\_ to \_\_\_\_\_

Scoring Criteria:

<b>1 Significant Development Needed</b> --Significant improvement is needed to meet expectations
<b>2 Development Needed</b> -- Improvement is needed to meet expectations
<b>3 Meets Expectations</b>
<b>4 Exceeds Expectations</b> --Above average experience
<b>5 Significantly Exceeds Expectations</b> --Exceptional experience
<b>N/A</b> --Not Applicable/Not Observed/Cannot Say

**NOTE:** Any score below a 3 on any item will result in corrective action as deemed appropriate by the Training Committee in order to improve the intern's supervisory experience.

**General Characteristics of Supervisor**

1. Is accessible for discussion, questions, etc.	
2. Allotted sufficient time for supervision and scheduled supervision meetings appropriately.	
3. Kept sufficiently informed of case(s).	
4. Was interested in and committed to supervision.	
5. Set clear objectives and responsibilities throughout supervised experience.	
6. Was up-to-date in understanding of clinical populations and issues.	
7. Presented a positive role model.	
8. Assisted the supervisee in developing appropriate training goals.	
9. Maintained appropriate interpersonal boundaries with patients and supervisees.	
10. Provided constructive and timely feedback on supervisee's performance.	
11. Encouraged appropriate degree of independence.	
12. Demonstrated concern for and interest in supervisee's progress, problems, and ideas.	
13. Communicated effectively with supervisee.	
14. Interacted respectfully with supervisee.	
15. Maintained clear and reasonable expectations for supervisee.	

16. Provided a level of case-based supervision appropriate to supervisee's training needs.

Comments:

### Development of Clinical Skills

17. Assisted in coherent conceptualization of clinical work.

18. Assisted in translation of conceptualization into techniques and procedures.

19. Was effective in providing training in psychological intervention.

20. Was effective in providing training in assessment and diagnosis.

21. Was effective in providing training in systems collaboration and consultation.

22. Was effective in helping to develop short-term and long-range goals for patients.

23. Promoted clinical practices in accordance with ethical and legal standards.

Comments:

### Summary

Overall rating of supervision with this supervisor (Average of all items)

Describe how the supervisor contributed to your learning:

Describe how supervision or the training experience could be enhanced:

Any other suggestions/feedback for your supervisor?

Supervisor's Signature

Date

Intern's Signature

Date



**Wake Forest University Psychology Internship Program**  
**Site/Program Evaluation**

Intern: \_\_\_\_\_ Primary Supervisor: \_\_\_\_\_

Dates of Evaluation: \_\_\_\_\_ to \_\_\_\_\_

Scoring Criteria:

<b>1 Very Unsatisfactory</b>
<b>2 Moderately Unsatisfactory</b>
<b>3 Moderately Satisfactory</b>
<b>4 Very Satisfactory</b>
<b>N/A--Not Applicable/Not Observed/Cannot Say</b>

**Note.** This program evaluation is utilized by the Internship Administrative Committee to continually improve and enhance the internship program. The Internship Administrative Committee reviews all responses, and your feedback is carefully considered. Any ratings of "1" or "2" will result in action by the Internship Administrative Committee to address the problematic item, so please include detailed explanatory comments wherever applicable in order to help us respond most effectively.

1. Overall quality of training.	
2. Relevance of training experience to your career goals.	
3. Quality of individual supervision.	
4. Relevance of individual supervision to your clinical work.	
5. Amount of individual supervision.	
6. Accessibility of individual supervisor(s).	
7. Quality of group supervision.	
8. Relevance of group supervision to your clinical work.	
9. Amount of group supervision.	
10. Availability of other professionals for consultation and supervision, as needed.	
11. Supervisors serve as effective role models.	
12. Quality of didactic seminars.	
13. Relevance of didactic seminars to your clinical work.	
14. Number of didactic seminars.	
15. Number of clients on your caseload.	
16. Diversity of presenting concerns on your caseload.	
17. Individual and cultural diversity of clients on your caseload.	
18. Availability of groups in line with your professional interests.	
19. Number of face-to-face, direct service hours acquired.	
20. Amount of ongoing paperwork required (e.g., case notes, assessments).	
21. Ability to maintain a healthy work-life balance.	
22. Respect and support felt throughout the internship experience.	

23. Experience of socialization into the profession of Psychology.

24. Encouragement by supervisors to complete the program successfully and in a timely manner.

25. Congruence between public materials used to market the internship program and your experience within the program.


The Wake Forest Counseling Center Psychology Internship has identified 9 main program competencies in which the program provides training. Please rate the level of training you've received in each competency.

1. Evidence-Based Practice in Intervention

2. Evidence-Based Practice in Assessment

3. Consultation and Interprofessional / Interdisciplinary Skills

4. Supervision

5. Cultural and Individual Diversity

6. Research

7. Ethical and Legal Standards

8. Professional Values and Attitudes

9. Communication and Interpersonal Skills


Please provide narrative responses for each item below.

Please elaborate on the aspects you like best about the internship program.

Please provide suggestions on ways to improve the program.

What training experiences were most beneficial for you?

What experiences were you not able to have that you would have benefitted from?

Any additional comments:

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Supervisor's Signature

Date

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Intern's Signature

Date