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Georgia Southern University: Georgia’s Large-Scale, Small-Feel Research Institution

Georgia Southern University is the state’s largest and most comprehensive center of higher education south of Atlanta. With 141 degree programs at the bachelor’s, master’s and doctoral levels, Georgia Southern has been designated a Carnegie Doctoral/Research university and serves more than 27,000 students from all 50 states, Washington D.C., and Puerto Rico as well as 102 nations. With three vibrant campuses — the Statesboro Campus, the Armstrong Campus in Savannah and the Liberty Campus in Hinesville — Georgia Southern offers an attractive campus environment that encourages learning, discovery and personal growth. Georgia Southern’s nationally accredited academic programs prepare diverse scholars for leadership and service as world citizens. A unit of the University System of Georgia, the University boasts 200-plus student organizations, outstanding Division I athletics, and state-of-the-art residence halls and campus facilities.

Since 1906, the University’s hallmark has been a culture of engagement that bridges theory with practice, extends the learning environment beyond the classroom, and promotes student growth and life success. Central to the University’s mission is the faculty’s dedication to excellence in teaching and the development of a fertile learning environment exemplified by a free exchange of ideas, high academic expectations, and individual responsibility for academic achievement. Faculty, staff, and students embrace core values expressed through integrity, civility, kindness, collaboration, and a commitment to lifelong learning, wellness, and social responsibility.

Profile of Georgia Southern University

Courtesy of the Office of Marketing & Communications

Georgia Southern University, classified as a doctoral/research institution by the Carnegie Foundation for the Advancement of Teaching, is a member of the University System of Georgia. As the largest and most comprehensive research institution in southeast Georgia, the University had three campuses with enrollment of 27,459 students and a premier choice for the state’s HOPE Scholars. Students representing all 50 states and 88 nations bring a broad array of diverse backgrounds, interests and talents to the University community.

The University’s hallmark is its renowned undergraduate experience, which emphasizes academic distinction, excellent teaching, outstanding research opportunities and student success. Georgia Southern focuses on students and what they value: a well-rounded collegiate atmosphere; a faculty whose first priority is teaching; and a safe, attractive campus environment that encourages learning, discovery and personal growth.

As Georgia’s ‘large-scale, small-feel’ research University, Georgia Southern is known for offering all of the benefits of a major university with the personal feel and individualized attention of a much smaller college. Additionally, with an expanding focus on research, Georgia Southern has created a valuable niche and is attracting a record number of the best and brightest students from across the state, region and country.

Georgia Southern offers 118 degree programs at the baccalaureate, master’s and doctoral levels through eight colleges: the Allen E. Paulson College of Engineering and
Information Technology, the College of Business Administration, the College of Education, the College of Health and Human Sciences, the College of Liberal Arts and Social Sciences, the College of Science and Mathematics, the Jiann-Ping Hsu College of Public Health and the Jack N. Averitt College of Graduate Studies. Georgia Southern is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and has earned special accreditation from professional and academic associations that set standards in their fields.

Founded in 1906, the campus in Statesboro, Georgia, lays claim to being the most beautiful campus in the state. Comprising more than 900 acres, the grounds of the Statesboro Campus are an arboretum-like treasure featuring gently rolling lawns, scenic ponds and soaring pines. The historic core of campus is the quintessential college portrait – Georgian-style, red-brick buildings with white columns wrapping around the tree-lined circular drive known as Sweetheart Circle. Beyond the traditional Circle, contemporary buildings blend into the existing architecture to showcase the continuing growth and expansion of campus facilities. Major projects recently completed include the construction of the new Military Science Building, the Health Services Center, the Shooting Sports Education Center, the Biological Sciences Building, the Ted Smith Family Football Center as well as Dining Commons, and the renovation of the Zach S. Henderson Library, the Foy Building, Sanford Hall and Lakeside Dining Commons. Under construction is a $33.6 million Interdisciplinary Academic Building, which is scheduled to open in the summer of 2018. The University provides a wealth of enriching opportunities for people of all ages in southeast Georgia. Georgia Southern benefits the region and state by engaging in research and providing public services that offer creative solutions to regional challenges. Georgia Southern also extends educational opportunities to citizens through online learning.

Georgia Southern is recognized for a nationally competitive athletics program with the University’s 17 Division I teams. Now part of the Sun Belt Conference, the Eagle football program won its first bowl game (the 2015 GoDaddy Bowl) in program history in its first year of eligibility. The Eagles’ sweeping commitment to excellence has resulted in an unprecedented six NCAA Football Championship Subdivision (formerly I-AA) national championships and NCAA tournament participation in men’s and women’s basketball, baseball, golf, women’s tennis, and volleyball.

For 2016 & 2017 (based on available information):
Information obtained from the Office of Strategic Research and Analysis (http://em.georgiasouthern.edu/osra/facts-and-figures/factbook/) and the University Fact Book 2016-2017 (www.georgiasouthern.edu/factbook)

Total Enrollment was 20,418:
• 87% (17,759) were undergraduates, 13% (2,659) were graduate students.
• 52.6% (10,741) were female, 47.4% (9,677) male.
• 88.7% (15,755) of undergraduates were full-time, 12.7% (2,004) part-time, 50.4% (8,955) female, 49.6% (8,804) male.
• 42% (1,118) of graduate level students were full-time, 58% (1,541) part-time, 67.2% (1,786) female, 32.8% (873) male.
• 34.6% (7,344) were minorities.
• 70.4% (11,093) of undergraduates lived off campus, 29.6% (4,662) on-campus. In 2016, 91% (approx. 3,276) First Time, First Year Freshman lived on-campus.
• 96.7% (19,741) were U.S. citizens with non-citizens representing 89 countries. 3.3% (677) were international.
• 92.2% (18,816) were Georgia Residents. For the second year in a row, Georgia Southern’s student body includes individuals from every state, Washington D.C. and Puerto Rico.
• 6.1% (1,076) of undergraduates were new transfers. In 2016, 4.4% (49) were from University System of Georgia (USG) Research Universities, 6% (67) from USG Comprehensive Universities, 14% (156) from USG State Universities, 45.2% (503) from USG State Colleges, 5.4% (60) from Georgia Technical Colleges, 10% (114) from in state Private Institutions, and 24.8% (165) from Out of State Institutions.

Degrees Conferred in 2016
• Georgia Southern University awarded 4,136 Degrees and Certificates in 153 majors in Fiscal Year 2016. Of these, 3,200 were Bachelor Degrees, 801 Masters Degrees, 55 Education Specialist Degrees, 50 Doctorates, and 30 Postbaccalaureate Certificates.
• 77.4% (3,200) of degrees were undergraduate level, while 22.6% (936) were graduate level.
• Minorities received 34.9% (1038) of undergraduate degrees and 31.9% (274) of graduate level degrees.
• Females received 53.3% (1,704) of undergraduate degrees and 64.1% (600) of graduate level degrees.

Credit Hours (2016)
• Students were enrolled in courses totaling 560,110 semester credit hours for Fiscal Year 2016 (including 889 Military Science) reflecting a 0.2% increase from the previous year. In Fall 2015, they were enrolled in 255,717.5 semester credit hours (including 422 Military Science) showing a 0.01% decrease from the previous fall.

Class Size
• The average class size of lower division courses was 41, upper division was 25, and graduate level was 12.
• The Student to Faculty Ratio increased slightly from 21:1 to 22:1.

Financial Aid (2016)
• There were 52,198 Financial Aid awards to students totaling $233,580,796 in the 2014-2015 aid year.

Faculty/Staff (2016)
• There were 2,551 full time employees including faculty. Of these employees, 31.8% (812) were minorities and 53% (1,350) were female.
• Of full time faculty, 48.3% were female, 25% were minorities, 78% had doctorate level degrees, 45% were tenured, and 26% were on tenure track. Awards to Faculty for Construction, Instruction, Public Service, and Research for Fiscal Year 2016 totaled $12,913,520.
University Mission Statement

Georgia Southern University is a public comprehensive and Carnegie Doctoral/Research university offering associate, bachelors, masters, and doctoral degrees in nationally accredited programs in the liberal arts, sciences, and professional disciplines.

The University provides transformative learning opportunities to meet the needs of a diverse student population through its legacy of commitment to academic excellence and personal attention. Through the shared resources of its multiple locations, the University creates vibrant learning environments that foster an inclusive, student-centered culture of engagement designed to prepare students for lifelong service as scholars, leaders, and responsible stewards of their communities. The University enhances the quality of life and drives economic development in the Coastal Georgia region, the State of Georgia, and beyond by supporting collaborative efforts in technological innovation, scientific advancement, education, health services, artistic creativity, and cultural enrichment. Faculty, staff, and students embrace the values of integrity, civility, kindness, respect, sustainability, citizenship, and social responsibility in every facet of the University.

Approved by the Board of Regents of GA April 19, 2017

University Vision

Georgia Southern University’s strategic vision is to be recognized as one of the best public doctoral-research universities in the country within the next ten years.
Mission of Student Affairs

Engage Students in Experiential Opportunities that Enhance their Learning, Support their Personal Development, and Empower them to become Contributing Members of our Global Community

Updated Spring 2018
Mission of Counseling Center

The mission of the Counseling Center supports that of the University in that we consider ourselves partners in the educational process providing assistance to students in coping with personal, educational and career concerns. We believe that students are the principal agents of their own growth and offer a variety of services to them and to the university community to facilitate that development. In addition, the staff believes that inherent to the concept of a university counseling center is the goal of training and developing future generations of mental health practitioners. In this way, the Counseling Center not only supports, but is also actively engaged in the educational process. Finally, the staff values a diversity of people and ideas, a spirit of inclusiveness, a global perspective and a sense of community as essential conditions of university life.

Updated Spring 2018
Statement of Nondiscrimination

Georgia Southern University is committed to nondiscrimination on the basis of race, color, sex, sexual orientation, gender identity or expression, national origin, religion, age, veteran status, political affiliation, or disability in its recruitment and hiring practices. The University has established procedures which standardize the recruitment and hiring process thus confirming the University’s commitment to equal employment opportunity and affirmative action.
Equal Opportunity and Affirmative Action Policy

It is University policy to implement equal opportunity to all employees, students, applicants for employment or admission, and participants in any of the University’s programs without regard to race, color, sex, sexual orientation, gender identity or expression, national origin, religion, age, veteran status, political affiliation, or disability. Georgia Southern University is committed to the fulfillment of this policy which prohibits any employee, student, or patron from unlawfully harassing, threatening, or physically or verbally abusing another individual with the effect of unreasonably interfering with that person’s work or academic performance or of creating an intimidating, hostile, or offensive work or academic environment.


Responsibility for ensuring continued implementation of this policy has been assigned to the Equal Opportunity & Title IX Office (formerly the Diversity Services Office). Any questions regarding the University’s policy of equal opportunity should be addressed to the Director of the Equal Opportunity & Title IX Office.

The Equal Opportunity & Title IX Office can be reached by any of the following methods:

Phone: (912) 478-5136  
TDD: (912) 478-0273  
Fax: (912) 478-0197  
Email: affirmac@georgiasouthern.edu or cmonk@georgiasouthern.edu  
Website: http://president.georgiasouthern.edu/diversity

In compliance with the regulations listed above, Georgia Southern University does not discriminate against any employee, student, applicant for employment, or applicant for admission in regard to any position for which the individual is qualified. Georgia Southern University will provide reasonable accommodation to all employees, applicants for employment, students, and patrons who have physical and/or mental disabilities. Georgia Southern University will take affirmative action to employ and advance in employment persons who are qualified disabled veterans, veterans of the Vietnam Era, or other covered veterans.

All University employees are expected to comply with the Institution’s equal opportunity policy and practices and to demonstrate commitment to the University’s equal opportunity objectives. All members of the staff, faculty, and student body are expected to embrace this policy and ensure that the Institution’s commitment to nondiscrimination is followed and upheld.

An individual who reports what is believed to be discrimination or harassment, or who participates or cooperates in any investigation, will not be subjected to retaliation. Anyone who
believes they have been the victim of retaliation for reporting discrimination or harassment or participating or cooperating in an investigation should immediately contact the Equal Opportunity & Title IX office. Any person found to have retaliated against a person who has participated or cooperated in an investigation will be in violation of this policy and will be subject to disciplinary action.

Adapted from the Georgia Southern University Equal Opportunity & Title IX Office
Stipend and Benefits

The 2000-hour, full-time (12-month) doctoral internship training program will begin on Tuesday, August 1, 2017. The stipend for the internship is at least $28,000 annually, paid in monthly increments based on hours worked each month. Requests for leave must be submitted for approval in writing to the Training Director and Director. Interns receive time off for all holidays recognized by the University (see http://jobs.georgiasouthern.edu/facultystaff/holiday/ for more information). Some departmental monies are usually available for interns to travel to regional conferences. If interns are interested in this opportunity, they are encouraged to speak with the Training Director as early as possible.

The training program also provides health insurance for the interns through the Georgia Southern University Health Services center. Interns receive a University ID card (called an Eagle ID), which allows them access to the University Library, the University Recreation Activity Center (small fee associated with use of this facility), access to numerous cultural and social events on campus, use of the campus bus system, and access to dining facilities on campus. Interns also receive clerical and technical support for client scheduling and rescheduling, professional travel related to their work as a Counseling Center intern, computers and other office technology (e.g., fax machine, copy machine, printers, webcam, encrypted hard drive, etc.), and related office functions. Each intern has a private, fully furnished office that contains a desk, office chair, computer, internet access, printer, and webcam. Office supplies, such as pens, pads of paper, printer paper, clipboards, highlighters, binder clips, paper clips, etc. are readily available, as well. Finally, interns receive discounts on various goods and services through the University’s Eagle Perks program (http://jobs.georgiasouthern.edu/facultystaff/perks/).
Philosophy of Training

The Counseling Center is centrally located on the campus, in a modern building. The Center has a staff of 10 professionals that include a psychiatrist, licensed psychologists/licensed eligible psychologists, and master’s level professional counselors. We offer a wide variety of clinical services, as well as outreach services, consultation/training and crisis management, in addition to our well established practicum training program that draws students from diverse academic programs. Our clinical work is guided by informed awareness of relevant theory and research, as well as professional guidelines including the highest standards of ethics. The Counseling Center functions under the auspices of the Division of Student Affairs. We collaborate regularly with our colleagues in the Dean of Students office, Health Services, the University Wellness Program, Residence Life, and Career Services, as well as the broader campus community.

The mission of the doctoral internship program is to offer high quality training in the practice of health service psychology (HSP). Psychologists who work in a variety of health care settings, including university counseling centers, are recognized as Health Service Providers “…if they are duly trained and experienced in the delivery of preventative, assessment, diagnostic, and therapeutic intervention services relative to the psychological and physical health of consumers based on the following: 1) having completed scientific and professional training resulting in a doctoral degree in psychology; 2) having completed an internship and supervised experience in health care settings; and 3) having been licensed as psychologists at the independent practice level” (APA, 1996; HSPEC, 2013, August 5). The Counseling Center adheres to the principles of the Health Service Psychology Education Collaborative (HSPEC, 2013, August 5). For more information, please visit the APA Education and Training Resources article entitled “Professional Psychology in Health Care Services: A Blueprint for Education and Training.”

The program focuses on application of clinical theory and research and requires interns to learn to and abide by ethical, legal, and professional standards of the field. We incorporate these ideals into our training program via a practitioner-apprenticeship training model/method in which didactic and experiential learning are combined. Interns are treated as professionals and, as such, are expected to understand, demonstrate and apply appropriate levels of clinical skills, acquired from their academic training program, as well as participate fully in the mission of the Counseling Center at Georgia Southern University. As competence and confidence increase, interns learn by becoming more independent, but supervision continues, as does access to consultation, training and support, from all senior staff. By the completion of the internship year, interns are expected to be ready to function as autonomous, entry level, practitioners exhibiting skills appropriate for early career psychologists. More specifically, interns are prepared for generalist entry-level professional practice in college/university counseling centers or similar settings that require skills in individual and group psychotherapy, crisis assessment and intervention, psychoeducational outreach programming, consultation, provision of clinical supervision, and administrative functions. In addition, woven into the program, is the belief that every competent practitioner in the field should be guided by sensitivity to individual differences within a diverse society, and openness to lifelong learning.
This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Updated Summer 2018
Accreditation Status

The Doctoral Internship program is accredited by the American Psychological Association through March 2024. Questions related to the programs accredited status should be directed to:

Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC  20002-4242
Phone: (202) 336-5979
TDD/TTY: (202) 336-6123
Fax: (202) 336-5978
Email: apaaccred@apa.org
Website: http://www.apa.org/ed/accreditation/
Staff of the Counseling Center

Jodi K. Caldwell, Ph.D. Executive Director, Licensed Psychologist Chair, Sexual Assault Response Team

Johanna Workman, Psy.D. Associate Director/Clinical Services Director Licensed Psychologist, Titanium Coordinator

Katie Bigalke, Ph.D. Assistant Director/Training Director Licensed Psychologist, Outreach Coordinator

Terri Duck, Ph.D. Staff Psychologist Group Services Coordinator, Safe Space Co-Coordinator

Daisja Dukes, M.Ed. Staff Counselor, LAPC Field Experience Coordinator, Multicultural Liaison

Kenneth Englund, M.Ed. Staff Counselor, LAPC Research Coordinator

Adam Hogue, M.Ed. Staff Counselor, LPC, NCC LGBTQ+ Initiative Liaison, Military Liaison

Angela Landers, M.S. Staff Counselor, LPC Practicum Coordinator, Wellness Coordinator

Lauren Patterson, Psy.D. Staff Psychologist Marketing, Media, & Website Coordinator SASE Advisor, Fraternity & Sorority Life Liaison

Andie Pusser, M.S. Staff Counselor Safe Space Co-Coordinator

Nikita Robinson, M.Ed. Case Manager, LPC Suicide Prevention Coordinator International Student Liaison, SOAR Liaison

Cheryl Donaldson Coordinator of Office Services

Deborah Johnson Budget Analyst I
**Goals, Objectives, and Competencies of the Training Program**

**Goal 1:** Interns will develop and exhibit clinical skills and competencies that will prepare them for entry level professional practice in psychology.

- **Objective 1a:** Interns will develop and exhibit competency in the provision of individual psychotherapy.
  
  **Competencies expected:**
  1) Interns will develop and maintain a good working alliance with each client.
  2) Interns will demonstrate mastery of basic counseling microskills (e.g., active listening, reflection of feeling and content, paraphrasing, appropriate use of open-ended questions, etc.).
  3) Interns will demonstrate ability to appropriately confront clients.
  4) Interns will demonstrate ability to tolerate and address difficult emotions and explore clients’ feelings.
  5) Interns will demonstrate appropriate assessment of risk factors throughout the treatment process.
  6) Interns will demonstrate the ability to integrate theory and research into clinical practice, including demonstrating the effective use of empirically-supported or evidenced-based treatments (ESTs or EBTs).
  7) Interns will show they can manage their individual caseloads effectively.
  8) Interns will demonstrate the ability to formulate appropriate treatment goals and revise these goals as needed throughout the therapy.
  9) Interns will demonstrate knowledge about as well as sensitivity and responsiveness to client culture, race, ethnicity, age, gender expression and identification, sexual orientation, social class, religion/spiritual identity, language, country of origin, and ability status in therapeutic interventions.
  10) Interns will demonstrate the ability to discuss termination with clients in an appropriate and sensitive manner and help to prepare them for termination of services.

- **Objective 1b:** Interns will develop and exhibit competency in initial assessment (Intake), diagnosis, and treatment planning.
  
  **Competencies expected:**
  1) Interns will demonstrate the ability to conduct initial assessments (Intakes), including gathering essential, relevant, and accurate data in order to understand client’s presenting concerns.
  2) Interns will demonstrate the ability to develop case conceptualizations and treatment plans as a result of information gathered in the Intake session(s).
  3) Interns will learn to utilize professional judgment to determine if the client is appropriate to receive services or should be referred and will consult with Director, Associate Director, their clinical supervisor, and the Training Director in making these decisions.
4) Interns will become proficient at conducting risk assessments and determining if clients are an imminent danger to themselves or others.
5) Interns will utilize DSM classification and differential diagnosis effectively.
6) Interns will conduct culturally competent Intakes and consider each client’s diverse background and experiences when formulating diagnoses and treatment plans.
7) Interns will demonstrate the ability to choose and utilize formal testing as part of the assessment, diagnostic, and treatment planning process, when appropriate.

- Objective 1c: Interns will develop and exhibit basic competency in the provision of group psychotherapy.
  **Competencies expected:**
  1) Interns will be able to conduct group screenings and adequately prepare clients for group therapy.
  2) Interns will demonstrate ability to establish rapport and help develop group cohesion in the groups they facilitate.
  3) Interns will become familiar with the stages of group development and be able to utilize effective interventions appropriate to each stage of development.
  4) Interns will develop a healthy, constructive working relationship with a co-facilitator and/or process observer, if applicable.
  5) Interns will demonstrate knowledge about and sensitivity and responsiveness to client culture, race, ethnicity, age, gender expression and identification, sexual orientation, social class, religion/spiritual identity, language, country of origin, and ability status and how these may impact group interactions and/or cohesion.

- Objective 1d: Interns will develop competency in crisis assessment and intervention.
  **Competencies expected:**
  1) Interns will demonstrate consultation, collaboration, and documentation skills necessary to effectively assess client safety and risk factors.
  2) Interns will demonstrate the ability to manage on-call duties effectively, including consultation with other staff members as well as University and community representatives.
  3) Interns will demonstrate the ability to assess client safety and risk factors during crisis situations.
  4) Interns will demonstrate the ability to effectively follow-up after crisis situations.

- Objective 1e: Interns will develop competency in providing education, outreach and consultation/liaison services and will become knowledgeable about program evaluation.
Competencies expected:
1) Interns will demonstrate ability to prepare educational presentations about a wide range of mental health topics to present to the University community.
2) Interns will learn clear and effective presentation skills as well as how to engage the audience by use of interactive exercises, activities, discussions, and/or technology.
3) Interns will incorporate recent research into outreach presentations.
4) Interns will show ability to support the work of others within the University community and collaborate with these University partners in an ethical and professional manner.
5) Interns will provide consultation and professional guidance to staff, faculty, students, trainees, and community members in an ethical and professional manner and as appropriate.
6) Interns will demonstrate the ability to establish professional relationships with other University colleagues.
7) Interns will demonstrate knowledge of theories and methods of program evaluation.

Objective 1f: Interns will develop competency in the provision of clinical supervision. Competencies expected:
1) Interns will demonstrate ability to create and develop a safe, respectful supervisory environment, which incorporates monitoring supervisee’s clinical service delivery, attending to supervisee’s theme interference issues, and attending to parallel process.
2) Interns will demonstrate ability to conceptualize the supervisee and supervisory relationship within a coherent theoretical framework, incorporating supervision theory and professional research on models of supervision.
3) Interns will effectively collaborate with supervisee to establish appropriate goals for supervision.
4) Interns will develop the ability to provide accurate, specific, and concrete feedback to supervisee in a constructive and professional fashion and in a timely manner.
5) Interns will attend to multicultural issues and privilege in the supervisory relationship and will openly and regularly discuss multicultural aspects of clinical work with the supervisee.
6) Interns will demonstrate the ability to appropriately evaluate supervisee both formally and informally.
7) Interns will demonstrate openness to receiving feedback from supervisee.
8) Interns will demonstrate the ability to function as a professional role model and mentor for supervisee.
9) Interns will demonstrate a willingness to and understanding of when to consult with senior staff and the Training Director for guidance regarding
difficult supervisee issues that cannot be resolved between the supervisee and the intern.

Goal 2: Interns will develop a professional identity as a psychologist and demonstrate appropriate professional, legal, and ethical behavior.

- Objective 2a: Interns will demonstrate socialization into the field by developing and maintaining professional relationships.
  Competencies expected:
  1) Interns will demonstrate the ability to appropriately interact with peers, supervisors, and administrative and professional staff within the Counseling Center.
  2) Interns will develop collegial, professional working relationships with a variety of people within the University community as well as the community at large.
  3) Interns will communicate and consult professionally and effectively with clinical staff, support staff, peers, supervisees, and referral sources.
  4) Interns will demonstrate professional responsibility with regard to case management, documentation, and time management.
  5) Interns will arrive to meetings, sessions, supervision, seminars, etc. in a timely fashion.
  6) Interns will demonstrate ability to provide constructive feedback and support to peers.
  7) Interns will actively participate in staff meetings, seminars, group supervision, etc.
  8) Interns will demonstrate professional maturity and the ability to manage conflict directly and effectively.
  9) Interns will commit to ongoing exploration of professional interests, strengths, and areas of growth and will communicate these to supervisors/senior staff.

- Objective 2b: Interns will demonstrate openness to and effective use of supervision.
  Competencies expected:
  1) Interns will demonstrate appropriate preparation for supervision sessions and be able to articulate their goals for supervision.
  2) Interns will remain open to feedback and exploration of issues in supervision and will display non-defensiveness to feedback.
  3) Interns will demonstrate ability to integrate supervisory feedback in order to reach supervision goals and improve skills and abilities.
  4) Interns will share samples of clinical work (e.g., videotapes of sessions, written notes, treatment plans, etc.).
  5) Interns will be able to communicate knowledge of their limitations as a therapist, including any theme interference issues that may be present, inexperience with certain types of clients or presenting concerns, or deficiencies in understanding theory or research and their applications.
6) Interns will exhibit willingness to appropriately self-disclose within supervision.
7) Interns will demonstrate the ability to be appropriately assertive with supervisors and to disagree or challenge each supervisor’s viewpoint and take responsibility for such.
8) Interns will demonstrate a willingness to and understanding of when to consult with senior staff and the Training Director for guidance regarding difficult supervisee issues that cannot be resolved between the supervisee and the intern.

- Objective 2c: Interns will develop and exhibit competence in ethics and legal matters.

  Competencies expected:
  1) Interns will demonstrate knowledge of APA ethical principles and guidelines and act ethically in regard to clients, Counseling Center staff, and the greater University and local communities.
  2) Interns will demonstrate knowledge of the laws and regulations related to the practice of professional psychology, including any that specifically relate to Georgia law (Georgia Rules of the State Board of Examiners of Psychologists), and display behavior consistent with these laws and regulations.
  3) Interns will recognize and address ethical dilemmas appropriately and will consult and seek supervision as needed.
  4) Interns will maintain case records and complete and store clinical documentation (including videos) in a timely and ethical manner.
  5) Interns will maintain appropriate boundaries with clients and trainees.
  6) Interns will demonstrate ability to engage in self-care and manage personal stress effectively.
  7) Interns will demonstrate behavior that is compliant with the policies and procedures of the Counseling Center and Georgia Southern University.

Goal 3: Interns will demonstrate dedication and commitment toward multicultural competency.

- Objective 3a: Interns will demonstrate sensitivity to and awareness, including self-awareness, of the importance and impact of diversity.

  Competencies expected:
  1) Interns will demonstrate openness to work with people from diverse backgrounds and an overall desire to grow as a multiculturally sensitive psychologist.
  2) Interns will demonstrate sensitivity toward and an appreciation for cultural differences between themselves and their clients, supervisees, supervisors, colleagues, and consultants.
  3) Interns demonstrate awareness of how cultural identities (e.g., race, ethnicity, gender identity, sexual orientation, social class, religion, ability
status, age, etc.) can impact clinical presentation, conceptualization, diagnosis, treatment planning, and the counseling process in general.

4) Interns will demonstrate awareness of how their own cultural identities (e.g., race, ethnicity, gender identity, sexual orientation, social class, religion, ability status, age, etc.) may impact clinical work and professional relationships.

5) Interns will engage in continual self-reflection of their cultural knowledge, skills, and competencies throughout the internship year, while recognizing personal areas of strength and continued growth.

- Objective 3b: Interns will provide multiculturally sensitive and competent services.

  Competencies expected:
  1) Interns will demonstrate knowledge specific to a variety of cultures and diverse groups of people.
  2) Interns will demonstrate the ability to assess diversity variables, gather background information related to client diversity, and determine how these may impact clinical treatment.
  3) Interns will seek supervision and consultation appropriately regarding processing cross-cultural and intra-cultural concerns as they affect the therapeutic relationship and supervisory relationship.
  4) Interns will provide multiculturally sensitive, competent clinical supervision to supervisees and will model sensitivity to diversity within the provision of supervision.
  5) Interns will provide multiculturally sensitive and competent individual psychotherapy.
  6) Interns will provide multiculturally sensitive and competent group psychotherapy.
  7) Interns will provide multiculturally sensitive and competent outreach and consultation services.
Weekly Activities

Clinical Activities:
- Provision of individual supervision to practicum student* 2 hours
- Live supervision of practicum intake* 1 hour
- Provision of group therapy (required fall and spring)** 1.5 - 3 hours
- Optional rotation 0 - 8 hours
- Afternoon on-call/screening hours 3 hours
- General clinical contact (individual/couples counseling, intakes, or group screenings) 11 - 20 hours
- After-hours crisis/on-call coverage (2-3 shifts/month)
- Outreach presentations/semester (3 each in fall and spring; 2 during summer)

Total: Approximately 21-26 hours/week

Educational/Support Activities:
- Individual supervision 2 hours
- Supervision of supervision 1 hour
- Supervision of group therapy 0.5 hour/group
- Supervision of optional rotation 1 hour/rotation
- Case Conference/Group supervision with TD 1 hour
- Intern Training Seminar 2 hours

Total: Approximately 6-6.5 hours/week**

Administrative Activities:
- Staff Meeting 2 hours
- Intern Research Hour **** 1 hour
- Administrative hours 6 hours
- Wellness Hours***** 2 hours

Total: 11 hours/week

* Interns are required to supervise a practicum trainee during the fall and spring semesters only. During the summer, these hours revert to general clinical hours.

** If an intern chooses to conduct more than two groups, the additional clinical time and time for supervision of group is subtracted from general clinical contact hours.

*** If an intern chooses not to complete an optional rotation, the designated supervision time reverts to general clinical contact hours.

**** If an intern has completed the dissertation and they are not interested in completing an intern research project, this hour will revert to a clinical hour.

****** If an intern chooses Friday at 4pm for her/his Wellness Hour, this intern will only have five (5) administrative hours for the remainder of the week, for a total of 10 administrative activities hours/week.
Additional Components of Training

Case Presentations:

Interns are required to create and present formal case presentations to the Counseling Center staff two times (once per main semester; fall and spring) during the training year. These presentations should summarize their clinical work with a selected client. Interns are also expected to present diagnostic impressions of the chosen client and discuss how initial impressions may have changed. It is expected that these formal case presentations will increase comfort and skill in communicating clinical case information and demonstrate ability to integrate theory, research, and practice, with attention to multiculturalism. Further, it is our hope that these case presentations will increase readiness to deliver professional job interview presentations. Interns are encouraged to choose a client they are struggling with and to show a 10 minute video clip (can be broken down into two segments, if desired) of their work during the formal case presentation. Additionally, they are asked to provide questions or request specific areas for feedback/comments from the staff. Interns will be evaluated on these case presentations by staff who attend the presentations and provided with this feedback by the Training Director (see Form L, pp. 84-85). The spirit of the feedback form is to provide helpful positive and constructive comments, not to harshly evaluate the intern on her/his performance. The case presentation should last approximately 50-60 minutes. There is no requirement that an intern use PowerPoint or any other formal presentation medium.

Facilitation of Group Therapy:

Interns are required to co-facilitate/facilitate a minimum of one group or psychoeducational workshop per semester during the fall and spring semesters in order to gain the knowledge and experience required to meet specified program objectives. Facilitation of group therapy during the summer is optional and is dependent upon whether groups are running in the summer.

Provision of Clinical Supervision:

Interns are required to provide clinical supervision to practicum student trainees during the fall and spring semesters and will be assigned one practicum trainee per semester. Provision of clinical supervision in the summer is optional and is dependent upon whether there are any trainees present.

Outreach Presentations:

Interns are required to complete three outreach presentations each during the fall and spring semesters and two during the summer semester, for a minimum total of eight outreach presentations during the training year. Interns are strongly encouraged to design and present required outreach on differing topics in order to obtain varied experience with outreach.
Optional Rotations

Optional rotations provide an opportunity for interns to obtain exposure, training, and experience to a treatment modality/population with which they may not have had previous experience, or with which they would like more intensive experience.

The rotations offered may vary from one year to another depending on staff availability and Counseling Center need. The choice of an Optional Rotation is voluntary and is not necessary for the successful completion of the internship experience. It is likely, though, that more than one intern will be interested in the same rotation. Most rotations can only accommodate one intern per semester, so it is the responsibility of the interns to negotiate their preferred rotations with their peers. For the 2016-2017 training year, the following Optional Rotations are available:

**Fall:**
Assessment  
Gender and Sexual Minorities  
Group Therapy  
Outreach and Consultation  
Research  
Sexual Assault

**Spring:**
Assessment  
Gender and Sexual Minorities  
Group Therapy  
Outreach and Consultation  
Research  
Sexual Assault  
Supervision

**Summer:**
Gender and Sexual Minorities*  
Research  
Assessment

*Rainbow Connection Group cannot be guaranteed during the summer semester.

*Note:* Any allotted hours not used for optional rotation would revert to general clinical contact hours.

New Rotations may be developed based on intern interest. Previously offered rotations have included Assessment/Regent’s Center for Learning Disabilities, Logistics/Technology, and Military Services. Interns are strongly encouraged to speak with the Training Director regarding their interests.
Description of Optional Rotations

**GROUP THERAPY ROTATION:** (5 hours/week: 3 hours direct service; 2 hours supervision)

Interns who select this rotation will receive additional training and experience in the provision of group therapy. Interns may choose to participate in preexisting groups or develop new groups based on their individual clinical interests.

**Rotation Requirements:**
- Co-facilitating of at least two therapy groups during the same semester
- One hour per week of individual supervision with the Group Therapy Coordinator, to include assigned readings regarding issues pertinent to therapy, as needed. This is in addition to the supervision that interns receive from staff they co-facilitate each group with (0.5 hours for each group).

**Rotation Supervisor:**
Group Therapy Coordinator

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**GENDER AND SEXUAL MINORITIES ROTATION:** (3 hours/week + monthly training time: 1 hour/week supervision, 1.5 hours/week group co-facilitation+0.5 hour group supervision, 4 hours/month direct service programming)

Intern will receive advanced training and supervision in issues related to gender and sexual minority populations, as well as training and experience in the SAFE SPACE program.

**Rotation Requirements:**
- Intern will receive weekly supervision: 1 hour supervision with rotation supervisor and at least ½ hour with Rainbow Connection Group supervisor (see above).
- Intern will co-facilitate gender and sexual minorities (Rainbow Connection) therapy group.
- Intern will complete one case presentation outlining treatment issues of an LGBTQ-identified client.
- Intern will be trained and will subsequently co-present the monthly SAFE SPACE trainings to the campus community, and will then present one training independently*.
- Intern will organize and present one SAFE SPACE training for GSU students.
• Intern will collaborate with other University departments, as needed, to provide education programming about gender and sexual minorities.

• Intern will provide outreach services to and consult with GSU’s Gay-Straight Alliance (as needed).

**Rotation Supervisor:**
SAFE SPACE Coordinator

**Note:** In the event that the intern is not able to present at all semester SAFE SPACE trainings (e.g. if training is cancelled due to less than three participants, etc.), the intern must present during the following semester’s training to meet the requirements of this rotation.

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**OUTREACH AND CONSULTATION ROTATION:** (1 hour/week meeting with outreach coordinator; direct service as needed)

Interns who select this rotation will receive additional training and experience in the development, marketing, and provision of psychoeducational programs within a campus community. They will also receive additional training and support in establishment of collaborative and consultative relationships within and outside of the University community.

**Rotation Requirements:**

- Intern will meet with the outreach coordinator to plan and develop the semester’s programming.

- Intern will present at least three outreach programs in addition to the internship requirement of three/semester.

- Outreach programs should be innovative. In order to meet the rotation requirements, the intern should present three different outreach presentations (different topics).

- Intern will establish and maintain a collaborative relationship with at least one campus department, office, or program and consult with this unit during the semester in which the rotation is completed.

- Intern will conduct an informal needs assessment with the chosen campus department, office, or program and develop a program based on said needs assessment.

**Rotation Supervisor:**
Outreach Coordinator
RESEARCH ROTATION: (4-5 hours/week: 4 hours of research; 1 hour supervision every other week)

Interns choosing this rotation will either develop and conduct an original research project related to Counseling Center Services/clients/etc. or will participate under the direction of the Research Coordinator in an ongoing research project at the Counseling Center.

Rotation Requirements:
- 4 hours/week spent working on a research project that has been approved by the Research Coordinator
- The project will benefit the center directly
- The project will be completed within the intern’s year/semester
- The intern will write a summary of the project and present it to the staff at the end of the semester/year

Rotation Supervisor:
Counseling Center Research Coordinator

SEXUAL ASSAULT ROTATION: (4 hours/week plus training as needed: 1 hour supervision, 3 hours SRSAC office – may include client contact)

Interns selecting this rotation will receive advanced training, supervision, and experience working with individuals who have experienced sexual trauma. This will include experience in outreach programming, policy development and implementation, and victim response.

Rotation Requirements:
- Intern will serve as a Victim Advocate for the Statesboro Regional Sexual Assault Center (SRSAC) for a minimum of one volunteer shift/month for the length of the rotation.
- Intern will attend monthly meetings of the Georgia Southern University Sexual Assault Response Team (SART) and assist with SART programming initiatives, such as Walk A Mile in Her Shoes, Take Back the Night, Clothesline Project, Sex Signals, It's On Us, etc.
- Intern will actively seek/be referred clients with a history of sexual trauma.
- Intern will complete one case presentation outlining treatment issues of a sexual trauma survivor
• Intern will participate in Victim Advocate training through the Statesboro Regional Sexual Assault Center (SRSAC) as soon as possible.
• Intern will consult, as appropriate and necessary, and assist with training needs of the student organization, the Sexual Assault Student Educators.
• Intern may be asked to attend other community SRSAC/SART meetings as needed.

**Rotation Supervisor:**

SART Chairperson or designee

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**SUPERVISION ROTATION:** (8 hours/week: 4 hours individual supervision of practicum students, 2 hours of live supervision of practicum intakes, 1 hour of individual supervision of supervision, 1 hour preparation time)

Interns who select this rotation will receive additional training and experience in the provision of clinical supervision.

**Rotation Requirements:**

- Individual supervision of an additional practicum student (one practicum supervisee is required for all interns) for a minimum of **two** additional hours per week.
- One hour per week of individual supervision of supervision with the Practicum Coordinator, to include assigned readings regarding issues pertinent to clinical supervision.
- One hour per week of supervision preparation time (e.g., for viewing recordings, reviewing documentation, etc.).

**Rotation Supervisor:**

Practicum Coordinator

*Note:* This rotation is dependent upon the number of practicum trainees at the Center.

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**ASSESSMENT ROTATION:** (8 hours/week: 7 hours/week direct service plus training as needed; 1 hour/week supervision)

Interns who select this rotation will receive advanced training and supervision in assessment and diagnoses of learning disabilities, AD/HD, autism spectrum disorder, traumatic brain injuries, psychological disorders, and/or other disorders that affect learning.
**Rotation Requirements:**
- Intern will learn a variety of assessments that measure intelligence, cognitive processing, executive function, academic achievement, personality, social-emotional functioning, and effort.
- Intern will be trained to conduct a diagnostic clinical interview, as well as complete at least one diagnostic clinical interview with live supervision in order to receive feedback about performance.
- Intern will administer, score, and interpret a variety of assessments to clients seeking evaluation for learning disorders.
- Intern will consult, communicate, and actively participate as a clinical team member to assist with case conceptualizations, diagnoses, accommodations, and recommendations.
- Intern will participate in one hour of weekly supervision, which includes didactic training on topics related to assessment and learning disorders as needed.
- Intern will write a full evaluation report and conduct the feedback session for at least one client.
- Intern will read and become familiar with research in the area of assessment of learning disorders.

**Rotation Supervisor:**
RCLD Clinical Psychologist
Code of Professional Conduct for Interns

EXPECTATIONS OF PSYCHOLOGY INTERNS

During the internship year, the general expectations of the training program are that interns will:

- Adhere to the APA Ethics Code (http://www.apa.org/ethics/code/index.aspx) and Georgia Rules and Regulations for Psychologists in Georgia (printed copy available upon request),
- Practice within the bounds of the laws and regulations of the State of Georgia, and
- Practice in a manner that conforms to the professional standards of Georgia Southern University and the Counseling Center.

POLICY ON INTERN USE OF SOCIAL MEDIA

Given the ease of client access to social media, it is expected that should an intern choose to utilize social media platforms for their own personal purposes, they will engage the most stringent of privacy settings. In addition, interns should take care that no compromising information/photos of themselves should be accessible by the general public. Interns are expressly forbid to include any client information (even de-identified) on any social media website.

RIGHTS AND RESPONSIBILITIES OF PSYCHOLOGY INTERNS

Psychology interns are expected to learn psychological skills and the ethics of practice, as well as to do much self-examination, focusing on their intra- and interpersonal processes. At all stages of training, the Counseling Center assumes responsibility for evaluation and continual feedback to interns in order to improve skills, remediate problem areas, and/or to prevent individuals, unsuited in either skills or interpersonal difficulties, from entering the field. Trainers, then, are responsible for monitoring trainee progress to benefit and protect the public and the profession, as well as the trainee.

1. The interns have access to clear statements of the standards and expectations by which they are evaluated formally at midterm and end of each semester (fall, spring, summer).

2. Interns have opportunities to provide input and suggest changes and modifications regarding the training program. Regular meetings of interns and the Training Director will provide interns direct access to center administration and enable the Training Director to assess the progress and problems confronted by the interns and to discuss their developmental tasks and issues.

3. The interns have the right to initiate an informal resolution of problems that might arise during training (i.e., regarding supervision, case assignments, and professional consideration) through a request to the individual concerned and/or to the internship Training Director.
4. Interns have the right to activate a formal review when they believe that their rights have been infringed upon. When the evaluation process is completed at the end of the semester, interns have the right to contest criticisms in the evaluation, to disagree with the primary supervisor’s summary evaluation, and to request an appeal. Violations of intern’s rights include, but are not limited to, exploitation, sexual harassment, arbitrary, capricious or discriminatory treatment, unfair evaluation criteria, inappropriate or inadequate supervision or training, and violation of due process.

5. Interns have the right to expect appropriate levels of personal privacy.

6. Interns have the responsibility to be open to professionally appropriate feedback from supervisors, professional staff, and center personnel.

7. Interns are responsible for behaving in a manner that promotes professional interactions with the University community.

8. Interns have the responsibility to conduct themselves in a professionally-appropriate manner if due process is initiated.

9. Interns have the responsibility to meet training expectations by developing an acceptable level of competency throughout the training year.

POLICY ON TRAINEE/CLINICAL STAFF SOCIAL RELATIONSHIPS

Recognizing the importance of relationships between supervisors and supervisees, the complexity of issues related to multiple relationships, and the need for the highest level of ethical conduct by clinicians, the following overarching principles and guidelines should inform the conduct of clinical staff members.

1. The Counseling Center utilizes a team model of supervising trainees, therefore, all senior clinicians (including postdoctoral residents) are directly or indirectly supervisors of all trainees (i.e., there are no neutral relationships).

2. Given this, all contact between senior clinicians and trainees involve an inherent power differential and constitutes supervisory or mentoring contact.

3. Senior clinicians should not seek social contact with trainees to fulfill their own social needs.

4. Senior clinicians make every effort to avoid “special relationships” with individual trainees that may be damaging to individual trainees or cohorts of trainees.
5. Consistent with valuing overall diversity, it is acknowledged that senior clinicians and trainees vary in their styles related to socializing at work. Lack of socializing does not reflect lack of caring about training.

6. Relatedly, senior clinicians consider the impact on the system as a whole when making choices to spend social time with trainees.

7. Senior clinicians recognize the power differential inherent in supervisory relationships and acknowledge trainees may find it difficult to say “no” to a seemingly innocuous social invitation. However, trainees are encouraged to say “no” to social invitations without fear of recourse.

8. Trainees are welcome (but not expected) to invite senior clinicians to have social contact within working hours recognizing that the senior clinicians have varying personal boundaries related to their time and may say “no” for a variety of reasons that have nothing to do with regard for a particular trainee.

9. Senior clinicians do not socialize with trainees outside of working hours except during sanctioned Counseling Center or professional gatherings (e.g., potluck at Director’s house, dinner while attending professional conference). Working hours are occasionally extended past 5:00 PM for programming engagements.

10. Senior clinicians who choose to socialize during working hours (e.g., lunch, coffee breaks) make attempts to include trainees as a group or provide equitable invitations across trainees in a given cohort.

11. Senior clinicians are encouraged to seek consultation when questions arise about this issue and perhaps to use willingness to share social interactions with trainees with colleagues as an indicator of their appropriateness. Trainees are similarly encouraged to consult with supervisors and/or the Training Director about any concerns related to this issue.

**OUTSIDE EMPLOYMENT POLICY FOR DOCTORAL INTERNS**

The doctoral internship training program is demanding, both in terms of hours required (approximately 40 – 45 hours per week for one year) and intellectual focus. For this reason, we believe that an intern who spends time engaged in outside professional activities during the internship year may not gain full benefit from the training program. Therefore, it is the policy of the program to not permit employment outside the internship during the internship year.

Certain exceptions to this policy may be requested. An intern who seeks an exception must file a request with the Training Director. The request will be considered by a committee consisting of the Training Director, the intern’s primary clinical supervisor, and the Director of the Counseling Center. Requests will be evaluated according to the following criteria:
1. The time commitments required for the outside employment are insubstantial and flexible enough that they will in no way interfere with the intern’s ability to fully function as an intern at the Counseling Center.

2. The physical and/or intellectual requirements of the outside employment are of the nature that they will in no way interfere with the intern’s ability to fully function as an intern at the Counseling Center.

3. The outside employment is adequately supervised.

4. The intern will not be acting as an intern of the Counseling Center when engaged in outside employment and, therefore, the Counseling Center will not be liable for the intern’s behavior and the intern will not receive any type of supervision or guidance from the Counseling Center while performing outside employment.

In the rare case that the committee determines that the outside employment meets all criteria, the intern will be permitted to pursue the employment according to the specified parameters. To ensure that conditions are clear to all parties, the arrangement will be put in writing and signed.

At any point, any of the three committee members may request a reconvening of the committee to re-evaluate whether the employment continues to meet the aforementioned criteria. If at any time, any of the criteria are in question, the committee has the right to require that the intern cease the outside employment as a condition of continuation of the internship program.
Procedures for Evaluation

Evaluation is an ongoing formal and informal process. The Training Committee expects all staff who participate in training and supervision to provide regular, ongoing feedback to interns.

Formal evaluation occurs in two ways. At mid-semester in the fall, interns meet with their supervisors to receive oral and written feedback regarding their performance. Interns are also asked at this time to complete the Intern Self-Evaluation (Form C, pp. 54-58) and discuss this with their primary supervisor. At the end of the semester, interns meet with all supervisors and receive both verbal and written feedback. This evaluation process is repeated again in the spring semester, both at mid-semester and at the end of the semester. In the summer semester, interns are provided with oral feedback at mid-point and both verbal and written formal feedback at the end of the summer. Once formal, end-of-semester evaluations are completed by both interns and supervisors, a signed copy of the Evaluation of Intern Performance (Form B, pp. 47-53) will be provided to the intern’s academic institution (this occurs three times during the training year). By the end of each semester, interns must achieve a rating of ‘3’ on all competencies listed within the Evaluation of Intern Performance form in order to demonstrate sufficient progress in the training program. Failure to do so will result in the initiation of Due Process Procedures. A rating of ‘3’ on all competencies within the third end-of-semester Evaluation of Intern Performance form (to be completed during the summer) is required for an intern to successfully complete the internship program.

Interns provide verbal and written feedback to primary supervisors and seminar leaders regarding their experiences with that trainer in that specific learning situation. Formal evaluations that interns are asked to complete include the Intern Evaluation of Primary Supervisor (Form D, pp. 59-62), Training Seminar Evaluation (Form E, p. 63), End of Semester Training Seminar Series Evaluation (Form F, pp. 64-65), and possibly the Intern Evaluation of Rotation (Form I, pp. 74-78). Interns are also asked to provide feedback about the internship program as a whole via the Intern Mid-Year/Final Evaluation of Internship (Form K, pp. 81-87) twice during the training year – at mid-point and toward the end of the year. Interns meet with the Training Director regularly (weekly in Case Management/group supervision and approximately every other month individually) to provide ongoing feedback regarding internship issues.

Interns are expected, along with supervisors, to schedule an evaluation meeting (this can occur in a regularly scheduled individual supervision session) the week prior or during the week that evaluations are due. Please allow sufficient time for mutual feedback to be provided. At the completion of the evaluation, the intern and supervisor will sign each evaluation and provide the original signed copy to the Training Director, who will sign the forms and provide copies to all parties. See Appendices for all evaluation and feedback forms.
Due Process Procedures

In this segment of the Internship Manual, procedures for assisting interns who are not performing at the training program’s expected level of competence are described in detail. Interns are strongly encouraged to speak with the Training Director should they have any questions or concerns about these procedures.

Definition of Professional Deficiency or Impairment

Professional deficiency or impairment is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: a) an inability and/or unwillingness to acquire and integrate professional behaviors, b) an inability and/or unwillingness to integrate ethical standards and/or relevant state laws, c) an inability to acquire sufficient clinical/professional skills necessary to reach an acceptable level of competency, and d) an inability to manage personal stress, psychological problems, and/or excessive emotional reactions which interfere with professional functioning.

These listed inabilities or deficiencies can be distinguished from inadequate performance or problem behaviors. Inadequate performance refers to an intern’s behaviors, attitudes, or characteristics that, although concerning and in need of additional supervision and remediation, are perceived to be expected developmentally and not excessive at the current level of training. Inadequate performance or problem behaviors become professional deficiencies or impairments when they include one or more of the following:

1. The intern does not acknowledge, understand, or address the problem when it is identified,
2. The problem is not merely a reflection of a skill deficit which can be rectified by further academic or didactic training,
3. The quality of the intern’s service delivery is negatively affected and may be considered to be destructive to clients,
4. The problem is not restricted to one area of professional functioning,
5. The identified aspect of professional functioning is linked to a clear pattern and not based on an isolated incident,
6. Multiple and similar observations are made by more than one supervisor/staff member,
7. A disproportionate amount of attention by Training Committee members is required, compared to other interns in the group, and/or
8. The intern’s behavior does not change as a function of feedback, remediation efforts, and/or time.

The Training Committee determines when an intern’s performance shifts from inadequacy to professional deficiency or impairment. It becomes a matter of professional judgment as to when an intern’s behavior has reached a point of deficiency or impairment rather than being inadequate or problematic.
General Guidelines for Due Process

Due process ensures that decisions made by internship programs about interns are fair and objective. The internship program is tasked with identifying evaluative procedures and applying these procedures evenly across all interns as well as having appropriate appeal procedures available to each intern so that he/she may challenge the program’s decisions. General due process guidelines are as follows:

1. Present, in writing, to each intern the internship program’s expectations related to professional functioning,
2. Outline clearly the procedures for evaluation, including when and how evaluations will be conducted, and ensure regular, ongoing feedback is provided to each intern,
3. Inform interns of the procedures involved in making decisions regarding professional deficiency or impairment
4. Communicate with academic graduate programs about any considerable issues or concerns with interns and consult and seek input from these programs about how to best address such difficulties,
5. Institute a remediation plan for identified professional deficiencies or impairments along with a timeline for expected remediation and consequences for failure to rectify the deficiencies within the stated time frame,
6. Provide written procedures regarding how interns can appeal the internship program’s action, and provide this as early as is feasible in the internship program,
7. Ensure interns have sufficient time to respond to action taken by the internship program,
8. Utilize input from various professional sources when making decisions or recommendations regarding the intern’s performance, and
9. Document, in writing and to all relevant parties, the action taken by the internship program as well as its rationale.

Due Process Procedures

It is imperative to have a meaningful course of action to address professional deficiencies or impairments. In implementing remediation or sanction alternatives, staff will diligently balance the needs of the intern, the clients involved, the intern cohort, the Training Committee, and others affected by the behavior(s). The following procedures are followed in cases of professional deficiency or impairment in intern performance.

I. Recognition of Problem: At any time during the training year, the primary supervisor or another staff member recognizes some aspect(s) of an intern’s performance as deficient or impaired.

II. Problem Defined by Supervisory Staff: The staff member who recognized the problem brings it to the attention of the Training Committee and Training Director in the weekly Training Committee meeting. The Training Committee works together to define the problem very specifically, using terminology that is as concrete and behavioral as possible. The problem is then labeled as typical or atypical (see V. below).

III. Formation of Review Committee: A Review Committee is formed, chaired by the Training Director or Director (if the concern involves a conflict with the Training Director). The Training Director/Director then appoints two members, taking into
consideration the need to appoint parties that can be as objective as possible. The intern is permitted to appoint one additional staff member to the Review Committee.

IV. Written Notification and Request for Statement: The intern is notified, in writing, that a review is occurring and asked to provide the Review Committee with relevant information and/or a statement in response to the deficiency or impairment (which may be presented as a score lower than ‘3’ on the Evaluation of Intern Performance (Form B, pp. 47-53) at the conclusion of the fall, spring, or summer semester.

V. Typical Problem: A typical problem is defined as one that is believed to be modifiable to an acceptable level through the cooperative efforts of the primary supervisor and intern, with the support from the training program and other staff members. Examples of typical problems include difficulty in reflecting feelings with clients, lack of awareness of some confidentiality issues, initial stress in adjusting to the internship, etc.

VI. Atypical Problem: An atypical problem is recognized by the primary supervisor or another staff member as one that appears to be more serious in nature and to require much greater effort to modify than a typical problem. Examples of atypical problems include lack of awareness of clients’ feelings, a blatant breach of confidentiality, chronic stress affecting mental and physical functioning, etc.

VII. Review Committee Action: The Review Committee may adopt any of the following actions or related, appropriate actions. These actions can include:

A. Determination that the charge(s) of professional deficiency or impairment presented by the primary supervisor or staff member do not warrant any further action other than written documentation in the intern’s permanent file,

B. Issue of an “Notice of Concern,” which formally acknowledges the following: the Review Committee is aware of and concerned about the deficiency or impairment; the intern has been formally notified (in writing) of the concern, problem, deficiency, or impairment; the Review Committee will work with the intern to rectify the deficit/problem via development of a Plan of Change; and that the behaviors associated with the concern are considered typical and are not significant enough to warrant more serious action,

1. Plan of Change Generated: The primary supervisor and Training Director discuss the problem area with the intern during a joint meeting. The supervisor, Training Director, and intern work together to develop a Plan of Change. The primary supervisor utilizes other supervisory staff (typically Training Committee members) for consultation in this process. Plans of change might require additional supervision, adjunct supervision, temporary screening of clients, reduction of the intern’s duties, addition of special academic coursework, etc. A Plan of Change will include the following items:
   a. The actual behaviors or skills associated with the problem
   b. The specific recommendations for rectifying the problem
c. The time frame for the Plan of Change during which the problem is expected to be ameliorated
d. The procedures designed to ascertain whether the problem has been appropriately rectified

2. Timeline: The Plan of Change is generated within five (5) business days of definition of the problem and becomes a part of the intern’s permanent file.

3. Plan Activation: The primary supervisor is considered the individual both responsible for and competent to carry out the plan, and thus becomes a facilitator and monitor of change. Communication between the primary supervisor and intern regarding this problem area is regular and frequent.

C. Issue a “Probation Statement,” which indicates active and systematic monitoring of the intern’s professional activities for a designated time period, including but not limited to the degree to which the intern addresses, changes, and/or otherwise improves the behavior associated with the deficient or impaired behavior(s). The Probation Statement is a formal, written statement provided to the intern that includes:

   1. Thorough description of the behaviors associated with the professional deficiency or impairment concern,

   2. Specific recommendations for rectifying the problem(s), referred to as the “Plan of Change,” (Note: Means of addressing deficiencies are included under Remediation Options.)

   3. The time frame for the probation during which the problem(s) is/are expected to be ameliorated, and

   4. The procedures designed to ascertain whether the problem has been appropriately and adequately rectified.

D. Issue a “Termination Statement,” which terminates the intern’s employment with the University. Any intern who knowingly and intentionally violates ethical and legal guidelines governing the practice of psychology may be subject to termination and/or failure of the internship. For example, an atypical problem may include an act of physical aggression against a client or staff member. Additionally, failure to abide by University rules and policies could also lead to termination and/or failure of the internship. Interns at the Georgia Southern University Counseling Center are employees of the State of Georgia. They are subject to the policies and procedures of Georgia Southern University. More specifically, they are subject to procedures outlined in the Employee Handbook. Please review the University’s policy on counseling and disciplinary action at:

   http://jobs.georgiasouthern.edu/facultystaff/policies/

VIII. Probation Statement Procedures: If a Probation Statement is issued, the Chair of the Review Committee meets with the intern to review the probationary conditions; the intern may also request to meet with the entire Review Committee. The intern can choose to accept the conditions or challenge the action. A “Notice of Concern” may
also be challenged by an intern. Procedures for challenging Review Committee actions are outlined in Procedures for an Intern Appeal.

IX. Notifying Academic Program: If a Notice of Concern or Probation Statement is issued, the intern’s academic program is notified via written letter immediately after being issued. This letter contains the nature of the deficiency/impairment, the rationale for the Review Committee action, and the specific Plan of Change generated by the Review Committee. The intern has the right to a copy of this letter, if desired.

X. Uncontested Notice of Concern or Probation Statement: If the intern does not challenge the Notice of Concern or Probation Statement, the primary supervisor and/or Training Committee is be expected to review the problem area(s) at the next evaluation period (mid-semester or end of the semester) or, in the case of probation, no later than the time designated in the Probation Statement. At this time, the primary supervisor prepares a letter detailing the corrective actions taken and whether such action have or have not been successful in addressing the issue(s) of concern.

XI. Determination of Sufficient Positive Change: The primary supervisor submits a written report to the intern, Training Director/Director, and the Review Committee that he/she is satisfied/not satisfied that sufficient positive change has taken or is taking place. This letter becomes a part of the intern’s permanent file and the intern’s academic program is notified in writing of the progress. Assuming that positive change has occurred, no further action is taken.

XII. Determination of Insufficient Positive Change: The primary supervisor is not satisfied that an appropriate level of change is occurring. The problem returns to the Review Committee within two weeks of the primary supervisor’s decision. If the Review Committee determines that there has not been sufficient improvement to remediate the deficiency/impairment as noted in the stipulations of the Probation Statement, they may implement any of the following measures:

A. Extend the probation for a specified time period, after which the Review Committee will again determine if sufficient positive change has occurred.

B. Issue a suspension, whereby the intern is prohibited from engaging in certain, specific professional activities until there is sufficient evidence that the behavior in question has improved.

C. Allow the intern to complete duties and responsibilities of the internship program with or without restrictions, but receive no endorsement for having completed the internship (no Certificate of Completion). To be precise, the intern will have received training and provided services for the year, but will not have satisfactorily completed the internship program.

D. Determine the intern’s employment and training be immediately terminated.

XIII. Notification of Review Committee Decision: Within three (3) business days of the decision date, the Review Committee communicates in writing to the intern and the Training Director/Director that the conditions for revoking the probation have not been
satisfactorily met. The decision to implement one of the four options listed above (XII. A-D) is included in the letter.

XIV. Intern Acceptance or Challenge: Within five (5) business days of receipt of the Review Committee’s determination, the intern may respond to the Review Committee’s decision by either accepting the action or challenging the action (see Procedures for an Intern Appeal). If the intern chooses to appeal, appropriate individuals are notified of the final decision at the conclusion of the appeal process.

XV. Decision: Once a decision has been made and accepted by the intern, the intern and all other appropriate individuals are informed in writing of the action taken and the acceptance of the decision within five (5) business days.

**Procedures for an Intern Appeal**

An intern has the right to appeal the actions taken by the program in regards to identified problem behavior (professional deficiency or impairment). The following are guidelines for an intern to respond to remediation-oriented actions, including timeline for actions:

1. If an intern chooses to challenge the action taken by the Review Committee as described in VII, (pp. 35-36), he/she must, within ten (10) business days of the receipt of the Review Committee’s decision/communication, submit a letter to the Training Director requesting an appeal and explaining the grounds for the challenge. An appeal may be requested on the following grounds:
   a. Denial of the described due process granted to the intern as outlined in the Internship Training Manual;
   b. Denial of the opportunity to fairly present data to refute conclusions drawn in the evaluation process.

2. Within five (5) working days of the receipt of the appeal request, the Training Director will convene an Appeals Committee consisting of two Counseling Center staff members selected by the Training Director and two Counseling Center staff members selected by the intern. The composition of the committee should exclude the Director, the Training Director, the primary supervisor or any staff member in question and other current interns. Procedures invoked for the Appeals Committee review are as follows:
   a. The intern and his or her supervisor or the staff member involved will be notified that a formal appeal hearing will be held.
   b. The Appeals Committee may request the presence of or a written statement from individuals as it deems appropriate.
   c. The intern may submit to the Appeals Committee any written statements he or she believes appropriate. The intern may request a personal interview, and/or may request that the Committee interview other individuals who might have relevant information. The supervisor or staff member involved will also be afforded the same opportunity.
   d. The intern retains the right to hear all facts with the opportunity to dispute and/or explain his/her behavior.
3. Following review by the Appeals Committee, a formal appeal hearing is conducted, chaired by the Training Director, in which the challenge is heard in full. Within five (5) business days of the completion of the review of the hearing, the Appeals Committee submits a written report to the intern, including any recommendations for further action. Recommendations are determined by majority vote of the Appeals Committee.
4. The Training Director is tasked with taking appropriate action within two (2) business days following the delivery of the written report to the intern.
5. If an intern is dissatisfied with the decision of the Appeals Committee, he/she may request a second and final review. This request must be submitted in writing within five (5) business days after the intern has been notified of the Committee’s decision. The review will be conducted by the Counseling Center Director.
6. Following the review of the hearing documentation and the Appeals Committee decision, the Counseling Center Director may confirm the decision of the Appeals Committee, reject the action and provides an alternative, or refer the matter back to the Appeals Committee for further deliberation.
7. In the event that the Training Director is the staff member involved in the appeal, the review will go directly to the Counseling Center Director.
8. Once a decision has been finalized, the intern and appropriate individuals are informed in writing of the action taken.

Remediation Options

Once professional deficiencies or impairments have been identified, it is critical to determine meaningful and effective ways of addressing these problem areas. Possible courses of action designed to remediate deficiencies include, but are not limited to, the following:

1. Requiring additional supervision, either with the primary supervisor or with another supervisor,
2. Altering the format, emphasis, and/or focus of supervision as well as the activities that occur within the supervision meetings,
3. Temporary screening of the intern’s clients by senior staff or a member of the Training Committee,
4. Temporary reduction of the intern’s professional duties or responsibilities (which could include clinical or other work),
5. Addition of special academic coursework or empirical readings,
6. Recommending personal therapy and/or psychological assessment with all parties involved having clarified the manner in which therapy contacts will be used in the intern evaluation process (to maximize intern rights to privacy and/or confidentiality of services),
7. Recommending, when appropriate, a leave of absence and/or a second internship.
Grievance Procedures

The Counseling Center staff strives to create a warm and collegial working environment for all staff members. One component of this effort involves dealing with conflict in an open, direct, and timely fashion. We strongly recommend that when a conflict occurs, staff members approach each other directly to resolve the conflict. Thus, if an intern has a conflict with a staff member (which includes other interns) or concerns regarding a staff member’s behavior, the best course of action is to discuss it directly with that staff member. However, the training staff acknowledges that the power differential between trainees and supervising staff can make this process difficult and anxiety provoking for the intern. In those situations where the intern feels that she or he needs consultation and support in order to deal with the conflict, the following steps are recommended:

1. If the conflict is with the intern’s primary supervisor or another staff member, the intern should consult with the Training Director.
2. If the conflict is with the Training Director, the intern should first consult with his/her supervisor. If suitable resolution is not reached, the intern should then consult with the Director of the Counseling Center.

In those rare instances where informal means are unsuccessful in rectifying the issue, the Training Director is the final arbiter; if the Training Director is involved in the conflict, the Director will be the final arbiter. In the case of legal or harassment concerns, the intern is entitled to pursue Georgia Southern University’s reporting procedures available through the Equal Opportunity and Title IX Office and/or reporting procedures of the Georgia State Board of Examiners of Psychologists.

Formal Review
If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the Training Director. If the Training Director is the object of the grievance, the grievance should be submitted to the Director of the Counseling Center. The individual being grieved will be asked to submit a response in writing. The Training Director (or Director, if applicable) will meet with the intern and the individual being grieved within ten (10) business 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 ten (10) business 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 the Training Director or Director and at least two other members of the Training Committee within ten (10) working days. The intern may request a specific member of the Training Committee 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 the employer (Georgia Southern University) in order to initiate the due process procedures outlined by the employer. If the review panel determines that the grievance against the staff member can potentially 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 ten (10) business days. The panel will reconvene within ten (10) business 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, the issue will be turned over to the employer (Georgia Southern University) in order to initiate the University’s due process procedures.
Verification of Completed Review of the Counseling Center Internship Manual

By signing below, I am acknowledging that I have read the entire Counseling Center Internship Manual and have had the opportunity to have any questions or concerns answered by the Training Director. I acknowledge my awareness and understanding of all training expectations and requirements. I also acknowledge that I have been informed that I can ask questions or seek clarification on any information, policies, and procedures delineated in the Internship Manual at any point during the training year.

__________________________________________
Intern Printed Name

__________________________________________
Intern Signature & Date

☐ I would like a copy of this form at this time.

☐ I do not want a copy of this form at this time.

__________________________________________
Training Director Signature & Date
Appendices
INFORMED CONSENT AND CONTRACT FOR SUPERVISION (FORM A)

Supervisee Name: _____________________________  Semester: ______________

Supervisor Name: _____________________________  Year: ______________

Please initial by each of the following:

_____ Supervisee and Supervisor agree to meet for two (2) hours every week to review video footage and to discuss counseling skills, interventions, professional behavior, ethics, etc. Supervisee will contact Supervisor 24 hours in advance by e-mail or phone if attendance for supervision is not possible due to unforeseen emergency and, if needed and if possible, the appointment will be rescheduled for another time that same week.

_____ Supervisee is responsible for video recording all counseling sessions, including intakes.

_____ Supervisee is responsible for cueing video recording segments to be reviewed and discussed in supervision, and for bringing to supervision a print out of all clients on Supervisee’s caseload (and their client files as needed).

_____ The professional staff at the Counseling Center strive to provide a safe, supportive, and trusting environment where supervisees can openly explore their strengths and growth edges, and are encouraged to continue to grow and develop as professionals. Please keep in mind that all of your experiences in the Counseling Center are considered under the umbrella of “training,” and as such, your experiences and encounters are not considered to be confidential and they may be evaluated.

Specific examples of when the contents of supervision will not be confidential include (but are not limited to):

1. Supervisor’s consultation with other staff counselors during the weekly supervision of supervision meeting.
2. Supervisor’s consultation with Training Director or the Director of Training of the Intern’s graduate (academic) program.
3. If either Supervisee or client express intent or imminent threat to harm self or others.
4. If either Supervisee or client gives reason to believe a child or elder or disabled adult is being harmed, abused, neglected, or exploited.
5. If Supervisee engages in illegal or unethical behaviors with a client.
6. If a court order is received.

Supervisee is aware that Supervisor will complete an evaluation form for Supervisee in the middle and at the end of each long semester and once in the summer. Supervisee has seen this evaluation form and Supervisor has answered any questions pertaining to evaluation.

Supervisee agrees to complete the Intern Self-Evaluation form twice during the training year – once around the mid-semester point in the fall, and once during the summer toward the end of the training year.

If at any time Supervisee believes that Supervisor is participating in unethical or inappropriate behavior, Supervisee knows to contact the Training Director.

Supervisee is aware of APA ethical codes and Georgia State laws and rules and agrees to act in an ethical and law-abiding manner.

Supervisee will consult immediately with their direct Supervisor (or another staff psychologist if their Supervisor is not immediately available) if a client expresses suicidal ideation, homicidal ideation, hallucinations, delusions, or any other sign of severe threat to mental or physical health.

Supervisee is encouraged to become aware of and dialogue about the impact of the self on their work with clients and to explore the impact of clients on the self.

Supervisee is encouraged to be aware of their interactions with peers, Supervisors, and other Counseling Center personnel, and keep in mind that both professional and personal interactions may be considered in evaluations.

Supervisee is encouraged to selectively use self-disclosure within supervision (and within the Counseling Center) while also considering a balanced level of professionalism. Sharing of the self is encouraged as a means to enhance self-awareness and the awareness of interpersonal dynamics, as well as to encourage the further integration of the Supervisee’s professional and personal identities.
SUPERVISEE OBJECTIVES

1. **Goals for Supervision:**

2. **Goals for Therapy:**

3. **Goals for Professional Conduct:**

4. **Expectations of Supervisory Experience:**

5. **Fears and Hopes:**

6. **Experiences Sought (client types, therapy duration, etc.):**

7. **Other Specific Issues to be Addressed:**

8. **Agreed-Upon Training Activities/Requirements:**
   - [ ] Readings
   - [ ] Videotapes of Supervisee
   - [ ] Other

** Supervisor and Supervisee have discussed the expectations above and agree to perform the described duties as well as operate within the outlined parameters. Signatures below indicated understanding and agreement with this supervision contract.

____________________________________  ____________________
Supervisee       Date

____________________________________  ____________________
Supervisor       Date

____________________________________  ____________________
Training Director Date
EVALUATION OF INTERN PERFORMANCE (FORM B)

Name of Intern: __________________________________  Date: ______________

Name of Primary Supervisor: _______________________

Semester and Year: ______________

As described in CC policies, any score below ‘3’ on the end of semester evaluation will trigger the formal Due Process Procedures. A score of ‘3’ on all year-end individual competencies is required for the successful completion of the training program. Each competency should be rated on the following scale:

N/A NOT APPLICABLE. Supervisor has insufficient data to accurately evaluate.

1 NOT ACCEPTABLE. Intern’s performance is below the expected level of an intern’s development at this stage of training. Intern requires frequent and close supervision. Remediation in this area is required and should be documented.

2 NEEDS IMPROVEMENT. Intern’s performance is inconsistent with the expected level of an intern’s development at this stage of training and requires regular supervision, training, guidance, and education to foster the development of mastery skills in this area.

3 ACCEPTABLE AND PROFICIENT. Intern’s performance is consistent with the developmentally appropriate level of mastery in this area given the intern’s stage in training. Intern’s performance is expected to continue to develop with ongoing supervision, education, and guidance to foster mastery of advanced tasks in this area.

4 ABOVE EXPECTED PROFICIENCY. Intern’s performance is above the expected level of development at this stage in training. The intern displays mastery of routine skills in this area, as well as mastery of some advanced skills. Supervision is still required for advanced skills and the intern is expected to consult when appropriate.

5 ADVANCED PROFICIENCY. Intern’s performance demonstrates a level of proficiency that exceeds the level expected of an intern at this stage in training. Advanced skills/mastery will be fostered by supervision, and via professional growth as a psychologist.
### Objective 1a: Individual Psychotherapy

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Develops and maintains a good working alliance with each client.</td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrates mastery of basic counseling microskills (e.g., active listening, reflection of feeling and content, paraphrasing, appropriate use of open-ended questions, etc.).</td>
</tr>
<tr>
<td>3.</td>
<td>Appropriately confronts clients.</td>
</tr>
<tr>
<td>4.</td>
<td>Demonstrates ability to tolerate and address difficult emotions and explore clients’ feelings.</td>
</tr>
<tr>
<td>5.</td>
<td>Demonstrates appropriate assessment of risk factors throughout the treatment process.</td>
</tr>
<tr>
<td>6.</td>
<td>Demonstrates the ability to integrate theory and research into clinical practice, including demonstrating effective use of empirically-supported or evidenced-based treatments (ESTs or EBTs).</td>
</tr>
<tr>
<td>7.</td>
<td>Manages individual caseload effectively and can establish and maintain clear ground rules regarding session limits, client absences, and scheduling.</td>
</tr>
<tr>
<td>8.</td>
<td>Demonstrates the ability to formulate appropriate treatment goals and revise these as needed.</td>
</tr>
<tr>
<td>9.</td>
<td>Demonstrates knowledge about as well as sensitivity and responsiveness to client culture, race, ethnicity, age, gender expression and identification, sexual orientation, social class, religion/spiritual identity, language, country of origin, and ability status in therapeutic interventions.</td>
</tr>
<tr>
<td>10.</td>
<td>Demonstrates ability to discuss termination with clients and prepare them for termination.</td>
</tr>
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</table>

**Comments:**

### Objective 1b: Initial Assessment, Diagnosis, & Treatment Planning

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Demonstrates ability to conduct initial assessments (Intakes), including gathering essential, relevant, and accurate data in order to understand client’s presenting concerns.</td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrates ability to develop case conceptualizations and treatment plans as a result of information gathered in Intake session(s).</td>
</tr>
<tr>
<td>3.</td>
<td>Utilizes professional judgment to determine if client is appropriate to receive services or should be referred and consults with appropriate staff to make these decisions.</td>
</tr>
<tr>
<td>4.</td>
<td>Conducts risk assessments and determines if clients are an imminent danger to themselves or others.</td>
</tr>
<tr>
<td>5.</td>
<td>Utilizes DSM classification and differential diagnosis effectively.</td>
</tr>
<tr>
<td>6.</td>
<td>Conducts culturally competent Intakes and considers each client’s diverse background and experiences when formulating diagnoses and treatment plans.</td>
</tr>
</tbody>
</table>
7. Demonstrates ability to choose and utilize formal testing as part of the assessment, diagnostic, and treatment planning process, when appropriate.

8. Appropriately selects, administers, scores, and interprets tests with attention to measures of validity, other psychometric properties, and diversity variables.

9. Provides clinically relevant and useful feedback to clients regarding assessment results.

10. On an ongoing basis, assesses client’s growth and progress in relation to therapeutic goals.

Comments:

**Objective 1c: Group Psychotherapy**

<table>
<thead>
<tr>
<th>1.</th>
<th>Conducts thorough group screenings and adequately prepares clients for group therapy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Demonstrates ability to establish rapport and help develop group cohesion.</td>
</tr>
<tr>
<td>3.</td>
<td>Shows familiarity of stages of group development and is able to utilize effective group interventions appropriate to each stage of development.</td>
</tr>
<tr>
<td>4.</td>
<td>Develops a healthy, constructive working relationship with a co-facilitator and/or process observer.</td>
</tr>
<tr>
<td>5.</td>
<td>Demonstrates knowledge about and sensitivity to client culture, race, ethnicity, age, gender expression and identification, sexual orientation, social class, religion/spiritual identity, language, country of origin, and ability status and how these may impact group interactions and/or cohesion.</td>
</tr>
<tr>
<td>6.</td>
<td>Demonstrates competence in couple/marital therapy.</td>
</tr>
</tbody>
</table>

Comments:

**Objective 1d: Crisis Intervention**

<table>
<thead>
<tr>
<th>1.</th>
<th>Demonstrates consultation, collaboration, and documentation skills necessary to effectively assess client safety and risk factors.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Manages on-call duties effectively, including consultation with other staff members as well as University and community representatives.</td>
</tr>
<tr>
<td>3.</td>
<td>Demonstrates ability to assess client safety and risk factors in crisis situations.</td>
</tr>
<tr>
<td>4.</td>
<td>Demonstrates ability to effectively follow-up after crisis situations.</td>
</tr>
</tbody>
</table>

Comments:

**Objective 1e: Outreach, Consultation/Liaison Services, and Program Evaluation**

<table>
<thead>
<tr>
<th>1.</th>
<th>Demonstrates ability to prepare educational presentations on a wide range of mental health topics.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Uses clear and effective presentation skills.</td>
</tr>
</tbody>
</table>
3. Engages audiences by use of interactive exercises, activities, discussions, and/or technology.

4. Incorporates recent research into outreach presentations.

5. Shows ability to support the work of others within the University community and collaborate with these University partners in an ethical and professional manner.

6. Provides consultation and professional guidance to staff, faculty, students, trainees, and community members in an ethical and professional manner and as appropriate.

7. Demonstrates the ability to establish professional relationships with other University colleagues.

8. Demonstrates knowledge of theories and methods of program evaluation.

Comments:

Objective 1f: Providing Supervision

1. Demonstrates ability to create and develop a safe, respectful supervisory environment, which incorporates monitoring supervisee’s clinical service delivery, attending to supervisee’s theme interference issues, and attending to parallel process.

2. Can effectively incorporate supervision theory and research in order to conceptualize supervisee and supervisory relationship within a coherent theoretical framework.

3. Can effectively collaborate with supervisee to establish appropriate goals for supervision.

4. Demonstrates ability to provide accurate, specific, and concrete feedback to supervisee in a constructive and professional fashion and in a timely manner.

5. Attends to multicultural issues and privilege in the supervisory relationship and openly and regularly discusses multicultural aspects of clinical work with the supervisee.

6. Demonstrates ability to appropriately evaluate supervisee both formally and informally.

7. Demonstrates openness to receiving feedback from supervisee.

8. Demonstrates an ability to function as a professional role model and mentor for the supervisee.

9. Demonstrates a willingness to and understanding of when to consult with senior staff and the Training Director for guidance regarding difficult supervisee issues that the intern cannot resolve in supervision with the trainee.

10. Appropriately and consistently uses the weekly supervision of supervision meeting.

Comments:
Objective 2a: Professional Relationships

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1.</td>
<td>Demonstrates ability to appropriately interact with peers, supervisors, and administrative and professional staff within the Center.</td>
</tr>
<tr>
<td>2.</td>
<td>Develops collegial, professional working relationships with a variety of people within the University community (e.g., Health Services staff, faculty, etc.) as well as the community at large.</td>
</tr>
<tr>
<td>3.</td>
<td>Communicates and consults professionally and effectively with clinical staff, support staff, peers, supervisees, and referral sources.</td>
</tr>
<tr>
<td>4.</td>
<td>Demonstrates professional responsibility with regard to case management, documentation, and time management.</td>
</tr>
<tr>
<td>5.</td>
<td>Arrives to meetings, sessions, supervision, seminars, etc. in a timely fashion.</td>
</tr>
<tr>
<td>6.</td>
<td>Demonstrates ability to provide constructive feedback and support to peers.</td>
</tr>
<tr>
<td>7.</td>
<td>Actively participates in staff meetings, seminars, group supervision, etc.</td>
</tr>
<tr>
<td>8.</td>
<td>Demonstrates professional maturity and the ability to manage conflict directly and effectively.</td>
</tr>
<tr>
<td>9.</td>
<td>Participates in ongoing exploration of professional interests, strengths, and areas of growth and communicates these to supervisors/senior staff.</td>
</tr>
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</table>

Comments:

Objective 2b: Receiving Supervision

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Demonstrates appropriate preparation for supervision sessions and is able to articulate goals for supervision.</td>
</tr>
<tr>
<td>2.</td>
<td>Remains open to feedback and exploration of issues in supervision and displays non-defensiveness to feedback.</td>
</tr>
<tr>
<td>3.</td>
<td>Demonstrates ability to integrate supervisory feedback to reach supervision goals and improve skills and abilities.</td>
</tr>
<tr>
<td>4.</td>
<td>Shares samples of clinical work (e.g., videotapes of sessions, written notes, treatment plans, etc.)</td>
</tr>
<tr>
<td>5.</td>
<td>Communicates knowledge of limitations as a therapist, including any theme interference issues that may be present, inexperience with certain types of clients or presenting concerns, or deficiencies in understanding theory or research and their applications.</td>
</tr>
<tr>
<td>6.</td>
<td>Exhibits willingness to appropriately self-disclose within supervision.</td>
</tr>
<tr>
<td>7.</td>
<td>Is appropriately assertive with supervisors and can disagree with/challenge supervisor viewpoints and take responsibility for such.</td>
</tr>
<tr>
<td>8.</td>
<td>Demonstrates a willingness to and understanding of when to consult for guidance regarding difficult supervisee issues that cannot be resolved between the supervisee and the intern.</td>
</tr>
<tr>
<td>9.</td>
<td>Consistently attends supervisory meetings, informs supervisor of necessary absences, and reschedules missed supervision if possible.</td>
</tr>
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</table>

Comments:
### Objective 2c: Ethical & Legal Matters

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Demonstrates knowledge of APA ethical principles and guidelines and acts ethically in regard to clients, Counseling Center staff, and the greater University and local communities.</td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrates knowledge of laws and regulations related to the practice of professional psychology, including any that specifically relate to Georgia law (Georgia Rules of the State Board of Examiners of Psychologists), and displays behavior consistent with these laws and regulations.</td>
</tr>
<tr>
<td>3.</td>
<td>Recognizes and addresses ethical dilemmas appropriately and consults and seeks supervision as needed.</td>
</tr>
<tr>
<td>4.</td>
<td>Maintains case records and completes and stores clinical documentation (including videos) in a timely and ethical manner.</td>
</tr>
<tr>
<td>5.</td>
<td>Maintains appropriate boundaries with clients and trainees.</td>
</tr>
<tr>
<td>6.</td>
<td>Demonstrates ability to engage in self-care and manage personal stress effectively.</td>
</tr>
<tr>
<td>7.</td>
<td>Discusses confidentiality and limits as early as possible in the therapeutic relationship.</td>
</tr>
<tr>
<td>8.</td>
<td>Does not exploit persons over whom she/he has supervisory, evaluative, or other authority.</td>
</tr>
<tr>
<td>9.</td>
<td>Behavior is compliant with the policies and procedures of the Counseling Center and Georgia Southern University.</td>
</tr>
</tbody>
</table>

**Comments:**

### Objective 3a: Sensitivity & Awareness to Cultural Diversity

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Demonstrates openness to work with people from diverse backgrounds and an overall desire to grow as a multiculturally sensitive psychologist.</td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrates sensitivity toward and an appreciation for cultural differences between self and clients, supervisees, supervisors, colleagues, and consultants.</td>
</tr>
<tr>
<td>3.</td>
<td>Demonstrates awareness of how cultural identities (e.g., race, ethnicity, age, gender expression and identification, sexual orientation, social class, religion/spiritual identity, language, country of origin, and ability status) can impact clinical presentation, conceptualization, diagnosis, treatment planning, and the counseling process in general.</td>
</tr>
<tr>
<td>4.</td>
<td>Demonstrates awareness of how her/his own cultural identities (see above for examples) may impact clinical work and professional relationships.</td>
</tr>
<tr>
<td>5.</td>
<td>Engages in continual self-reflection of cultural knowledge, skills, and competencies, paying attention to personal areas of strength and continued growth.</td>
</tr>
</tbody>
</table>

**Comments:**
### Objective 3b: Provision of Multiculturally Sensitive & Competent Services

| 1. | Demonstrates knowledge specific to a variety of cultures and diverse groups of people. |
| 2. | Demonstrates ability to assess diversity variables, gather background information related to client diversity, and determine how these may impact clinical treatment. |
| 3. | Seeks supervision and consultation appropriately regarding processing cross-cultural and intra-cultural concerns as they affect the therapeutic relationship and supervisory relationship. |
| 4. | Provides multiculturally sensitive, competent clinical supervision to supervisees and models sensitivity to diversity within the provision of supervision. |
| 5. | Provides multiculturally sensitive and competent individual psychotherapy. |
| 6. | Provides multiculturally sensitive and competent group psychotherapy. |
| 7. | Provides multiculturally sensitive and competent outreach and consultation services. |

**Comments:**

**Overall comments on intern’s progress and areas of strength:**

**Identified areas for continued growth:**

**Recommendations for improvement:**

---

**Intern Signature**

**Date**

---

**Primary Supervisor Signature**

**Date**

---

**Training Director**

**Date**
INTERN SELF-EVALUATION (FORM C)

Name: ___________________________________    Date: ______________

Self-assessment can be a valuable tool for measuring learning over the course of a training year. You will be asked to fill out this self-evaluation and assess yourself at the beginning and end of the internship program. Please answer honestly and identify your strengths and growth areas.

Each competency should be rated on the following scale:

N/A  NOT APPLICABLE. No prior experience.

1  NOT ACCEPTABLE. My performance is below the expected level of an intern’s development at this stage of training.

2  NEEDS IMPROVEMENT. My performance is inconsistent with the expected level of an intern’s development at this stage of training. I would like regular supervision, training, guidance, and education to foster the development of mastery skills in this area.

3  ACCEPTABLE AND PROFICIENT. My performance is consistent with the developmentally appropriate level of mastery in this area given my stage in training.

4  BEYOND EXPECTED PROFICIENCY. My performance is above the expected level of development at this stage in training. I can display mastery of routine skills in this area, as well as mastery of some advanced skills.

5  ADVANCED PROFICIENCY. My performance demonstrates a level of proficiency that far exceeds the level expected of an intern at this stage in training.

<table>
<thead>
<tr>
<th>Objective 1a: Individual Psychotherapy</th>
<th>Rating</th>
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<tbody>
<tr>
<td>1. I can develop and maintain a good working alliance with each client.</td>
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<tr>
<td>2. I can demonstrate mastery of basic counseling microskills (e.g., active listening, reflection of feeling and content, paraphrasing, appropriate use of open-ended questions, etc.).</td>
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<tr>
<td>3. I can appropriately confront clients.</td>
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<td>4. I can show ability to tolerate and address difficult emotions and explore clients’ feelings.</td>
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<tr>
<td>5. I can appropriately assess risk factors throughout the treatment process.</td>
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<tr>
<td>6. I can integrate theory and research into clinical practice, including demonstrating effective use of empirically-supported or evidenced-based treatments (ESTs or EBTs)</td>
<td></td>
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<tr>
<td>7. I manage my individual caseload effectively and can establish and maintain clear ground rules regarding session limits, client absences, and scheduling.</td>
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<tr>
<td>8. I have the ability to formulate appropriate treatment goals and revise these as needed.</td>
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</table>
9. I can demonstrate knowledge about as well as sensitivity and responsiveness to client culture, race, ethnicity, age, gender expression and identification, sexual orientation, social class, religion/spiritual identity, language, country of origin, and ability status in therapeutic interventions.

10. I have the ability to discuss termination with clients and prepare them for termination.

<table>
<thead>
<tr>
<th>Objective 1b: Initial Assessment, Diagnosis, &amp; Treatment Planning</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>1. I can demonstrate ability to conduct initial assessments (Intakes), including gathering essential, relevant, and accurate data in order to understand client’s presenting concerns.</td>
<td></td>
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<tr>
<td>2. I can demonstrate ability to develop case conceptualizations and treatment plans as a result of information gathered in Intake session(s).</td>
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<tr>
<td>3. I utilize professional judgment to determine if client is appropriate to receive services or should be referred and consult with appropriate staff to make these decisions.</td>
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<tr>
<td>4. I conduct risk assessments and determine if clients are an imminent danger to themselves or others.</td>
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<tr>
<td>5. I utilize DSM classification and differential diagnosis effectively.</td>
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<tr>
<td>6. I conduct culturally competent Intakes and consider each client’s diverse background and experiences when formulating diagnoses and treatment plans.</td>
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<tr>
<td>7. I can choose and utilize formal testing as part of the assessment, diagnostic, and treatment planning process, when appropriate.</td>
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<tr>
<td>8. I can appropriately select, administer, score, and interpret tests with attention to measures of validity, other psychometric properties, and diversity variables.</td>
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<tr>
<td>9. I provide clinically relevant and useful feedback to clients regarding assessment results.</td>
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<tr>
<td>10. On an ongoing basis, I assess client’s growth and progress in relation to therapeutic goals.</td>
<td></td>
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<table>
<thead>
<tr>
<th>Objective 1c: Group Psychotherapy</th>
<th>Rating</th>
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<tbody>
<tr>
<td>1. I can conduct thorough group screenings and adequately prepare clients for group therapy.</td>
<td></td>
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<tr>
<td>2. I have ability to establish rapport and help develop group cohesion.</td>
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<tr>
<td>3. I can demonstrate familiarity of stages of group development and am able to utilize effective group interventions appropriate to each stage of development.</td>
<td></td>
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<tr>
<td>4. I can develop a healthy, constructive working relationship with a co-facilitator and/or process observer.</td>
<td></td>
</tr>
<tr>
<td>5. I can demonstrate knowledge about and sensitivity to client culture, race, ethnicity, age, gender expression and identification, sexual orientation, social class, religion/spiritual identity, language, country of origin, and ability status and how these may impact group interactions and/or cohesion.</td>
<td></td>
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<tr>
<td>6. I can demonstrate competence in couple/marital therapy.</td>
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<tr>
<th>Objective 1d: Crisis Intervention</th>
<th>Rating</th>
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<tbody>
<tr>
<td>1. I can demonstrate consultation, collaboration, and documentation skills necessary to effectively assess client safety and risk factors.</td>
<td></td>
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<tr>
<td>2. I can manage on-call duties effectively, including consultation with other staff members as well as University and community representatives.</td>
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</tr>
<tr>
<td>3. I have the ability to assess client safety and risk factors in crisis situations.</td>
<td></td>
</tr>
<tr>
<td>4. I have the ability to effectively follow-up after crisis situations.</td>
<td></td>
</tr>
</tbody>
</table>
### Objective 1e: Outreach, Providing Education, & Consultation/Liaison Services and Program Evaluation

| Rating | 1. I have the ability to prepare educational presentations on a wide range of mental health topics. |
| Rating | 2. I utilize clear and effective presentation skills. |
| Rating | 3. I can engage audiences by use of interactive exercises, activities, discussions, and/or technology. |
| Rating | 4. I incorporate recent research into outreach presentations. |
| Rating | 5. I show ability to support the work of others within the University community and collaborate with these University partners in an ethical and professional manner. |
| Rating | 6. I provide consultation and professional guidance to staff, faculty, students, trainees, and community members in an ethical and professional manner and as appropriate. |
| Rating | 7. I have the ability to establish professional relationships with other University colleagues. |
| Rating | 8. I can demonstrate knowledge of theories and methods of program evaluation. |

### Objective 1f: Providing Supervision

| Rating | 1. I have the ability to create and develop a safe, respectful supervisory environment, which incorporates monitoring supervisee’s clinical service delivery, attending to supervisee’s theme interference issues, and attending to parallel process. |
| Rating | 2. I can effectively incorporate supervision theory and research in order to conceptualize supervisee and supervisory relationship within a coherent theoretical framework. |
| Rating | 3. I can effectively collaborate with supervisee to establish appropriate goals for supervision. |
| Rating | 4. I have the ability to provide accurate, specific, and concrete feedback to supervisee in a constructive and professional fashion and in a timely manner. |
| Rating | 5. I attend to multicultural issues and privilege in the supervisory relationship and openly and regularly discuss multicultural aspects of clinical work with the supervisee. |
| Rating | 6. I have the ability to appropriately evaluate supervisee both formally and informally. |
| Rating | 7. I can demonstrate openness to receiving feedback from supervisee. |
| Rating | 8. I can demonstrate an ability to function as a professional role model and mentor for the supervisee. |
| Rating | 9. I can demonstrate a willingness to and understanding of when to consult with senior staff and the Training Director for guidance regarding difficult supervisee issues that I cannot resolve in supervision with the trainee. |
| Rating | 10. I appropriately and consistently use the weekly supervision of supervision meeting. |

### Objective 2a: Professional Relationships

| Rating | 1. I appropriately interact with peers, supervisors, and administrative and professional staff within the Center. |
| Rating | 2. I develop collegial, professional working relationships with a variety of people within the University community (e.g., Health Services staff, faculty, etc.) as well as the community at large. |
| Rating | 3. I communicate and consult professionally and effectively with clinical staff, support staff, peers, supervisees, and referral sources. |
| Rating | 4. I can demonstrate professional responsibility with regard to case management, documentation, and time management. |
| Rating | 5. I arrive to meetings, sessions, supervision, seminars, etc. in a timely fashion. |
| Rating | 6. I provide constructive feedback and support to peers. |
| Rating | 7. I actively participate in staff meetings, seminars, group supervision, etc. |
| Rating | 8. I demonstrate professional maturity and the ability to manage conflict directly and effectively. |
| Rating | 9. I participate in ongoing exploration of professional interests, strengths, and areas of growth and communicates these to supervisors/senior staff. |
**Objective 2b: Receiving Supervision**

| Rating | 1. I can demonstrate appropriate preparation for supervision sessions and am able to articulate goals for supervision. |
| | 2. I remain open to feedback and exploration of issues in supervision and display non-defensiveness to feedback. |
| | 3. I have the ability to integrate supervisory feedback to reach supervision goals and improve skills and abilities. |
| | 4. I share samples of clinical work (e.g., videotapes of sessions, written notes, treatment plans, etc.). |
| | 5. I communicate knowledge of my limitations as a therapist, including any theme interference issues that may be present, inexperience with certain types of clients or presenting concerns, or deficiencies in understanding theory or research and their applications. |
| | 6. I am willing to appropriately self-disclose within supervision. |
| | 7. I am appropriately assertive with supervisors and can disagree with/challenge supervisor viewpoints and take responsibility for such. |
| | 8. I am willing to and understand when to consult for guidance regarding difficult supervisee issues that cannot be resolved between myself and the supervisee. |
| | 9. I consistently attend supervisory meetings, inform supervisor of necessary absences, and reschedule missed supervision if possible. |

**Objective 2c: Ethical & Legal Matters**

| Rating | 1. I am knowledgeable about APA ethical principles and guidelines and act ethically in regard to clients, Counseling Center staff, and the greater University and local communities. |
| | 2. I am knowledgeable of laws and regulations related to the practice of professional psychology, including any that specifically relate to Georgia law (Georgia Rules of the State Board of Examiners of Psychologists), and display behavior consistent with these laws and regulations. |
| | 3. I recognize and address ethical dilemmas appropriately and consult and seek supervision as needed. |
| | 4. I maintains case records and complete and store clinical documentation (including videos) in a timely and ethical manner. |
| | 5. I maintain appropriate boundaries with clients and trainees. |
| | 6. I am able to engage in self-care and manage personal stress effectively. |
| | 7. I discuss confidentiality and limits as early as possible in the therapeutic relationship. |
| | 8. I do not exploit persons over whom I have supervisory, evaluative, or other authority. |
| | 9. My behavior is compliant with the policies and procedures of the Counseling Center and Georgia Southern University. |

**Objective 3a: Sensitivity & Awareness to Cultural Diversity**

| Rating | 1. I demonstrate openness to work with people from diverse backgrounds and an overall desire to grow as a multicultural sensitive psychologist. |
| | 2. I demonstrate sensitivity toward and an appreciation for cultural differences between myself and clients, supervisees, supervisors, colleagues, and consultants. |
| | 3. I demonstrate awareness of how cultural identities (e.g., race, ethnicity, age, gender expression and identification, sexual orientation, social class, religion/spiritual identity, language, country of origin, and ability status) can impact clinical presentation, conceptualization, diagnosis, treatment planning, and the counseling process in general. |
| | 4. I am aware of how my own cultural identities (see above for examples) may impact my clinical work and professional relationships. |
| | 5. I engage in continual self-reflection of cultural knowledge, skills, and competencies, paying attention to personal areas of strength and continued growth. |
**Objective 3b: Provision of Multiculturally Sensitive & Competent Services**

<table>
<thead>
<tr>
<th>Rating</th>
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<tbody>
<tr>
<td>1. I can demonstrate knowledge specific to a variety of cultures and diverse groups of people.</td>
</tr>
<tr>
<td>2. I have the ability to assess diversity variables, gather background information related to client diversity, and determine how these may impact clinical treatment.</td>
</tr>
<tr>
<td>3. I seek supervision and consultation appropriately regarding processing cross-cultural and intra-cultural concerns as they affect the therapeutic relationship and supervisory relationship.</td>
</tr>
<tr>
<td>4. I provide multiculturally sensitive, competent clinical supervision to supervisees and model sensitivity to diversity within the provision of supervision.</td>
</tr>
<tr>
<td>5. I provide multiculturally sensitive and competent individual psychotherapy.</td>
</tr>
<tr>
<td>6. I provide multiculturally sensitive and competent group psychotherapy.</td>
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<tr>
<td>7. I provide multiculturally sensitive and competent outreach and consultation services.</td>
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</tbody>
</table>

**Your identified areas of strength:**

**Your identified areas for continued growth:**

Please return this form to the Training Director after it has been reviewed with your primary clinical supervisor.
INTERN EVALUATION OF PRIMARY SUPERVISOR (FORM D)

Name of Intern: _________________________________ Date: ______________

Name of Primary Supervisor: ______________________

Semester and Year: __________________

Each category below has several items reflecting what supervisors may do in supervision, depending on the needs of the supervisee. Please circle your response according to the key below or the key provided for the item. You are encouraged to provide additional comments (in each section) about what you found most helpful and what you may have wanted more or less of in supervision. Do not feel limited by the amount of space provided, additional comments may be continued on the back or on a separate sheet of paper.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>Strongly Disagree/Never</td>
<td>Disagree/Sometimes</td>
<td>Agree/Frequently</td>
<td>Strongly Agree/Always</td>
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</table>

Goal Setting

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<tr>
<th>Rating</th>
<th>1</th>
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<tbody>
<tr>
<td>1. Aids in setting goals for supervision.</td>
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<tr>
<td>2. Facilitates my self-assessment of my counseling skills.</td>
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<tr>
<td>3. Aids in establishing and maintaining the focus of supervision.</td>
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<tr>
<td>4. Helps me select appropriate professional and training goals, tasks, and desired training experiences within the Center.</td>
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<td>5. Encourages development of my own counseling style.</td>
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<td>6. Promotes productive use of supervision time.</td>
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<tr>
<td>7. Consistently follows up on clients’ progress and risk factors.</td>
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## General Logistics and Videotape Review

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<tbody>
<tr>
<td>1. How often did you and your supervisor watch videotapes of your counseling sessions during supervision?</td>
<td>Rating</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>N/A-Did not watch tape</td>
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<tr>
<td>2. How many times did your supervisor watch one of your tapes outside of supervision?</td>
<td></td>
<td>0-1</td>
<td>2-5</td>
<td>6-10</td>
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<tr>
<td>3. When you watched tapes during supervision, how many minutes of the supervision meeting did you usually spend doing this?</td>
<td></td>
<td>0-15</td>
<td>15-30</td>
<td>30-45</td>
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<tr>
<td></td>
<td>N/A-Did not watch tape</td>
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<td></td>
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<tr>
<td>4. Did you and your supervisor watch videotapes for one client consistently over the course of treatment?</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5. Did you and your supervisor watch videotapes for other clients as supervision concerns arose with those clients?</td>
<td></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>6. Attends supervision sessions promptly and consistently.</td>
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<td>7. Notifies me in advance when unable to keep scheduled supervisory meetings.</td>
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<tr>
<td>8. Consistently follows up on clients’ progress and risk status.</td>
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## Environment/Climate

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<tbody>
<tr>
<td>1. Values supervision and expresses interest in the process.</td>
<td>Rating</td>
<td>1</td>
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<tr>
<td>2. Provides a learning environment that is supportive, safe, and understanding.</td>
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<tr>
<td>3. Works at hearing and understanding my concerns.</td>
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<td>4. Provides emotional support when appropriate.</td>
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<td>3</td>
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<tr>
<td>5. Exhibits confidence in my clinical abilities.</td>
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<tr>
<td>6. Is self-disclosing, shares personal counseling learning experiences, successes, and failures.</td>
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<td>7. Has respect for personal individual differences between supervisor and supervisee.</td>
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<td>8. Works toward conflict resolution between self and supervisee in constructive ways.</td>
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<td></td>
<td>N/A-Did not examine relationship</td>
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<tr>
<td>9. Is willing to examine supervisor-supervisee relationship.</td>
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<td>3</td>
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<tr>
<td>10. Encourages independent thinking and support my decision-making processes.</td>
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<tr>
<td>11. Allows me to work from my stated theoretical orientation and does not impose her/his orientation on me.</td>
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<td>12. Appears to have confidence in her/himself and her/his method of supervision.</td>
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### Communication

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<tr>
<th>Rating</th>
<th>1. Elicits my feelings about counseling sessions.</th>
<th>1 2 3 4</th>
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<tbody>
<tr>
<td>Rating</td>
<td>2. Elicits my perceptions of thoughts, goals, and feelings about my client and myself during or following videotape review.</td>
<td>1 2 3 4</td>
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<tr>
<td>Rating</td>
<td>3. Focuses on counseling process as well as content.</td>
<td>1 2 3 4</td>
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<tr>
<td>Rating</td>
<td>4. Works on maximizing an honest and candid exchange of feelings and ideas.</td>
<td>1 2 3 4</td>
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<tr>
<td>Rating</td>
<td>5. Gives continuous and relevant feedback and support.</td>
<td>1 2 3 4</td>
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<tr>
<td>Rating</td>
<td>6. Uses constructive criticism and appropriate challenges.</td>
<td>1 2 3 4</td>
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<tr>
<td>Rating</td>
<td>7. Offers direct positive feedback.</td>
<td>1 2 3 4</td>
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<tr>
<td>Rating</td>
<td>8. Gives direct suggestions to me when appropriate.</td>
<td>1 2 3 4</td>
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<tr>
<td>Rating</td>
<td>9. Offers supervision interventions that are appropriate for my level of training.</td>
<td>1 2 3 4</td>
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<tr>
<td>Rating</td>
<td>10. Measures my progress/development and informs me of status.</td>
<td>1 2 3 4</td>
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<tr>
<td>Rating</td>
<td>11. Supports my attempts to try appropriate new counseling skills.</td>
<td>1 2 3 4</td>
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<tr>
<td>Rating</td>
<td>12. Conveys sensitivity to where I am emotionally.</td>
<td>1 2 3 4</td>
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<tr>
<td>Rating</td>
<td>13. Explores personal history that may affect my work with clients when appropriate.</td>
<td>1 2 3 4</td>
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<tr>
<td>Rating</td>
<td>14. Is available for consultation when needed outside of the regular supervision times.</td>
<td>1 2 3 4</td>
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### Teaching

<table>
<thead>
<tr>
<th>Rating</th>
<th>1. Discusses theory and aids in fitting theory into practice (i.e., encourages case conceptualization).</th>
<th>1 2 3 4</th>
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<tbody>
<tr>
<td>Rating</td>
<td>2. Articulates own theoretical position in a clear and consistent fashion as often as can be expected.</td>
<td>1 2 3 4</td>
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<tr>
<td>Rating</td>
<td>3. Explores various therapeutic processes such as confrontation, support, timing, etc., and their roles.</td>
<td>1 2 3 4</td>
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<tr>
<td>Rating</td>
<td>4. Discusses theory-based techniques (e.g., cognitive-behavioral, dynamic, interpersonal process, etc.) and their uses.</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Rating</td>
<td>5. Facilitates development of my own theoretical orientation.</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Rating</td>
<td>6. Models specific counseling skills through demonstration or role play.</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>
7. Shares examples from her/his own work as a demonstration. | 1 2 3 4
---|---
8. Provides feedback on Intakes, progress notes, assessment reports (if applicable), and case presentations. | 1 2 3 4
9. Assists with assessment/test interpretation, if applicable. | 1 2 3 4
N/A
10. Assists with career development concerns, including vocational assessment and interpretation. | 1 2 3 4
N/A

### Information

| Rating |  
|---|---
| 1. Uses appropriate books, articles, and other references. | 1 2 3 4
| 2. Promotes awareness of ethical issues. | 1 2 3 4
| 3. Discusses ethical principles and guidelines and helps me apply them to my work. | 1 2 3 4
| 4. Knows campus/community resources and helps me refer appropriately. | 1 2 3 4
| 5. Acts as a good resource on Counseling Center policies and procedures. | 1 2 3 4

### Multiculturalism

| Rating |  
|---|---
| 1. Integrates theory and application of multicultural issues into supervision. | 1 2 3 4
| 2. Demonstrates sensitivity to and effectiveness in working with cultural differences within supervision. | 1 2 3 4
| 2. Consistently demonstrates respect for individual differences. | 1 2 3 4
| 3. Demonstrates sensitivity to issues of oppression, power, and privilege. | 1 2 3 4
| 4. Demonstrates awareness of and openness to her/his own biases and prejudices. | 1 2 3 4
Global Evaluations of Supervisor

Specific Strengths:

Specific Limitations:

Other Comments or Suggestions:

___________________________     __________
Intern Signature        Date

___________________________     __________
Primary Supervisor Signature      Date

___________________________     __________
Training Director        Date
TRAINING SEMINAR EVALUATION (FORM E)

Seminar Title/Topic: _____________________________  Date: ____________

Presenter: __________________________________________

Please rank the training seminar on the following dimensions, using the scale provided.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Fair</td>
<td>Average</td>
<td>Above Average</td>
<td>Excellent</td>
<td></td>
</tr>
</tbody>
</table>

1. The overall quality of the information.
2. The usefulness of the information to clinical work or professional development.
3. The relevance of the topic to my training needs.
4. The effectiveness of the presentation.
5. The presenter’s knowledge on the topic covered.
6. Inclusion of information based on current research or theory.
7. Handouts, visual aids, videos, readings, etc. for the topic.

Additionally, please provide qualitative feedback on the seminar in the designated space below.

Would you recommend this training seminar be presented to next year’s interns?

What was most helpful to you in this seminar?

What was least helpful to you in this seminar?

Would you like to know more about this topic? If so, what?

Please add any additional feedback about the seminar (content, style, format, etc.).

Thank you for your feedback!
**END OF SEMESTER TRAINING SEMINAR SERIES EVALUATION**  
*(FORM F)*

Please circle the appropriate semester:  
- Fall  
- Spring  
- Summer

Please rank the training seminar series this semester on the following dimensions, using the scale provided. Additionally, please provide qualitative feedback on the seminar series in the designated space below. Thank you for your feedback!

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor</td>
<td>Fair</td>
<td>Average</td>
<td>Above Average</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

1. The overall quality of the information provided in the training seminars.
2. Your professional interest level in the seminars provided this semester.
3. The variety of topics presented over the course of this semester.

**Qualitative Feedback:**

1. How did the seminars help strengthen your theoretical approach and/or conceptualization skills?

2. To what extent did the seminars better prepare you for your clinical work (i.e., individual or group therapy, couple therapy, crisis intervention and/or assessment, diagnosis, treatment or intervention planning, psychological assessment, etc.)?
3. What did you find helpful/unhelpful in the seminars addressing professional identity?

4. What did you find helpful/unhelpful in seminars addressing multicultural competency?

5. What type or format of seminar presentation did you prefer or find most effective (i.e., experiential, didactic, applied, informational handouts, protocols, etc.)?

6. What content would you like to see addressed in future seminars (for your cohort or future cohorts of interns)?

7. What was least helpful about this semester’s training seminars?

8. Please provide any additional qualitative information regarding this semester’s training seminars.

Do you have any additional feedback, questions, or concerns?

Return completed form to the Training Director, please!
EVALUATION OF INTERN GROUP FACILITATION (FORM G)

Name of Intern: ___________________________________  Semester: ______________

Name of Group Supervisor: __________________________  Year: __________________

Name of Group: ______________________________________________________

Methods of Observation (check all that apply):
- [ ] Discussion
- [ ] Video recording
- [ ] Live observation
- [ ] Co-facilitation of the group/workshop
- [ ] Case notes (progress notes and other written documentation)

Please rate the following competencies using the scale provided.

<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
<th>Not Applicable. Insufficient data to accurately evaluate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Intern’s performance is <strong>inadequate</strong> compared to the expected level of an intern’s development at this stage of training. Intern requires frequent and close supervision. Remediation in this area is required.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Intern’s performance is <strong>less than expected</strong> given the expected level of an intern’s development at this stage of training. Intern requires regular supervision, training, guidance, and education to foster the development of mastery skills in this area.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Intern’s performance is <strong>acceptable and consistent</strong> with the developmentally appropriate and expected level of mastery in this area. Intern’s performance is expected to continue to develop with ongoing supervision, education, and guidance to foster mastery of advanced skills in this area.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Intern’s performance is <strong>strong and exceeds</strong> a level of proficiency expected of an intern at this stage in training. Advanced skills/mastery will continue to be fostered via supervision and collaboration with staff.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Intern’s performance is <strong>outstanding and considerably above</strong> what is expected of an intern at this stage in training. Intern demonstrates excellence in this area.</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>1. Demonstrates understanding of the difference between individual and group therapy</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>2. Demonstrates awareness of group dynamics and is able to recognize and process group dynamics both within and outside of the group</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>3. Conceptualizes group dynamics in order to use appropriate therapeutic interventions to promote interaction between members</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>4. Demonstrates increasing sensitivity to the impact of diversity and individual differences as they manifest in the group dynamics and shows increasing ability to address these in a respectful manner</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>5. Understands and appropriately uses group process to facilitate client growth and development toward individual/group goals</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>6. Identifies stages of group development and is able to differentiate among potential interventions appropriate to the current stage of the group</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>7. Demonstrates use of support, challenge, and confrontation effectively</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>8. Demonstrates ability to make effective process observations within the group</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>9. Facilitates identification and expression of emotion within the group</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>10. Able to work collaboratively and effectively with a co-facilitator</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>11. Shows awareness of co-facilitator dynamics as they influence the group</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>12. Demonstrates an awareness of the effect of own unique personality traits on the group and potential ways to utilize the “self” to promote therapeutic goals</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>13. Develops, clarifies, and is able to articulate own group therapy orientation</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>14. Ethical and law-abiding in the delivery of group therapy services</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>15. Proficient at organizing groups offered in the University environment, including screening potential members, soliciting and managing referrals, and group preparation and start-up</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>16. Able to assess client appropriateness for group therapy (via group screenings)</td>
<td></td>
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<tr>
<td>Rating</td>
<td>17. Manages necessary group paperwork and does so in a timely manner</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>18. Able to write process notes that are relevant and useful to the group process and overall progression</td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>19. Effectively prepares the group for termination</td>
<td></td>
</tr>
</tbody>
</table>

**Specific strengths of the intern group facilitator:**

**Areas to improve:**
General Comments or Feedback:

___________________________      _________
Intern Signature         Date

___________________________      _________
Group Supervisor Signature       Date

___________________________      _________
Training Director         Date
ROTATION SUPERVISOR’S EVALUATION OF INTERN (FORM H)

Name of Intern: _____________________  Semester and Year: ________________

Name of Rotation: ___________________________     Date: __________________

Name of Rotation Supervisor: _________________________________________

Methods of Observation (check all that apply):

- [ ] Discussion
- [ ] Video recording
- [ ] Live observation
- [ ] Co-facilitation of a group/workshop
- [ ] Case notes (progress notes and other written documentation)

Please use the scale below to rate various aspects of intern performance while completing the rotation.

<table>
<thead>
<tr>
<th>N/A</th>
<th>Not Applicable. Insufficient data to accurately evaluate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Intern’s performance is <strong>inadequate</strong> compared to the expected level of an intern’s development at this stage of training. Intern requires frequent and close supervision. Remediation in this area is required.</td>
</tr>
<tr>
<td>2</td>
<td>Intern’s performance is <strong>less than expected</strong> given the expected level of an intern’s development at this stage of training. Intern requires regular supervision, training, guidance, and education to foster the development of mastery skills in this rotation area.</td>
</tr>
<tr>
<td>3</td>
<td>Intern’s performance is <strong>acceptable and consistent</strong> with the developmentally appropriate and expected level of mastery in this area. Intern’s performance is expected to continue to develop with ongoing supervision, education, and guidance to foster mastery of advanced skills in this area.</td>
</tr>
<tr>
<td>4</td>
<td>Intern’s performance is <strong>strong and exceeds</strong> a level of proficiency expected of an intern at this stage in training. Advanced skills/mastery will continue to be fostered via supervision and collaboration with staff.</td>
</tr>
<tr>
<td>5</td>
<td>Intern’s performance is <strong>outstanding and considerably above</strong> what is expected of an intern at this stage in training. Intern demonstrates excellence in this area.</td>
</tr>
</tbody>
</table>

**Clinical Skills**

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Brief individual counseling/psychotherapy with a specific population</td>
</tr>
</tbody>
</table>
(e.g., sexual assault survivors, gender/sexual minorities, etc.)

| 2. Longer-term individual counseling/psychotherapy with a specific population |
| 3. Group counseling/psychotherapy with a specific population |
| 4. Couples counseling/psychotherapy with a specific population |
| 5. Intake interviews with a specific population |
| 6. Crisis assessment and intervention with a specific population |
| 7. Multicultural counseling |
| 8. Outreach programming |
| 9. Ability to effectively consult with other professionals |
| 10. Vocational/career counseling |
| 11. Assessment/psychological testing |
| 12. Provision of clinical supervision |

### Specific clinical strengths of the intern while performing duties related to the Optional Rotation:

### Clinical areas for future growth (related to the selected Optional Rotation):

#### Ethical and Professional Behavior

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates knowledge of all relevant ethical codes and laws related to responsibilities of the optional rotation</td>
</tr>
<tr>
<td>2. Behavior is consistent with APA ethical principles and guidelines, as well as Georgia Laws &amp; Rules and the Georgia Code of Professional Conduct</td>
</tr>
<tr>
<td>3. Ability to engage in self-reflection as it relates to the optional rotation</td>
</tr>
<tr>
<td>4. Exhibits maturity, respect, and openness to diversity within professional relationships</td>
</tr>
<tr>
<td>5. Ability to identify and appropriately manage or resolve conflict within professional relationships of clinical supervision</td>
</tr>
<tr>
<td>6. Seeks appropriate consultation with supervisor or other senior staff when necessary</td>
</tr>
<tr>
<td>7. Articulates own strengths and growth edges in relation to the optional rotation and collaborates with rotation supervisor to develop specific, concrete, realistic semester goals related to the rotation</td>
</tr>
<tr>
<td>8. Awareness of confidentiality and its limits and discusses this as early as possible</td>
</tr>
<tr>
<td>9. Behavior is compliant with policies and procedures of the Counseling</td>
</tr>
</tbody>
</table>
10. Behavior is compliant with policies and procedures of the rotation’s external agency/organization, if applicable

Comments:

<table>
<thead>
<tr>
<th>Individual and Cultural Diversity</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates ongoing awareness of own cultural identity as it relates to the optional rotation</td>
<td></td>
</tr>
<tr>
<td>2. Demonstrates awareness of the effects of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status as they relate to the optional rotation</td>
<td></td>
</tr>
<tr>
<td>3. Utilizes rotation supervision appropriately to discuss and process cross-cultural and intra-cultural concerns that impact the fulfillment of optional rotation requirements</td>
<td></td>
</tr>
<tr>
<td>4. Demonstrates openness regarding cultural diversity education and shows interest and appreciation of new experiences within the optional rotation area</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>Group Therapy Rotation</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uses individual supervision with the Group Therapy Coordinator effectively</td>
<td></td>
</tr>
<tr>
<td>2. Uses group supervision with co-facilitators (senior staff) effectively</td>
<td></td>
</tr>
<tr>
<td>3. Demonstrates in-depth understanding of group dynamics</td>
<td></td>
</tr>
<tr>
<td>4. Demonstrates in-depth understanding of the stages of group development</td>
<td></td>
</tr>
<tr>
<td>5. Ability to understand and discuss group progression and regression</td>
<td></td>
</tr>
<tr>
<td>6. Effective and timely documentation of group sessions and other contacts/communication with group members</td>
<td></td>
</tr>
<tr>
<td>7. Ability to effectively use empirical literature to inform group therapy treatment</td>
<td></td>
</tr>
<tr>
<td>8. Demonstrates effective and appropriate use of empirical group interventions</td>
<td></td>
</tr>
<tr>
<td>9. Able to appropriately handle group termination (end of the semester)</td>
<td></td>
</tr>
<tr>
<td>10. Effectiveness in working with a co-facilitator</td>
<td></td>
</tr>
<tr>
<td>11. Effectiveness in working with a process observer (if applicable)</td>
<td></td>
</tr>
<tr>
<td>12. Demonstrates knowledge and awareness of co-facilitator dynamics</td>
<td></td>
</tr>
<tr>
<td>13. Proficiency in the group screening and selection process</td>
<td></td>
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</tbody>
</table>

Comments:
<table>
<thead>
<tr>
<th>Gender and Sexual Minorities Rotation</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effective use of weekly supervision with Safe Space Coordinator</td>
<td></td>
</tr>
<tr>
<td>2. Effective use of Rainbow Connection group supervision</td>
<td></td>
</tr>
<tr>
<td>3. Increased knowledge of gender and sexual minority groups</td>
<td></td>
</tr>
<tr>
<td>4. Demonstrates ability to utilize existing literature to inform treatment when working with gender and sexual minority clients</td>
<td></td>
</tr>
<tr>
<td>5. Quality of case presentation outlining treatment issues of an LGBTQ-identified client</td>
<td></td>
</tr>
<tr>
<td>6. Effectiveness in co-presenting a Safe Space training to the University Community</td>
<td></td>
</tr>
<tr>
<td>7. Effectiveness in presenting a Safe Space training to the University community independently</td>
<td></td>
</tr>
<tr>
<td>8. Effectiveness and ability to present a Safe Space program for a student organization/group</td>
<td></td>
</tr>
<tr>
<td>9. Ability to provide consultation to the University’s Gay-Straight Alliance, if applicable</td>
<td></td>
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</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>Outreach and Consultation Rotation</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effective use of supervision with the Outreach Coordinator</td>
<td></td>
</tr>
<tr>
<td>2. Demonstrates ability to prepare and develop effective outreach programs</td>
<td></td>
</tr>
<tr>
<td>3. Ability to establish and maintain a collaborative relationship with a campus department, office, group, or program</td>
<td></td>
</tr>
<tr>
<td>4. Successful completion of required outreach programs to fulfill rotation requirements</td>
<td></td>
</tr>
<tr>
<td>5. Demonstrates ability to supervise practicum-led outreach programs and provide helpful positive and constructive feedback</td>
<td></td>
</tr>
<tr>
<td>6. Ability to create and market a unique outreach presentation</td>
<td></td>
</tr>
<tr>
<td>7. Demonstrates effective public speaking ability</td>
<td></td>
</tr>
<tr>
<td>8. Ability to design interactive outreach programming</td>
<td></td>
</tr>
<tr>
<td>9. Takes initiative in selecting, scheduling, and/or preparing outreach programs</td>
<td></td>
</tr>
<tr>
<td>10. Demonstrates timely communication with outreach supervisor, if applicable</td>
<td></td>
</tr>
<tr>
<td>11. Demonstrates ability to consult appropriately with peers, supervisors, and administrative professional staff</td>
<td></td>
</tr>
<tr>
<td>12. Develops appropriate professional relationship(s) with other SAEM professionals, faculty, and Health Services staff.</td>
<td></td>
</tr>
</tbody>
</table>
13. Ability to conduct an effective informal needs assessment with a selected department, office, group, etc. and utilize this information to design an outreach program

14. Demonstrates awareness of community mental health providers, and related resources, both public and private, and consults/collaborates as needed

**Comments:**

<table>
<thead>
<tr>
<th>Research Rotation</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effective use of supervision with the Research Coordinator</td>
<td></td>
</tr>
<tr>
<td>2. Demonstrates in-depth knowledge of research design and methods</td>
<td></td>
</tr>
<tr>
<td>3. Ability to select and conduct appropriate statistical tests</td>
<td></td>
</tr>
<tr>
<td>4. Ability to conduct or complete a research project related to Counseling Center use/services</td>
<td></td>
</tr>
<tr>
<td>5. Demonstrates ability to utilize research results to inform Counseling Center policy/practice</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

<table>
<thead>
<tr>
<th>Sexual Assault Rotation</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effective use of supervision with the SART Chairperson</td>
<td></td>
</tr>
<tr>
<td>2. Demonstrates ability to form and maintain a professional working relationship with the SRSAC Executive Director</td>
<td></td>
</tr>
<tr>
<td>3. Demonstrates ability to serve as a crisis/victim advocate through SRSAC</td>
<td></td>
</tr>
<tr>
<td>4. Attendance and participation at University Sexual Assault Response Team (SART) monthly meetings</td>
<td></td>
</tr>
<tr>
<td>5. Demonstrates active involvement in SART-sponsored events and annual Programs (e.g., Sex Signals, the Clothesline Project, Take Back the Night, Walk a Mile in Her Shoes®, etc.)</td>
<td></td>
</tr>
<tr>
<td>6. Demonstrates in-depth knowledge about sexual assault survivors</td>
<td></td>
</tr>
<tr>
<td>7. Demonstrates in-depth knowledge about sexual assault programming, Policy and implementation, and victim protocols in place in the University and the larger community</td>
<td></td>
</tr>
<tr>
<td>8. Proficiency in working clinically with survivors of sexual assault and/or clients with a history of sexual trauma</td>
<td></td>
</tr>
<tr>
<td>9. Consults with the student organization, the Sexual Assault Student Educators, and assists with training needs, if applicable</td>
<td></td>
</tr>
<tr>
<td>10. Quality of case presentation outlining treatment issues of a sexual trauma Survivor</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**
### Supervision Rotation

<table>
<thead>
<tr>
<th>Rating</th>
<th>1. Demonstrates ability to utilize existing empirical research to conceptualize each supervisee and each supervisory relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Ability to discuss dynamics and behaviors of each supervisee’s clients in order to assist supervisees with assessing client therapeutic progress</td>
</tr>
<tr>
<td></td>
<td>3. Demonstrates openness to receiving feedback from supervisees</td>
</tr>
<tr>
<td></td>
<td>4. Demonstrates openness to receiving feedback in individual supervision of supervision meetings</td>
</tr>
<tr>
<td></td>
<td>5. Demonstrates openness to receiving feedback in group Supervision of Supervision meetings</td>
</tr>
<tr>
<td></td>
<td>6. Effectively uses individual supervision of supervision time</td>
</tr>
<tr>
<td></td>
<td>7. Effectively uses group Supervision of Supervision time</td>
</tr>
<tr>
<td></td>
<td>8. Demonstrates ability to provide accurate, specific, and timely feedback to each supervisee in a constructive fashion</td>
</tr>
<tr>
<td></td>
<td>9. Completes effective review of supervisee clinical notes in a timely manner</td>
</tr>
<tr>
<td></td>
<td>10. Actively serves as a professional role model and mentor for each supervisee</td>
</tr>
<tr>
<td></td>
<td>11. Encourages professional development and growth from supervisees</td>
</tr>
<tr>
<td></td>
<td>12. Incorporates discussions about diversity into supervision sessions and encourages multicultural competency from supervisees</td>
</tr>
</tbody>
</table>

**Comments:**

### Assessment Rotation

<table>
<thead>
<tr>
<th>Rating</th>
<th>Demonstrates competence in diagnostic interview, administration and scoring of psychological tests, and interpretation and integration of the assessment data.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consults and communicates with other professionals regarding the results of the assessment process, as well as garnering information necessary to formulate a diagnosis and interventions.</td>
</tr>
<tr>
<td></td>
<td>Formulates case conceptualizations and writes integrated psychological reports</td>
</tr>
<tr>
<td></td>
<td>Identifies accommodations and recommendations based on identified strengths, weaknesses, and diagnoses.</td>
</tr>
<tr>
<td></td>
<td>Applies knowledge of the methods and contributions of research and scholarly inquiry to assessment process.</td>
</tr>
</tbody>
</table>

**Comments:**
General Comments or Feedback:

___________________________     _________
Intern Signature        Date

___________________________     _________
Rotation Supervisor Signature      Date

___________________________     _________
Training Director       Date
INTERN EVALUATION OF ROTATION (FORM I)

Name of Intern: _______________________  Semester and Year: ______________

Name of Rotation: _____________________ Date: _________________________

Name of Rotation Supervisor: _________________________________________

Please use the following scale to rate various aspects of the optional rotation you completed:

N/A = Not Applicable
1 = Very poor
2 = Fair, below expected level
3 = Average, expected and typical level
4 = Very good, above average
5 = Outstanding, exceeded expectations

I. Professional Atmosphere of Rotation Site (Counseling Center, SRSAC, RCLD, etc.)

<table>
<thead>
<tr>
<th>Rating</th>
<th>1. Adherence to APA ethical guidelines</th>
<th>2. Adherence to Georgia law</th>
<th>3. Active collaboration and cooperation between staff members</th>
<th>4. Quality of relationships with other trainees/interns</th>
<th>5. Commitment to serving the psychological needs of clients/community</th>
<th>6. Respect for and collaboration with professionals from other disciplines or academic departments</th>
<th>7. Awareness of, and respect for, individual differences among clients and Professionals</th>
<th>8. Opportunity for professional development</th>
</tr>
</thead>
</table>

Please provide any additional comments or feedback about the professional atmosphere and/or work environment at your rotation site, ______________________.
II. Training Provided by Rotation

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>1. Commitment to training</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>2. Responsiveness of the program to personal and individual training needs</td>
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<tr>
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<tr>
<td>3. Accessibility of staff for supervision, consultation, and other training needs</td>
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<td></td>
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<tr>
<td>4. Training not subordinate to service</td>
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<td></td>
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<tr>
<td>5. Adequate role models</td>
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<td></td>
</tr>
<tr>
<td>6. Atmosphere conducive to intellectual stimulation and professional growth</td>
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<td></td>
</tr>
<tr>
<td>7. Breadth of experience</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>8. Depth of experience</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>9. Challenging program</td>
</tr>
</tbody>
</table>

Please provide additional comments or feedback regarding your experience with the training provided as part of the rotation.

III. Rotation Experiences and Opportunities to Develop Skills

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>1. Brief individual counseling/psychotherapy</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>2. Longer-term individual counseling/psychotherapy</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>3. Group counseling/psychotherapy</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>4. Couples counseling/psychotherapy</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>5. Intake Interviews</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>6. Crisis assessment and intervention</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>7. Multicultural counseling</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>8. Outreach and consultation</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>9. Program evaluation</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>10. Vocational/career counseling</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>11. Assessment/psychological testing</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>12. Provision of clinical supervision</td>
</tr>
</tbody>
</table>

Please provide any additional comments regarding direct service opportunities or lack thereof.
Please rate the following specific components of the rotation you completed. You can write N/A next to rotations that you did not complete. Again, please use the following scale:

N/A = Not Applicable  
1 = Very poor  
2 = Fair, below expected level  
3 = Average, expected and typical level  
4 = Very good, above average  
5 = Outstanding, exceeded expectations

<table>
<thead>
<tr>
<th>IV. Group Therapy Rotation</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Quality of supervision with the Group Therapy Coordinator</td>
<td></td>
</tr>
<tr>
<td>2. Helpfulness of assigned readings related to group therapy</td>
<td></td>
</tr>
<tr>
<td>3. Quality of supervision with group co-facilitator(s) or group supervisor</td>
<td></td>
</tr>
<tr>
<td>4. Proficiency in co-facilitating group therapy</td>
<td></td>
</tr>
<tr>
<td>5. Proficiency in the group screening and selection process</td>
<td></td>
</tr>
<tr>
<td>6. Extent to which this rotation helped grow your competency in the provision of group therapy</td>
<td></td>
</tr>
</tbody>
</table>

Please provide any additional comments regarding the Group Therapy Rotation.

<table>
<thead>
<tr>
<th>V. Gender and Sexual Minorities (GSM) Rotation</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Quality of supervision with the Safe Space Coordinator</td>
<td></td>
</tr>
<tr>
<td>2. Quality of supervision with Rainbow Connection group supervisor</td>
<td></td>
</tr>
<tr>
<td>3. Helpfulness of assigned readings related to working clinically with gender and/or sexual minorities</td>
<td></td>
</tr>
<tr>
<td>4. Extent to which you felt prepared to co-present/present a Safe Space training</td>
<td></td>
</tr>
<tr>
<td>5. Collaboration with University departments regarding education about gender and sexual minorities</td>
<td></td>
</tr>
<tr>
<td>6. Experience co-facilitating the Rainbow Connection (LGBTQ) therapy group</td>
<td></td>
</tr>
<tr>
<td>7. Extent to which this rotation helped grow your competency in working with the LGBTQ community or gender and sexual minorities</td>
<td></td>
</tr>
</tbody>
</table>

Please provide any additional comments regarding the Gender and Sexual Minorities Rotation.
VI. Outreach and Consultation Rotation

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Quality of supervision with the Outreach Coordinator</td>
</tr>
<tr>
<td>2. Extent to which you felt prepared to lead and develop outreach programs</td>
</tr>
<tr>
<td>3. Experience and availability to conduct additional outreach programs above standard requirements</td>
</tr>
<tr>
<td>4. Ability to establish and maintain a collaborative relationship with a campus department, office, or program</td>
</tr>
<tr>
<td>5. Extent to which this rotation helped grow your competency in providing outreach programming</td>
</tr>
<tr>
<td>6. Extent to which this rotation helped grow your competency in consulting within the University community</td>
</tr>
<tr>
<td>7. Extent to which this rotation helped grow your competency in program evaluation</td>
</tr>
</tbody>
</table>

Please provide any additional comments regarding the Outreach and Consultation Rotation.

VII. Research Rotation

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Quality of supervision with the Research Coordinator</td>
</tr>
<tr>
<td>2. Availability of existing Counseling Center data sets to conduct an original research project</td>
</tr>
<tr>
<td>3. Extent to which this rotation helped grow your competency in conducting research within a university counseling center</td>
</tr>
</tbody>
</table>

Please provide any additional comments regarding the Research Rotation.

VIII. Sexual Assault Rotation

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Quality of supervision with the SART Chairperson</td>
</tr>
<tr>
<td>2. Quality of interactions with the SRSAC Executive Director</td>
</tr>
<tr>
<td>3. Experience acting as a crisis/victim advocate for SRSAC</td>
</tr>
<tr>
<td>4. Experience attending the University Sexual Assault Response Team meeting</td>
</tr>
<tr>
<td>5. Proficiency working clinically with clients with a history of sexual trauma</td>
</tr>
<tr>
<td>6. Ability to become involved with SART annual programs (e.g., Sex Signals, the Clothesline Project, Take Back the Night, etc.)</td>
</tr>
</tbody>
</table>
7. Extent to which this rotation helped grow your competency in working with clients who have experienced sexual assault
8. Extent to which this rotation helped grow your knowledge about sexual assault programming, policy development and implementation, and victim protocols in place in the University as well as the larger community

Please provide any additional comments regarding the Sexual Assault Rotation.

### IX. Supervision Rotation

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Quality of supervision with Practicum Coordinator</td>
</tr>
<tr>
<td>2. Quality of Supervision of Supervision meetings</td>
</tr>
<tr>
<td>3. Helpfulness of assigned readings related to clinical supervision</td>
</tr>
<tr>
<td>4. Ability to supervise clinicians in training from various academic programs and/or with varying levels of prior clinical experience</td>
</tr>
<tr>
<td>5. Extent to which this rotation helped grow your competency in providing clinical supervision</td>
</tr>
</tbody>
</table>

Please provide any additional comments regarding the Supervision Rotation.

### X. Assessment Rotation

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Quality of supervision with Assessment Supervisor</td>
</tr>
<tr>
<td>2. Helpfulness of assigned readings related to clinical supervision</td>
</tr>
<tr>
<td>3. Experience in clinical interviewing</td>
</tr>
<tr>
<td>4. Experience in test administration</td>
</tr>
<tr>
<td>5. Experience in test scoring</td>
</tr>
<tr>
<td>6. Experience in test interpretation</td>
</tr>
<tr>
<td>7. Experience in report writing and integration of assessment data</td>
</tr>
<tr>
<td>8. Extent to which this rotation helped grow your competency in conducting assessment/psychological testing</td>
</tr>
</tbody>
</table>

Please provide any additional comments regarding the Assessment Rotation.

Please discuss the relative strengths of the optional rotation you chose this semester.

Please discuss the relative limitations of this optional rotation.
Do you have ideas of how to improve this rotation? If so, please include them here.

Are there additional rotations you would like to see developed or offered in the future? If so, please list and describe them here.

Thank you for your valuable feedback!

___________________________     _________
Intern Signature        Date

___________________________     _________
Rotation Supervisor Signature      Date

___________________________     _________
Training Director       Date
EVALUATION OF OUTREACH PROGRAM (FORM J)

Name of Intern: ___________________________________  Semester: ______________

Name of Outreach Supervisor: ________________________ Year: ______________

Outreach Presentation Title: ___________________________________________________

Date of Outreach: ___________________  Number of attendees: ____________

Please rate the following competencies using the scale provided.

<table>
<thead>
<tr>
<th>N/A</th>
<th>Not Applicable. Insufficient data to accurately evaluate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Intern’s performance is inadequate compared to the expected level of an intern’s development at this stage of training. Intern requires frequent and close supervision. Remediation in this area is required.</td>
</tr>
<tr>
<td>2</td>
<td>Intern’s performance is less than expected given the expected level of an intern’s development at this stage of training. Intern requires regular supervision, training, guidance, and education to foster the development of mastery skills in this area.</td>
</tr>
<tr>
<td>3</td>
<td>Intern’s performance is acceptable and consistent with the developmentally appropriate and expected level of mastery in this area. Intern’s performance is expected to continue to develop with ongoing supervision, education, and guidance to foster mastery of advanced tasks in this area.</td>
</tr>
<tr>
<td>4</td>
<td>Intern’s performance is strong and exceeds a level of proficiency expected of an intern at this stage in training. Advanced skills/mastery will continue to be fostered via supervision and collaboration with staff.</td>
</tr>
<tr>
<td>5</td>
<td>Intern’s performance is outstanding and considerably above what is expected of an intern at this stage in training. Intern demonstrates excellence in this area.</td>
</tr>
</tbody>
</table>

1. Shared the prepared presentation, handouts, visual aids, etc. with supervisor at least one week in advance of the outreach (if possible)
2. Incorporated supervisor feedback and suggestions into the presentation
3. Comfort in greeting audience
4. Accuracy of information provided

Rating
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Ability to tailor presentation to expected audience</td>
<td></td>
</tr>
<tr>
<td>6. Use of clear and effective presentation skills</td>
<td></td>
</tr>
<tr>
<td>7. Assessment of audience needs/subject knowledge and ability to adjust outreach content accordingly during the presentation</td>
<td></td>
</tr>
<tr>
<td>8. Ability to connect with audience and establish rapport</td>
<td></td>
</tr>
<tr>
<td>9. Ability to respond to audience questions, comments and/or feedback</td>
<td></td>
</tr>
<tr>
<td>10. Ability to engage audience</td>
<td></td>
</tr>
<tr>
<td>11. Comfort in managing audience attention/focus</td>
<td></td>
</tr>
<tr>
<td>12. Inclusion of recent research or scientific literature into outreach presentation</td>
<td></td>
</tr>
</tbody>
</table>

**Specific strengths of the presentation:**

**Areas to improve:**

**General Comments or Feedback:**

___________________________   ______________
Intern Signature      Date

___________________________   ______________
Outreach Supervisor Signature    Date

___________________________   ______________
Training Director      Date
INTERN MID-YEAR/FINAL EVALUATION OF INTERNSHIP (FORM K)

Period Covering: ______________

Evaluation is to be a collaborative process designed to facilitate growth, to pinpoint areas of strength and difficulty, and to refine goals. It is a tool for evaluating performance and also a vehicle for change. Your genuine feedback is greatly appreciated.

Please use the following scale to rate various aspects of the internship training program:

- N/A = Not Applicable
- 1 = Very poor
- 2 = Fair, below expected level
- 3 = Average, expected and typical level
- 4 = Very good, above average
- 5 = Outstanding, exceeded expectations

I. Professional Atmosphere and General Work Environment

<table>
<thead>
<tr>
<th></th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physical work facilities</td>
<td></td>
</tr>
<tr>
<td>(intern office, Counseling</td>
<td></td>
</tr>
<tr>
<td>Center facilities, etc.)</td>
<td></td>
</tr>
<tr>
<td>2. Front office support</td>
<td></td>
</tr>
<tr>
<td>3. Quality of relationships</td>
<td></td>
</tr>
<tr>
<td>with staff</td>
<td></td>
</tr>
<tr>
<td>4. General morale of staff</td>
<td></td>
</tr>
<tr>
<td>5. Quality of relationships</td>
<td></td>
</tr>
<tr>
<td>with other trainees/interns</td>
<td></td>
</tr>
<tr>
<td>6. Overall staff communication</td>
<td></td>
</tr>
<tr>
<td>7. Adherence to APA ethical</td>
<td></td>
</tr>
<tr>
<td>guidelines</td>
<td></td>
</tr>
<tr>
<td>8. Adherence to Georgia law</td>
<td></td>
</tr>
<tr>
<td>9. Commitment to serving the</td>
<td></td>
</tr>
<tr>
<td>psychological needs of clients</td>
<td></td>
</tr>
<tr>
<td>10. Active collaboration and</td>
<td></td>
</tr>
<tr>
<td>cooperation between staff</td>
<td></td>
</tr>
<tr>
<td>members</td>
<td></td>
</tr>
</tbody>
</table>
11. Respect for and communication with professionals from other disciplines

12. Commitment to the integration of the science and practice of psychology

13. Awareness of, and respect for, individual differences among clients and professionals

14. Extent to which staff model self-care and balance of personal and professional responsibilities

15. Opportunity for professional development

16. Overall work or professional environment

Please provide any additional comments or feedback about the professional atmosphere and/or work environment at the Counseling Center.

II. Training Atmosphere and Training Program Leadership

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commitment to training</td>
</tr>
<tr>
<td>2. Responsiveness of the program to personal and individual training needs</td>
</tr>
<tr>
<td>3. Accessibility of staff for supervision, consultation, and other training needs</td>
</tr>
<tr>
<td>4. Training not subordinate to service</td>
</tr>
<tr>
<td>5. Adequate role models within the Center</td>
</tr>
<tr>
<td>6. Atmosphere conducive to intellectual stimulation and professional growth</td>
</tr>
<tr>
<td>7. Breadth of experience</td>
</tr>
<tr>
<td>8. Depth of experience</td>
</tr>
<tr>
<td>9. Challenging program</td>
</tr>
</tbody>
</table>

Experience with Training Director:

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Leadership of training program</td>
</tr>
<tr>
<td>2. Coordination of internship activities, programs, seminars, etc.</td>
</tr>
<tr>
<td>3. Provides a balance of support and challenge</td>
</tr>
<tr>
<td>4. Communication with interns and other trainees</td>
</tr>
<tr>
<td>5. Helps with professional development</td>
</tr>
<tr>
<td>6. Availability to interns and other trainees</td>
</tr>
</tbody>
</table>

Please provide additional comments or feedback regarding your experience with the Training Director.
Please provide comments regarding your experience with the Training Committee and/or the overall training atmosphere.

**III. Internship Experiences and Opportunities to Develop Skills**

Please rate your experiences in all of the following areas using the scale provided.

- N/A = Not Applicable
- 1 = Very poor
- 2 = Fair, below expected level
- 3 = Average, expected and typical level
- 4 = Very good, above average
- 5 = Outstanding, exceeded expectations

### A. Direct Service

|--------|---------------------------------------------|-----------------------------------------------|----------------------------------|------------------------------------|------------------|-----------------------------------|-------------------------|-----------------------------|-------------------------|-----------------------------|-----------------------------|----------------------------------|

Please provide any additional comments regarding direct service opportunities or lack thereof.

### B. Training Received

Please focus here on the specific training(s) you received in each area and rate your satisfaction with each area using the scale provided earlier.

|--------|-------------------------------------|---------------------|-----------------------------|-----------------------------------------------|------------------------------------------------|-------------------------------------|----------------------------------|
8. Professional, legal, and/or ethical issues
9. Staff meetings
10. Case management/group supervision with Training Director
11. Training seminars

Please provide any additional comments or feedback about the training you received.

C. Optional Rotations

<table>
<thead>
<tr>
<th></th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Availability of optional rotations</td>
<td></td>
</tr>
<tr>
<td>2. Relevancy of optional rotations to your overall professional goals</td>
<td></td>
</tr>
</tbody>
</table>

Please discuss strengths and limitations related to available Optional Rotations.

Are there additional rotations you would like to see developed or offered in the future? If so, please list and describe them here.

IV. Internship Goals

Goal 1: Interns will develop and exhibit clinical skills and competencies that will prepare them for entry level professional practice in psychology.

Goal 2: Interns will develop a professional identity as a psychologist and demonstrate appropriate professional, legal, and ethical behavior.

Goal 3: Interns will demonstrate dedication and commitment toward multicultural competency.

Please rate the extent to which the three main internship training goals were met.

<table>
<thead>
<tr>
<th></th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOAL 1</td>
<td></td>
</tr>
<tr>
<td>GOAL 2</td>
<td></td>
</tr>
<tr>
<td>GOAL 3</td>
<td></td>
</tr>
</tbody>
</table>

Comments or additional feedback:
V. Objectives of the Training Program
How would you describe your satisfaction with the following learning objectives of the internship program?

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Not at all satisfied</td>
</tr>
<tr>
<td>2 = Somewhat satisfied</td>
</tr>
<tr>
<td>3 = Moderately satisfied</td>
</tr>
<tr>
<td>4 = Very satisfied</td>
</tr>
<tr>
<td>5 = Extremely satisfied</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Opportunity to provide individual therapy and use various modalities (e.g., long-term, brief, solution-focused, etc.)</td>
<td></td>
</tr>
<tr>
<td>2. Opportunity to provide initial assessment (Intake), diagnosis, and treatment planning</td>
<td></td>
</tr>
<tr>
<td>3. Opportunities to facilitate group therapy (process groups and/or psychoeducational workshops)</td>
<td></td>
</tr>
<tr>
<td>4. Exposure to crisis counseling and development of crisis assessment and intervention skills</td>
<td></td>
</tr>
<tr>
<td>5. Opportunities to provide education and outreach programs to the University community</td>
<td></td>
</tr>
<tr>
<td>6. Opportunities to provide consultation/liaison services to University partners (academic departments, departments within Student Affairs and Enrollment Management, faculty, other staff, etc.) and referral sources (e.g., community providers, Health Services, inpatient hospitals, etc.)</td>
<td></td>
</tr>
<tr>
<td>7. Opportunities to provide program evaluation (needs assessment and Feedback)</td>
<td></td>
</tr>
<tr>
<td>8. Opportunity to provide supervision to practicum students</td>
<td></td>
</tr>
<tr>
<td>9. Development of supervisory skills</td>
<td></td>
</tr>
<tr>
<td>10. Opportunity to develop and maintain professional relationships and socialize into the field</td>
<td></td>
</tr>
<tr>
<td>11. Ability to be open and use supervision effectively</td>
<td></td>
</tr>
<tr>
<td>12. Development of competence in ethical and legal matters</td>
<td></td>
</tr>
<tr>
<td>13. Opportunities to discuss and explore multiculturalism and diversity, including self-awareness</td>
<td></td>
</tr>
<tr>
<td>14. Opportunities to provide multiculturally sensitive and competent services</td>
<td></td>
</tr>
</tbody>
</table>

Comments or additional feedback:
VI. Other Components of the Training Program
How would you describe your satisfaction with the following components of the internship program?

1 = Not at all satisfied  
2 = Somewhat satisfied  
3 = Moderately satisfied  
4 = Very satisfied  
5 = Extremely satisfied

<table>
<thead>
<tr>
<th>Component</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Exposure to a wide variety of presenting concerns, diagnoses, mental health issues</td>
<td></td>
</tr>
<tr>
<td>2. Exposure to diversity in clientele</td>
<td></td>
</tr>
<tr>
<td>3. Quality of supervision</td>
<td></td>
</tr>
<tr>
<td>4. Amount of supervision/availability of supervisors</td>
<td></td>
</tr>
<tr>
<td>5. Professionalism of supervisors</td>
<td></td>
</tr>
<tr>
<td>6. Case management/group supervision with Training Director</td>
<td></td>
</tr>
<tr>
<td>7. Exposure to evidence-based practices and scholarly literature (e.g., didactic seminar readings,</td>
<td></td>
</tr>
<tr>
<td>articles used within supervision, etc.)</td>
<td></td>
</tr>
<tr>
<td>8. Ability to self-reflect and become more aware of personal strengths and growth areas as a clinician</td>
<td></td>
</tr>
<tr>
<td>9. Development of professional identity as a psychologist-in-training</td>
<td></td>
</tr>
</tbody>
</table>

Comments or additional feedback:

VII. Global Evaluations of Internship Program
Please rate the following using the scale below.

1 = Very poor  
2 = Fair, below expected level  
3 = Average, expected and typical level  
4 = Very good, above average  
5 = Outstanding, exceeded expectations

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The extent to which the internship training program helped you increase self-awareness regarding strengths and areas for growth</td>
<td></td>
</tr>
<tr>
<td>2. The extent to which the internship training program, overall, helped prepare you for entry-level work as a psychologist</td>
<td></td>
</tr>
<tr>
<td>3. The extent to which the training program, overall, met your expectations</td>
<td></td>
</tr>
</tbody>
</table>
Specific strengths of the program:

Specific limitations of the program:

Given the rapid changes in health care and employment opportunities in psychology, what would you like to see included in current training which would help you (or future interns) to be better prepared?

Other Feedback, Comments or Suggestions (what specific suggestions do you have to improve the internship program?):

Thank you for your valuable feedback!
CASE PRESENTATION FEEDBACK (FORM L)

Name of Intern: __________________________ Semester: ________________
Evaluator: __________________________ Year: ________________

Please evaluate the intern’s case presentation in all of the areas listed using the scale below. Your evaluation should be based on a skill level that would be typical or expected of interns at a comparable stage or level of training.

N/A = Not Applicable
1 = Below expected level of competency
2 = Fair, below expected level; needs improvement
3 = Average or expected level of competency
4 = Very good, above average
5 = Outstanding, exceeds expectations

______ 1. Overall quality of case conceptualization
______ 2. Accuracy of assessment and/or diagnosis
______ 3. Demonstrated knowledge of own theoretical background
______ 4. Appropriateness of therapeutic goals
______ 5. Appropriateness of intervention strategy demonstrated
______ 6. Appropriateness of videotape selected
______ 7. Display of empathy for client/solid therapeutic relationship
______ 8. Abides by all relevant ethical and legal standards and guidelines
______ 9. Integration of diversity/multicultural awareness during case conceptualization, diagnosis, treatment planning, and therapeutic intervention
______ 10. Shows self-awareness as a therapist
11. Identifies risk factors, if appropriate, and addresses these in a clear and coherent manner

12. Overall care and concern for client welfare

Global Evaluations of Intern

Specific strengths observed during presentation:

Suggested areas for further development:

Overall impression:

Other Comments or Suggestions:

Thank you for your feedback! Please return this form to the Training Director.
CONSENT TO PUBLISH INFORMATION ON COUNSELING CENTER WEBSITE (FORM M)

I understand that my signature below indicates my consent and permission to include any or all of the following in publications, media, or webpage(s) of the Georgia Southern University Counseling Center:

1. My name and/or photograph (individually or in a group),
2. My graduate institution or academic program,
3. My first post-internship employment position, and/or
4. Any additional personal/professional information I provide to the Counseling Center.

I understand that refusal to sign this consent form in no way will impact my performance evaluation or the successful completion of my internship training year and that I am under no obligation to grant permission to have my information included in these materials. There will be no negative consequences for refusal to sign this consent form.

I also understand that I can request the removal of any of the above information by submitting a request in writing to the Training Director at the Counseling Center. Further, I understand that I have the right to a copy of this consent, if desired.

__________________________________________            _______________
Intern Printed Name                                           Date

__________________________________________            _______________
Intern Signature                                              Date

__________________________________________            _______________
Training Director                                             Date
CONSENT TO RECORD (FORM N)

I, _____________________________, agree to be seen by an intern of the Counseling Center at Georgia Southern University. I also agree to having my sessions videotaped for supervision and training purposes. I understand that interns are advanced graduate students, and that they will be supervised by one of the licensed professional staff members of the Counseling Center. I understand that the intern’s supervision may include video recordings of my sessions. These recordings are treated confidentially and will be reviewed within the context of my counselor’s supervision. Recordings will be erased after they have been reviewed. I understand that below, I have been provided with the name of my counselor and the intern supervisors. Further, I understand that I can revoke my consent to this agreement at any time. I understand I have the right to a copy of this consent, if desired, by checking the appropriate box below or by asking my counselor at a later time. Any questions I have can be discussed with my counselor or with the Training Director at the Counseling Center.

Client Signature: ______________________________________________________

Date:   ______________________________________________________

Counselor Name (printed):  _______________________________________________

Primary Supervisors: Jodi K. Caldwell, Ph.D. and Johanna Workman, Ph.D.
Training Director: Katie Bigalke, Ph.D.
Primary Supervisors and Training Director Phone Number: (912)-478-5541

☐ I would like a copy of this consent form at this time.

☐ I do not want a copy of this consent form at this time.
CONSENT TO RECORD SUPERVISION (FORM O)

I _____________________________, agree to be supervised by a doctoral intern of the Counseling Center (CC) at Georgia Southern University. I understand that the interns are advanced graduate students, and that they will be supervised by one of the licensed professional staff members of the Counseling Center. I understand that the intern’s supervision may include video recordings of my supervision sessions. These recordings are treated confidentially and will be reviewed only for the purposes of my supervisor’s training. Recordings are typically erased after they have been reviewed; however, they will be erased by the end of the internship training year at the latest. I understand that I will be provided the name of my supervisor and his/her primary clinical supervisor as well as the primary supervisor’s email address. I also understand I have the right to a copy of this consent, if desired. Any questions I have can be discussed with my supervisor or with the Training Director at the Counseling Center.

Supervisee Signature: ______________________________________________________

Date: _______________________     Semester and Year: ___________________

Supervisor Name (printed):       ______________________________________________

Intern’s Primary Supervisor’s Name (printed): ______________________________________

Intern’s Primary Supervisor’s Email Address: ______________________________________

Training Director:

☐ I would like a copy of this consent form at this time.

☐ I do not want a copy of this consent form at this time.
End of Internship Checklist

In order to successfully complete the doctoral internship training year, the following items must be completed, checked off (initialed by intern), and signed by the intern and Training Director. The deadline for submitting this completed form is 4:00pm on the last day of the internship.

I. Client file documentation completed and termination procedures followed.
   _____ All intake reports are complete and have been signed by intern and primary supervisor.
   _____ All progress notes are accounted for and have been signed by intern and primary supervisor.
   _____ All client files have completed and signed termination/transfer summaries.
   _____ All physical files have been marked as closed and filed in the file room and/or placed in the active file location in the file room.
   _____ The month and year of the file closing has been written in pencil on the physical client file tab.
   _____ Intern name has been unchecked from Client Security tab in Titanium and intern has a no clients listed on the My Clients list in Titanium.

II. Erase/destroy all client videotapes, electronic, and paper documentation that is not included in client files.
    _____ Erase/destroy all digital videotapes of client contact from the encrypted hard drive.
    _____ Erase/destroy all digital videotapes of contact with clinical supervisee from the encrypted hard drive.
    _____ Shred any paper copies of notes/documentation pertaining to clients that does not belong in the physical file (or is a duplicate of something that has been included in the client electronic file).
    _____ Return encrypted hard drive to the Training Director.

III. Complete all (non-client) required paperwork.
     _____ Complete and submit to the Training Director completed and signed evaluation forms for and from primary supervisor (Intern Evaluation of Primary Supervisor and Evaluation of Intern Performance).
Complete and submit to the Training Director the End of Semester Intern Training Seminar Evaluation form.

Complete and submit to the Training Director the Intern Final Evaluation of Internship Form.

IV. Miscellaneous

Turn in desk keys to Budget Analyst.

Return gold Georgia Southern University ID badge to Budget Analyst.

Return any books borrowed from the Counseling Center library to the Budget Analyst.

Return any videos/DVDs borrowed from the Counseling Center library to the Budget Analyst.

Return Eagle ID card to the Training Director.

Return all Counseling Center building keys to Budget Analyst (no return form needed).

Provide the Training Director with a forwarding email address and phone number.

My signature below indicates I have completed all of the above tasks.

_______________________________    __________________
Intern Signature        Date

_______________________________    __________________
Training Director        Date
INTERN EVALUATION OF ORIENTATION

Please rate the following aspects of the orientation using the scale below.

N/A = Not Applicable or not enough information to form an evaluative opinion.
1 = Very Poor/unhelpful
2 = Fair
3 = Average, helpful
4 = Very good, above average
5 = Outstanding, exceeding expectations

____ 1. The orientation to the training program, including the philosophy of training, requirements, and evaluation process.

____ 2. The opportunity to meet different members of the Counseling Center staff and understand their specific roles in the agency.

____ 3. Meetings with the Training Director.

____ 4. The opportunity to meet with different departments within the Division of Student Affairs and Enrollment Management and understand ways the Counseling Center collaborates with different offices within the Division.

____ 5. The ability to get logistics taken care of during orientation (e.g. email, parking pass, ID card, etc.)

____ 6. Training to use Titanium for scheduling and documentation.

____ 7. Crisis intervention/on-call training (developmentally appropriate.)

____ 8. Team building activities with the incoming practicum trainees.

____ 9. Meeting with potential individual supervisors.

____ 10. Meeting with my new supervisee.

____ 11. The opportunity to learn about each Optional Rotation from the Rotation supervisor.

____ 12. The amount of down time during orientation.

____ 13. The extent to which the orientation program helped you integrate into the Counseling Center.

____ 14. The overall amount of material/information covered.
How can we improve this orientation for next year’s interns?

What did you particularly like or enjoy about the orientation period?

Are there any offices that we missed that it would have been helpful for you to visit during your orientation period? If so, please list those here:

General feedback from Intern Orientation:

Thank you for your valuable feedback!
Sample Case Presentation

Client Name: H.  
Number of sessions: 4  
Therapist: Jane Doe, M.A.  
Date of Report: xx/xx/xxxx

Identifying Information:
H. is a single, Caucasian, 20-year-old woman. She identifies as Catholic and as heterosexual. She is currently a sophomore at GaSoU, majoring in early childhood education. H. is the older of two children to her parents, who are currently married and reside in Kentucky. She has a 16-year-old sister. H. resides on-campus with friends.

Presenting Concern:
H. reported a long history of recurrent depression and panic attacks.

Background History:
H. reported that she was first diagnosed with depression and panic attacks when she was a freshman in high school. She does not remember a time when she did not experience these symptoms. She was initially treated with medication only (see medical history), and then with counseling as well. H. noted that her first few therapists were “terrible” and she came to resent having to go to counseling. However, during her senior year, her mother took her to a therapist that she “meshed with.” She found her last therapist to be very helpful because the woman “really listened to me… she got me.” H. reported that during her freshman year of college she seemed to be symptom-free. She stated that she experienced the first panic attack she had in over one year last October, and it seemed to trigger a depressive episode that she continues to feel the impact of.

H. reported that her panic attacks seem to come “out of the blue;” she has never been able to identify a trigger. She noted that her father has the same “thing” and that he is the only person who is able to “talk me down” from the attacks. She is unsure of why these symptoms suddenly returned in the fall. H. described her depression as typically consisting of 2-3 days of intense feelings of sadness and lack of any motivation to get out of bed, or do anything. Those few days are then followed by limitless days of feeling “down” and sad to a lesser extent. Her current depressive episode has been ongoing since September.

H. reported having strong relationships with her family. She did note that she and her mother “are always arguing.” H. reported that they are “very different people” and thus often frustrate one another. In addition, H. believes that her mother has “anger issues” which she tries to repress. Instead, her anger often becomes verbally focused on H. H. reported that when she was a sophomore in high school, her mother’s anger led to a temporary separation between her parents. The separation lasted only one month before her parents reconciled, she indicated. H. stated that her mother is a middle child of eight, and that two of her maternal uncles have committed suicide. She does not believe that her mother has ever fully addressed their deaths or her own depressive nature. Yet, H. indicated that her mother is encouraging of H.’s attempts to obtain counseling. Despite their volatile relationship, H. reported that they “love each other very much” and are close.
H. described an extremely close relationship with her father. She described them as being “two peas in a pod... we are the same.” She explained that her father has “always been there for me” despite traveling most of the time for work. She believes that she and her father have the same mental health issues, and stated that he is the only one that is able to help her when she experiences panic. H. did not talk about her sister.

H. reported a strong support system in Statesboro. She related that she primarily grew up in the Atlanta area – her parents moved to KY when she graduated from high school. Many of her close friends from high school came to GaSoU with her, and they all continue to remain close. She stated that her parents are supportive of her, and pay for her to visit home whenever she desires.

**Medical History:**
H. reported that she is currently taking 40 mg of Paxil daily. She denied current use of any other medications (prescription or over-the-counter), vitamins, or herbal supplements. H. noted that she is allergic to penicillin and sulfa drugs. H. reported that she has tried on several different medications for depression in the past. Initially (age 14) she was prescribed Lexapro, which seemed to increase symptoms of angry outbursts. She reported that she was then prescribed Paxil CR, which she took for about three years. She stated the prescribing physician altered the prescription to Paxil, which she indicated she continued to take until September. When she experienced the panic attack in October, she reported her physician was concerned that she had habituated to the Paxil and transitioned her to Wellbutrin. H. reported dissatisfaction with the way she felt while using Wellbutrin, so her physician authorized use of Paxil in December 2013. She reported that she believes that her current medication is effective.

H. reported that when she becomes stressed she will stop having her menstrual cycle for months at a time. She denied ever having had a gynecological exam. Most recently, around the time of her September panic attack, she went for three months without having a menstrual cycle. She reported she had blood work done recently, in order to rule out thyroid malfunction, etc. She reported that all of her blood work revealed normal levels of functioning; however, her cholesterol was on the borderline of being high. H. stated that she knows that she has a “problem with” her weight and that she realizes that she “eats away” her emotions. She did not seem to want this to be an explicit focus of counseling. She denied knowledge of any other medical issues with her or family.

H. reported a strong family history of depression on both sides of her family (two paternal uncles have suicided) and a history of anxiety/panic on her father’s side of the family. She noted her mother has sought counseling and her father has received counseling and has responded well to Paxil.

H. denied current use of tobacco or any other recreational drugs. She noted that she occasionally has one to two alcoholic drinks in social settings. She reported she consumes two to three cups of caffeinated coffee per day, and indicated that caffeine use increases when she has an upcoming exam.
Behavioral Observations:
H. appeared neatly groomed and dressed. She seemed to be of average height, and of obese weight. She was 0x4. H. seemed articulate and open about her experiences, and her goals for therapy. She was somewhat upbeat throughout the session, despite her self-report that she is continuing to feel depressed. H. denied any current suicidal ideation, intent, or plan. She also was without homicidal ideation, intent, or plan. H. denied current or prior nonsuicidal self-injury. She seemed eager to begin the counseling relationship.

Diagnostic Impressions:
300.01 (F41.0) Panic Disorder without Agoraphobia
296.31 (F33.0) Major Depressive Disorder, recurrent, mild
Z81.8 Family history of other mental and behavioral disorders

Initial Treatment Plan:
H. was strongly encouraged to have a gynecological exam to rule out any connection between the cessation of her periods and her mood symptoms. In addition, H. was offered the option of having her medication managed through Dr. Noble. She stated that she was satisfied with her current medications and would continue to follow-up with her physician at home. While H. expressed interest in the Coping with Anxiety and Stress Management workshop, the time conflicts with her classes. Therefore, she will continue individual therapy. A referral to a women’s group might be appropriate as well.

Therapy Summary:
Sessions 1 & 2: Time was spent reviewing and practicing abdominal breathing and progressive muscle relaxation.

Session 3: Session focused on identifying situations/emotions that seem to trigger her panic attacks. Client was assigned to keep a journal of panic attacks, including what she was thinking, feeling and doing just prior to the onset of the attack.

Session 4: Client identified that feeling “judged” or “incompetent” is a trigger. Therefore, time was spent discussing how she can begin using her relaxation techniques at the first sign of those feelings in order to ward off the attacks.

Case Conceptualization: H. seems to be presenting for counseling at a point where she is recycling through the action stage of change. In the past she has cycled between Preparation and Action, having gone through counseling and periodically “dropped out” due to conflict with therapist. However, after having had a successful therapy experience, H. seemed to have reached the Maintenance stage and been symptom free for some time. Recently, she has begun to experience symptoms once again, bringing her back to the Action phase and a willingness to re-engage in the therapeutic process.
American Psychological Association
ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT 2002
with 2010 Amendments

Found online at www.apa.org/ethics/code/principles.pdf

INTRODUCTION AND APPLICABILITY

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10.09 Interruption of Therapy
10.10 Terminating Therapy
INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A – E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., reasonably, appropriate, potentially) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term reasonable means the
prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people’s understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists’ work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

PRINCIPLE A: BENEFICENCE AND NONMALEFICENCE

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists’ obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists’ scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.
PRINCIPLE B: FIDELITY AND RESPONSIBILITY

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

PRINCIPLE C: INTEGRITY

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

PRINCIPLE D: JUSTICE

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices. APA Ethics Code 2002

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. RESOLVING ETHICAL ISSUES

1.01 Misuse of Psychologists’ Work
If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority
If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.
1.03 Conflicts Between Ethics and Organizational Demands
If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

1.04 Informal Resolution of Ethical Violations
When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations
If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees
Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints
Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents
Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. COMPETENCE
2.01 Boundaries of Competence
(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.
(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies
In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence
Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments
Psychologists’ work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others
Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts
(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)
3. HUMAN RELATIONS

3.01 Unfair Discrimination
In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment
Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist’s activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment
Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons’ age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm
Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships
(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist’s objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest
Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity,
competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services
When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnosticians, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships
Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

3.09 Cooperation With Other Professionals
When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent
(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual’s rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered To or Through Organizations
(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality.
As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services
Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient’s relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. PRIVACY AND CONFIDENTIALITY

4.01 Maintaining Confidentiality
Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality
(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording
Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy
(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures
(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient,
psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations
When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes
Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. ADVERTISING AND OTHER PUBLIC STATEMENTS

5.01 Avoidance of False or Deceptive Statements
(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others
(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists’ Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs
To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.
5.04 Media Presentations
When psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials
Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation
Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. RECORD KEEPING AND FEES

6.01 Documentation of Professional and Scientific Work and Maintenance of Records
Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work
(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists’ withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment
Psychologists may not withhold records under their control that are requested and needed for a client’s/patient’s emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements
(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists’ fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.
(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients
Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources
In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees
When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

7. EDUCATION AND TRAINING

7.01 Design of Education and Training Programs
Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs
Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching
(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)
(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information
Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy
(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students’ academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance
(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees
Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication
8.01 Institutional Approval
When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research
(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants’ rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that
will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research
Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants
(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research
Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants’ employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation
(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

8.07 Deception in Research
(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study’s significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)
8.08 Debriefing
(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research
(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal’s life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results
(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism
Psychologists do not present portions of another’s work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit
(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.
(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student’s doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data
Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification
(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers
Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. ASSESSMENT
9.01 Bases for Assessments
(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments
(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.
(c) Psychologists use assessment methods that are appropriate to an individual’s language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments
(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data
(a) The term test data refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists’ notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of test data. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction
Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results
When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)
9.07 Assessment by Unqualified Persons
Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results
(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services
(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results
Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11. Maintaining Test Security
The term test materials refers to manuals, instruments, protocols, and test questions or stimuli and does not include test data as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. THERAPY

10.01 Informed Consent to Therapy
(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)
(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families
(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist’s role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)
(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy
When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others
In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client’s/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients
Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients
Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners
Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients
(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.
(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client’s/patient's personal history; (5) the client’s/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)
10.09 **Interruption of Therapy**
When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 **Terminating Therapy**
(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

**History and Effective Date Footnote**
This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and is effective beginning June 1, 2003. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA web site, [http://www.apa.org/ethics](http://www.apa.org/ethics). The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:


Introduction and Applicability
If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority
If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands
If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code. Take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.
State of Georgia Laws & Rules Regarding Mental Health

*Georgia Laws pertaining to Psychologists:*

*Georgia Board of Psychologists Rules:*
http://rules.sos.state.ga.us/cgi-bin/page.cgi?g=STATE_BOARD_OF_EXAMINERS_OF_PSYCHOLOGISTS%2Findex.html&d=1