Internship in Health Service Psychology
COUNSELING AND PSYCHOLOGICAL SERVICES
BRIGHAM YOUNG UNIVERSITY

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INTRODUCTION TO THE BYU-CAPS Internship  
in Health Service Psychology

Welcome to the Brigham Young University (BYU) Counseling and Psychological Services (CAPS) Internship in Health Service Psychology. At BYU-CAPS, we place a great deal of importance on our training mission and highly value our psychology interns. We will do all that we can to help you succeed in our training program, while also providing a meaningful and memorable internship experience.

Counseling and Psychological Services and its allied agencies at BYU offers a diversity of training activities for our psychology interns. We want you to learn and experience as much as possible, while on internship, without becoming or feeling overloaded. We will help you tailor training experiences that best fit your interests, needs, and desired future career opportunities. Throughout the training year, we hope that you will work closely and create meaningful relationships with your supervisors, the CAPS Director of Training, Training Committee, your fellow interns, and Counseling and Psychological Services professional and support staff. You are a valued, trusted colleague with important responsibilities and opportunities. We hope that you will make good use of supervision, feedback, and evaluations as you progress toward your goal of becoming a licensed psychologist. Additionally, we will ask you to evaluate us in an effort to improve the training we provide. Your feedback and suggestions for improvements to the Internship are always welcome and are valued, as we work to make this training program all that was promised when you decided to join us.

The Internship Handbook has been developed to further acquaint you with our training program, to help you make good use of the training opportunities in CAPS, and to assist you in meeting the requirements for completion of the Internship. Please take time to become familiar with this handbook and to review the information on the internship website prior to the orientation that will take place as you begin your internship in August.

Description of the Internship Handbook Contents

- *The Philosophy Statement* of the Internship is our way of conveying to you what we feel is important in the training of psychology interns and the model we employ in our training.
- *The Psychology Intern Job Description* outlines and summarizes the responsibilities of a psychology intern.
- *Student Development Services (SDS) & CAPS Organizational Chart* is provided to map the roles and responsibilities of members of CAPS and SDS.
- *The CAPS Services, Policies, and Procedures* highlights what is expected of those who offer clinical services at CAPS. More information on policies and procedures can be obtained from the CAPS Clinical Director.
- *Intern Vacation Days and Sick Leave*. As administrative staff, interns are given vacation days and sick leave to be used throughout the training year. Guidelines for this are provided in Intern Vacation Days and Sick Leave.
- *The Goals, Objectives, Competencies, Activities, and Assessments* section will provide you with details on what is required of psychological interns and how the competencies are achieved and evaluated within CAPS. Please be familiar with these expectations. They are your guide to successful completion of the Internship.
- *Supervision Procedures* addresses how supervised experience is an essential ingredient in training interns and describes how supervision is conducted within the training program and how interns are assigned to supervisors.
- *The Sample Training Schedule* is included to provide a picture of an intern’s training activities. Some deviation from this schedule is permitted based on the intern’s individual training goals.
• The Clinical Training Rotations available to interns are described in the Handbook. You will choose one, and sometimes two, of these rotations to include in your training schedule each semester (fall/winter/spring-summer).
• The Training Contract details an individual intern’s identified training activities and goals each intern selects to focus on in each semester.
• Professional Development Opportunities describes how CAPS provides a number of development opportunities you may take advantage of during your internship year.
• The Evaluation Procedures outline the evaluation components of the internship.
• The Monthly Activity Report is used to track and document the training activities (hourly report) of each intern throughout the year. Furthermore, this monthly report of your clinical hours help each intern as they apply for licensure after internship.
• The Intern Evaluation Form is completed by the intern’s primary and secondary supervisors and then submitted to the Director of Training at the end of each semester. The Director of Training communicates information from these evaluations to the intern’s doctoral program twice a year (at the midpoint and end of your internship).
• The Agency Evaluation Form is to completed by each intern, at the end of internship, as a means of providing feedback to BYU-CAPS.
• The Due Process Policy and Procedures thoroughly describes the due process procedures of our internship. Additionally, this document is provided to protect the rights of interns and to ensure fair application of our evaluation procedures for Interns.
• Wrapping Up the Internship Year is your guide to what must be finished to successfully complete the Internship.
• The CAPS Ethics Policy is included in the Handbook. Interns are expected to understand and follow the American Psychological Association Ethical Principles of Psychologists and Code of Conduct. The strict following of ethical and professional standards is another critical element in a psychology internship.

The materials in the Internship Handbook will help guide you through the successful completion of the BYU-CAPS Psychology Internship Program. We will go over these materials in orientation and, as needed, throughout the training year. Please direct any questions related to items in the Internship Handbook to the CAPS Director of Training. Once again, welcome to the BYU-CAPS Internship!
PHILOSOPHY STATEMENT

History of the Internship
A training committee was formed in 1988 to pursue the goal of a psychology internship for the BYU Counseling and Psychological Services (CAPS). In 1989-90, an internship was organized, interns were selected, and the BYU-CAPS Psychology Internship Program became a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Gaining accreditation by the American Psychological Association was an important goal of the CAPS Training Committee from the outset. In fall 1991, a self-study leading to application for accreditation was completed. Following a pre-site-visit consultation, a formal application for accreditation was sent to APA. A site visit was held in May 1992. The site visit team recommended accreditation in their report, and the APA Committee on Accreditation concurred. Accordingly, the BYU-CAPS Psychology Internship Program gained accreditation. Subsequent site visits were held in 1995, 2000, 2005, 2012, 2019. All site visits were successful in receiving positive reviews and granting accreditation. The program is currently accredited up to 2029.

Initially, after the 1991-92 year, the Internship has accepted three interns per year. In 1998, we were given temporary use of a position to bring on a fourth intern. In 2008, we were given that same position on a permanent basis. Subsequently, a total of 119 interns have completed the Internship up through the 2022-2023 training year.

Mission of the Internship
The overall mission of the BYU-CAPS Internship in Health Service Psychology is to prepare interns from clinical and counseling psychology doctoral programs to be competent and ethical licensed psychologists. Consistent with this mission, a set of goals, objectives, and competencies, detailed in another section of the Internship Handbook, guide the training of interns in the program. The goals provide for the preparation of a generalist in professional psychology with emphasis on university counseling work. Former interns in the BYU-CAPS program are now employed in a wide range of settings: university counseling centers, community mental health centers, private practice settings, university and college departments, university teaching positions, and medical centers. It is not uncommon for interns who enter with relatively little interest in counseling center work to develop a strong desire to seek employment in a university counseling center upon completion of the Internship.

The Internship also seeks to prepare interns to:
1. Utilize research and scholarly works to provide an evidence-based approach to their clinical work.
2. To work as psychologists in a multicultural, culturally diverse, and pluralistic society and effectively provide psychological services to individuals and groups representing diverse populations.
3. To show acceptance, gain knowledges, practice humility, and demonstrate a clinical skillset when considering the racial, ethnic, gender identity, ability status, sexual orientation and religious/spiritual components of a client’s identity.
4. To practice from an ethical and legal model in accordance with APA standards.

Training Model
BYU-CAPS Internship employs a scientist-practitioner training model. The overall philosophy of the Internship is based on recognition of the relatedness and interaction between the science, scholarship, and practice of psychology. The science and scholarship of psychology are closely related in the guidance they provide to our practice of psychology. We value the education in the science of psychology that our interns have received in their home doctoral programs and build on this education, by providing interns with clinical experiences under the supervision of expert scholar-practitioners of psychology. We recognize that doctoral programs send their students on internship, in most cases, to receive intensive training in the practice of psychology. We take seriously the task of providing the needed training in clinical practice. We assume that our
Interns have received a doctoral education that has prepared them to be both producers and consumers of scientific research in psychology. While we seek to prepare generalists in the practice of professional psychology, the Internship also has a philosophy that encourages interns to seek training experiences of particular relevance or interest to individual interns. To this end, interns choose to engage in three or more clinical rotations throughout their internship year.

**Integration of Science and Practice**
A primary task in training interns and serving our clients is to bridge the gap between science and practice. First, the science of psychology is addressed, in part, through a well-established research program that seeks to study and enhance the outcomes of counseling and psychotherapy. The BYU Administration has made generous research funds available to CAPS clinical faculty that, in turn, provides for numerous research opportunities for interns. In collaboration with faculty from the BYU Clinical Psychology and Counseling Psychology doctoral programs, CAPS clinical faculty have made numerous presentations at the APA Annual Convention, the Association for Behavioral and Cognitive Therapies, American Group Psychotherapy Association, the Society for Psychotherapy Research Conference, and other professional forums. Journal articles based on this research have been written and submitted. The questions studied have been generated from our practice.

Second, our clinical practice of psychotherapy has been enhanced through application of research findings. Psychology interns have the opportunity to participate on various research teams within CAPS and become involved in paper presentations and journal articles. Interns are also provided time and resources to pursue their own research. Related to involvement in research, attention is given to helping interns make use of the scholarly basis of psychology as they integrate scientific findings into their practice. Existing research is used in the didactic training provided to interns.

**Supervised Experience**
CAPS training philosophy relies heavily on the supervised practice experience that interns receive to meet the overall goal of preparing interns to be competent and ethical licensed psychologists. CAPS has a service mission in the University, and interns carry their share of responsibility for meeting the Center’s service demands. However, the Internship has always held the philosophy that interns’ training needs come before the Center’s service delivery needs. Therefore, interns are not exploited, and their training is not compromised when the Center is under high demand for services. Interns’ client caseloads are regularly and carefully monitored to maintain an optimal level for intern professional development. We are clear, however, that interns in CAPS must be well on their way to becoming competent professionals in the practice of psychology so that they can make their contribution to the Center’s services while also gaining the professional growth that comes from supervised experience. When they complete the BYU-CAPS Program, interns should be skilled in the science and practice of psychology and be ready to continue learning from empirical inquiry and from their practice. They should be qualified, according to their doctoral training and professional interests, to pursue a career in generating new scientific knowledge in psychology or a career in the professional practice of psychology.

**Sequential/Developmental Training**
Training for practice in the BYU-CAPS Psychology Internship is sequential, developmental, cumulative, and graded in complexity. Interns arrive with varying degrees of readiness to engage in the psychological and educational services of the Center. During the orientation week, interns are asked to identify their training goals and needed growth areas. These are discussed with the Director of Training and eventually are represented in the intern’s training contract for the fall semester. The goals are further discussed with the intern’s supervisors in conjunction with attempts by the Internship to define specific growth edges and areas that require additional attention. We recognize that our primary means of achieving the aims of the Internship is through the effective use of quality supervision by seasoned, licensed psychologists. Thus, the supervision and role-modeling
provided by our clinical faculty is vital to the Program. Readiness for various experiences is assessed by the supervisors and discussed with the interns.

**Faculty Relationships with Interns**

One other important aspect of the CAPS philosophy of training is that we treat our psychology interns as valued colleagues. We also make a conscious effort to provide interns with an appropriate amount of challenge in their training activities that is balanced with adequate support from supervisors, the Training Committee, and other clinical faculty. We believe that the optimal balance between challenge and support will lead to professional growth in interns. We greatly value having our interns feel good as developing professional psychologists. It is our belief that one of the most important things a therapist has to offer is her, his, or their own emotional well-being. This, coupled with the acquisition of the desired outcomes of our training program, will allow our interns to become ethical, competent professional psychologists.

This philosophy of training requires interns to be focused on making the transition from doctoral student to professional colleague. Students tend to sit back and wait for faculty to take initiative, make statements, and chart courses of action. We expect and encourage our interns to offer up their thoughts and opinions, to bring their past training experiences and research to add to our center, to generate ideas and direction, and to be contributing members of our community. By doing this, the hope is that each intern will gain their professional voice, increase in professional confidence, and grow in their professional identity. At the same time, by each intern sharing their thoughts, ideas, and clinical strengths this will contribute to the further development of CAPS and the overall Internship.
POSITION TITLE: Intern in Health Service Psychology
ORGANIZATIONAL UNIT: Counseling and Psychological Services
REPORTS TO: CAPS Director of Training and Clinical Director

JOB MISSION
The mission of the psychology intern position is to provide psychological services to BYU students, under the supervision of qualified professionals, to facilitate students’ academic success and balanced personal development. The psychology intern position is the keystone of the CAPS training function. The purpose of the position is to provide a high quality, closely supervised training experience to advanced doctoral students in clinical or counseling psychology and to have the interns contribute to the realization of the CAPS mission.

DIMENSIONS
Direct Reports: None
Responsible Functions:
1) Individual, couples, and group psychotherapy
2) Psychological assessment, diagnosis, and report writing
3) Intake interviewing
4) Psychological emergency/crisis service to the University community
5) Consultation, outreach, and program evaluation services to campus agencies, including Housing, Student Leadership Development, Student Health Center, university department and organizations
6) Teaching CAPS courses and workshops as required or requested by intern
7) Supervision of practicum students and peer counselors as part of training activities and under the supervision of a CAPS licensed psychologist
8) Research and scholarly work
9) CAPS committee assignment through CAPS Director

Relevant Figures:
1) Direct service of 24 hours per week, to include the functions listed above
2) Receive 3 hours (2 hours with primary, 1 hour with secondary supervisor) of individual supervision per week. Receive ½ to 1 hour per week of group therapy supervision
3) Attendance at didactic training seminars for 3 hours per week
4) Scholarly work to include an intern group project
5) Remaining hours spent in case management and citizenship activities in CAPS

ENVIRONMENT
The psychology intern position is part of Counseling and Psychological Services, which is a department of Student Life at BYU. The services provided by CAPS are of a psychological/developmental nature through which students are assisted to overcome obstacles that might otherwise inhibit their academic achievement or personal development. An overriding value of this environment is a developmental philosophy where members of BYU-CAPS engage in helping distressed students during an important time of growth/development. The challenges that confront the student in making the transitions of this phase of life are significant and sometimes require that the student receive assistance from those skilled in the psychology profession. CAPS provides services such as psychotherapy, psychological assessment, teaching, crisis intervention, consultation, and outreach that enhance student development through supportive and challenging interactions with professionals and other students.
LEVEL OF SKILL OR EXPERIENCE
The requirements for the psychology intern position are defined by the CAPS training program to adhere to the standards of the American Psychological Association (APA) for professional psychology internships:
1) Completion of doctoral course work and qualifying examinations for their doctorate in counseling or clinical psychology (including a minimum of 400 hours of supervised practical experience) by the beginning of the internship
2) Endorsement by the doctoral program as to readiness for the psychology internship
3) Completion of the application material (AAPI)
4) Willingness to abide by the BYU Code of Honor and Dress and Grooming Standards

PROFESSIONAL JUDGMENT
The position requires that the psychology intern, under supervision, be able to assess the needs and problems of students, rendering diagnoses where appropriate, and devise and implement treatment plans for individual students. A wide range of difficulties are seen among the students served by CAPS, from normal developmental problems to severe psychological disorders. Some students may be served through very brief interventions such as group or individual counseling or courses offered by the Center. Other students require careful psychological assessment and extended psychological and psychiatric care. The psychology intern participates in delivery of all of the treatment modalities in CAPS.

The first contact the Center usually has with students requires that the intake interviewer be skilled in assessing a student's needs and initiating a treatment approach. The intern is involved in the Center's emergency service and must be able to attend to the psychological needs of students in crisis and arrange for an appropriate response to the situation. The CAPS developmental/educational approach to assisting students through the teaching of credit courses is another level of intervention which interns are given opportunity to perform. Interns are also expected to learn to consult effectively with various campus and community agencies.

The psychology intern is expected to exercise professional judgment and expertise in determining the nature of the problem facing a student and in devising a treatment approach which will best meet the student's needs. An important aspect of this judgment has to do with the intern knowing when a given situation is beyond her, their, or his current level of ability and, therefore, requires consultation, referral, or particularly close supervision. In addition, an intern may make the judgment that a client’s presenting problem is not appropriate for the CAPS’ brief therapy model (7 sessions) of change and requires a referral to the community, in order for the client to get the best format of treatment.

PRINCIPAL CONTACTS
The psychology intern remains in very close contact with her, his, or their assigned supervisors in CAPS. This is accomplished through three hours of individual supervision per week. Contact with the Director of Training and with members of the Training Committee is another important source of training and support for the intern. The interns are encouraged to form a close and supportive relationships with each other while on internship. Ultimately, the interns develop professional, collegial relationships with all members of the CAPS staff and with other agencies. The intern's association with the American Psychological Association and those in the profession is a recognized part of the training program. CAPS encourages the development of an identity with the psychology profession in its interns through contacts with others in the profession at conferences and workshops.

CORE RESPONSIBILITIES OF INTERNS
Psychology interns in CAPS are expected to do the following:
1) Provide psychological services of CAPS as described above and reflected in the psychology intern's Training Contract.
2) Adhere to the **ethical standards of APA** and to the **BYU Honor Code and Dress and Grooming Standards**.

3) Participate in the didactic training activities provided by the CAPS training program under the direction of the Training Committee.

4) Participation in the intern support group.

5) Make effective and regular use of supervision. This includes provision of direct observation by supervisors or video recording of therapy sessions and a willingness to examine themselves and their contribution to the therapeutic process, receive and consider feedback, behave with appropriate disposition in supervision and to consider constructive criticism.

6) Participate in the evaluation of intern performance by supervisors and the Director of Training and intern evaluation of the training program.

7) Participate in an approved and completed intern group project.

8) Achieve the completion criteria of the internship by the end of the training year in order to be awarded a completion certificate.
CAPS Services

Counseling and Psychological Services provides individual, couples, crisis, quickcare, consultation, and group counseling. Also included are Stress Management and Biofeedback Services to assist students. Outreach services are available to student housing, student groups, and other university departments/organizations. Career and learning issues can be addressed through the Career and Academic Success Center.

Honor Code and Dress and Grooming Standard

Interns are expected to abide by and uphold the BYU Honor Code and Dress and Grooming Standards. This expectation applies to all CAPS employees and a copy of the Honor Code standards can be found here.

The BYU CAPS strives to provide a professional and safe environment for clients to work through difficult areas and experiences of their lives. Our dress, appearance, behavior, and environment contribute to the overall client experience. Anytime you are working in CAPS, employees should dress in a professionally appropriate manner.

While working in CAPS, the expectation is that student counselors and clinicians are not to wear unprofessional attire Monday through Thursday. However, there is an exception on Fridays where CAPS employees are invited to wear jeans and a less formal shirt, such as a BYU or CAPS t-shirt.

Offices for Counseling

Each intern will be given a professional office while on internship. Please note that clients should only be seen in CAPS offices or via teletherapy. There may be some situations, such as a crisis and/or emergency where you may need to find a private room to talk to a student, but this should be the exception to the earlier stated rule.

Assignment of Cases to Interns

Initially the clinical director and front desk staff will assign cases to interns. In a case of a referral, the Clinical Director will make judgments about which cases to refer to new interns. Additionally, cases are assigned to interns through the Center’s first-session process. There are a number treatment teams within CAPS, and each team will have responsibility for clients seeking clinical services.

At the beginning of a semester, interns enter their initial schedule within Titanium. Interns choose and design their schedule of when they would like to see clients. Most, if not all, of these initial appointment slots will be intake appointments. Front desk staff members use these predetermined schedules to assign first-session appointments within an intern’s preferred schedule. The interns meet with these clients and discuss the appropriateness of the case with their supervisor. Further, interns may receive case referrals from any member of the CAPS. This is especially relevant when the case represents a diversity classification or is a couple.

It is the responsibility of the intern to monitor their caseload with their primary supervisor. Case management is an important skill to acquire on internship. This requires you to re-assess your clients’ needs for services so that you can better manage your caseload and thus create more space for new client hours. For example, you may determine that a client would benefit from group therapy either to replace individual therapy or as an adjunct to individual therapy thus decreasing the frequency of individual sessions. Or it may be a time where you can scale back the frequency of sessions with certain clients. Your primary supervisor is there to help manage your caseload.

Intern Counseling Schedule
At the beginning of the internship year, the intern will be in orientation meetings for the first two weeks. This typically takes place the last two weeks of August. During orientation you will complete a few intakes to help you learn the BYU-CAPS operating procedures. Toward the end of intern orientation, after you have made your requests for supervisors, you will have supervisors assigned to you and be assigned to a treatment team. As soon as this is done, interns should post their available counseling hours in our database/scheduling system (Titanium). Since there are many activities to schedule, this initial schedule may not be permanent, but it is helpful to the front desk staff in determining what hours you are available to schedule clients.

A) Key items to Consider when building and Intern Schedule
   a. Training Seminar at 10 am on Mondays (Weekly)
   b. Clinical Team Meeting (Monday at 3 pm, or Thursday at 9 am)
   c. Assessment Seminar (2 hours per week in fall, 1 hour in winter)
   d. Lunch Hours (1 hour per day)
   e. Intern Support Group (1 hour per week)
   f. Research Hours (4 hours per week)
   g. Primary Supervision (2 hours per week)
   h. Secondary Supervision (1 hour per week)
   i. Group Therapy Times (2 hours per each group)
   j. Clinical Rotations (2-4 hours per week)
   k. Committee Times (1 hour per week)
   l. Friday Morning Meetings
      i. Staff Meeting (Friday 8 am)
      ii. In-Service Meeting (Friday 9 am)

Informing Clients of Intern’s Training Status
It is a requirement of the CAPS Internship that interns inform their clients of their training status during the first counseling session (intake) after the client has been assigned to the intern. The intern is also required to inform the clients of her, their, or his primary supervisor as well as receive permission from the client to record sessions and have live observation by the supervisor. The Client of Trainee Consent Form, found in this handbook, should be used to document that the client has been informed. To have your client complete this form it is most convenient and easiest through Adobe Sign. Click here to view a video that walks you through the process of how to have a client complete the Client of Trainee Consent Form via Adobe Sign. Additionally, each intern should also state that they informed their client of their training status in the intake note within Titanium.

Keeping Counseling Appointments
The keeping of counseling appointments is a very important professional matter. We ask clients to give us 24-hour notice if they need to cancel or reschedule; it is also incumbent on us to try to do likewise if we find we must reschedule with a client. When a client fails to keep an appointment or return for further planned counseling, it is often prudent to contact the student to determine if they would like to reschedule or continue therapy services. Such a contact should be done in an ethical manner that does not compromise confidentiality.

Record Keeping
CAPS maintains and owns records of all counseling sessions with clients. These records include intake reports, counseling session progress notes, quickcare notes, crisis notes, and assessment reports. You are required to enter a brief note for all client contacts the same day you meet with those clients. Please type the notes directly into the Titanium database. Confidential notes about clients SHOULD NOT leave the Center.

Recording of Counseling Sessions
CAPS provides the capacity to digitally record intern counseling sessions. Clients who will allow recording, give their signed consent at the time of the first appointment. If a client does not give consent to record, it does not mean an intern cannot see that client, but it should be viewed as an exception, and one agreed to by the intern’s supervisor. Your session recordings will be stored on a secure server, which can be accessed on your computer only while you are at work.

Clients in Crisis
CAPS provides the BYU community with emergency services during working hours (8 am to 4 pm) through Quick-Care Appointments and Crisis Walk-in Coverage. After hours crisis coverage is provided by an on-call service (ProtoCall) which student can access by calling the BYU-CAPS phone number: 801-422-3035. If there is a crisis that requires hospitalization the on-call counselor for BYU-CAPS will be notified by Protocall, who will then notify the client’s therapist the next day. Additionally, all contact that a ProtoCall employee has with a BYU student is reported to the CAPS Clinical Director through a note that is entered into Titanium. This note keeps the CAPS therapist apprised of the nature of the crisis reported by the student and the follow-up plan agreed upon by the student. Please consult with your supervisor about any clients you are working with who are in crisis to ensure they receive the appropriate level of clinical care.

Psychiatric Referral in CAPS
Appointments with psychiatrists are also available to BYU students through the CAPS and the Student Health Center (SHC). The co-pay is $10 for those on BYU insurance, and for those with private insurance the cost is dictated by their insurance company. Referral of a client to a psychiatrist should be discussed with your supervisor. At times, an appointment with a medical doctor at the SHC is more appropriate in order for a client to get a quicker appointment, when making a referral for medication. Appointments are made through our office manager at both CAPS and the Student Health Center (801-422-2771).

Student Health Center (SHC)
There is presently one psychiatrist, Dr. William (Bill) Bunn who works at the Student Health Center (SHC). Dr. Bunn works one day at the SHC on Monday’s from 8 am to 5 pm. There are also two psychiatric nurse practitioners at the SHC. Loraine Brimhall works Tuesday’s 1-5 pm and Friday’s 8-5 pm. Michael Thomas works 8 to 5 pm every weekday at the SHC. Please utilize the psychiatrist and psychiatric nurse practitioners for more complex diagnoses and cases. For those clients who have a fairly straight-forward presentation of depression and/or anxiety, clinicians refer to the medical doctors who are general practitioners at the SHC in order to get then a quicker appointment time.

Counselors who refer clients to the SHC to meet with Dr. Bunn can set that appointment up with the CAPS Office Manager at the front desk. Counselors should then have the client sign a release of information (ROI) form allowing the counselor and psychiatrist/physician to exchange information. The ROI form is specifically designed for this purpose and is found in the second file drawer in 1503 or can be accessed via adobe sign within the CAPS files on Y-Box at https://sign.byu.edu/. This form provides a space for the clinician to write a short annotation, summarizing for the psychiatrist the clinician’s impressions of the client and the reason for the referral. This same form can be used for referrals to other physicians at SHC, e.g., for eating disorder referral, etc. All release forms are then scanned into our database system. Please have the office manager or head receptionist assist you with scanning all release forms.

Psychological Assessment
CAPS counseling clients may be referred for testing within CAPS by completing a Test Referral form which is also found in the second file drawer in 1503. A full range of objective personality, career, and learning tests are available. There is a nominal fee for most of the tests. Arrangements for a psychological assessment for your clients can be made with the assistance of your supervisor and Dr. Kersti Spujt and Dr. Brodrick Brown who conduct the assessment seminar as part of the internship.
Session Limits
CAPS has carefully examined session limits through a prolonged research study investigating therapeutic outcomes. Based on these research findings a session limit within CAPS has been set for seven sessions. Interns are allowed to take one individual client per semester as a long-term case. Additionally, interns are able to see couples for a total of fourteen sessions. When determining if a client’s presenting problem is a good fit for our short-term model, please consult with your primary supervisor and/or your clinical team.

The following suggestions are recommended for managing sessions under a short-term counseling center model (7 sessions):

- Strongly consider referral to community resources for cases beyond scope of practice for a college counseling center. Potential referrals include clients who need:
  - Long-term weekly sessions due to the severity of their presenting issue
  - Chronically suicidal
  - Day treatment
  - Inpatient treatment
  - Detox
  - Forensic psychology
  - Neuropsychology
- Utilize supervisors and Clinical Review Team to determine when appropriate to refer out into the community
- Utilize the case managers to help clients find additional therapy services in the community
- Unlimited group sessions are available to all CAPS clients

Groups in CAPS
Group counseling is offered within CAPS and is often the preferred treatment for many clients and presenting problems. You may refer a client for group counseling by going to the Group Sign-Up tab within Titanium, checking to see if the group is open and still taking referrals. If the group is accepting new clients you can add the client to the Group Roster. Please e-mail the group leaders letting them know of the referral you made. Since most of our clients have difficulties with relationships as part of their presenting problem, it is good to begin thinking about a group referral either as a supplement to, or in place of individual therapy even though that may be the beginning mode of treatment. Currently, there is no limit on how many group sessions a student can participate in.

- Strongly consider group as a first referral for:
  - Anxiety Disorders
  - OCD
  - Sexual concerns
  - Eating Disorders
  - Self-Compassion (CFT Groups)

Biofeedback and Stress Management Services
Stress Management and Biofeedback Services are available to all students at the university. The Stress Management Lab is located in 1582 WSC. Appointments are scheduled at the front desk. There are also walk-in hours posted on their website. If there is referral information you would like to pass on to a member of the Stress Management Lab, a note can be written within Titanium and forwarded on to the biofeedback staff. If you have further questions, you can contact Dr. Yoko Caldwell who oversees the Stress Management and Biofeedback Services. A full list of biofeedback services can be found here.
**ETHICS POLICY**
Counseling and Psychological Services

**Ethical Standards and Clinical Practices**
Counseling and Psychological Services (CAPS) adheres strictly to the ethical standards of the professions that comprise its counseling staff. Counselors are encouraged to be familiar with the most recent versions of their professions' ethical standards. A periodic in-service training is held, and materials are provided in the CAPS library to insure such familiarity.

All counselors in CAPS meet regularly in Clinical Treatment Teams. This serves as a forum for peer consultation and group supervision, to discuss ethical and practice issues and assists counselors to practice ethically and within the standards of their professions. For additional help, CAPS clinicians can also consult with the Clinical Review Team. This is a committee who specifically attends to issues surrounding difficult or long-term clinical cases.

In cases where there may be a question as to which ethical standard to follow, the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association will be applied since the majority of counselors at CAPS are psychologists and because CAPS is an APA accredited psychology internship site. CAPS psychologists who supervise and train psychology interns and other trainees are expected to model ethical behavior and to provide training in ethical behavior and decision-making.

**Procedures**
The CAPS Professional Standards Committee, comprised of several licensed psychologists with the CAPS Director as an ex officio member, reviews relevant CAPS Policies and Procedures, deliberates when ethical issues are raised in the Center, and renders an opinion for the Center. Ethical questions not resolved in Treatment Teams may be taken to the Professional Standards Committee for review and resolution. In the event that resolution of the ethical or practice issue cannot be attained in this manner, the question would be addressed to the CAPS Directors, the Utah State Licensing Board and/or the APA Ethics Committee.

**Interns Responsibility**
CAPS follows the APA Ethical Standards and interns will be expected to work under the same obligations. Confidentiality of all information is important so clients can feel confident the information they reveal is privileged. All clinicians are under the same expectation that no cases will be discussed, even in general terms, outside the Center. Further, discussions within the center, including clinical treatment teams, consultation, and discussions in the hallway, should only disclose the information required to accomplish the task. It is also very important that no clinician has any form of dual relationship with someone being served in CAPS as a client. Any deviation from usual confidentiality, as perhaps in an emergency or abuse reporting, should be discussed with the intern’s supervisor prior to release of information.
**SUGGESTIONS FOR CASE NOTES**
Internship in Health Service Psychology
Counseling and Psychological Services-Brigham Young University

To assist psychology trainees in BYU-CAPS to write effective, professional case notes for counseling sessions, the following suggestions are offered. It is not anticipated that each suggested item will apply to every client and every counseling session. Instead, this list should be used as a set of questions or issues to be considered as a narrative case note is being prepared. Notes do not have to be lengthy, nor should they be so brief they do not convey important information.

Your case note should be a record of the state of the client, the interventions used by the counselor, the work the client is doing on her, their, or his behalf, progress made by the client, and documentation of risk in the client and provisions for dealing with the risk. Good case notes serve the purpose of reacquainting the counselor or a newly assigned counselor with what has occurred in previous sessions. Case notes can also be a form of protection to the counselor and sponsoring agency in that the note clarifies what actually transpired during a given counseling session. The counselor’s conceptualization of the case along with diagnosis and treatment plan convey an approach that is professional and open to review by supervisors and other professionals. Evidence of theoretical orientation in the case conceptualization is a means of conveying how the case is being understood and treated by the counselor.

*One final thought:* be judicious in determining what you include in a clinical note. It is a good idea to not write anything in a note that you would not read in open court some day or that is subjective in nature.

**Opening**
A. Brief description of how the client presented for the counseling session (affect, behavior, appearance, etc.)
B. Client’s report on status, progress, or agenda for the counseling session.
C. Follow-up on homework assignments or other work client has done since last session. Note progress the client is making on the presenting problem.
D. Describe the client’s compliance with medical treatment and use of medication, if applicable.

**Interventions**
E. Briefly describe the interventions used in the session. Where possible, reflect the theoretical orientation that guided the interventions.
F. Comment on the client’s response to the interventions, noting the effects of the interventions in light of the client’s presenting problem. Note progress client might have made during the session.
G. Documentation of areas of concern such as suicidal risk to the client or risk of harm to others and steps taken to deal with the concern or to reduce risk.

**Refinements and Assignments**
H. Identify any new information that may have come out during the session that has bearing on the problem(s) the client is working on.
I. Comment on any refinements to the diagnosis, case conceptualization, or treatment plan that have resulted from the session.
J. Describe any referrals/networking on behalf of the client that may be necessitated as a result of the session (e.g., letter to registrar’s office, referral to physician).
K. Homework assignments to be carried out by client prior to next counseling session.

Examples of an individual, couples, and intake note can be found by clicking on the Box Folder titled Orientation for New Trainees, then clicking on the document Examples of Clinical Notes.
VACATION DAYS AND SICK LEAVE FOR INTERNS

As an intern, you are hired as a full-time administrative university employee with benefits. According to university policy, all administrative employees accrue 3.69 hours sick leave per 2-week pay period (12 days per year) and 6.77 hours vacation per 2-week pay period (22 days per year).

- **Sick usage:** Use for illness, injury, doctors’ appointments.
- **Vacation usage:** Use for all other time off including conference/workshop attendance, dissertation defense, graduation attendance, job interviews, vacations, personal leave, etc. (see paragraph below)
- May not use sick or vacation hours before you’ve actually accumulated them.
- Can use partial days off (e.g., 1-2 hours sick for a doctor’s appointment or 4 hours vacation for a partial day off).
- Report sick & vacation hours used weekly on Y-time time card system (accessed through MyBYU).

**Intern Professional Development Leave and Vacation:**

In order to comply with APA guidelines, interns’ 22 days of vacation time are further broken down into professional development leave and regular vacation time. **Of the 22 vacation days earned, 12 days should be used for professional development leave and 10 days should be used for regular vacation.**

Any time taken to work on or defend your thesis, attend professional development conferences, make presentations, etc. should be counted as professional development leave. Time taken off for personal reasons other than health concerns should be counted as vacation time. **Please note: due to budgetary and administrative constraints, Counseling and Psychological Services asks that you use up all 22 days of professional development and vacation leave by the end of your internship period.**

An important aspect of the CAPS Psychology Internship is that it provides 2000 hours of supervised experience to its interns to meet state licensure requirements for psychologists. In order to meet the 2000-hour requirement within a 40-hour work week, it is necessary for an intern to work 50 weeks. Therefore, it is the policy of the BYU-CAPS program that interns be encouraged to take ten days of vacation time throughout the year. Interns work hard and, from time to time, need to be away from the CAPS in order to rest and rejuvenate. The other 12 days of vacation that interns accumulate are to be used for internship-related activities that take interns away from the Center. These days can be used for job hunting, job interviews, comprehensive examinations, dissertation work and defense, and attendance at conferences where the entire CAPS professional staff is not in attendance. By following this guideline, the 10 additional days of vacation are used to meet the training goals of the internship and are considered part of the 2000 hours of supervised experience. **CAPS cannot reimburse vacation days that are not used by an intern within the training year.**

All vacation and professional development leave must be cleared in advance with the Director of Training. To request Vacation or Professional Developmental Leave please email the Training Director. This email will be forwarded to the CAPS Administrative Aide who will keep a formal record of vacation and professional development days used. Once vacation days or professional development leave has been approved, the intern should mark these dates within their Titanium Schedule with the appropriate title, such as “Conference,” or “Vacation,” etc. Please be sure to turn on the Automatic Reply option within Outlook so your clients know you will not be available to respond to an email. A common message while you are out of your office would state something like the following:

*I will be out of my office from Thursday (October 15) to Monday (October 27) and will be unable to respond to your email. I will reply to your email as soon as I can when I get back into my office. If this is an emergency please call 911 or if you are in crisis and need to talk to CAPS after hours (5 pm-8 am) crisis services please call 801-422-3035.*

Thanks,

Clark Kent
Sick leave days can only be used for illness at the discretion of the intern. Should you become ill and not be able to come into work, please call the CAPS front desk staff at 801-422-3035 a little after 8:00 am and inform the front desk staff member that you are home ill. It is also helpful to email the front desk staff at capsfrontdesk@byu.edu to ensure the front desk staff received your message, since it is common that they have a lot of voice mails at the beginning of a work day. The front desk staff member will cancel and reschedule your appointments for the day.

**Checking Sick and Vacation Balances:**
You can check your sick and vacation leave balances by doing the following:
1) Log into My BYU.
2) Under the Work Section, click on “Human Resources/Payroll”.
3) Select “Sick/Vacation Balances.”
4) View your sick and vacation hours

**Technical Assistance**
Technical support for the Internship is provided by members of the SDS/CAPS support staff. One administrative assistant to the director, and a department staff member located on the second floor, serve the needs of the whole Center.

The CAPS Office Manager is involved in overseeing telephone services, scheduling appointments, and managing the computer and records system for CAPS. The Office Manager has a team of five half-time student staff members provide assistance with production work for the CAPS faculty and administrative staff.

For technical support, please contact OIT at 801-422-2000. The Office Manager can also assist you with technical support.
The primary purpose of the BYU-CAPS Internship in Health Service Psychology is to provide supervised experience and didactic training that meets the internship requirements for psychology licensure. We expect and hope for our interns to become licensed psychologists. Previous interns from this program have met the internship requirements to be licensed in many states. Each state in the U.S. has its own laws regulating licensure of psychologists. Because the psychology licensure requirements vary from state to state, it is not possible for the BYU psychology internship to ensure that its interns will meet the requirements of any particular state. The psychology internship at BYU has focused, of necessity, on meeting requirements for licensure in Utah.

In the state of Utah, it is required to become a Certified Psychology Resident once you receive your doctoral degree, and you plan on practicing under supervision without a license.

It is the responsibility of the individual psychological intern to become aware of the licensing requirements of states where she, he, or they may apply for licensure. Some state laws, California for example, have requirements that impact how psychology internship training is provided. California requires that psychology interns have as their primary supervisors’ psychologists who have been licensed in their states for at least two years. California also requires that clients of psychology interns be made aware, in writing, that a psychology intern who is under the supervision of a licensed psychologist is treating them. If the specific requirements of the state an intern intends to be licensed in are called to the attention of the CAPS Training Committee, efforts will be made to accommodate the requirements, whenever possible.

Application instructions and information for the Utah psychology license or to become a Certified Psychology Resident can be obtained online from the Division of Occupational and Professional Licensing, or by calling (801) 530-6628.

Other internet resources are available to assist those seeking licensure as a psychologist in U.S. states or territories. The Association of State and Provincial Psychology Boards has a website that provides general information on psychology licensing and the psychology licensing examination, and addresses of state, provincial, and territorial psychology licensing boards. A great resource to look at licensing requirements from state to state can be found here. Interns are encouraged to discuss and raise questions about psychology licensure with their supervisors, the Training Committee, and the CAPS clinical faculty.

**Employment Outside of the Internship**

The CAPS Internship in Health Service Psychology program is committed to providing a quality training experience to its interns. The internship program is demanding, and, for this reason, it is necessary to monitor and set reasonable limits on the activities of interns. It is recommended that interns do not work outside of the Internship. Should an intern desire to do any additional work outside the Internship, it is necessary that she, they, or he first propose this activity, in writing, to the Training Committee. The proposal should specify the nature and amount of work being contemplated. The written request will be brought before the Training Committee and a decision will be communicated to the intern requesting outside work.
The overall goal of the BYU-CAPS Internship in Health Service Psychology is to prepare each intern to be a competent and ethical licensed professional psychologist. This goal is met as the intern completes the specific goals, objectives, and competencies of the Internship Program.

**Goal I:**
Prepare interns to have the knowledge, skills, values, and aptitudes necessary for entry into the practice of professional psychology leading to licensure.

**Objective I-A: Professional Identity and Development.** Intern will advance in professional identity and development.

**Competency I-A-1:** Intern will independently assess their own theoretical orientation, philosophy of change, clinical strengths, skills, interests, and needed growth areas.

**Activity I-A-1 (a):** Intern will write a professional disclosure statement that portrays her, his, or their theoretical orientation and philosophy of change.

**Activity I-A-1 (b):** Intern will work with Training Director to complete training contracts which summarize training goals achieved and areas where the intern feels the need for continued professional development.

**Activity I-A-1 (c):** Intern will provide a Case Presentation to the Training Committee, where the intern will review the key principles of their selected theory of change and demonstrate their theoretical conceptualization, selected interventions, and clinical work through the case presentation. The presentation will contain video clips of the intern utilizing and demonstrating their theoretical orientation in action. This Case Presentation will also help interns prepare for job interviews to obtain professional employment after their internship.

**Activity I-A-1(d):** Issues related to licensure as a psychologist are discussed in didactic training seminars. Licensure requirements for various states are also made available to interns with the strong expectation that all interns will go on to become licensed.

**Assessment:**
1. Training Committee approval
2. Training Director approval
3. Review of post-internship professional activities

**Objective I-B: Ethical and Professional Standards.** Intern will practice psychology in an ethical manner.

**Competency I-B-1:** Intern will be familiar with and comply with the [Ethical Principles of Psychologists and Code of Conduct](https://www.apa.org/ethics/code) of the American Psychological Association in providing services of a psychologist.

**Activity I-B-1(a):** Intern will participate in discussions of ethical principles and issues in didactic training. At least four hours of didactic training are devoted to ethical principles and issues.

**Activity I-B-1(b):** Intern will present a case study (oral and written) in training seminar involving an ethical dilemma or issue encountered in her or his practice during the training year. Attention will be given to the ethical issues involved, the nature of the decision made by the intern, and the process used to arrive at the decision.

**Activity I-B-1(c):** Intern will discuss ethical principles and issues related to their work, as needed, in supervision and will demonstrate adherence to ethical principles and professional values.
Activity I-B-1 (d): Intern will discuss the ethical components of the clinical case they select for the Intern Case Presentation.

Assessment:
1. Seminar leader approval of intern’s understanding of ethical principles
2. Supervisor ratings of intern’s adherence to ethical standards
3. Post internship professional activities related to ethical practices
4. Training Committee review of ethical case
5. Senior Staff evaluation of intern’s adherence to ethical standards

Objective I-C: Cultural Diversity Competency. Intern will practice in a manner that demonstrate knowledge, skills, attitudes, humility, and respect and considers all types of individual and group differences (e.g., racial, ethnicity, ability status, sexual orientation, gender identity, etc.).

Competency I-C-1: Intern will be prepared to work as a professional psychologist in a multicultural, pluralistic society and effectively provide psychological services to individuals and groups representing diverse populations. The intern will receive a rating of at least “3” on the final Intern Evaluation under profession wide competency heading three, “Individual and Cultural Diversity”.

Activity I-C-1(a): Intern will participate in discussions of cultural diversity issues and cases in training seminar and CAPS Diversity Training Program. At least 11 hours of cultural diversity training are provided in seminars and 8 hours of CAPS diversity trainings are provided during the year.

Activity I-C-1(b): Intern will provide psychological services to at least 10 clients in the BYU community who represent diverse populations. Interns are given top priority in working with cultural diversity cases within CAPS.

Activity I-C-1(c): Intern discusses multicultural counseling competencies in the training seminar.

Activity I-C-1(d): Intern writes and presents a case in training seminar involving a client from a diverse population. The paper addresses the diversity issues encountered in the case, and how they were resolved.

Activity I-C-1(e): Intern writes and presents on a multicultural topic within training seminar that is approved by the Training Director.

Assessment:
1. Approval of seminar leader of intern’s preparation to work with multicultural clients
2. Review of Intern Report on Diversity Training
3. Training Committee review of multicultural case summary
4. Supervisors’ ratings on the Intern Evaluation Form- must achieve a rating of “3” by the end of the internship year under profession wide competency heading three, “Individual and Cultural Diversity”

Objective I-D: Supervision. Intern will understand the practice of supervision in psychology and make good use of supervision within their clinical/professional work. In addition, each intern will provide supervision to a graduate student during their internship.

Competency I-D-1: The intern will make effective use of supervision from a variety of clinical faculty in CAPS in order to grow professionally as a psychologist.

Competency I-D-2: The intern will begin to become proficient in providing supervision to a trainee in CAPS during winter semester.

Activity I-D-1(a): Supervision principles and supervision practices in CAPS are discussed in the intern orientation at the beginning of the training year. Interns participate in the selection of their supervisors so as to maximize professional development in the internship.

Activity I-D-1(b): Intern will receive supervision from a primary and secondary supervisor and from an assessment supervisor, group co-leader, and other rotation supervisors throughout the
training year. Supervision adds up to at least 3 hours of individual and up to 4 hours of group supervision per week.

**Activity I-D-2(a):** Intern is required to provide supervision to a doctoral practicum student in CAPS during winter semester. At least 10 hours of supervision are to be provided to the student throughout the semester.

**Activity I-D-2(b):** Group supervision of interns’ supervision is provided one hour per week by Dr. Brett Merrill during winter semester. Theories and approaches to supervision as well as requirements of supervisors are discussed in the supervision of supervision seminar.

**Assessment:**
1. Primary and secondary supervisor complete the Intern Evaluation Form
2. Review of intern’s final Weekly Activity Report
3. Supervision of Supervision instructor will complete an evaluation of each intern’s participation and supervisory work within supervision of supervision

**Objective I-E: Spiritual Beliefs and Values in Counseling.** Intern will understand and ethically and appropriately involve client spiritual beliefs and values in counseling and other psychological services, ensuring the client’s right to self-determination in regard to their values and belief systems.

**Competency I-E-1:** Intern will provide psychological services in a manner that respects and appropriately integrates client spiritual beliefs, values, and practices into the counseling/psychotherapy process according to client requests. The intern will receive a rating of at least “3” on the final Intern Evaluation form.

**Activity I-E-1(a):** In didactic training, intern will participate in discussions of spiritual issues, as a form of diversity, as they relate to the counseling/psychotherapy process and in all psychological services.

**Activity I-E-1(b):** Interns discuss with their supervisors’ cases that involve spiritual issues as they arise in counseling. The students at BYU are, for the most part, devoutly religious and often choose to bring up their religious beliefs, values, and practices in counseling. Interns work with their supervisor on how to address spiritual/religious concerns in an ethical manner where client’s right to self-autonomy is respected.

**Activity I-E-1(c):** Interns are assigned counseling and assessment cases throughout the year in which the clients are usually active in their religion and have a world view that is strongly influenced by their religion.

**Activity I-E-1(d):** As part of the integrated case presentation to the Training Committee, interns are to address any spiritual issues present in the case. The intern should discuss the manner in which spiritual issues were involved and how they were worked with and integrated into the counseling.

**Assessment:**
1. Approval from the Training Committee of the intern’s sensitivity to and respect for clients’ spiritual beliefs, values, and practices
2. Approval of supervisors and senior staff of the intern’s sensitivity to and respect for clients’ spiritual beliefs, values, and practices
3. Seminar leader and Training Committee evaluation of the case presentation on spiritual issues in counseling
4. Supervisor ratings on the Intern Evaluation form at the end of the year

**Goal II:**
Prepare interns who can provide a range of services in a university counseling center or similar environment.

**Objective II-A: Working in a University Counseling Center.** Intern will understand the common clinical needs of late adolescents and emerging adults and the role of psychological services in a university counseling center or similar agency.
Competency II-A-1: Intern will demonstrate an understanding of the mission of a university counseling center and the roles served by psychologists and other mental health and academic professionals. Intern will participate in offering the services of a comprehensive counseling center.

Competency II-A-2: Intern will acquire an understanding of college student developmental theory and be able to apply this to providing counseling and other services to college students. Intern will also be able to help college students understand and appreciate their own development. Interns are to receive a rating of at least “3” on all profession-wide competencies within the final Intern Evaluation form.

Activity II-A-1(a): Interns are given an overview of the services of a comprehensive university counseling center during the orientation to the internship. Throughout the year, interns are allowed to choose training activities which provide them greater clinical depth in their training in services related to CAPS, such as outreach, housing consultation, crisis services, group therapy, consultation, teaching, and other university student services. Interns also learn to see CAPS as a component of a wider university community, where they refer students to appropriate resources, such as Women’s Services, Multicultural Student Services, Career Counseling, International Student Services, Academic Support Office, University Accessibility Center, and other services available to students at BYU.

Activity II-A-1(b): Interns are required to participate in the weekly CAPS faculty/staff meetings where planning and evaluation of services are carried out. Interns are encouraged to voice their thoughts and opinions within weekly staff meetings. Interns also participate in the weekly CAPS in-service series where professional service issues are discussed and plans are made for delivery of services.

Activity II-A-1(c): Didactic training provides interns with an opportunity to discuss clientele and issues that are frequently treated in a counseling center.

Activity II-A-1(d): Interns write and present a curriculum vita entry at the end of the year which represents the range of services and training activities of their internship training.

Activity II-A-2(a): Interns introduced to common college student developmental concerns during intern seminar to discuss the developmental theories and their applications to counseling and other services provided college students.

Activity II-A-2(b): As part of the Intern Case Presentation to the Training Committee, interns are to address any developmental issues present in the case. The intern should discuss the manner in which developmental issues were involved and how they were addressed and worked with in the counseling process.

Assessment:
1. Primary and secondary supervisor complete the Intern Evaluation Form
2. Training Committee review of vita entry
3. Review of post-internship employment
4. Training Committee review of developmental issues in intern’s case presentation

Objective II-B: Professional Psychology Treatment Team Approach. Intern will work effectively and cooperatively in a professional treatment team in the delivery of psychological services.

Competency II-B-1: Intern will take assignments, carry out the tasks of the team, including intake interviews and crisis service, and participate in team discussions of service needs and cases under consideration. The intern also models professional behavior to other team members.

Activity II-B-1(a): Interns meet regularly with their treatment team and participate fully in the work of the team.

Activity II-B-1(b): Interns present cases and consult with team members regarding cases.

Activity II-B-1(c): Intern prepares a curriculum vita that accurately reflects her or his participation in a treatment team approach to the delivery of psychological services.

Assessment:
1. Senior Staff and Treatment Team Leader evaluation of intern participation on the treatment team
2. Training Committee approval of vita entry

**Objective II-C: Counseling/Psychotherapy.** Intern is an effective counselor/psychotherapist.

**Competency II-C-1:** Intern provides effective counseling and psychotherapy to individuals, groups, and couples using accepted theoretical approaches and appropriate case management techniques.

**Activity II-C-1(a):** Intern will complete **250 hours** of individual counseling/psychotherapy. A rating of at least three by the end of the year on the Intern Evaluation Form for this area is required for completion.

**Activity II-C-1(b):** Intern will complete **55 hours** of group counseling. A rating of at least three by the end of the year on the Group Evaluation Form is required for completion.

**Activity II-C-1(c):** Intern will complete **25 hours** of couples counseling. A rating of at least three by the end of the year on the Intern Evaluation Form is required for completion.

**Activity II-C-1(d):** As part of the Intern Case Presentation to the Training Committee, interns are to include their theory of change and how this theory was demonstrated in treatment. A rating of at least three by the Training Committee on the Intern Case Presentation form is required for completion.

**Activity II-C-1(e):** As part of the Intern Case Presentation to the Training Committee, interns will demonstrate how his/her/their approach was informed by OQ data, assessment data and other available sources of information (evidence-based practice). A rating of at least three by the Training Committee on the Intern Case Presentation form is required for completion.

**Activity II-C-1(f):** Intern will make use of therapy outcome data, in the form of the OQ-45, provided by the CAPS data base to assess progress of cases and will discuss these data in supervision and in treatment team. Therapy outcome measures and their use in CAPS are discussed in didactic seminars and in the CAPS Research Committee.

**Activity II-C-1(g):** In order to meet training objectives for competence in evidence-based practice, the interns are expected to access their therapy client’s feedback (via the OQ-45) prior to each therapy session. They receive didactic instruction on accessing the feedback, interpreting the feedback and using the feedback to consult and design appropriate interventions. In addition, the interns are expected to identify a not-on-track case (as identified by the OQ-Analyst software as well as the ASC measure) and make an evidence-based case presentation to members of the Training Seminar illustrating their use of the feedback and the interventions they enacted as a result.

**Assessment:**

1. Review of the intern’s final Monthly Activity Report indicating year-to-date hours for clinical hours
2. Supervisor rating on individual, couples, and group therapy on the Intern Evaluation Form
3. Primary supervisors review and sign-off on intern case notes counseling cases
4. Training Committee approval of Intern Case Presentation
5. Training Committee ratings on the Intern Case Presentation feedback form. A rating of at least three on this form is required
6. Training Committee approval of evidence-based case presentation
7. Supervisor evaluation of use of evidence-based practice and OQ-45 data

**Objective II-D: Psychological Assessment and Diagnosis.** Intern is effective in diagnosis and psychological assessment.

**Competency II-D-1:** Intern demonstrates the ability to effectively select, administer, score, interpret, and report psychological assessments in order to accurately diagnose and respond to referral questions.
Activity II-D-1(a): Interns participate in a **one-to-two-hour** weekly Diagnosis and Assessment seminar, where supervision in this area is provided by CAPS psychologists (Dr. Kersti Spujt and Dr. Brodrick Brown) with extensive assessment experience. Assessment approaches are discussed, cases are assigned and reviewed, and interns make case presentations.

Activity II-D-1(b): Intern will conduct at least **three psychological assessments**, including written report for each battery of assessments, during the training year. A rating of at least three by the end of the year on the Intern Assessment Evaluation form is required for completion of the assessment competency.

Activity II-D-1(c): Intern will submit one written report for review by the Training Committee.

**Assessment:**
1. Supervisor evaluation of participation in the didactic training and the intern’s performance of assessments and written reports. The assessment supervisor reviews and signs-off on all intern assessment reports.
2. Review of intern’s final number of completed assessments and written reports.
3. Approval by Training Committee of intern’s submitted assessment report.

Objective II-E: **Intake Interview.** Intern is able to conduct intake interviews.

**Competency II-E-1:** Intern understands the role of intake interviews in providing effective psychological services and is able to conduct intake interviews, arrive at diagnostic impressions, makes appropriate case assignments, make referrals when appropriate, and writes effective intake reports.

Activity II-E-1(a): Interns receive training on intake interviewing during orientation and in didactic seminars fall semester.

Activity II-E-1(b): Interns participate in their assigned treatment team where intake interviews are discussed.

Activity II-E-1(c): Intern’s intake reports are reviewed by the primary supervisor and feedback is given to the intern. Interns are required to complete at least **30 intake reports** for completion of internship.

**Assessment:**
1. Supervisor evaluation and rating of intake interviews and reports. A rating of at least three by the end of the internship year on the Intern Evaluation Form
2. Training Committee approval of the intern’s intake report
3. Review of intern’s final Monthly Activity Report

Objective II-F: **Crisis Intervention.** Intern is able to appropriately and effectively respond to crisis situations.

**Competency II-F-1:** Intern understands the need for crisis intervention in a counseling center and is able to effectively assist clients who present to the CAPS in crisis.

Activity II-F-1(a): Interns are given instruction in the CAPS crisis service during the internship orientation and during fall semester in training seminar by the clinical director.

Activity II-F-1(b): Interns are assigned, depending on readiness and experience, to be available for walk-in crisis coverage by responding to any emergencies during regular office hours. Interns are required to participate in at least **5 crisis cases** during the training year.

Activity II-F-1(c): The CAPS Clinical Director reviews reports of each crisis incident and feedback is given to interns.

Activity II-F-1(d): Interns provide a crisis intervention report for their intern portfolio.

**Assessment:**
1. Review of intern’s final Monthly Activity Report
2. A rating of at least three by the end of the year on the Intern Evaluation Form on crisis intervention is required for completion
3. Training Committee approval of written crisis intervention report
Objective II-G: Outreach, Consultation, and Program Evaluation. Intern will be able to provide outreach, consultation, and program evaluation.

Competency II-G-1: Intern will provide outreach, consultation, and program evaluation in a professional manner that meets the needs of the client(s).

Activity II-G-1(a): Intern will plan, prepare, and provide an outreach presentation.

Activity II-G-1(b): Intern will participate in five outreach activities during the year.

Activity II-G-1(c): Intern will participate in a group program evaluation project with the other interns. The project will be assigned by the Training Committee under the supervision of a CAPS psychologist. A report of the program evaluation will be submitted to the supervisor, the client for the evaluation, and to the Training Committee.

Assessment:
1. Approval of CAPS Outreach Coordinator
2. Review of intern’s final Monthly Activity Report
3. Approval of supervising psychologist for the program evaluation project
4. Training Committee approval of the program evaluation report

Goal III:
Prepare interns who are skilled in the integration of science, theory, and practice of psychology.

Objective III-A: Integration of Science, Theory, and Practice of Psychology. Intern will be an informed consumer of research, theory, and other scholarly works and use these to inform her, their, or his practice of psychology. Interns will be supported in their own research and will be given opportunities to participate in research in CAPS.

Competency III-A-1: Intern will evaluate research and scholarly works for their clinical relevance and will use research, theory and scholarly works to inform and evaluate the practice of psychology.

Competency III-A-2: Intern will understand the role of and approaches to learning from practice as a means of continued professional development and of generating research questions.

Activity III-A-1(a): Interns evaluate research literature and other scholarly works as part of the didactic training seminars, supervision, the CAPS in-service series, professional development activities and professional conferences they attend.

Activity III-A-1(b): Interns apply research knowledge to their practice of psychology as part of their didactic training and supervision.

Activity III-A-1(c): Interns are given the opportunity to join the RAT (Research and Assessment Team). All interns can participate in research projects carried out by CAPS if requested. Interns write a report on their involvement in research and other scholarly activities at the end of the training year.

Activity III-A-1(d): Interns are given 4 hours per week to work on research. If intern has not completed their dissertation upon arrival at internship, then their dissertation research is emphasized in order to help the intern move toward completion of the doctoral degree. If dissertation is completed, interns can participate on any research study or develop a research study based on their clinical interests.

Activity III-A-2(a): Didactic training provides interns with additional means of informing practice, generating research questions, and continuing professional development.

Activity III-A-2(b): Interns are required to reflect upon their practice experiences throughout the training year and to discuss what they have learned from practice in intern seminar.

Assessment:
1. Seminar leader approval of intern’s ability to integrate the science, research, and practice of psychology through the evidence-based clinical presentation
2. Supervisors’ evaluation of intern’s ability to make use of relevant research, theory, and other scholarly works to inform their practice of psychology
3. Seminar leader and Training Committee approval of intern written report on involvement in research and other scholarly activities during the training year

**SUPERVISION PROCEDURES**

Supervision of training experiences is a vitally important aspect of the CAPS Internship program. Each intern is provided **two hours** of individual supervision per week with a "primary" supervisor and **one hour** of supervision per week with a "secondary" supervisor. The primary supervisor has overall responsibility for the intern’s individual and couples cases and signs off on case notes. The group supervisor (co-leader) is responsible for providing group supervision and signing off on all group notes. The assessment supervisor(s) has responsibility for interns’ assessment cases and signs assessment reports with the intern submitting the report. Rotation supervisors oversee the work of the intern in the rotation and evaluate the intern’s work at the end of the rotation.

The assignment of primary and secondary supervisors to interns is carried out by the Training Committee (TC). However, the intern makes input into this decision. At the beginning of the internship year, interns are introduced to the CAPS supervisors. Interns are then asked to submit a completed Supervision Request Form to the TC via email. The Supervision Request Form is the intern's formal request for particular supervisors and includes the reasons for the requests. It is helpful if the intern lists several possible primary and secondary supervisors in order of preference.

The TC reviews all four interns' requests for supervision and then makes supervision assignments. These assignments should be completed by the end of the second week of internship. Interns may request that the supervision assignments be reconsidered. This should be done with the Director of Training. Throughout the year an intern may request a change in supervision by contacting the Director of Training and making known the reasons for the requested change. By the same token, the Training Committee may decide that it would be advantageous to the training goals of the intern to initiate a change in supervision. This is done in consultation with the intern and current and proposed supervisors.

Supervisors are prepared to participate in the interns' goal setting, development of training contracts, and evaluation of intern performance. The Training Committee also solicits input and feedback from supervisors to use in program improvement and evaluation.
SUPERVISION AND ROTATION REQUEST FORM
BYU-CAPS Internship in Health Service Psychology

Intern: Date:

List your preferences for **Primary Supervisor**:  
1)  
2)  
3)  

Please outline your main reasons for requesting these individuals as your primary supervisor? What would you hope to accomplish through receiving supervision from one or more of them?

List your preferences for **Secondary Supervisor**:  
1)  
2)  
3)  

Please outline your main reasons for requesting these individuals as your secondary supervisor? What would you hope to accomplish through receiving supervision from one or more of them?

List your **Clinical Rotation** preferences for the upcoming semester [specify if you want to do a whole (4 hours) or half rotation (2 hours)]:  
1)  
2)  
3)  

**Group Preferences:**

Which **Committee** would you prefer to serve on?
LIVE OBSERVATION AND FEEDBACK FORM
Psychology Internship Program
BYU Counseling and Psychological Services

<table>
<thead>
<tr>
<th>Intern:</th>
<th></th>
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<tbody>
<tr>
<td>Supervisor:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
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</table>

*Please comment on strengths and weaknesses regarding the following points, as relevant:*

<table>
<thead>
<tr>
<th>Basic Helping Skills</th>
<th>•</th>
</tr>
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<tbody>
<tr>
<td>Therapeutic Alliance</td>
<td>•</td>
</tr>
<tr>
<td>Personal Issues (boundaries and disclosure)</td>
<td>•</td>
</tr>
<tr>
<td>Addressing Treatment Goals</td>
<td>•</td>
</tr>
<tr>
<td>Evidence of Case Conceptualization</td>
<td>•</td>
</tr>
<tr>
<td>Appropriateness of Interventions</td>
<td>•</td>
</tr>
<tr>
<td>Timing</td>
<td>•</td>
</tr>
<tr>
<td>Monitors Process</td>
<td>•</td>
</tr>
<tr>
<td>Use of Silence and Amount of Talking</td>
<td>•</td>
</tr>
<tr>
<td>Use of Nonverbals</td>
<td>•</td>
</tr>
<tr>
<td>General Observations</td>
<td>•</td>
</tr>
<tr>
<td>Trainee’s Perception of the Counseling Session</td>
<td>•</td>
</tr>
<tr>
<td>Trainee’s Response to Feedback</td>
<td>•</td>
</tr>
<tr>
<td>Summary of Strengths &amp; Weaknesses</td>
<td>•</td>
</tr>
</tbody>
</table>
Client of Trainee Consent Form
Counseling and Psychological Services
Brigham Young University

I hereby acknowledge that I have been informed that I am being treated by a trainee of the Counseling and Psychological Service Center:

Name of trainee: __________________________________________

Training status: ___________________________________________

Name of trainee supervisor: ________________________________

I have agreed to the recording of my therapy sessions for training purposes, which have been discussed with me. I understand that any sounds, images, transcriptions, or any other information will be used only for purposes of consultation, training, or supervision. The confidentiality of all such information will be strictly safeguarded. After being used for training, these recordings will be destroyed. I will discuss any questions I may have about the above statement with my counselor.

Name ____________________________  BYU ID # __________________________

Signature ____________________________  Date ____________________________

Witness signature ____________________________  Date ____________________________
Evidence-Based Case Write-Up

Each intern will provide a written report and deliver a 30-minute presentation within Intern Seminar on a client you have seen during your internship year, demonstrating how you utilized an evidence-based approach to treatment. This evidence-cased presentation will be given in May/June of the internship year.

The written paper will contain the following elements:

1. **Background Information:**
   - Please use a pseudonym for your client
   - Age
   - Gender
   - Sexual Orientation
   - Race/Ethnicity
   - Ability Status
   - School Year (Freshman, Sophomore, Junior, Senior, etc.)
   - Religious/Spiritual Identification
   - Family Background/History
   - Geographic Location (Where they grew up)
   - Any other relevant background factors

2. **Presenting Problem:** A brief description of the reason client is presenting for therapy.

3. **Conceptualization:** Identify the most relevant biopsychosocial, historical, multicultural, environmental, developmental, etc. components of the case and your conceptualization to the contributing factors that have resulted in the client experiencing significant distress and presenting for therapy.

4. **Approach to Treatment:** Please provide a description of your approach to treatment, highlighting the theory of change you utilized with client, any interventions that you felt were integral to the client’s treatment, and any research that substantiates your decisions for why you chose this approach for treating the client’s presenting problem. Also, highlight any referrals or recommendations you made in the treatment of your client.

5. **Outcome-Questionnaire 45 (OQ-45) Feedback:** Please include a graph of the client’s OQ scores as well as your observations of moments when their OQ score significantly increased or decreased and how it was related to treatment.

6. **Assessment for Signal Clients (ASC):** Please include a graph of the ASC highlighting the four subscales (therapeutic alliance, social support, motivation, and life events). Please comment on how the ASC scores related to your treatment with client.

7. **Summary of Client’s Response to Interventions:** At the end of the document, include a brief summary of how client responded to treatment, where they are now in treatment, and any things you feel need to be considered in client’s future treatment.
# SAMPLE TRAINING SCHEDULE
BYU-CAPS Internship in Health Service Psychology

<table>
<thead>
<tr>
<th>SERVICE ACTIVITIES</th>
<th>APPROXIMATE HOURS PER WEEK (40 TOTAL)</th>
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<tr>
<td>Individual Counseling/Psychotherapy</td>
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<tr>
<td>Psychological Assessment</td>
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<tr>
<td>Group Counseling/Psychotherapy</td>
<td>2-4</td>
</tr>
<tr>
<td>Outreach and Consultation</td>
<td>1-3</td>
</tr>
<tr>
<td>Intake Interviews</td>
<td>1-2</td>
</tr>
<tr>
<td>Crisis Service</td>
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</tr>
<tr>
<td>Rotation</td>
<td>4</td>
</tr>
<tr>
<td>Supervision of Practicum Students</td>
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<table>
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<th>TRAINING ACTIVITIES</th>
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<tr>
<td>Individual Supervision</td>
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<tr>
<td>Treatment Team-Consultation</td>
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<tr>
<td>Intern Support Group</td>
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<tr>
<td>Training Seminar</td>
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</tr>
<tr>
<td>Diagnosis and Assessment Seminar</td>
<td>1</td>
</tr>
<tr>
<td>Supervision of Group Therapy</td>
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</table>

<table>
<thead>
<tr>
<th>PROFESSIONAL ACTIVITIES</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Faculty Meeting/Inservice Training</td>
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<tr>
<td>Committee Assignments</td>
<td>1-2</td>
</tr>
<tr>
<td>Dissertation or Research</td>
<td>4</td>
</tr>
</tbody>
</table>
Training Rotations

In addition to the required training activities described in the Goals, Objectives, and Competencies of the Internship, the Program provides interns with their choice of a number of clinical rotations.

Each intern selects one rotation for a four-month period (one semester) and then switches to another assignment. In some cases, it is possible for an intern to contract to do two rotations or a full-rotation and a half-rotation in a training phase. Interns work in each rotation for approximately four hours per week. They are supervised in the rotation by one of the licensed psychologists in CAPS. While the rotations have typically been carried out in one of the following areas, it is possible for an intern to suggest a new rotation that optimally meets her, their, or his training interests and needs.

Couples Rotation (2 hours per week)

This clinical rotation is supervised by a AAMFT Ph.D. therapist (Dr. Mike Buxton). The clinical training is implemented through a didactic approach, live observation, and current readings. Interns have the opportunity to work with couples as they are observed by their cohort and the faculty supervisor as they work toward gaining and improving their theoretical approaches and skills when working with couples. Interns will meet two hours per week during this rotation and will be required to have one or more couples cases as part of their clinical caseload.

Sexual Health Rotation (2 hours per week)

This rotation focuses on the development of knowledge, comfort, and skill in facilitating sexual health conversations with clients in individual, couple, and group therapy. Interns will meet two hours each week for case discussion, didactic presentations, and other activities. Some reading each week is expected. No prior experience conducting sex therapy is required. The seminar is open to all interns, regardless of whether they are pursuing sex therapy as an area of expertise. However, for those interested in pursuing AASECT sex therapy certification this seminar could count for up to 24 of the 60 required sex therapy training hours.

Campus Housing (Residence Life) (2-4 hours per week)

BYU Campus Housing is comprised of Heritage, Helaman Halls, Wyview, and the Foreign Language Houses. There are approximately 7 Managers, 3 Office Managers, 20 Hall Advisors (HA’s), and 102 Resident Assistants (RA’s) who make up the residential life staff to help students living in campus housing. In many ways student housing is the front line of mental health counseling on a university campus. It is the RA who is usually the first person to come in contact with or be made aware of a student who may be struggling with a mental health related problem. For these reasons, CAPS provides extended services to campus housing at BYU to help deal with students in distress as quickly as possible. To help campus housing staff, clinicians at the CAPS provide the following services which are part of the housing rotation for interns:

1. Consulting:
   a. Resident Staff: Part of your time as an intern in the housing rotation will be spent consulting with campus housing staff (e.g., RA’s, HA’s, etc.). As an intern, you will be accompanied by a member of the CAPS staff and allowed to observe/participate with them providing consultation. After you feel appropriately trained, you will then have the opportunity to provide consultation to housing staff by yourself. Typically, these consultations are centered on residents that housing staff are worried about and helping RA’s understand how to make a referral to the CAPS. Typical issues that you would consult with an RA about are residents who have or are
experiencing depression, eating disorders, borderline personality disorder, death of a loved one, parental divorce, homesickness, adjustment to college, cutting, suicidal ideation, etc. In addition, being an RA can be a demanding job, thus there are also times you will need to educate RA’s on how to set appropriate boundaries with their residents and build time into their schedules to care for themselves.

b. **Students:** Another part of your time may be consulting with students in the resident halls who may be struggling at school or in their life. Meeting with the student in the halls can build a bridge to the counseling center ensuring the student will get the proper treatment they need.

2. **Crisis Intervention:**
   a. At times students are in crisis (e.g., suicidal, self-harm, etc.). Accordingly, these students may need to be seen immediately for an assessment and recommendation of future treatment. Many of these students may already be clients of the CAPS. As part of the housing rotation, you will have the experience of working with the housing staff and/or the counselor or physician who may be working with the student. Ethics, confidentiality, and concerns of who is the client will be illuminated and addressed. You will also gain experience in attempting to help the identified student and the management resolve the current problem.
   b. It should also be noted that when there is a crisis on a floor, or in a Hall, many individuals are involved. The CAPS Psychologist and Intern will offer assistance not only to the person(s) directly involved in the incident, but also to all others that may require interventions, i.e. roommates, neighbors, friends, clergy, ward members, R.A.’s, and Management.

3. **Teaching:**
   a. Another part of the housing rotation consists of helping teach Student Development 358R. This class is designated to Resident Assistants only. The class covers several mental health topics to help RA’s identifying the signs and symptoms of such mental health issues as depression, anxiety, eating disorders, the disruptive student, the suicidal student, academic issues, etc. The goal of the course is not to train clinicians but to help give RA’s the skills to identify and talk to students who need help and but may not know where to go to get it. The class is offered once per week, on Tuesdays and/or Thursdays from 4-4:50.

4. **Staff Meetings:**
   a. You can also serve as a liaison through attending staff meetings within the housing department. Within these meetings, you will have a chance to talk to administrative housing staff in order to learn what issues are problems for housing and make recommendations of what may be helpful. These meetings typically take place on Tuesdays from 2-3 pm.

**Why is this important to you?**
- If you desire to work at a counseling center on a university campus, having experience with housing is a great asset to add to your vitae. Many university counseling centers prefer taking a campus community approach to counseling, understanding that housing officials can serve as a powerful liaison to help counselors understand what the students are struggling with and how counselors can help. Consequently, by working in housing you gain skills in how to work with housing in a collaborative relationship and how to reach out to students who may be less willing to walk into the counseling center of their own volition.
MULTICULTURAL/CULTURAL DIVERSITY ROTATION (2-4 hour per week)

Increasing one’s knowledge, skills, attitudes and cultural humility within cultural diversity theory and practice is a primary focus of BYU-CAPS. This rotation can be crafted by each intern to promote growth and development in multicultural experiences and trainings with different culturally diverse populations or theories. Accordingly, each intern can choose to participate in the following activities (see below) selecting options that will provide them further experience and expertise in working with culturally diverse populations. This rotation can be a full rotation, taking four hours per week, or a half-rotation taking 2 hours per week.

Possible Training Experiences in Cultural Diversity

- Providing 2-3 hours per week working with a specified cultural population of the intern’s choice (e.g., African-American/Black students, Asian/Asian-American Students, Indigenous/Native-American Students, Latinx Students, international students, LGBTQ+ students, students of disability, etc.). In conjunction, the intern would utilize secondary supervision (1 hour per week), to focus on increasing one’s clinical skillset in working with the identified cultural population.
- Group Therapy. Intern would choose from different group offerings that serve culturally diverse populations.
  - LGBTQ-groups
  - Multicultural Forum
  - Racial Trauma Group
  - Chronic Pain & Illness Group
- Intern would work with Outreach Committee to develop outreach presentations to culturally diverse groups or populations and market and present to said groups.
- Intern would serve as a psychological liaison to the Multicultural Student Services (MSS) at BYU. Intern would attend a one-hour staff meeting providing psychological consultation services to MSS staff. Furthermore, they would serve as a primary referral resource for MSS office to provide individual therapy, consultation, and crisis services when needed by the MSS office.
- Intern would serve as a psychological liaison to the International Student and Scholar Services (ISSS) at BYU. Intern would attend a one-hour staff meeting providing psychological consultation services to ISSS staff. Furthermore, they would serve as a primary referral resource for ISSS office to provide individual therapy, consultation, and crisis services when needed by the ISSS office.
- Intern could choose to work with a secondary supervision or with a CAPS faculty member who specializes in multicultural/cultural diversity theory and perform a set of readings and apply these readings to their current clinical work and /or an in-depth understanding or theory and application. Reading materials would be purchased and provided by the TC budget.
- Intern can serve as a liaison to a culturally diverse student group, such as the Anti-Racism Club, Interfaith Student Association, Hispanics Unidos, Hong Kong Student Association, Korean Student Association, Latinos in Action, Pacific Islander Student Association, Women in Management Club, Japan Club, Black Student Union, etc.
- Intern can make a recommendation of a clinical activity or training experience they would like to have as a part of their internship that focuses on working with or gaining greater knowledge and skills in working with a culturally diverse population. This will be reviewed by the TC and if approved the intern will be informed by the TD.

CAREER COUNSELING (4 hours per week)

Career counseling and advising, along with career education, are vital services provided by the Counseling and Psychological Services and related advisement offices. Through the various services we offer, our counselors,
advisors, and instructors attempt to help students develop a career identity, make developmentally appropriate decisions based on solid information about themselves and the world of work, and formulate realistic career plans.

Several entities converge to assist students with their decisions regardless of where they may be in the career exploration/decision making process. In the University Advisement Center professionals assist students as they choose a major and formulate plans to fulfill the University Core requirements. This office also helps students with initial career planning. The Pre-professional Advisement Center assists students who wish to pursue advanced studies in medicine, dentistry, other allied health careers, as well as entering law school. In the Career Center students can take career assessments designed to help them discover how their interests and values correspond with specific occupations. The Career Center also maintains a library of books and electronic resources where students can find current information about the world of work. As students prepare to leave the university, our Career Placement Services assists students as they connect with employers, create resumes, and prepare for interviews.

Ideally Interns selecting this rotation would gain some exposure to each career service delivery area. Potential involvement might include:

- Career counseling and advising
- Teaching or co-teaching career exploration classes or workshops
- Participating in career related outreach opportunities
- Career test administration and interpretation
- Meet with (or shadow) representatives from each of the offices involved with career delivery to learn about their functions

Time Expectation for Career Counseling Rotation:
- Commit at least 4 hours per week to this rotation for a period of one semester or both spring and summer terms.
- Rotations will consist of up to one hour of supervision and three or more hours of career service delivery.

Career Counseling Competencies:

**Career conceptualization and intervention skills**
- Become familiar with at least two theories of career development and be able to conceptualize your work with a student (selection of interventions, description of the process, etc.) based on these theories.
- Conceptualize your own career development to this point.
- Begin to develop your personal “model” for approaching career counseling/exploration.

**Career assessment skills**
- Become familiar (basic psychometric properties, intended population, what information is conveyed, etc.) with at least 3 formal career assessment devices and then use those instruments as you meet with career clients.
- Identify or develop at least 3 “informal” methods of career assessment and then use these methods as you meet with clients.

**Information and resource awareness skills**
- Understand and be able to use the career resources available in the Career center.
- Become proficient (be able to explain how to use and interpret) the information available on the Discover Program – an online career guidance program.
Be able to provide appropriate referrals to other campus entities with career related functions as well as to other CAPS areas. This will involve a working knowledge of BYU and its majors (college and advisement center structure) and some basic academic requirements (GE, limited enrollment programs, Pre-Professional programs, etc).

TEACHING (4 hours per week)

One of the most unique intern experiences available in the CAPS at Brigham Young University is the teaching rotation(s). We do not know of any other university in America where a counseling center “owns” an academic department that that resides within the Center itself. We have complete authority over the Department of Student Development within CAPS. We teach over 200 sections of Student Development credit courses at BYU.

The main courses available to interns for team teaching experience within the CAPS are the following:

- STUDENT DEVELOPMENT 100, Essential College Skills
- STUDENT DEVELOPMENT 109, Effective Study and Learning
- STUDENT DEVELOPMENT 117, Career Exploration
- STUDENT DEVELOPMENT 140, Life Planning and Decision Making
- STUDENT DEVELOPMENT 141R Individual Development
- STUDENT DEVELOPMENT 143, The Science and Practice of Positive Living
- STUDENT DEVELOPMENT 317R Career Strategies

We also teach several leadership and college student development courses in the residence halls for RA’s and Hall Advisors (HA’s). Interns may find any or all of these to be a unique part of their development as professional psychologists.

Along with learning more about the content of each of these college student development courses, interns will learn how to teach a college course with a particular emphasis on what we call “developmental teaching.” We have a unique teaching method which focuses on content that helps our students learn about their development an emerging adult. This teaching method also allows our interns to learn how to teach in both large and small groups. We use a team-teaching approach so that each intern participating in the teaching rotation has the opportunity to be mentored by a senior faculty member with significant college teaching experience.

STRESS MANAGEMENT AND BIOFEEDBACK SERVICES (4 hours per week)

Stress Management and Biofeedback Services provide biofeedback and relaxation training to aid in general stress management and as an adjunct to therapy treatment for anxiety, depression, sleep difficulties, and other stress related issues. The lab uses multiple biofeedback modalities including EMG (temporal muscle feedback), Skin Temperature, GSR (sweat gland activity), and HRV (heart rate variability). The purpose of biofeedback in this setting is to aid relaxation training by helping individuals gain voluntary control over physiological responses to stress thought to be involuntary. We do not directly treat medical symptoms.

Interns are trained to use all biofeedback equipment in conjunction with eight basic relaxation skills: Breathing, Body Scan, Autogenics, Progressive Muscle Relaxation, Visualization, Self-Hypnosis, and Performance Rehearsal. Interns will first receive basic training and observe their supervisor and other lab assistants working with students and then work with students independently. Interns can also participate in Stress Management outreach presentations to campus groups. The rotation can be done Fall, Winter, Spring or Summer. Interns wanting more experience with biofeedback have often chosen to do this rotation during Fall or Winter semester and then continued in Spring/Summer depending on availability in the lab.

COUNSELING CENTER ADMINISTRATION (2 hours per week)
This rotation experience will provide the intern with a greater understanding of the administration of university counseling services. Administration of the BYU Counseling & Psychological Services, due in part to its size and breadth of services, is a complex task involving several individuals. The intern will have the opportunity to interface with these individuals—including the center director, clinical director, training director, and other associate directors—and have an experience that will provide a feel for the administration of a counseling center.

An interested intern will be able to gain exposure to these and other areas pertinent to counseling center administration: development and maintenance of an agency budget; management of the clinical services provided at the center; development of policies and procedures; organizational structure of the center and its place in the larger university structure; university and center politics; administration of career services and teaching efforts. The intern will also be able to attend administrative meetings in the center/university.

RESEARCH AND ASSESSMENT TEAM (2-4 hours per week)

Interns who have completed their dissertation have an outstanding opportunity to do a rotation with the CAPS Research and Assessment Team (RAT). Interns doing this rotation will have the opportunity to be involved in ongoing research on treatment outcomes for individual and group psychotherapy or, if they prefer, they can start original research of their own choosing. Through this rotation, an intern may be an author on a publication or have the opportunity to present research at a conference.

ACADEMIC SUPPORT ROTATION (4 hours per week)

Rationale: The Intern Rotation at the CAPS helps prepare counselors who will typically, although not always, eventually work in a university or higher education setting. For interns who are heading towards either of these final career goals, spending a rotation in the Academic Support Office would be a great advantage.

1. There appears to be a division between what are considered clinical skills and advisement. While this division may make sense on several levels, when it comes to treating a college student in a holistic manner, it actually makes little sense at all. For example, because a College Counseling Center psychologist works in a college setting, she/he/they are continually working with a caseload made up of college students. What is suggested in the literature is that students with mental health disabilities have the highest “college dropout rate” of any other group of students with disabilities. Research estimates that 86% of students with psychiatric disorders withdraw from college before they finish their degree (Collins et.al, 2005). In a national study on college students’ depression, Furr, Westefeld, McConnell, & Jenkins (2001), reported that academic grade concern was indicated as being the number one factor contributing to college student depression.

2. From ASO’s past research (this is ongoing), we know that during fall and winter semesters approximately 2500 students go on academic standing per semester (Warning, Probation, Suspension or Dismissal). Current research suggests that of those students who end up on academic warning or probation, 43% reported having “sensitive concerns” (including depression and anxiety) which contributed to their poor academic performance.

3. The Academic Support Rotation primary goal is to help interns understand the underpinnings of mental health on academic performance, and also provide interns with opportunity to work with students with mental health issues in a different format.

4. Interns would also have opportunity to meet and consult with other academic organizations on campus i.e., Academic Standards Committee, College Advisement Centers, etc.
Suggested Rotation Skills:

1. Clinical/Advisement Skills: The intern would visit with students in academic distress due to mental health issues. The intern would track the students, visit with them, institute a plan for academic success, and meet with the student on a regular basis.

2. Academic/Learning Skills: The intern will have opportunity to work with the ASO Learning Specialist and other ASO staff in learning techniques to help students to succeed academically.

3. Consultation: The intern will have opportunity to consult, and interact with other organizations on campus e.g., committees, CAPS therapists, professors, College Advisement Centers, Deans, Housing etc.

4. Supervision: Intern will have opportunity to supervise Peer Coaches and to contribute to the CAPS (Coaching, Advisement, and Peer Support) training program.

5. Administration: Intern will also be able to contribute to the development of the ASO office and services offered to students in academic distress.

OUTREACH ROTATION (4 hours per week)

Counseling and Psychological Services (CAPS) at BYU provides students with a variety of easily accessible services within the walls of the counseling center. We are also involved in important outreach efforts to provide services to the student population as a whole, including those who do not seek services, or who may not be aware of the services available to them. Through our ongoing outreach efforts, we are able to more efficiently and effectively address the diverse needs of a large student body and provide preventive care to students.

The outreach efforts undertaken by faculty and trainees at CAPS aim to fulfill a number of different goals. For example, we are able to fill a psycho-educational need in the university by disseminating and presenting accurate information about mental health issues to student groups and organizations around campus. We receive a number of requests every semester to present everywhere from administrative or faculty departments, to groups of students in the dorms, and to other student and professorial organizations.

Our outreach services are also designed to serve a preventive function. Outreach presentations and events provide information that is designed to help identify and alleviate student issues before they reach crisis-levels, which is preferable for them, and which also reduces demand on services at the always-busy counseling center.

Interns selecting this rotation would be involved in each of the above-mentioned efforts, and in some other important organizational and leadership opportunities. Some experiences offered include:

- Leadership role in organizing, supervising, and mentoring a Student Outreach Council, staffed by volunteer students who are interested in participating in outreach efforts.
- Organizing and presenting content for outreach presentations in response to requests received at CAPS, from student organizations at BYU.
- Running of information tables in visible areas around campus, to increase student awareness of available services, and of important mental health information.
- Play a key role in the development and execution of new outreach efforts, contribute input regarding issues that you feel would be of benefit to the student population at BYU.

Time Expectations:

- Commit at least 4 hours per week to this rotation for a period of one semester either fall or winter.
- Rotations will consist of up to one hour of supervision and three or more hours of outreach service activities including participation on the outreach committee, participation as a supervisor on the CAPS student outreach council and giving presentations to groups across campus.

Outreach Rotation Competencies:
▪ Interns will develop ability to organize and carry out outreach presentations in a number of different settings. Skills involved will include (but are not limited to):
  o Creating and organizing outreach content and materials
  o Interacting with outreach event organizers to determine the scope and aims of each event
  o Presenting materials in a coherent, effective manner
  o Collecting feedback from outreach recipients to help improve quality of future outreach efforts
▪ Interns will develop leadership and mentoring skills as they play a key-role in the weekly management of the Student Outreach Council. This will include:
  o Editing and vetting of outreach materials developed by student volunteers
  o Mentoring in the development and refinement of outreach presentation skills among student volunteers
  o Giving constructive feedback to student volunteers, and identifying students’ potential areas of growth
  o When necessary, accompanying student volunteers at outreach events, to oversee execution of outreach presentations

SPIRITUALITY SEMINAR (1 hour per week)

The purpose of the Spirituality Seminar is to introduce interns to the integration of spirituality in psychology. This seminar focuses on helping interns build a bridge between spirituality and psychotherapy and exposing them to spiritual concepts and ideas which can enrich their psychological practice. Format for the seminar will consist of readings, guest lectures, clinical case reviews and discussion that will enhance interns’ understanding and growth in this area. This rotation is led by Dr. Tracy Brown.

CLINICAL SPORTS PSYCHOLOGY ROTATION (4 hours per week)

This rotation gives interns an opportunity to provide a broad range of psychological services to student-athletes at BYU. CAPS psychologists (Drs. Tom Golightly and Ofa Hafoka Kanuch) who split their clinical time with Sports Medicine in the Athletic Department supervise the rotation. Interns participating in this rotation may provide psychological counseling; outreach presentations focused on academic, career, and personal development issues; psychological assessment; and performance enhancement work with athletes, coaches, and teams.

There is also an opportunity to co-teach a class called "Contemporary Issues for Student-Athletes." Interns are invited to participate in monthly meetings with the sports medicine team. Past interns have also been invited to attend an annual sport psychology conference with the sport psychologist. This rotation is shaped to match the interests and competencies of the intern and the needs of the Athletic Department. The rotation is offered only during fall and winter semesters.

INTERNSHIP ROTATION GUIDELINES

The BYU-CAPS Internship in Health Service Psychology provides a variety of clinical rotations to interns in order to provide them with a full range of training experiences in a comprehensive university counseling center and related agencies in Student Life at BYU. The rotations also allow interns to receive specialized training in areas of particular interest to them.

The Training Committee in CAPS recognizes the importance of the training our psychology interns receive in their rotations and is grateful for those who train and supervise interns in the rotations.

In an effort to maintain the quality of the rotation experience for our interns, the Training Committee offers the following guidelines for rotations:
1) Once an intern has been assigned to a rotation, the Director of Training will communicate this information to you. We would like you to then contact the intern and provide information about your expectations for the rotation and the nature of the work the intern will be doing.

2) With the intern, each rotation supervisor will then set up the day and time for the rotation activity components.

3) Additionally, the rotation supervisor will need to set up a regular, weekly appointment with the intern when you can provide supervision regarding his/her/their work in the rotation. We would like the intern to be able to discuss work assignments and to receive feedback on work accomplished in the rotation.

4) An intern's work in the rotation, including supervision, should total four hours per week.

5) Please assist the intern in developing the skills necessary to effectively provide the services of your rotation. This assistance might take the form of readings, demonstrations, or the intern observing others performing the services.

6) Fill out Intern Rotation Evaluation form (Qualtrics Survey Link) at the end of the rotation and submit it to the CAPS Director of Training.
**INTERN ROTATION EVALUATION**
BYU-CAPS Internship in Health Service Psychology

<table>
<thead>
<tr>
<th>Intern Rotation</th>
<th>Date</th>
<th>Sem</th>
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<tbody>
<tr>
<td>Supervisor</td>
<td></td>
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</table>

Brief Description of Intern's Work in the Rotation:

Evaluation of the Intern's Rotation Performance:

Suggestions for Improvement:

Any other aspects of Intern’s performance that should be called to the Training Committee’s attention:

Supervisor’s Signature ___________________________ Date _______________
TRAINING CONTRACT
BYU-CAPS Internship in Health Service Psychology

Intern ____________________________ Date ________________
Primary Supervisor ____________________________ Sem ________________
Secondary Supervisor ____________________________

Group(s):

Rotation(s):

Committee:

Intern Training Goals: emphases, needed growth areas, types of cases or assessments, other activities

Goals/areas of needed growth:
**SERVICE ACTIVITIES**

<table>
<thead>
<tr>
<th>Activity</th>
<th>HOURS PER WEEK (40 TOTAL)</th>
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<tbody>
<tr>
<td>Individual Counseling/Psychotherapy</td>
<td></td>
</tr>
<tr>
<td>Psychological Assessment</td>
<td></td>
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<tr>
<td>Group Counseling/Psychotherapy</td>
<td></td>
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<tr>
<td>Outreach and Consultation</td>
<td></td>
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<tr>
<td>Intake Interviews (First-Session Interviews)</td>
<td></td>
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<tr>
<td>Emergency Service</td>
<td></td>
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<tr>
<td>Rotation</td>
<td></td>
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<tr>
<td>Supervision of Practicum Students</td>
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</table>

**TRAINING ACTIVITIES**

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<thead>
<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>Individual Supervision</td>
<td></td>
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<tr>
<td>Treatment Team-Consultation</td>
<td></td>
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<tr>
<td>Intern Support Group</td>
<td></td>
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<tr>
<td>Training Seminar</td>
<td></td>
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<tr>
<td>Diagnosis and Assessment Seminar</td>
<td></td>
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<tr>
<td>Supervision of Group Therapy</td>
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**PROFESSIONAL ACTIVITIES**

<table>
<thead>
<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>Faculty Meeting/Inservice Training</td>
<td></td>
</tr>
<tr>
<td>Committee Assignments</td>
<td></td>
</tr>
<tr>
<td>Dissertation or Research</td>
<td></td>
</tr>
</tbody>
</table>

Intern Signature ____________________________________________ Date ____________________

Training Director Signature ________________________________ ____________________
CAPS provides its psychology interns with a number of professional development opportunities throughout the training year. So that you may take full advantage of these opportunities, the following information is provided.

1. **Intern Professional Development Stipend.** CAPS provides a small stipend to be used by each intern, with approval from the Training Committee, to pursue professional development activities. The stipend for the 2023-2024 year is $450.00. These financial resources are typically used to attend professional workshops or conferences away from BYU that are not made available to the entire CAPS professional staff. Interns should work with the CAPS Business Manager for Student Development Services, Sara Johnson, in order to pay conference/workshop fees and with our Executive Assistant, Jana Cottle, to make travel arrangements.

2. **CAPS Counseling Workshop.** Each year CAPS sponsors a counseling workshop that is open to mental health professionals in the region. The workshop is held in late September each year. The attendance fee for the workshop is paid for by the BYU Benefits Office. Past presenters at the workshop include: David Burns, Christine Padesky, Cloe Madanes, Fred Pine, Maxie Maultsby, Frederick Kanfer, Bruno Bettelheim, Irving and Miriam Polster, Michael Mahoney, Mark Savickas, Robert Neimeyer, Michelle Craske, Raymond DiGiuseppe, Donald Baucom, Steve Hayes, Lorna Smith Benjamin, Christine Courtois, Arthur and Christine Nezu, William Glasser, Christopher Peterson, Ellen Langer, Les Greenberg and Richard Schwartz. This is a great training and preprofessional activity provided to our interns.

3. **Utah Counseling Centers Conference.** Held each year in the fall (typically the first Friday in November), this conference brings together the professional staffs, including psychology interns, from the university counseling centers in Utah. The conference is a time to share issues, trends, and ideas from the various counseling centers and to hear from a keynote speaker. The keynote speakers for this conference typically address topics of relevance to counseling center work. Past interns have given presentations or poster presentations at this conference. Conference attendance is paid for by CAPS. This is a great opportunity for interns to network with other counseling center staff and learn of career possibilities during this conference.

4. **CAPS Inservice and Diversity Training.** Throughout the fall and winter semesters, CAPS provides an in-service series of trainings that meets on Friday mornings, usually from 9:00 to 10:00 a.m. Within these in-service trainings a variety of clinical topics of importance to the Center are presented and discussed. Presenters are both from the CAPS professional staff and from outside the Center. Interns are expected to participate in this activity and may make presentations.

5. **BYU Workshops and Presentations.** Each year a number of workshops and presentations are made on the BYU campus. BYU sponsors a conference on abuse, a health fair, and departments bring in outside presenters such as Leslie Greenberg on facilitating emotional change. Interns are encouraged to arrange their schedules so that they might attend events of particular relevance.

6. **Continuing Education at the Student Health Center.** Several times during the year presentations are made for the medical staff at the Student Health Center. CAPS faculty and interns are invited to participate.

7. **CAPS Professional Library.** The Center maintains a small professional library in 1506 WSC with books and journals relevant to our services. Requests from interns will be considered.
Evaluation Procedures
BYU Counseling and Psychological Services
Internship in Health Service Psychology

Evaluation is an important component of the Internship Program to ensure excellence both in terms of the training interns receive and the Counseling and Psychological Services staff who are involved in the Program. Throughout the evaluation process, the Director of Training serves as an advocate for the intern and as an arbiter of differences between the intern and supervisor(s). The Director of Training receives all evaluations, signs off on all internship related forms, and maintains a file of the evaluations for each intern.

Training Contract
The Training Contract is used to bring together the intern's goals, needed growth areas, and the training activities that will be engaged in by the intern for a semester of training. Within the Training Contract the nature and number of activities to be engaged in by the intern for each semester are established. Copies of the form are kept by the intern, supervisors, and the Director of Training. The Training Contract may be discussed and renegotiated at any time by the intern, supervisors, and Director of Training. However, a reconsideration of the contract and the progress made by the intern is part of the formal Intern Evaluation that is conducted each semester during the academic year.

Minimal Expectations for Core Competencies
For the final evaluation performed in August at the completion of internship, a minimal rating of “3” (Satisfactory) is required in all categories in all evaluation forms and is the completion criteria for all interns.

Criteria for Evaluation of Supervisee:

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Unsatisfactory</td>
<td>Intern’s performance is inadequate and/or unacceptable in all, or nearly all, areas being evaluated. Work is not commensurate with the expected level of training and development. Requires significant and close supervision in clinical areas. Remediation plan most likely required.</td>
</tr>
<tr>
<td>2</td>
<td>Marginal</td>
<td>Intern’s performance is below average. Work showed marked deficits in ability to function at expected level of training and development. Remediation may be considered or recommended.</td>
</tr>
<tr>
<td>3</td>
<td>Satisfactory</td>
<td>Intern’s performance was acceptable. Work demonstrates basic competence at the expected level of training and development.</td>
</tr>
<tr>
<td>4</td>
<td>Very Good</td>
<td>Intern’s performance is above average. Work shows advanced functioning related to expected level of training and development.</td>
</tr>
<tr>
<td>5</td>
<td>Outstanding</td>
<td>Intern’s performance is consistent with exceptional performance of advanced competence related to expected level of training and development.</td>
</tr>
<tr>
<td>N/O</td>
<td>Not Observed/Applicable</td>
<td>Not enough data to form a judgment or provide an evaluation of performance/competency in this area.</td>
</tr>
</tbody>
</table>
The table below outlines minimal expectations for core competencies that have been established to ensure the quality and thoroughness of the intern's training experience and to assist in the evaluation of completion criteria for the internship.

**MINIMAL EXPECTATIONS FOR CORE COMPETENCIES**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Minimal Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Counseling cases per year</td>
<td>40</td>
</tr>
<tr>
<td>Individual Counseling hours per year</td>
<td>250 hours</td>
</tr>
<tr>
<td>Couples Counseling cases per year</td>
<td>5</td>
</tr>
<tr>
<td>Couples Counseling hours per year</td>
<td>25 hours</td>
</tr>
<tr>
<td>Groups led per year</td>
<td>3</td>
</tr>
<tr>
<td>Group Counseling hours per year</td>
<td>55 hours</td>
</tr>
<tr>
<td>Assessment &amp; Report cases per year</td>
<td>3</td>
</tr>
<tr>
<td>Intake Interviews per year</td>
<td>30</td>
</tr>
<tr>
<td>Crisis cases per year</td>
<td>5</td>
</tr>
<tr>
<td>Outreach activities per year</td>
<td>5</td>
</tr>
<tr>
<td>Consultation cases per year</td>
<td>10</td>
</tr>
<tr>
<td>Consultation hours per year</td>
<td>10</td>
</tr>
<tr>
<td>Program evaluation</td>
<td>10 hours, 1 case</td>
</tr>
<tr>
<td>Providing supervision</td>
<td>10 hours</td>
</tr>
<tr>
<td>Total direct service hours</td>
<td>500 hours</td>
</tr>
</tbody>
</table>

Note: Numbers of cases are given as a rough guideline. The hour requirement takes precedent over numbers of cases in each training area.
EVALUATIONS IN THE INTERNSHIP

Intern Monthly Activity Report

The Intern Monthly Activity Report (MAR) provides the intern, primary supervisor, and Training Committee with a record of the intern's training activities, hours report, and clinical caseload on a monthly basis. Through the use of the MAR, it is possible to determine whether the intern's training goals are being addressed and whether their clinical caseload is appropriate. Supervisors also make use of the report to help the intern have a balanced, manageable training experience which will provide optimal professional development. The intern completes the activity report via an Excel file, keeps a copy for personal records, and submits a copy to the Director of Training at the end of each month. These reports provide a formal record of the intern's training and supervision. The information on counseling cases is recorded in a manner that does not violate confidentiality of CAPS clients. The report also provides a means of keeping a record of the "year-to-date" data of various activities to facilitate the evaluation of completion criteria.

Intern Evaluation

A formal evaluation of the intern is made three times during the academic year via the Intern Evaluation Form. An informal evaluation is performed mid-Fall semester through an email sent out to all supervisors within CAPS to assess any problematic areas or concerns with supervisees. If a problem or concern is noted by a supervisor of an intern, follow-up action (including a remediation plan if necessary) is taken to help the intern progress toward their clinical goals. The other three formal evaluations are given at the end of Fall semester (no later than December 31); the end of Winter semester (not later than April 30); and the end of Summer term by August 1. The intern evaluation process should involve the intern and primary and secondary supervisors. When someone other than one of the supervisors is in the best position to evaluate an intern's performance, it is the responsibility of the primary supervisor to obtain an evaluation from the supervising professional. The secondary supervisor need not provide a rating for areas of performance that she, he, or they has not observed. The Intern Evaluation Form consists of a rating on a five-point scale of the intern's present level of functioning in each of the nine, profession-wide competencies of the training program. The exit or "completion" criterion on each of the competencies is a rating of "3." A rating of three indicates a “satisfactory” performance level, where the “Intern’s performance was acceptable. Work demonstrates basic competence at the expected level of training and development.” Ratings of "1" on competencies signify an intern’s performance is “unsatisfactory” indicating that “Intern’s performance is inadequate and/or unacceptable in all, or nearly all, areas being evaluated. Work is not commensurate with the expected level of training and development. Requires significant and close supervision in clinical areas. Remediation plan most likely required.” If an intern receives a one or numerous rankings of a two on an evaluation, this raises serious concerns about an intern's performance and warrants serious consideration by the Training Committee and most likely a remediation plan.

The intern and supervisor should discuss together the ratings and comments on the evaluation forms and, where possible, arrive at a joint decision about each area being evaluated. However, the supervisor has final authority to complete each question in the form. The Internship Program is committed to the development of professional psychologists among its interns. Therefore, the primary intent of the evaluation should be one of identifying strengths and, when necessary, weaknesses in the intern so that the intern can be helped toward becoming an independently functioning professional. An electronic copy of the evaluation is provided to the intern by the primary supervisor. Interns can also request a copy from the Director of Training who keeps all evaluations on file for every intern. The Intern Evaluation Form will be kept on file for each intern and will be used in reporting to the intern's doctoral program.

Live Observation

Providing a live observation of the intern’s clinical work, followed up with feedback is required to occur twice during fall semester and twice during the remaining training year. The intern should arrange these live observations with her, their, or his primary supervisor and then make an appointment for a client to be seen during one of the scheduled hours for supervision. The supervisor may view the counseling session through a
live video feed during the session. At the completion of the observation, the supervisor completes the **Observation and Feedback Form** and shares it with the intern before turning it in to the Director of Training.

**Agency Evaluation**

To receive and make use of feedback from interns regarding the quality of their training experience, the interns are required to complete the **Agency Evaluation Form** at the end of the internship year. This evaluation is an invitation for the intern to identify any factors in the Program that she, he, or they perceive as a deterrent to effective training, as well as identify areas of strengths of the internship. The Agency Evaluation Form is submitted by the intern to the Director of Training and feedback from the form is discussed in the Training Committee to make improvements to the overall Internship.

**Communication with Doctoral Programs**

Communication with interns' doctoral programs is initiated by means of a letter sent to the program at the time of acceptance into the internship. Additionally, at the midpoint of the internship (typically February), the results of intern evaluations from fall semester are summarized by the Director of Training and a statement on how the intern is performing within the internship are communicated to the intern's doctoral program. The intern's progress in terms of the Training Contract is also conveyed to the program at this time. Lastly, a final letter is sent to the home program of each intern containing their final evaluation, their completions certificate of internship, and the verification of their clinical and professional hours form. When necessary, the Director of Training invites further input from the home doctoral program regarding the training experiences of the intern and also responds promptly to requests for other progress reports or information that may come from the doctoral programs.

**Completion Certificate**

A certificate of completion is awarded the intern at the end of the academic year or period of training. Successful completion of the internship is determined by the evaluations of the intern's performance throughout the year. The final decision regarding completion is made by the Training Committee. The certificate specifies that the intern has completed a pre-doctoral internship in professional psychology and specifies the period of time in which the intern was in the program.

**Failure to Perform in a Competent Manner**

Should an intern receive evaluations from primary and/or secondary supervisors which reflect a failure to perform at an adequate level of competence or in an ethical manner or fails to adhere to BYU or CAPS policies and procedures, the Training Committee will review the situation. The Internship follows its **Due Process Policy and Procedures for Interns** in cases where its use is deemed necessary by the Training Committee or if an intern chooses to lodge a formal grievance related to her or his performance evaluation.
# Intern Monthly Activity Sheet

Name: ___________________________  Month: __________________

<table>
<thead>
<tr>
<th>Availability Index (Couns. hrs/ cases) =</th>
<th>Last Month's</th>
<th>+ This Month's</th>
<th>= Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>Hours</td>
<td>New Cases</td>
<td>Hours</td>
</tr>
<tr>
<td>Individual (40c/250h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Couples (5c/25h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Crisis/COD (5c)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Assessment (5c)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Outreach (5c)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Consult (1c/10h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Intakes (30h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Group (3g/70h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Primary Sup</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Secondary Sup</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rotation</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sup Given (10h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Classes Taught</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client Name/Initials</th>
<th>Date Seen</th>
<th>Tx Focus</th>
<th>Session #</th>
<th>Diversity Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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Evaluation for Psychological Interns at BYU-CAPS
Intern Evaluation Form
Developmental Benchmark Form
In Accordance with APA Profession Wide Competencies
(Revised November 1, 2019)

Purpose of Evaluation:
The purpose of this evaluation utilized within the Doctoral Internship in Health Service Psychology at BYU-CAPS is twofold: First, to be in adherence with the APA Commission of Accreditation (COA). Accordingly, Psychology Interns are evaluated on the nine (9) Profession Wide Competencies required under the APA Standards of Accreditation (COA, 2017). Second, to utilize a developmental approach where the criteria for developing evaluative measures and rubrics are reflective of an Intern’s expected level of competency within the practice of Health Service Psychology. The criteria used to determine the rating level of each element are reflective of the Competency Benchmarks in Professional Psychology as established by APA (APA, 2012).

To successfully complete internship, interns must obtain a minimum level of an achievement rating of three (3) on all elements of the nine (9) Profession Wide Competencies by the completion of internship. Definitions for the nine (9) Profession Wide Competencies (see https://www.apa.org/ed/accreditation/section-c-soa.pdf, pp. 75-80) and expectation for interns to demonstrate while on internship are listed in the document below (Section-C-8, COA, 2015).

A specific level of competence is NOT required within the practice of couples therapy (secondary competency-Competency X). This is due to the fact that interns coming into the BYU-CAPS internship, do not always arrive to internship having had equal access, training, or equivalent skills in the provision of couples therapy. With BYU having one of the highest couple/married populations at a university counseling center setting, a key clinical population that interns are expected to work with, as part of their training, is couples. Supervisors will make an initial developmental assessment of each individual intern’s level and skill at the beginning of internship and evaluate them corresponding with their developmental skillset. Interns are expected to make a good faith effort when working with couples in therapy and in developing an evidence-based approach comprised of theoretical knowledge, skills, and interventions. Interns will receive support, training, and feedback from the BYU-CAPS training staff, to develop appropriate competencies, as outlined in Competency X: Couples Therapy (see below).

INTERN EXPECTED COMPETENCIES

I. Professional values and attitudes
   a. Demonstrates ability to behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, reliability, lifelong learning, and concern for the welfare of others.
   b. Demonstrates ability to engage in self-reflection regarding one’s personal and professional functioning; and engage in activities to maintain and improve performance, well-being, and professional effectiveness.
   c. Demonstrates the ability to actively seek and demonstrate openness and responsiveness to feedback and supervision.
   d. Demonstrates awareness of the need to uphold and protect the welfare of others.
   e. Demonstrates the ability to respond professionally in increasing complex situations with a greater degree of independence as they progress across levels of training.

II. Communication and interpersonal skills
a. Demonstrates ability to develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
b. Demonstrates ability to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated, a thorough grasp of professional language and concepts.
c. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.
d. Negotiates differences and handles conflict satisfactorily (both verbally and nonverbally); provides feedback to others and receives feedback nondefensively.
e. Demonstrates accurate empathy for feelings that are covertly expressed by others or are outside the awareness of others.
f. Demonstrates compassion for others who are dissimilar from oneself.
g. Demonstrates comfort with the display of heavy emotions from client(s).
h. Allows, enables, and facilitates the client’s exploration and expression of affectively difficult issues.
i. Demonstrates appropriate and effective boundaries with clients.
j. Monitors and evaluates one’s own affective response to client(s) and is able to communicate their affective reaction appropriately and therapeutically with client.
k. Adapts professional behavior in a manner that is sensitive and appropriate to the needs of diverse others.
l. Demonstrates clear awareness of own level of interpersonal professional competence and limitations (e.g., trainee can accurately identify their areas of strengths and weaknesses in interpersonal abilities).
m. Demonstrates commitment to ongoing growth and development of interpersonal professional competence.

III. Individual and cultural diversity
a. Demonstrates knowledge, awareness, and understanding of one’s own dimensions of diversity (personal/cultural history), attitudes, and biases may affect how they understand and interact with people different from themselves.
b. Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings.
c. Demonstrates basic knowledge of and sensitivity to the current theoretical, empirical knowledge base, and contextual issues as it relates to addressing diversity in all professional activities including research, training, assessment, supervision/consultation, clinical treatment, and relationships with colleagues.
d. Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
e. Demonstrates ability to respect and shows interest in others’ cultures, experiences, values, points of view, goals, desires, fears, etc. even when inconsistent with personal and/or professional beliefs, experiences, values, models, etc. (e.g., actively participates in discussions about diversity issues and welcomes others’ perspectives; develops better understanding of others’ perspectives able to modify own beliefs/biases).

IV. Ethical and legal standards
a. Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at all professional levels; and relevant professional standards and guidelines.
b. Demonstrates ability to recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
c. Demonstrates ability to conduct self in an ethical manner in all professional activities.
d. Monitors issues related to self-care with supervisor and understands the central role of self-care to effective practice.

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

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

VII. Research
   a. Demonstrates the substantially independent ability to produce, critically evaluate, and disseminate research or other scholarly activities at the local, regional, or national level.
   b. Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology.
   c. Demonstrates the ability to apply the relevant research literature to clinical decision-making.
   d. Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs within professional practice.

VIII. Consultation and inter-professional/interdisciplinary skills
   a. Demonstrates knowledge and respect for the roles and perspectives of other professions and applies this knowledge directly with individuals and their families, other health care professionals, inter-professional groups, or systems related to health and behavior.
   b. Seeks consultation with other professionals within CAPS when needed.
   c. Demonstrates ability to make well thought-out, appropriate referrals, and is aware of resources, in accordance with best-care practices for client.
   d. Follows BYU and CAPS procedures for crisis intervention, including notification of key administrator, supervisor, and agencies.

IX. Supervision
   a. Demonstrates ability to mentor and monitor supervisees in the development of competence and skill in professional practice and the effective evaluation of those skills.
   b. Demonstrates knowledge of supervision models and practices.
**Intern Evaluation Form**

Intern’s Name:  
Date of Evaluation:  
Supervisor:  
Is Supervisor a Licensed Psychologist?  
  • Yes  
  • No  
Semester:  
  • Fall (September-December)  
  • Winter (January-April)  
  • Spring (late April-June)  
  • Summer (late June-August)  
Level of Trainee  
  • Intern  

APA Accreditation requirements for externship include that each evaluation be based in part on review of video recordings or live observation of trainee providing clinical services. Please attest to the fact that you have done so by choosing which of the following item(s) you engaged in as part of your evaluation of the trainee this semester.  
  • Video Recording  
  • Discussion  
  • Role-Playing  
  • Co-Therapy  
  • Seminar  
  • Other:  
    • None of the above  

Work Supervised:  
  • Individual Psychotherapy  
  • Couples Psychotherapy  
  • Group Psychotherapy  
  • Crisis Intervention  
  • Intake Assessment  
  • On-Call Crisis Intervention  
  • Consultation  
  • Other:  

Identify the intern's clinical strengths:  

Identify the intern's areas of growth:  

**Criteria for Evaluation of Supervisee:**
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<thead>
<tr>
<th>Score</th>
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<td>Marginal</td>
<td>Intern’s performance is below average. Work showed marked deficits in ability to function at expected level of training and development. Remediation may be considered or recommended.</td>
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<td>Intern’s performance was acceptable. Work demonstrates basic competence at the expected level of training and development.</td>
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<td>Very Good</td>
<td>Intern’s performance is above average. Work shows advanced functioning related to expected level of training and development.</td>
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Please indicate how characteristic are the following descriptions of the Intern’s behaviors at the level of readiness for postdoc or full-time position in health service psychology.

I. Professional Values, Attitudes, & Behaviors
   1. Demonstrates the development of a professional identity congruent with Health Service Psychology. This identity includes integrity, responsibility, accountability, and desire for continued learning.
   2. Conducts self in a professional manner and accepts personal responsibility across different settings and contexts.
   3. Independently acts to safeguard the welfare of others.
   4. Engages in professional activities to maintain and improve clinical performance, personal well-being, and professional development (e.g., self-care, reading articles, training conferences, etc.).
   5. Demonstrates the ability to engage in self-reflection regarding one’s personal and professional functioning.

II. Communication/Interpersonal Skills
   1. Develops, maintains effective relationships with a wide range of individuals within the BYU community.
   2. Negotiates differences and handles conflict well (both verbally and nonverbally).
   3. Provides input and feedback to others.
   4. Receives feedback openly and nondefensively.
   5. Verbal, nonverbal, and written communications are professional and appropriate.
   6. Demonstrates effective interpersonal skills, understanding the impact of their interpersonal practices on others.
   7. Adapts professional behavior (interpersonal/communication practices) in a manner that is sensitive and appropriate to the needs of diverse others.
   8. Facilitates the client’s exploration and expression of affectively difficult issues.
   9. Demonstrates appropriate and effective boundaries with clients.
   10. Demonstrates compassion for others who are dissimilar from oneself.

III. Individual and Cultural Diversity
   1. Demonstrates effective communication and interpersonal skills, being sensitive to issues of power and privilege.
2. Incorporates theoretical and research knowledge on multiculturalism within their professional role.
3. Demonstrates an understanding of how their own cultural history, attitudes, and biases affect how they understand and interact with people different from themselves.
4. Demonstrates awareness of own and others’ multiple identities and the intersection of these identities (intersectionality).
5. Demonstrates an understanding of the manner in which people of diverse cultures and belief systems perceive mental health issues and interventions.
6. Understands oppression and discrimination in society and other environments, including university settings. Understands how these environments are microcosms for the larger society and how they can impact a client’s day-to-day life.
7. Adapts professional behavior in a manner that is sensitive and appropriate to the needs of diverse others. (e.g., adapts treatment approach based on diversity considerations; demonstrates flexibility as various identities are more or less salient for clients).
8. Collaborates and consults with others effectively when encountering complex, challenging, and/or novel situations with others who have diverse perspectives.
9. Respects and shows interest in others’ cultures, experiences, values, points of view, goals, desires, fears, etc. even when inconsistent with their own personal and/or professional beliefs, experiences, values, models, etc. (e.g., actively participates in discussions about diversity issues and welcomes others’ perspectives; develops better understanding of others’ perspectives able to modify own beliefs/biases).

IV. Ethics
1. Demonstrates advanced knowledge and application of APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines.
2. Demonstrates knowledge and ability to follow the Utah Law regarding the ethical practice of Psychologists.
3. Demonstrates an ability to recognize an ethical dilemma and independently utilizes an ethical decision-making model in professional work.
4. Appropriately seeks consultation when ethical or legal issues arise and require resolution.
5. Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills.
7. Maintains accurate documentation of records in clinical work.

V. Intervention
1. Establishes and maintains an effective therapeutic relationship with a range of clients presenting with diverse concerns.
2. Accurately diagnose clients.
3. Demonstrates contextually accurate case conceptualization skills and intervention plans.
4. Effectively uses research informed practices.
5. Demonstrates effective timing of interventions.
6. Demonstrates accurate empathy.
7. Demonstrates comfort/acceptance with the display of intense emotions.
8. Demonstrates the appropriate therapeutic use of self.
9. Implements interventions with fidelity to empirical models and flexibility to adapt where and when appropriate.
10. Independently evaluates treatment progress and modifies treatment plans as indicated, including through the use of established outcome measures.
11. Able to effectively assess and manage crisis situations.
13. Demonstrates ability to refer clients to group and/or other resources when appropriate.
14. Demonstrates ability to handle termination issues.

VI. Assessment:
1.Independently selects and implements multiple methods and means of evaluation.
2. Adapts assessment in ways that are responsive to and respectful of diverse individuals, couples, and groups.
3. Integrates biological, cognitive, behavioral, developmental, and sociocultural factors of health and illness in assessments.
4. Independently understands the strengths and limitations of diagnostic approaches and interpretation of results.
5. Utilizes assessment to inform case conceptualization, intervention, and recommendations.
6. Demonstrates ability to integrate assessment data into comprehensive, culturally sensitive reports.
7. Communicates assessment results in written and verbal form, clearly and in a manner that is helpful to clients.
8. Communicates assessment results in a timely and fashion.
9. Adheres to professional standards in conducting assessments.

VII. Research
1. Demonstrates knowledge, skills, and competence to independently use existing scientific knowledge in clinical practice and other professional activities (assessment, intervention, etc.), paying special attention to factors of diversity.
2. Applies scientific methods when evaluating practices, interventions, and programs.
3. Appropriately utilizes scholarly work(s) and applies existing evidence in the different roles assumed within BYU-CAPS.
4. Appropriately disseminates research information and findings within professional presentations, outreach events, seminars, consultation, supervision, and in teaching.

VIII. Consultation and Interprofessional Skills
1. Identifies clinical situations that require different role functions and is able to shift roles accordingly to meet clients’ needs.
2. Demonstrates sensitivity, awareness, knowledge, and skills regarding diversity in their provision of consultation services.
3. Participates in clinical team meetings.
4. Appropriately consults with supervisors/senior staff/peers/other trainees.
5. Obtains a release of information when a client makes a request of therapist, before communicating with outside individuals.
6. Demonstrates ability to effectively communicate and consult with outside individuals, while respecting client’s confidentiality and the scope of signed release of information.
7. Develops and maintains collaborative relationships with others, including faculty, front-desk staff, case manager, dietitian, housing personnel, or other student service professionals.
8. Seeks consultation in crisis situations and is aware of relevant resources.
9. Follows BYU-CAPS procedures for crisis intervention, including notification of key administrators and agencies.

IX. Supervision
1. Arrives on time for supervision consistently.
2. Collaborates with supervisor to set appropriate goals for supervision and works to achieve identified goals.
3. Prepares for supervision. For example, brings cued video recordings, thoughtful questions about clinical cases, and/or a list of clinical cases with presenting concerns.
4. Discusses and shares concerns, questions, limitations, difficult or high-risk cases, and/or ethical dilemmas.
5. Demonstrates ability to be self-reflective and to evaluate their clinical work.
6. Completes clinical records in a reliable and timely fashion.

X. Couples Therapy
1. Demonstrates ability to form a therapeutic alliance with both partners.
2. Identifies and effectively communicates the problematic patterns within the partnership.
3. Recognizes how individual cultural differences impact the couple relationship.
4. Demonstrates ability to conceptualize a treatment approach based on evidence-based couples therapy models (i.e., Gottman's Relational Model, Developmental Model of Couples Therapy, EFT, IMAGO, etc.)
5. Helps the couple reformulate their thoughts and feelings about their relationship.
6. Demonstrates ability to be direct and interrupt the couple when needed.
7. Examines her or his own limitations and countertransference as a couple’s therapist.
Group Therapy Trainee Evaluation

Supervisee: ____________________________________________________________

Group Co-Facilitator: __________________________________________________

Group Name: __________________________________________________________

Semester: ______________________________________________________________

Year: __________________________________________________________________

Instructions: Please evaluate the student’s performance as a group co-leader this semester by responding to the items below. Utilize the following scale to help guide your evaluation:

Criteria for Evaluation of Supervisee:

<table>
<thead>
<tr>
<th></th>
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<tbody>
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<td>1</td>
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<th></th>
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<tr>
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<td>Intern’s performance is above average. Work shows advanced functioning related to expected level of training and development.</td>
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<tr>
<td>5</td>
<td>Intern’s performance is consistent with exceptional performance of advanced competence related to expected level of training and development.</td>
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<th></th>
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<td>Arrives on time for group and comes prepared (if applicable).</td>
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<td>ComPLEtes notes in a timely manner,</td>
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<td>in agreed-upon arrangement with co-leader.</td>
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<td>Makes effective use of group therapy supervision.</td>
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<td>Is open to co-leader’s feedback and accepting of suggestions made in supervision.</td>
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<td>Cooperates to work through any co-facilitator differences of approach to group therapy.</td>
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<td>Is able to follow both individual and group dynamics during sessions.</td>
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<td>Works to establish his/her own presence as a facilitator of the group.</td>
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<td>Shows an ability to facilitate group movement from one stage to another.</td>
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<td>Demonstrates effective management of conflict in the group.</td>
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<td>Shows an ability to work with problem clients in the group.</td>
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<td>Is willing to engage in/raise difficult issues in the group, to challenge the group.</td>
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<td>Is able to be mindful of his/her own presence and use of self in the room.</td>
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<td>Shows an understanding of ethical issues related to group therapy and handles any ethical dilemmas with appropriate professionalism and thoughtfulness.</td>
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Please add any additional comments and explain any scores of ‘1’ below:

_________________________________________________________________________
Supervision of Supervision Evaluation

Intern: ________________________________________________________________

Date of Evaluation: _______________________________________________________

Supervision of Supervision Instructor: _______________________________________

Instructions: The purpose of this evaluation form is to help beginning supervisors grow and progress toward meeting the competencies established for professional practice within psychology. The evaluation is comprised of two sections: (a) An evaluation of participation within the supervision of supervision seminar; and (b) an evaluation of the intern’s supervisory work during winter semester.

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Part A: Evaluation of Supervision of Supervision Seminar
Intern participated in the learning of different theories, methods, and the practice of supervision within the supervision of supervision seminar.

Intern participated in supervision of supervision seminar showing the ability to be self-reflective and self-evaluative as a supervisor.

Intern was open to receiving feedback, suggestions, and correction from seminar instructor in a non-defensive manner.

Intern sought out consultation by bringing up clinical concerns, questions, limitations, difficult or dangerous cases, ethical dilemmas and perceived mistakes.
Intern was able to identify parallel and reciprocal processes within their supervisory relationship.

Interns gained further knowledge in the professional, ethical, and legal practice of supervision.

Please add any additional comments and explain any scores of ‘1’ below:

Part B: Evaluation of Supervision
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<td>appropriate interventions.</td>
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<td>Supervisor assisted in</td>
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<td>supervisee’s diagnostic</td>
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<td>and termination skills.</td>
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</tbody>
</table>
Supervisor assisted supervisee to integrate theoretical conceptualization with intervention skills and technique.

Supervisor provided appropriate feedback to supervisee regarding clinical skills and cases.

Supervisor demonstrated awareness of personal beliefs, values, and attitudes and how they impacted the supervisory relationship and perceptions concerning the supervisee’s clinical clients.

Supervisor was respectful and knowledgeable about the nature and impact of diversity/multicultural in clinical work with specific racial/ethnic/religious populations.

Supervisor monitored supervisee’s clinical and professional behavior to make sure it was in accordance with state and APA ethical guidelines.
Supervisor referred supervisee to other resources when they encountered a clinical issue that was beyond the supervisor’s knowledge base or scope of practice.

Please add any additional comments and explain any scores of ‘1’ below:

________________________________________________________

Any Other Comments:

________________________________________________________
Supervision Outcome Survey

Name of Supervisee: __________________________________________________________

Name of Supervisor: __________________________________________________________

Semester: ______________________________________________________________________

Year: __________________________________________________________________________

Instructions: Please respond to the following questions in terms of your current supervisor. The terms “therapy” and “therapist” have been used as generic terms to apply to both counseling and psychotherapy. Use the following rating scale for all items:

1 ------------- 2 ------------- 3 ------------- 4 ------------- 5 ------------- 6 ------------- 7
Not at all    Moderately    Greatest Degree Possible

Respond to the following items ranking each item between 1 and 7.
<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>My supervisor helps me develop by providing both challenge and support.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The supervision I am receiving has helped me grow as a professional.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My supervisor helps me feel strengthened and affirmed in my efforts to become a professional.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My supervisor helps me identify areas where I need to continue to develop by identifying my strengths and weaknesses.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Supervision helps me better see the complexity in my cases.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Supervision helps me improve my ability to conceptualize my cases.

Supervision helps me examine, modify, and refine my approaches to therapy.

Supervision helps me take risks that have led to professional growth and more effective therapy.

The relationship I have with my supervisor is characterized by acceptance, trust, and respect.

My supervisor’s feedback encourages me to keep trying to improve.
Supervision helps me see my mistakes as learning experiences.

The modeling of my supervisor helps me learn more about therapy.

Self-disclosure by my supervisor helps to normalize my experience as a therapist.

My supervisor helps me to be open and receptive to supervision.

I feel comfortable sharing my perceived weaknesses and failures with my supervisor.
Supervision helps me develop specific skills that have made me a more effective therapist.

Supervision is helping me better understand and facilitate effective therapy outcomes with my clients.

As a result of supervision, I feel more confident and comfortable in working with my therapy cases.

Overall, I feel satisfied with my supervision.

I feel that supervision is contributing to my overall effectiveness in my therapy cases.
Any additional qualitative comments about supervision:

___________________________________________________________________

Supervisee's Electronic Signature: (Please Type Name Below)

___________________________________________________________________
Intern Case Presentation
Feedback Form

Name: _______________________________  Date: _______________________________

**Areas expected to be addressed:**

<table>
<thead>
<tr>
<th>Areas</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief presentation on theory of change</td>
<td></td>
</tr>
<tr>
<td>Included Identifying Information</td>
<td></td>
</tr>
<tr>
<td>Presenting problems/concerns</td>
<td></td>
</tr>
<tr>
<td>DSM 5 diagnosis provided</td>
<td></td>
</tr>
<tr>
<td>Number of contacts</td>
<td></td>
</tr>
<tr>
<td>Relevant background information (family and relational history, addictions, risk, past therapy, etc...)</td>
<td></td>
</tr>
<tr>
<td>Formulation or conceptualization of the problem – Intern’s perception or understanding of the problem (congruent with theory of change)</td>
<td></td>
</tr>
<tr>
<td>Multicultural considerations (if applicable) specific to the client’s presenting problem, conceptualization and therapy approach</td>
<td></td>
</tr>
<tr>
<td>Any relevant developmental issues</td>
<td></td>
</tr>
<tr>
<td>Any relevant spirituality issues</td>
<td></td>
</tr>
<tr>
<td>Demonstration of how your approach was informed by OQ data, assessment data and</td>
<td></td>
</tr>
</tbody>
</table>
other available sources of information (evidence based practice)  

Personal challenges this case presents for the therapist (e.g., countertransference)  

Rationale for selected treatment approach and interventions  

Current status of the client  

Rating Scale: (interns need an average of 3 to pass)

Criteria for Evaluation of Supervisee:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unsatisfactory Intern’s performance is inadequate and/or unacceptable in all, or nearly all, areas being evaluated. Work is not commensurate with the expected level of training and development. Requires significant and close supervision in clinical areas. Remediation plan most likely required.</td>
</tr>
<tr>
<td>2</td>
<td>Marginal Intern’s performance is below average. Work showed marked deficits in ability to function at expected level of training and development. Remediation may be considered or recommended.</td>
</tr>
<tr>
<td>3</td>
<td>Satisfactory Intern’s performance was acceptable. Work demonstrates basic competence at the expected level of training and development.</td>
</tr>
<tr>
<td>4</td>
<td>Very Good Intern’s performance is above average. Work shows advanced functioning related to expected level of training and development.</td>
</tr>
<tr>
<td>5</td>
<td>Outstanding Intern’s performance is consistent with exceptional performance of advanced competence related to expected level of training and development.</td>
</tr>
<tr>
<td>N/O</td>
<td>Not Observed/ Applicable Not enough data to form a judgment or provide an evaluation of performance/competency in this area.</td>
</tr>
</tbody>
</table>

Overall Rating: ________________
AGENCY EVALUATION FORM
(Completed by Intern)
BYU-CAPS Internship in Health Service Psychology

Indicate by number your perception of the quality of the internship experience:
5= very good, 4= good, 3= fair, 2= inadequate, 1= very poor.

Skill Development: How well have the characteristics, setting and resources of Counseling and Psychological Services met your goals and needs for training in terms of the following:

1) Assessment skills, population
2) Assessment skills, types of assessments used
3) Assessment skills, supervision
4) Treatment skills, populations seen
5) Treatment skills, models (Behavioral, Cognitive, etc.)
6) Treatment skills, focus (individual, group, couples)
7) Opportunities for other types of service (outreach, teaching, consultation, etc.)
8) Autonomy of intern functioning
9) Adequacy and usefulness of case management procedures
10) Service delivery expectations compatible with training goals
11) Variety of available professional role models
12) Variety of client problems for available for experience
13) Research opportunities available, if desired
14) Relevant communication between internship program and graduate program for establishing training goals for the intern
15) Adequate and timely medical consultation on cases, where indicated
16) Didactic and in-service training

Comments:

Training Environment: How well has the environment of Counseling and Psychological Services been compatible with and supportive of the training of psychology interns in terms of the following:

1) The training responsibilities and activities of the counseling staff are recognized as an important part of the Center's mission and are supported accordingly
2) A professional psychologist is clearly responsible for the quality of the training program.
3) Interns are treated with the same dignity accorded to the Center's regular professional staff.
4) Intern-staff relationships and interactions are conducted in a professional manner
5) Collaborative work with other disciplines is available
6) Interactions between interns are supported through scheduling and proximity considerations
7) Office arrangements for interns are adequate for professional work
8) Case management and record-keeping procedures are appropriate

Comments:
Supervision: How well has the supervision provided in the internship met your training needs in terms of the following:

1) The intern has sufficient input into the selection of her or his supervisors
2) The quantity of supervision given is adequate
3) Clear goals were established conjointly between supervisor and supervisee against which to measure the intern's progress
4) Supervisor(s) provide appropriate feedback to intern regarding positive and non-facilitative clinical behaviors
5) Supervisor models good clinical skills
6) Supervisor provides appropriate help in conceptualizing cases
7) Suggestions for alternative ways of conceptualizing and intervening with clients are provided in supervision
8) Encouragement is given to supervisee to experiment with different assessment and intervention approaches to help him or her discover a unique, effective style
9) Supervisor gives emotional support to intern when appropriate
10) Supervisor is regular in holding to schedule of supervisory sessions

Comments:

Other: Comments or observations on any factors in the Internship Program that you see as a deterrent to the quality of your training experience.

What has been particularly helpful to you in the internship?

What could be improved in the internship?
I. Please indicate the numbers of counseling clients (individual, group, or couples) and intake and crisis intervention cases you had during the year in the categories provided.

<table>
<thead>
<tr>
<th>Diversity Identity</th>
<th>Number of Cases</th>
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<tbody>
<tr>
<td>African-American or Black</td>
<td></td>
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<tr>
<td>Asian-American or Asian</td>
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<tr>
<td>Latinx or Latino/Latina or Hispanic</td>
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<tr>
<td>Mexican-American or Mexican</td>
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<tr>
<td>Native American or Alaska Native</td>
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<tr>
<td>Native Hawaiian or other Pacific Islander</td>
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<tr>
<td>Bi-racial</td>
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<tr>
<td>Multiracial</td>
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<tr>
<td>Other Racial Identity:</td>
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<tr>
<td>International Student</td>
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<tr>
<td>Student of Non-LDS Faith</td>
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<tr>
<td>Student with Disability</td>
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<tr>
<td>Sexual Orientation</td>
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<tr>
<td>Lesbian</td>
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<tr>
<td>Gay</td>
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<tr>
<td>Bisexual</td>
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<tr>
<td>Queer</td>
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<tr>
<td>Questioning</td>
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<td>Asexual</td>
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<td>Pansexual</td>
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<td>Demisexual</td>
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<td>Other:</td>
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<tr>
<td>Gender Identity</td>
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<tr>
<td>Female</td>
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<td>Male</td>
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<td>Transgender</td>
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<td>Gender Non-binary</td>
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<td>Gender Fluid</td>
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<td>Other:</td>
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<tr>
<td>Non-Traditional Student</td>
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<tr>
<td>Total Clients from Diverse Populations</td>
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DUE PROCESS POLICY AND PROCEDURES FOR INTERNS
BYU-CAPS Internship in Health Service Psychology

Revision: July 2023

The Due Process Policy and Procedures for Interns of the BYU-CAPS Psychology Internship Program are governed by Brigham Young University Employee Discipline Policy and Grievance Policy. Other applicable University policies include: Employee Conduct Policy, Disruptive Conduct Policy, Grievance/Administrative Review, and Termination.

Psychology interns are responsible for being acquainted with the following policies and procedures.

In the BYU-CAPS Psychology Internship Program, an intern may be deemed inadequate, deficient, or unable to function in the training program for two general reasons:

1: Academic. Unsatisfactory performance of the duties of a psychology intern including unacceptable work, incompetence, carelessness, and unethical behavior, particularly violation of APA Ethical Standards and Code of Conduct. Furthermore, a rating of “1” on any competency in the Intern Evaluation Form may be taken as evidence of unsatisfactory performance and is an example of a situation which may prompt disciplinary procedures.

2: Disciplinary. Misconduct (violation of the BYU Honor Code and Dress and Grooming Standards, the Employee Conduct Policy, or other University policies), insubordination, unacceptable behavior (unexcused absences, excessive tardiness, poor work ethic), ecclesiastical action against LDS employees (“withdrawal of membership” or “formal membership restrictions”, or failure to meet the standards of temple privileges). LDS employees must hold and be worthy of an LDS temple recommend for the entirety of their employment at BYU.

Categories for Intern Evaluation

A. Knowledge and application of professional standards (ethics, law, professional conduct).
B. Competency (diagnosis and assessment, conceptualization, interventions).
C. Personal Functioning (awareness of self, use of supervision, management of personal stress or problems, adherence to BYU Honor Code, Dress and Grooming Standard and other conditions of employment).

Inadequate or deficient intern performance will be decided on one or more of the following factors:

1) An inability or unwillingness to acquire and integrate professional standards into one’s conduct.
2) An inability to acquire or failure to make progress in professional skills and reach an accepted level of competency.
3) An inability to control personal stress, psychological dysfunction, or emotional reactions.
4) An inability or unwillingness to work with others in an appropriate, respectful, and professional manner.
5) An inability or unwillingness to adhere to the BYU standards for employees, including the BYU Honor Code, Dress and Grooming Standard, and other applicable standards.
6) Intern does not acknowledge, understand, or address problematic behavior when identified.
7) Problematic behavior is not a skill deficit which can be remedied through academic, didactic, or supervisory means.
8) Quality of service delivered consistently results in negative outcomes for clients.
9) Expectations for timeliness, quality, and consistency of written documents such as progress notes, intake reports, psychological reports, and professional correspondence are not met in the intern’s performance.
10) Problematic behavior is not restricted to one area of professional functioning.
11) Problematic behavior could have ramifications for legal or ethical infractions, if not addressed.
12) Disproportionate amounts of administrative and clinical faculty time and attention are required to deal with the intern’s lack of performance.
13) Intern’s performance does not change as a function of feedback, remediation, or the passage of time.
14) Intern’s performance negatively affects the Counseling and Psychological Services or BYU’s public image.

The Training Committee, in consultation with involved supervisors and the CAPS clinical faculty and administration, will decide when any of the conditions for inadequate performance or professional deficiency are present, will direct efforts to bring about improvement, and will decide when formal steps should be taken to discipline an intern and implement the established due process procedures of the internship.

Procedures for Working with an Intern Who Is Performing Inadequately

The BYU-CAPS Psychology Internship Program follows the BYU Employee Discipline Policy in matters of intern deficiency or inadequate performance. When an intern is evaluated as deficient or inadequate, the CAPS Training Director and Training Committee, and CAPS Directors initiate and administer the Due Process Policy and Procedures. The University Employee Discipline Policy provides guidelines for progressive discipline. As far as possible, the discipline of a psychology intern follows this sequence.

Verbal Counseling

The first step in the disciplinary process is usually verbal counseling for the concerned intern. It is anticipated that most problems in intern performance and conduct can be resolved at this level of intervention. A rating of 1 on the Intern Evaluation Form will usually result in verbal counseling on behalf of the intern. The Director of Training, other members of the Training Committee, and, as appropriate, the intern’s clinical supervisors, would normally be involved in this early stage of discipline. However, matters of intern misconduct, including violation of the University Honor Code, may require involvement of the CAPS Director at the level of verbal counseling.

Written Warning

Continued unsatisfactory performance or violation of university policy, beyond the stage of verbal counseling, may result in written warning being given to the intern. However, disciplinary action may be initiated without written warning if the issue requires more serious and immediate action than verbal counseling. Regarding matters of intern performance, written warning may be given on the Intern Evaluation Form. In other matters or when inadequate performance needs to be further explicated, a written notification in the form of the Trainee Remediation Plan (see pp. 84-85) and an accompanying warning letter will identify specific deficiencies, problems, or offenses. The remediation plan should also identify specific changes expected of the intern and, when appropriate, indicate an evaluation date that allows a reasonable amount of time to demonstrate an acceptable level of sustained change. The possibility of termination should be clearly articulated in the remediation plan, in order that the intern does not misunderstand the consequences of failing to comply with the intent of the warning. The intern should sign and date the remediation plan to acknowledge receipt of the warning. A copy of the remediation plan is given to the intern, the intern’s home program Director of Training, the Center Director, and also to the Manager of BYU Employee Relations.

Additional Warnings

If offenses continue or unsatisfactory performance persists, following a warning letter, termination may be appropriate, particularly in severe cases. If the situation appears to have substantial potential for remediation, an additional warning may be given. This second warning should contain all elements of the initial warning along with a description of subsequent behaviors relevant to the issue at hand. The possibility of termination should again be clearly articulated so the intern does not misunderstand the consequences of failure to comply with the intent of the warning. It is preferable to have the intern sign and date the warning letter with copies going to the intern, Center Director, and Manager of BYU Employee Relations.

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Suspension
Suspension (with or without pay, as determined by the CAPS Director) is appropriate in situations where a period of time is required for an investigation of alleged behaviors on the part of the intern. Suspension is called for when, in the opinion of the Director of Training and CAPS Director, the intern should not return to work until an investigation is concluded. However, suspension is not required before terminating an intern. Under some circumstances, suspension of an intern may be an appropriate disciplinary action. The length of the suspension should be commensurate with the nature of the alleged problem and the intern’s response and past record. A period of suspension does not count toward completion of the 2,000-hour requirement of the BYU-CAPS Psychology Internship Program and would need to be made up (with or without pay, as determined by the CAPS Director).

Termination
Termination from the BYU-CAPS Psychology Internship Program will be the outcome in cases where the intern ultimately fails to comply with written warnings or where a violation is considered egregious or where attempts at remediation are unsuccessful. Further, BYU Policy states that violation of the Honor Code and Dress and Grooming Standards, the Employee Conduct Policy, the Disruptive Conduct Policy, or other University policies, occurring on or off the job, could result in immediate termination without notice. For LDS interns, withdrawal of membership or formal membership restrictions, from the Church, removal of one’s name from records of the Church, or failure to meet the standards consistent for qualifying for temple privileges for a measurable period of time, are grounds for immediate termination. Exception to this policy may occur when circumstances surrounding the incident warrant a period of attempted correction.
## TRAINEE REMEDIATION PLAN
BYU Counseling and Psychological Services

<table>
<thead>
<tr>
<th>Trainee</th>
<th>Date</th>
<th>Doctoral Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Status in CAPS</td>
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</tbody>
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### Nature of Concern:

### Informal Action to Resolve the Concern
Attempts to Resolve the Concern Through Informal Action:

Trainee Response to Informal Action:

### Formal Action to Resolve the Concern
What the CAPS and the Assigned Supervisor(s) Will Do to Assist the Trainee to Make Necessary Changes:

What Trainee, ____________________, Will Do to Make Necessary Changes:

Has the Trainee’s Doctoral Program Been Notified of the Concern? ____ Yes ____No

What the Trainee’s Doctoral Program Will Do to Assist the Trainee to Make Necessary Changes:

Date for completion of remediation plan_________________

The trainee understands that failure to complete the remediation plan or subsequent behaviors which violate CAPS policies and procedures may result in termination of the trainee’s position in CAPS.

<table>
<thead>
<tr>
<th>Trainee’s Signature</th>
<th>Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor(s) Signature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Training Signature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctoral Program Representative</td>
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</table>

Results of the Remediation Plan:
Further Action to Be Taken:

Brigham Young University reserves the absolute right to deviate from the Employee Discipline Policy when circumstances warrant. The BYU-CAPS Psychology Internship Program complies with the BYU Employee Discipline Policy and with directives from University Administration in matters regarding interns who are performing inadequately or are professionally deficient.
The following expands on how the Training Committee proceeds in cases involving unsatisfactory performance by an intern. For example, should the Director of Training receive credible reports of unsatisfactory performance or unethical behavior, or should an intern receive evaluations from primary and/or secondary supervisors which reflect a failure to perform at an adequate level of competence or in an ethical manner, the Training Committee will review the evaluations. Usually, a rating of "1" on the Intern Evaluation Form is perceived as a failure to perform. Remediation of intern deficiencies is the primary course of action in such cases. However, if the intern's performance is so far below a professional standard that remediation is not viewed as a probable resolution of the deficiencies, the intern may be dismissed from the internship program following application of the BYU Employee Discipline Policy. Failure on the part of the intern to conduct her, their, or his professional and personal life according to the Brigham Young University Code of Honor, as described in material provided to the intern at the time of application, may also be seen as grounds for dismissal from the internship. In this regard, the same standard applies to interns as applies to all employees of Brigham Young University. Should dismissal become necessary, the Director of Training will work with the Director of CAPS to ensure that all steps pertaining to BYU policies and procedures are followed.

The following steps will be taken when an intern receives a rating of "1" on the Intern Evaluation Form or when a circumstance related to an intern’s performance warrants the following steps to be taken:

1) A meeting is called that includes the Director of Training, Training Committee, and the intern's primary and secondary supervisors. The primary purpose of the meeting is to review the intern's performance in the area(s) which received a "1" rating. The group will determine whether the "1" rating is a valid, accurate assessment of the intern's performance. The performance rating may be adjusted if the group agrees that the intern is actually performing above a "1" rating. Should the group decide to raise the evaluation rating, the Director of Training communicates this outcome to the intern. If the group decides that the "1" rating should stand, a plan for remediating the deficiency is proposed. This plan is put forth in the Trainee Remediation Plan form and is given to the intern. Both supervisors should agree to work with the intern in implementing the remedial plan. In the event this group determines that the intern's performance is such a serious breach of APA or BYU-CAPS Psychology Internship standards that remediation cannot be a consideration, dismissal from the internship is discussed and a decision is considered. No final decisions regarding dismissal are made by this group until it has had the opportunity to meet directly with the intern and receive her, their, or his response to the perceived violation of standards.

2) Following the initial meeting, the intern is asked to meet with the same group as described above. The intern is informed as to the nature of the failure to perform and her, their, or his response is invited. After hearing the intern's response, the Training Committee and supervisors may ask for more time to discuss the situation, other information, or the intern’s response, or the Committee may proceed to discuss a plan for remediation or dismissal. The intern, upon request, may be given a reasonable amount of time to respond to the accusation. Again, dismissal should only be considered in those cases deemed to be so egregious that remediation is not a realistic course to follow under present conditions. The plan for remediation will be presented to the intern in a supportive, constructive manner so as to convey continued confidence in the intern. She, they, or he may comment on the plan and offer suggestions for improvement. The supervisors' roles in the remediation plan should be clearly stated and agreed to. Should part of the remediation plan involve the intern receiving psychotherapy or counseling, appropriate steps for providing this treatment should be discussed and implemented (see section below).

3) If the intern’s problem or deficiencies warrant the use of the Trainee Remediation Plan, the Director of Training will contact the intern’s doctoral program by email. The intern’s problem will be described and discussed with the Program’s Director of Clinical Training and the two will consult regarding a remediation
plan. The doctoral program will be kept informed about the intern’s progress leading either to completion or termination from the Psychology Internship.

4) The Director of Training will meet regularly with the intern who is working on a remediation plan to monitor progress and assist the intern through this process. Input from supervisors as to the intern’s progress will also be obtained by the Director of Training.

5) At the end of the trimester in which the remediation plan has been in operation, the Director of Training reviews the Intern Evaluation Form to determine whether adequate progress has been made in the deficient areas. If the intern has not made adequate progress, a meeting will again be called of the Training Committee and the supervisors to further discuss the intern’s performance and appropriate steps to be taken. The intern will be informed of this meeting and will be involved as in step two above. At this point, an additional warning letter may be issued which further spells out the nature of the intern’s inadequate performance. The prevailing philosophy will again be that of remediation. The efforts of the supervisors, Director of Training, and the intern will again be directed toward remedial work to correct the deficiency. If the intern enters the third trimester with ratings of "1" or "2" from the most recent evaluation, her, their, or his performance will be monitored carefully, on a weekly basis, by the Director of Training. Appropriate assistance and feedback will be provided so as to remediate any outstanding deficiencies prior to the end of the internship year.

6) Should the intern fail to reach minimal expectations and completion criteria by the end of the third trimester, the intern will be informed in writing by the Director of Training and a completion certificate will not be awarded. In the case where a serious deficiency exists and has not been adequately addressed and remediated following attempts by the Training Committee, suspension or termination from the BYU-CAPS Psychology Internship Program may be carried out. Such suspension or termination may occur at any time during the training year as set forth in the Employee Discipline Policy.
PSYCHOTHERAPY/COUNSELING FOR INTERNS
In the event that psychotherapy or counseling for an intern becomes necessary, or is a doctoral program requirement, the Director of Training will be responsible for obtaining such therapy for the intern. Recognizing the financial status of psychology interns, the resources of BYU and CAPS will be used to provide therapy that is free of charge to the intern. In all cases, therapists will be professionals who have no supervisory or evaluative role in relationship to the intern receiving therapy. The Director of Training will maintain contact with the intern to determine whether her, their, or his needs are being met by the therapy and to determine the needed duration of such therapy.

GRIEVANCE PROCEDURE FOR INTERNS
Interns may seek a resolution to grievances in a manner directed by BYU policy. They may also appeal to the American Psychological Association in matters related to their training and evaluation as psychology interns. Interns submitting appeals or complaints to the APA are requested to provide a copy of such communication to the CAPS Director of Training. Appeals to APA may be sent to:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
Phone: 202-336-5979, Email: apaaccred@apa.org

The BYU Grievance Policy makes provision for informal and formal resolution of grievances. Either the intern or the intern’s supervisor or Director of Training may seek counsel, information, or assistance in resolving the grievance from the Manager of BYU Employee Relations or the Manager of BYU Equal Opportunity.

Informal Resolution
An intern may take a grievance to her, their, or his primary and/or secondary supervisor or the Director of Training where an attempt will be made to resolve the grievance in an informal manner. If the grievance involves the Director of Training, the intern may seek resolution with the CAPS Director. At any point in the evaluation process, an intern may appeal an evaluation given by a supervisor. Should an appeal be made, the Training Committee will meet jointly with the intern and the supervisor(s) to hear the basis for the evaluation and the grounds for the appeal. The intern also has the right to request that a change be made in the assignment of a supervisor. This request should come, in writing, to the Director of Training and should specify the basis for the request. Before a change is made, attempts will be made to resolve a possible conflict between intern and supervisor. In all cases, the Training Committee and, ultimately, the Director of Training will make the determination of the intern's request for a change in supervisor, professional competence, and standing in the internship program. If the intern feels that the Training Committee has not dealt justly with her or his case, the intern may make a final appeal to the Director of the Counseling and Psychological Services. This appeal should be made in writing and should detail the nature of the problem and the basis for the appeal.
**Formal Resolution**
When an informal grievance remains unresolved, a formal grievance is coordinated with the Manager of Employee Relations or the Manager of Equal Opportunity. The aggrieved intern puts the grievance in writing and submits it to the Vice President for Student Life and provides a copy to the Manager of Employee Relations or Manager of Equal Opportunity. If applicable, a copy is provided to the person against whom the grievance is filed. The Vice President of Student Life, in consultation with the Manager of Employee Relations or the Manager of Equal Opportunity, will determine the necessary process for investigating and resolving the specific grievance. The aggrieved intern and/or the person against whom the complaint was filed (if applicable) may also meet confidentially with the Manager of Employee Relations or Manager of Equal Opportunity for counsel and information regarding the grievance or the grievance process. After completing the necessary steps, the Vice President of Student Life will issue a response in writing to the aggrieved intern and the person against whom the grievance is filed.

**Grievance Appeal**
If either party remains unsatisfied with the formal resolution, an appeal may be made to have the grievance reviewed outside of line management. The appeal should be accompanied by a statement indicating the reasons the grievance should be reviewed. The Assistant Administrative Vice President-Human Resource Services will review the details of the grievance, as well as previous documentation, decisions, and processes and determine whether any further steps are necessary.

If either party still remains unsatisfied with the resolution, an appeal may be made to the Human Resource Committee. The appeal must be accompanied by a written statement explaining the reasons for requesting a further review. The Human Resource Committee will review documents, previous decisions, and procedures relating to the grievance. The Human Resource Committee, chaired by the vice president with line authority over the department employing the grievant, will determine whether any additional steps are necessary to resolve the grievance satisfactorily and fairly. When a final decision is reached, a written response will be sent to the appropriate parties involved in the grievance. The decision of this committee is final.

**Fairness and Timeliness**
Throughout the grievance process, reasonable efforts will be made to promote fairness and timeliness to the intern and to the University. Each step of the grievance process should be conducted as expeditiously as is practical.

**Non-Retaliation**
At no time should an intern suffer retaliation or harassment for having submitted a grievance. A retaliatory action taken against an intern as the result of him or her seeking redress under the grievance process is prohibited and may be regarded as a separate cause for complaint.

**Documentation**
A complete record of all grievances should be maintained. Copies of all documentation at each level should be sent to the Manager of Employee Relations or the Manager of Equal Opportunity.

**Accessibility of University Policies**
All BYU policies referred to in the BYU-CAPS Psychology Internship Program Due Process Policy and Procedures are available through the BYU web site. Interns wishing to obtain copies of these policies can receive assistance through the CAPS Administrative Aide and the Director of Training.
WRAPPING UP THE INTERNSHIP YEAR
BYU-CAPS Internship in Health Service Psychology

There are some things we need to take care of as we wrap up the internship year.

1) **Agency Evaluation.** At the end of internship, typically in late June or early July, the Director of Training will send you a Qualtrics link to complete the Agency Evaluation Form. We value and use the ratings and comments you make on this form to improve our overall internship. The form does not allow you to indicate your name on the form to provide anonymity as much as possible.

2) **Intern Evaluation.** Your supervisors will be given a copy of the Intern Evaluation Form. Please work out a time with each supervisor when you can sit down and discuss this evaluation. It would be good to arrange this time early enough to accommodate your and your supervisors’ schedules toward the end of summer semester.

3) **Diversity Training Report.** Please carefully complete the Intern Report on Diversity Training by using the information you have recorded on your monthly activity reports (MAR). It is extremely important for our internship program to be able to document the extent of training in working with persons from diverse populations you have received. Please turn in the form before your last day with CAPS.

4) **Completion Luncheon.** Each year the Training Committee has sponsored a luncheon to have a final chance to be together and celebrate the completion of the training year with our interns. The luncheon is usually held in the latter part of July. It is not mandatory that you attend the luncheon, though we definitely would like all the interns to be present. In addition, CAPS will pay for this lunch.

5) **Former Intern Record.** We want to stay in touch with you as you go on to your employment and throughout your career. To assist us in doing this, please provide an email address where they Director of Training can contact you after your employment with BYU. We would greatly appreciate being informed about changes in your employment so that we can stay in contact with you. We also need you to inform us when you become a licensed psychologist.

6) **Intern Group Project.** Turn in a copy of the Intern Program Evaluation Group Project.

7) **Completion Certificate and Verification of Supervised Experience.** You will be given a completion certificate and a verification of supervised experience close to the final day you will be with CAPS. It is intended that these signed forms will verify for licensure purposes your 2,000 hours of pre-doctoral internship training in psychology. If you need further verification of the internship as you apply for a license, please contact the Director of Training.

8) **Case Management.** Make sure that all of your notes are completed and that arrangements have been made for clients who need to continue in counseling. Please complete all your tasks within Titanium under your task list. Termination notes should be made for clients not continuing as clients in CAPS within Titanium.

9) **Exit Interview.** It is a requirement that all BYU employees participate in an exit interview when they leave the University. The CAPS Director will hold these interviews with interns as they prepare to leave. In addition, you will also meet with the Director of SDS who will set up an exit interview with each intern.

10) **Research Activities.** Write a summary of the research and evaluation projects you have been involved in during the internship year. Include dissertation work, paper presentations, or articles submitted and/or accepted for publication.

11) **Intern Data for APA Accreditation.** Complete this form which provides information we need to report to APA at the time of our annual reports and the next self-study for accreditation.

12) **Completed Portfolio.** Turn in your portfolio (electronically) with all of the materials indicating completion of the intern outcomes. A copy of the checklist indicating completion of your competencies should be included in the portfolio.
COMPLETION CHECKLIST FOR INTERN COMPETENCIES
BYU-CAPS Internship in Health Service Psychology

PORTFOLIO MATERIAL

<table>
<thead>
<tr>
<th>File/Document Title</th>
<th>Completed (Y or N)</th>
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<tbody>
<tr>
<td>Agency Evaluation Form</td>
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<td>Intern Case Presentation Write-Up</td>
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<td>Intern Case Presentation PowerPoint</td>
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<td>Crisis Intervention Note Example</td>
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<td>Curriculum Vitae</td>
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<td>Diversity Report</td>
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<td>Ethical Case Report</td>
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<td>Evidence-Based Report</td>
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<td>Group Intern Project Paper</td>
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<td>Group Intern Project PowerPoint</td>
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<td>Intake Report Example</td>
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<td>Live Observations (4)-Completed by Primary Supervisor</td>
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<tr>
<td>Monthly-Activity Report (Sept-Aug)</td>
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<td>Multicultural Topic Report or PowerPoint</td>
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<td>Multicultural Case Report</td>
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<td>Outreach Activity Report</td>
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<td>Professional Disclosure Statement</td>
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<td>Psychological Assessment Report Example</td>
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<tr>
<td>Research and Scholarly Activities Report</td>
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<tr>
<td>Training Contracts (3): Fall, Winter, Spring/Summer</td>
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Quantitative Standards for Completion

10 Clients from Diverse Populations
10 Hours of Supervision Provided to A Doctoral Student
250 Hours And 40 Cases of Individual Psychotherapy/Counseling
55 Hours And 3 Groups of Group Therapy
25 Hours And 5 Cases of Couples Counseling
4 Psychological Reports
30 Intake Reports
5 Crisis Intervention Cases
5 Outreach Activities
1 Group Program Evaluation Project
500 Total Hours of Direct Service
Research Activity Report

Write a summary of the research and evaluation projects you have been involved in during the internship year. Include dissertation work, paper presentations, or articles submitted and/or accepted for publication.

a) Report on Dissertation Research completed during internship year (data gathering, analysis, defense, etc.)
b) Report on any professional presentations you provided during internship year.
c) Report on any professional articles that were submitted and/or accepted for publication during internship year. Please provide citations in APA format.
Included in this document are the current guidelines for clinical policies and procedures adhered to at the BYU Counseling and Psychological Services. Of course, there are circumstances which require exceptions to account for sound clinical judgment. The general expectation is that staff will seek consultation with the Clinical Director or Assistant Clinical Director before making decisions that deviate from these guidelines.

Mission Statement

The Counseling and Psychological Services (CAPS) is a department of Student Life and shares in Brigham Young University’s mission to help students realize the aims of a BYU education. We espouse a Counseling Center philosophy, recognizing that our mission is to assist students in fulfilling their educational goals, while at the same time be able to maintain good mental health practices, and aid in their retention at college. The major functions of the BYU Counseling and Psychological Services include: Personal and Career Counseling, Career Information, the University Advisement Center, and Career Placement. The clinical counseling area offers treatment or referral for developmental, emotional, or interpersonal difficulties that arise during the educational process. As Clinical Faculty, CAPS’ therapists are involved in a variety of direct service activities. We provide counseling services, teach Student Development Classes, and participate in the training program by supervising interns, externs, practicum students, and part-time student hires from CPSE and Clinical Psychology. Our counseling services include individual, couples, and/or group counseling. In addition, we participate in a variety of ongoing research projects and evaluations of our services. We also serve as liaisons with the BYU departments, community agencies, and as a referral source to bishops and other ecclesiastical leaders. Counseling services are provided free of charge to students as the cost of these services are paid in part by student fees.

Eligibility for clinical services

Counseling services in the Counseling and Psychological Services are provided for full-time (and ¾ time) matriculated students at the BYU Provo Campus, (i.e., matriculated is defined as accepted as a full-time day student). Full-time undergraduate student status is defined as 12 credit hours during the fall and winter semesters and 6 credits during spring and summer terms. Full-time graduate student status is defined as 8.5 credits during fall and winter semesters and 4.5 credits during spring and summer terms. On occasion, during an emergency, a decision may need to be made to see a non-student for crisis intervention.

Full-time and ¾-time students may continue services during spring/summer terms if they have been enrolled winter semester and plan to be enrolled in fall semester.

Salt Lake Center: Students who are attending classes at the BYU Salt Lake Center and are enrolled full-time and matriculated at the BYU Provo Campus are eligible for Counseling Services at CAPS. Students who are enrolled only in the BYU Salt Lake Center are not eligible for counseling services in the CAPS on the Provo Campus.

Exceptions: Students enrolled in the ESL program on the BYU Provo campus are eligible for counseling services subject to availability and ability to engage in counseling using the English language. We are unable to provide interpreters in their native language. Students enrolled in the summer visiting program are eligible for counseling services only during time of enrollment.

Minors: According to Utah State Law, students under 18 years of age are eligible for counseling services without parental consent or consent of their legal guardian.
Spouses and Family: Staff, faculty and their families (who are not students) are not eligible for services at the Counseling Center. They may be referred to DMBA providers, private practitioners, the Comprehensive Clinic or LDSFS located in the Taylor building on campus. (Exception: Non-student spouses may attend couples counseling with their spouse who is a student).

Any exceptions to the above policy should be implemented only after the case has been discussed with the CAPS clinical director.

New Client/Intake Appointments and Scheduling Procedures

Intake appointments: All full-time students are eligible for a free, voluntary and confidential intake appointment. This initial appointment will be scheduled in a new-client opening slot of the clinician who will provide treatment. The student and the counselor will discuss what services may be most appropriate given the student’s concerns: individual, group, or couples counseling or perhaps a combination of individual and group counseling, for example. In cases in which a determination is made that the client’s needs/demands for services may exceed the mission of a university counseling center, a referral to comparable or more appropriate services in the community may be made.

New client appointments are scheduled on the hour, on a first come, first-serve basis by calling the receptionist at 801-422-3035 or by coming into the CAPS, located in 1500 WSC. At busy times during the semester, there may be a wait time for an initial appointment. Online intake paperwork will be completed by the student before scheduling an appointment.

Students in crisis may come in during the walk-in hours or at other times during the day if it is an emergency. Further, students who want a one-time appointment can call into CAPS for a Quick-Care appointment/consultation.

The Counseling Contract

The counselor will respect you as an individual and convey this respect by keeping appointments or contacting you if a change in time is necessary, giving you complete attention during sessions, avoiding interruptions during sessions, and providing you with the most effective counseling possible. In turn, the responsibility of a client is to be prompt in arriving at their session and to cancel the appointment 24-hours in advance to allow other students to access this time slot.

Assignment of Clinicians

Clients are assigned to counselors based on the availability of new client hours for clinicians and the students’ schedule. Clients may request a specific counselor and will be offered the next available new client hour for that clinician. Depending on the availability of the clinician being requested, the wait for an appointment may be longer than it would be if the client is willing to take the next available new client opening for any clinician. Students should be reminded of these limitations; an attempt will be made to honor requests to work with a specific counselor, but the student may need to be prepared to wait longer to be accommodated.

Changing Counselors

Clients have the right to request a change in counselor. Generally, the request will be granted if it is the first such request, but this is ultimately a matter of the clinical judgment of the clinical director and the counselor involved. If there have been multiple requests, underlying clinical issues will likely need to be addressed by the clinical director before the request is granted.
Scheduling On-going Clients - Appointments are scheduled by the therapist or the front desk staff who have access to the master schedules of each counselor as entered in the electronic database. Appointments are generally booked only within one calendar week of the current appointment.

Returning clients must schedule a new client/ intake appointment and complete intake paperwork if it has been more than six months since the last appointment in the center. If it is within six months, they may request to meet with their previous counselor or if they request a transfer to another therapist this will be assigned by the Clinical Director or the Associate Clinical Director.

Referrals Outside the Center
Generally, clients who require more intensive treatment/care than can reasonably be offered by the Center should be considered for referral. Counselors should use their best clinical judgment and consult with the Clinical Director and/or seek peer consultation as needed when determining whether to refer, where to refer, and how much follow-up, if any, is called for on the part of the counselor to ensure that some intervention has taken place with a client. A list of local referral options, which can be given to clients, is available at the front desk. In addition, an appointment can be made with one of our Case Managers who can help clients find a therapist in the community.

Procedures for Referral Out of the Center
1. When a client is referred out of the Center, it should be documented in the clinical notes in the database.
2. Scheduling an appointment with a Case Manager within CAPS is the most effective way to help students who need a referral because our Case Managers are helpful in connecting students to therapists who are covered under their insurance. This appointment with a Case Manager can be set up with the front desk staff who have access to their schedules.
3. With the client's written authorization, the counselor may follow up by contacting the referral agency or person to ensure that the client has had no difficulties in scheduling an appointment or making contact if necessary.

Providing Information to Referring Persons

Procedures for counselors
Information is provided to referral sources only with written consent gained through a release of information of the client. Counselors should determine whether a client wishes information to be made available and have appropriate consent forms signed.

Information Regarding Prior Treatment
1. Clients who have sought consultation or treatment prior to seeking services in the Center may be asked to make records of this treatment available to center clinicians in order to provide continuity of care.
2. A Release of Information (ROI) should be completed by the client and provided to the prior counselor or therapist. This is the most easily completed via Adobe Sign. See the following video vignette that provides a walk-through on how to use Adobe Sign to obtain a release of information for clients.

Referrals for Other Services
1. Guidelines: Referral for services other than personal counseling within the Center, or for services outside the Center, depends on the clinical needs of the client. If a referral is necessary, it will most likely be to one of several places listed below.

Within the Counseling Center
1) To the University Advisement Center for academic advising.
2) To Career Placement or the Career Learning and Information Center for career help or job assistance.
3) To the Stress Management/Biofeedback Services for assistance with managing stress and related issues.
4) Case Management to assist students gaining access to therapy services outside of CAPS.

Outside the Counseling Center
1) College Advisement Centers for academic advising.
2) University Accessibility Center for information about services for students with disabilities, accommodations, including testing and assessment.
4) The Women’s Services and Resources for services provided by them, such as on-on-one consultation, nutrition and wellness, yoga, support groups and scholarships.
5) Registrar’s Office for petitions to discontinue from classes.
6) Financial Aid to apply for federal aid, scholarships, or other types of financial aid.

Outside BYU (cost to be assumed by the client)
1) A private physician for medical assessment/treatment if preferred.
2) A private clinician for psychotherapy or psychiatric treatment. (Please use the Case Management Services to assist in this process)
3) Other agencies, such as Center for Change, Wasatch Mental Health, Rape Crisis Center, etc.

Client Evaluation of Services
1. The Center seeks feedback from clients regarding their satisfaction with general services and with counselor(s) seen. Satisfaction surveys will be sent to all clients at the end of the semester.
2. During the past few years, follow-up feedback has been obtained via email and having client complete an electronic satisfaction survey.
3. Satisfaction data is available to individual counselors at their request.
4. Responses from the completed questionnaires are compiled for each academic year and summarized by the Research team.

No Show and Cancellation Policy
Cancellations: Since counselor time is in high demand, clients are encouraged to comply with a 24-hour advance cancellation if unable to attend a session. This allows clinicians to reschedule that hour with a current client or place a crisis/Quick Care appointment within the counselor’s schedule.

No Shows: No Shows are a clinical issue and become a point for discussion in the clinical meeting with the client as a way to understand the client’s commitment to the therapy process or to address other issues that might relate to the client’s attendance at sessions. If a pattern of missing appointments becomes apparent, it is our policy that the counselor will discuss this with the client. A persistent problem with No Shows or cancellations may result in limited access to our services. Frequent No Shows may be grounds for discontinuing the client’s treatment in the center. Clinician’s may send a letter to the client discussing this issue and may request that a client not be rescheduled until speaking with the clinician. The clinician may consult about this in the clinical team meeting or with the Clinical Director. No shows are strongly discouraged, and clients are encouraged to call in to cancel even if it is less than 24-hours or even after the fact (if they realize they overslept, etc.). The number of No Shows, Cancellations, and Reschedules is available for clinicians in the Titanium database.

Counselor Schedules
1. Counselor schedules are available through the electronic Titanium database.

2. Each counselor submits their schedule of available clinical hours for each semester or within Titanium.

3. If a counselor plans to be unavailable during any regularly scheduled appointment time, it is the responsibility of the counselor to cancel their hours within Titanium and/or let the front desk staff know.

**Clinical Documentation/Paperwork**

It is the responsibility of the counselor to close out their own case files within Titanium if their client is no longer being seen. When counselors are closing cases, they should review the file to double-check that all documentation has been accurately completed. Any missing or unfinished documentation must be completed before the file is closed.

**Titanium Training Videos**

To learn how to enter appointment types, notes, placeholders, or several other functions in Titanium, there are a series of Training Videos that provide a step-by-step process. To access these videos use the following steps.

1) Click on the folder titled “CAPS Everyone” within BYU-Box.
2) Scroll down and click on the folder titled “Titanium Training Videos”
3) Peruse the folder titles looking for the video detailing the task you are wanting to learn more about.
4) Click on the folder and view the video.

**Creating Files for Potential Clients**

A client file is created for any student who schedules an intake appointment or about whom any clinically significant information is received, either through direct contact, emergency contact, or consultation. This is managed by the front desk staff who are responsible for ensuring that any critical information is available should the student decide not to come to the Center for services or become involved in an after-hours emergency. When a student who is not already a client is seen in the center or calls for a consultation with a counselor, it is helpful to get identifying information. At least, an attempt should be made to obtain a name, phone number, and their student number so they may be contacted should their situation worsen.

**File Storage**

Client files are stored in the electronic database (Titanium). All paper copies of relevant client paperwork, such as releases, test data, etc. are scanned and entered within the client’s file within Titanium. Files are maintained for 7-10 years as mandated by Utah State Law and APA guidelines.

**Release of Information**

There are 2 forms for releasing information, one general form (available via hard copy or through Adobe sign) and a form for releasing information to the Health Center. Confidential information may not be released or discussed with anyone other than Center staff without a signed release of information form (except as required by law). The Release of Information form must be signed and dated by the client and signed by a witness other than the counselor named in the release for the form to be valid. A release must be completed whenever confidential information is to be released to a person or agency outside the Counseling Center (Student Health Center personnel, Honor Code Office, Petitions office, faculty, residence life staff, ecclesiastical leaders, family members, etc.).

**Note:** Residence Life staff and physicians at the Student Health Center have their own guidelines for the reporting of critical information, incidents, and health information and are often accustomed to freer sharing of information in their work environment than is allowable for counselors. They may need to be reminded from time to time that...
therapists are ethically and legally bound to much tighter constraints in this regard, and do not have the prerogative to share some types of information which other campus staff might ordinarily expect to exchange.

Clinical Services: Limits and Review

1. **Individual Counseling:** is provided to students with a 7-session limit where clients are seen weekly, with the possibility of future booster sessions that occur spaced apart. If long-term, consistent treatment is necessary, the client may be referred out of the Center to a clinic, agency, or private practitioner. Interns can provide long-term therapy to one individual client whom they select in collaboration with their primary supervisor.

2. **Marital, family and relationship counseling:** interns at CAPS are allowed to see couples for a total of 14 sessions.

3. **Group counseling:** There is no limit to the number of group therapy sessions offered to clients as long as they are appropriate for group treatment. Counselors are encouraged to consider referral to the Center’s groups when doing walk-ins and especially when they have worked long enough with a client on an individual basis that the client would be able to participate in and benefit from a group.

4. **Psychological assessment:** is available for students at their cost. Referral cards should be completed, and the client should be informed of the cost of the tests. A limited number of assessments are provided free of charge by interns participating in the assessment seminar. Clients will be referred by their clinician for these assessments to the CAPS Assessment Supervisors (Drs. Kersti Spujt and Brodrick Brown).

5. **Psychiatric consultation and referral:** A counselor who judges that a client may benefit from medication, or a psychiatric evaluation may either refer the client to the psychiatrist working in the Counseling Center, to the psychiatrists at the Student Health Center, or to a physician at the Student Health Center who may prescribe psychotropic medication. When referring a student to the Student Health Center, it is good practice to write a short note to the psychiatrist or physician explaining the purpose of the visit within Titanium. In addition, a release of information form should be obtained.

Students are responsible for the cost of a psychiatric consultation at the Student Health Center.

6. **Urgent care:** In situations in which a psychiatric referral is urgent, the clinician may consult with the physician in Urgent Care at the Health Center for an immediate referral.

6. **Crisis intervention:** Assistance is available through the CAPS during regular office hours and after-hour services are provided by ProtoCall. After-hours ProtoCall services can be accessed by having the student call the CAPS number (801-422-3035). After 5 pm to 8 am any call to CAPS automatically transfers to ProtoCall services. Accordingly, students can call the CAPS number from 5 pm to 8 am and receive crisis services through ProtoCall. Any after-hours call is reviewed by the Clinical Director and a note is added to the client’s file so that the therapist can be made aware of the nature of their client’s crisis.

7. **Services in the event of a major disaster.** In the event of a major disaster, students will be provided services through the Emergency Response Team which is coordinated by the Team Leader and team members.

8. **Fees:** Counseling services are prepaid through student fees and the center budget. There is a nominal charge for vocational and psychological testing.
Group Therapy
CAPS has an active group program consisting of theme-specific groups and general therapy groups. Groups are held during fall and winter semesters with a smaller number during spring/summer terms. Theme oriented groups include the following:

- Anxiety Group
- Autism Group
- Compassion-Focused Group
- General Process Group
- Body Image/Eating Awareness
- Eating Disorders Group
- Premarital Couples Group
- LGBTQ+ Groups
- Meditation Group
- OCD Group
- Perfectionism Group
- Racial Trauma Group
- Sexual Trauma Group
- Sexual Concerns Groups 1 and 2

Group Files
Group listings are included in the clinical database (Titanium) each semester for each group which is given a group number. Group notes should be maintained along with attendance lists of those attending each session. Group notes are integrated into clients' individual files weekly. If a group member is being seen individually by another counselor, pertinent notes for the client should be integrated into individual files regularly, as group files are not typically reviewed by clinicians other than the group therapists. If a client is only attending group, the group leader is responsible for closing the case when the client terminates from group.

Group Leaders
Groups are often led by co-leaders who may be faculty, interns, externs, and practicum students. Typically, a group is led by at least one clinical faculty. The Center's policy is that trainees do not lead group sessions alone, except in special circumstances where the counselor and intern have agreed that she/they/he is ready and willing to facilitate a group session independently. If this is not the case and the senior staff leader must be absent, the session for that week will be cancelled. This will be determined by the faculty co-leader or the coordinator of the group program.

Stress Management and Biofeedback Services
Stress Management and Biofeedback Services are designed to help students learn skills in mindfulness, relaxation, and how to reduce symptoms associated with stress like headaches, gastro-intestinal distress, panic attacks, insomnia, and chronic pain. The lab is also a resource to help students learn how to better manage the stress and pressure in their lives and thus increase their performance as students. The lab offers the following resources: (1) Personal consultation with a stress management specialist, (2) Biofeedback training that involves using the feedback from electronic instruments to reduce the physiological effects of tension and anxiety, (3) Audio recordings that provide a variety of techniques students can use to relax their bodies and calm their minds, and (4) Printed materials that contain a number of stress management suggestions students can use in their academic and personal lives. More specific information about biofeedback training can be obtained from the following website.

Stress Management and Biofeedback Services is located in 1582 WSC and is available to full-time students. Students can schedule a session in the lab by calling the front desk staff at 801-422-3035 or by utilizing walk-in
appointments. During the initial session, students fill out a brief intake form and discuss with the lab assistant their reasons for coming to the lab. Specific lab resources are then selected to help students with their particular concerns. Students are invited to attend the lab at least three to four times to give their skill training time to work. The activities in the lab are designed to teach stress management skills rather than provide counseling for personal problems.

Outreach and Consultation

Outreach and consultation activities are shared by all the clinical staff at the Center, depending on the situation. These duties are monitored and processed primarily by the outreach coordinator, although other staff members may field requests from the campus community, as well.

Processing Requests

Requests for outreach activities are generally directed to the outreach coordinator. However, individual staff members may be contacted based on their association with the person who called, or the topic matter requested. The individual staff member may either record the pertinent information themselves or direct the request to the outreach coordinator who will make the request known to the clinical faculty and trainees.

Typical outreach requests include the following:
- Presentation on a psychoeducational topic (stress management, depression, etc.) on or off campus
- Presentation on CAPS services and resources
- Providing programs/workshops on mental health related topic
- Interviews/articles for campus newspaper, local newspapers, radio, etc.
- Attendance at campus meetings, department meetings, etc.
- Attendance at local community committees, task forces, advisory boards, etc.

Pamphlets/Information

The Counseling Center maintains psychoeducational handouts in the front area of CAPS. These are maintained by the support staff and changed on a regular basis.

Residence Life Consultants

Three CAPS clinician are assigned during fall and winter semesters to each of the three on-campus housing communities (Wyview/Foreign Language Housing, Helaman, Heritage). Theses consultants assist with weekly RA trainings, provides on-going consultation to the RA’s and HA’s, participates in community activities, and serves as the primary contact person for the CAPS to that community. CAPS faculty and staff teach the RA classes and Hall President classes for each of the on-campus housing communities.

Crisis Services Provided by CAPS

Crisis Services may be accessed by calling the CAPS front desk staff at 801-422-3035 from 8 am to 5 pm and requesting help with an emergency and/or crisis or by asking to speak with the clinical director or any faculty member. During the workday (8 am to 5 pm), there are no set hours for therapists to be available to help with a crisis. In case of an emergency, the front desk staff will first contact a clinician who is on QuickCare coverage; second, contact a therapist who has had a cancellation or no-show; third, contact any therapist who is available that hour to help with the student in crisis. Other Center activities such as meetings, supervision, and even client appointments take second priority if there is client in crisis. If obligations must be cancelled, it is usually resolved through informal discussion with the clinicians, the clinical director, and the front desk staff as to which counselor would be caused the least disruption by attending to the emergency.
This procedure applies to all days that are not official University holidays. Holidays are covered by ProtoCall services with an additional counselor on after-hours coverage for crisis that need a therapist on-scene to manage the crisis situation. During semester breaks, daytime emergency services are provided within CAPS from 8 am-5 pm by the counselor on coverage for that day.

1. **Daytime Availability.** Counselors scheduled for clinical appointments are to be available in their office during that hour. Other activities are not to be scheduled during these times. If a clinician is needed for an emergency, the front desk staff member will call a clinician’s office directly or (if the phone is busy) buzz four times (which is the signal for an emergency that needs attention).

2. **Assisting clients in crisis during office hours**
   a. Front desk staff members should consult with a clinical staff member anytime they believe a client might be in crisis and require immediate assistance.
   b. A caller in crisis should be invited to come into the CAPS to see a counselor.
   c. Each counselor is assigned QuickCare hours within Titanium where they may see a client on crisis.
   d. In an urgent situation (e.g., person crying uncontrollably, very agitated) it is appropriate to interrupt a counselor who is in session with a client who is not in acute crisis. Front desk staff will help to reschedule the client whose session had to be interrupted by the emergency.

**Volatile Clients: Using the “Dr. Jones” procedure**
In the unlikely event that a client should become volatile or aggressive in a counselor’s office, the front desk should be called, using the signal that there is an emergency: saying, “Please cancel my appointment with Dr. Jones.”

This is a signal to the front desk to ask a series of questions that only require a “yes or no” answer and help in assessing the kind of help needed:
- Do you want immediate help?
- Do you want another counselor to come to your office?
- Do you want a counselor to be waiting outside your office?
- Do you want BYU police to come to your office?
- Do you want BYU police to be available in the Counseling Center?

The intention is that clinicians know there is a safety net available should a dangerous situation ever arise -- hopefully it will never have to be used.

**After hours services**
All after hours services (5 pm to 8 am) are provided by ProtoCall Services. In the eventuality that a therapist needs to be on the scene for a crisis, each full-time therapist within CAPS would provide these services. Accordingly, each full-time therapist serves on a rotating basis as a back-up to ProtoCall. ProtoCall is made aware of which psychologist is on coverage as a backup for that week and will be contacted if needed.

Any after-hours call is reviewed by the Clinical Director the next morning and a note is added to the client’s file so that the therapist can be made aware of the nature of their client’s crisis. Any follow-up appointments are made as needed.

In cases in which the on-call clinician does not respond in a timely manner, the ProtoCall contact the Associate Clinical Director, Clinical Director or another CAPS clinician to attend to the crisis.
*It is very important that a therapist NEVER transports a client to the hospital if hospitalization is warranted. In this situation you would contact the BYU Police at 801-422-2222 and a BYU Police Officer would escort the client to the hospital. You may or may not want to go with your client to the hospital. It is recommended that you call the hospital and talk to the crisis worker at the hospital and inform them of the nature of your client and why you have made the clinical decision to admit them to the hospital.

**On-call schedule**
The On-Call Schedule is finalized by the Clinical Director, with consideration given to staff's individual obligations and preferences for specific time periods to the extent possible. Scheduling conflicts inevitably arise at some point; the counselor scheduled to be on-call is responsible for arranging alternate coverage (usually meaning trading shifts with other staff or getting coverage for a day, a few hours, etc.). Copies of each semester's on-call schedule are also given to all the on-call staff, the director of the center, the Dean of Students, and the Vice President for Student Life.

**Emergency Reports**
After responding to an emergency, it is important that the counselor document the intervention/contact on the Emergency Report form and enter a PM Crisis note within Titanium and forward the note to the Clinical Director by the next working day following the emergency. If the student has not had previous contact with the Center, a new file should be created for recording the contact in the database. This new file is created by the Office Manager.

**Admitting Procedures**

1. If a student is a danger to self or others and is willing to be admitted to the emergency department at IHC then you may proceed as you have in the past. Work on finding transportation: family, friend, BYU PD.
2. If a student is a danger to self or others and is unwilling to be admitted to the emergency department at IHC there are new procedures:

   **NEW PROCEDURE:** Prior to us having designated examiners in house, we will call the Mobile Crisis Outreach Team (MCOT) to come and do an assessment with any student that is unwilling to be admitted. If MCOT elects to complete an Emergency Application for Involuntary Commitment based on their assessment, then BYU PD will do the transport. If MCOT comes, does the assessment and decides not to fill out the Emergency Application for Involuntary Commitment, then we can at least be assured that a higher level crisis assessment was completed and a decision not to hospitalize was made. If you are calling MCOT, please let the front desk staff know you are expecting them so they can receive them and get them to your office in an organized way.

Student clinicians, please consult with a licensed clinician about procedures regarding involuntary commitment prior to calling MCOT.

Follow the flowchart below (see next page) to guide you in making the most informed decision when dealing with a crisis. The emergency numbers are listed on the next page after the flowchart for convenience.
You’ve completed a safety and/or threat assessment and have determined that a student is at risk of harming self or others and needs to be presented to a higher level of care. Deciding on a higher level of care location:

1. Have you considered the Wasatch Behavioral Outpatient Receiving Center?
   This is a good fit for students who may not meet involuntary admission requirements but are in severe distress, making safety difficult to assess or not allowing for adequate safety planning.

2. Have you considered the emergency department at Utah Valley Hospital?
   This is the best fit for a student endorsing ideation, access to lethal means and intent. It may also be necessary for someone demonstrating unwillingness to safety plan, eliminate access to means and/or unwilling to dis-close their level of safety or intent.

Now that you know where the student needs to go you will need to figure out transportation:

You have two options:
1. Call MCOT to come do an assessment. They will invol- untarily admit (pink sheet) the student if they meet the required conditions.
2. If the student meets conditions for a pink sheet, complete the pink sheet or find some in CAPS to do so. (You must be a Designated Examiner trained and certified by the State of Utah.)

If the student is self-admitting or there is a completed pink sheet, call BYU PD for transportation.
BYU PD will not transport a student who is not self-admitting unless they do their own assessment (which will override your assessment) or there is a completed pink sheet.

Follow-up options (optional):
- Call ahead to the emergency department to let them know a student is on their way.
- Ask the transporter to update you on their arrival to the destination or admission to the hospital.

Document thoroughly!
Wasatch Behavioral Outpatient Receiving Center
No listed phone number
1175 E. 300 N. Provo UT 84606
https://www.wasatch.org/crisis-services/

Utah Valley Hospital
(801) 357-2130
1034 N 500 W, Provo, UT 84604
https://intermountainhealthcare.org/locations/utah-valley-hospital/visit-us

MCOT
Accessing MCOT via Wasatch Behavioral Health
(easiest) (801)852-2131
https://www.wasatch.org/crisis-services/
Accessing MCOT via Huntsman Mental Health Institute crisis line or the Utah Suicide & Crisis
Lifeline 1-800-273-8255 or 988
https://ut.medicalhomeportal.org/services/provider/22619
https://healthcare.utah.edu/hmhi/programs/crisis-diversion#mobilecrisisoutreachteamsmcot

BYU PD
Direct— (801) 422-0911

Additional information about admitting a student to the emergency department:

- If the student is going voluntarily then admission to the behavioral health unit is not guaranteed. If pink sheet requirements are met then the student “may be held for a maximum of 24 hours, excluding Saturdays, Sundays, and legal holidays.” (pursuant to Section 62A-15-631)

- Admitted students will not have access to their phones at all times so you may want to provide them with the CAPS phone number written on a piece of paper should you expect to make contact with them. If you call to speak to them, you will be asked to provide the student’s security code. They will have to make contact with you first to provide this code.

- If the student is going voluntarily and is taking medications that are necessary for them to keep up with, you can arrange to stop by their place of residency to get them if the location is very local. All medications, however, will be provided to students once admitted if they do not have them upon arrival.

Emergency Application for Involuntary Commitment (Pink Sheet) - link
Additional Crisis Numbers

<table>
<thead>
<tr>
<th>CRISIS PHONE NUMBERS</th>
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<tbody>
<tr>
<td>ProtoCall Crisis After Hours Services</td>
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<tr>
<td>Mental Health Urgent Care</td>
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<tr>
<td>BYU Police Department</td>
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<tr>
<td>Provo Police Department</td>
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<tr>
<td>Utah County Crisis Line</td>
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<tr>
<td>Mobile Crisis Outreach Teams (MCOT)</td>
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<tr>
<td>Crisis Text Line</td>
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<tr>
<td>National Suicide Prevention Hotline</td>
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<tr>
<td>Veterans Crisis Line</td>
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<tr>
<td>Utah Domestic Violence Line</td>
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<tr>
<td>RAINN National Sexual Assault Hotline</td>
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<tr>
<td>Utah Rape/Sexual Violence Hotline</td>
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<tr>
<td>Center for Women and Children in Crisis</td>
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<tr>
<td>Lisa Leavitt Survivor Advocate, BYU</td>
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<tr>
<td>Utah Valley Regional Medical Center Crisis Line</td>
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<tr>
<td>Safety Concern in your Office</td>
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</tbody>
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After-hours Emergency Meetings with Clients in Crisis

Counseling Center
As a general rule, counselors do not see clients in the Counseling Center after hours when front desk staff or other clinicians are not available to provide coverage. However, if the client is accompanied by BYU police or others who are assisting in the crisis, this may be a preferred option for after-hours meetings.

On Campus Housing
Counselors may meet with a student in their room in a residence hall. Depending on the situation, it may be helpful to inform the RA or the Hall Advisor that there is an emergency and have someone present during the meeting.
**Suicide attempts/gestures -- Notification of Parents**

In general, parents are not informed by clinicians if any life-threatening attempt is made by a client. However, in some cases parents may be called if the counselor feels a student is in imminent danger. Please consult with the Clinical and/or the Associate Clinical director to determine the best course of ethical action.

*Note:* if a student has evidenced suicidal ideation or behavior and refuses service either at the Center or an outside resource, it is critical that it be documented in the case notes that counseling was recommended, offered and refused by the student.

**Hospitalization of clients**

Hospitalization procedures most often require that several phone contacts be made within a short period of time thus presenting a challenge to the clinician to manage the client and the procedures. It may be helpful to involve another clinician, such as the clinical director or supervisor, even if this means that a therapy session or other meeting must be interrupted, ended early or cancelled. At times, it may be helpful to have the client contact a friend, family member, etc. who may lend support to the client through this process.

Involuntary hospitalization is rare with the student population, but has on occasion been necessary. In these cases, counselors should request the assistance of BYU Police or Provo Police who may “blue slip” the client into the hospital.

**Brigham Young University Counseling and Psychological Services**

**First Response for Sexual Assault and Rape**

Sexual assault is the commission of an unwanted sexual act, whether by an acquaintance or by a stranger, that occurs without indication of consent of both individuals, or that occurs under threat or coercion. Sexual assault can occur either forcibly and/or against a person's will, or when a person is incapable of giving consent. A person is legally incapable of giving consent if less than 18 years of age; if intoxicated by drugs and/or alcohol; if developmentally disabled; or if temporarily or permanently mentally or physically unable to do so. Sexual violence includes, but is not limited to, rape, sodomy, incest, child abuse, stalking, molestation, fondling, indecent exposure and voyeurism.

To provide immediate response to students who have been raped or sexually assaulted, the University Police, Rape Crisis, the victim, or anyone else involved can call Natalie Kirtley directly. If Natalie is not available or the individual walks into the CAPS requesting crisis services, be sensitive to the fact that a female victim may want to meet with a female counselor. You are welcome to call Natalie Kirtley if you are on call after hours and need a female counselor.

**Contact Persons:** call 801-422-3035 during 8 am to 5 pm and 801-422-3035 afterhours to connect with the ProtoCall Services.

Klint Hobbs, Ph.D., Psychologist, SDS Director, 801-361-2671 (cell)
Lisa Leavitt, Ph.D., Psychologist, Sexual Assault Survivor Advocate, (801-422-9071)

**Follow crisis counseling procedures.**
Ensure physical safety and help find emotional support.

**Make the student aware of options, including:**
- Reporting to the police*
- Seeking a medical exam for well-being and collecting evidence*
- Working with Rape Crisis/ an advocate
- Receiving counseling here or in the community

*see community resource sheet below for more information about reporting and medical exam

Do not push him, them, or her to do anything against his/their/her will. Victims need to reestablish control.
Emergency Assistance:

**Rape Crisis Hotline** (24 hours a day): 1-800-656-HOPE (4673) or online at https://hotline.rainn.org/online

**Utah Rape and Sexual Assault Resources**
- Utah Domestic Violence: 1-800-897-LINK (5465)
- Rape & Sexual Assault Crisis Line: 1-888-421-1100

**Center for Women and Children in Crisis**
Victims can call for crisis counseling, information about options, and help dealing with the legal and medical systems. For instance, Rape Crisis Advocates will accompany victims during medical exams if desired.

**Reporting:**
- **Children** – Utah Department of Child and Family Services 1-855-323-3237
  - The Children’s Justice Center 801-851-8554

Reporting, medical exams, and counseling resources can all be accessed here. Interesting to note that children give consent for their own medical exam if they are considered to be “of reproductive age” which is generally considered age 14.

- **Adults** - Report to the police in the jurisdiction where the assault took place. Reporting does not mean having to press charges.

**BYU Police**: 801-422-5206 (Chris Autry) is a good first contact and can help coordinate with other law enforcement in the area. He is a great advocate to talk to anyone who has been victimized.

**BYU Student Health Center**
Those not wanting to report can go to the Student Health Center, but they do not have the equipment and training that the Family Medicine Clinic has (they do not collect evidence). You can request a female doctor. They still have to notify the police by law, but individuals do not have to cooperate with law enforcement.

**Planned Parenthood**
1086 North 1200 West
Orem, UT 84057
801-226-5246

At the time this handbook is being written, individuals can receive the morning-after pill (which can be taken up to a week later) anonymously here, if they say they have had unprotected sex, but there is no medical care. You can walk-in for help.
Victim Advocacy:
Lisa Leavitt – Sexual Assault Survivor Advocate – 801-422-9071
BYU Police - Chris Autry – 801-422-5206
Provo Police – Victim Advocate’s Office – 801-852-6251
Orem Police – Victim Assistance Coordinator – 801-229-7128

Victim Reparation:
Utah Office of Crime Victims Reparation – 800-621-7444
Victim may be eligible for financial help with counseling, medical bills, etc

BYU-CAPS Procedures: Being Sensitive to Barriers to Treatment When Treating Victims of Rape and Sexual Assault

Reluctance to Seek Treatment
Rape and sexual assault victims are reluctant to come in for counseling, and even if a friend, family member, roommate, religious clergy, the police, etc., talk them into coming in, it is common for clients to drop out of counseling after a one or two sessions. It may be months or years, if ever, before they see the need to seek therapy. Therefore, extra attention and care should be taken to establish a therapeutic relationship in a sensitive manner. Please seek supervision and consultation when needed.

Shame and Self-Blame
Most people who have been sexually victimized initially feel a sense of overwhelming shame not usually associated with other trauma. They almost universally blame themselves and are afraid of being blamed and judged by others, which makes it hard for them to tell anyone about the assault, including a therapist. They may feel undeserving of help and support.

Fear of Honor Code Repercussions
Since drugs and alcohol are often involved in sexual assaults, BYU rape victims are reluctant to seek treatment in the CAPS because they fear being dismissed from the university due to Honor Code policies. Confusion about whether what happened was rape also leaves them questioning their own morality and worthiness. Assuring clients that a report of drug or alcohol use is confidential information and WOULD NEVER be reported to the Honor Code office can help clients feel a greater sense of safety and trust with their therapist to discuss and process some of the factors related to their trauma.

Areas of Focus in Treatment

Avoidance and Trauma
Many victims deal with the trauma of sexual assault by avoiding their memories and feelings and are very reluctant to talk about the experience itself in therapy. There is a fine balance between respecting their wishes and helping them face the trauma so they
can work through it. If they seek treatment months or years after the assault, they may have developed well entrenched patterns of avoidance in relationships and activities that are difficult to change.

**Safety vs. Unhealthy Avoidance**
It is important for victims of sexual assault to establish a sense of physical and emotional safety in the aftermath of the trauma so they can begin to heal. It is often helpful for them set up extra precautions such as not going places alone, not being alone in their apartment, etc., for a time. This can help manage PTSD symptoms. There is also a natural tendency to avoid places, people, situations, that remind them of the assault, and this may be healthy at first. But over time being dependent on others to feel safe and avoiding reminders of the event can lead to a constricted lifestyle such as avoiding certain places they used to love going to, avoiding social interactions, etc. Avoidance is reinforcing and treatment may need to include some form of exposure therapy.

**Shame and Guilt as a Defense**
Victims often find it easier to blame themselves for a sexual assault. They may resist coming to a healthy and realistic view of what happened and prefer self-blame. There is a balance between urging the individual to stop blaming him or herself and not stripping away needed defenses.

**Personalizing the Assault**
Assault victims often continue to feel unsafe long after the assault, not only because their sense of safety in the world has been shattered, but also because they assume that something about them invited or provoked the attack. This leads them to believe that they are in danger from every direction. Helping them to see that the assault was about the perpetrator and not them is essential.

**Fault-finding vs. Learning from the experience**
Because most people don’t want to believe that rape happens, victims have often had others imply or directly say that there was something her or she could have done to prevent it. Their own need for control will keep them replaying what they should have known or should have done to prevent it. Early in therapy it is essential to assure victims that it could not have been their fault. Later on, it may be helpful to talk about what can be learned from it: areas of vulnerability for the particular individual, safer dating practices, etc.

**Presenting with Other Issues**
Sexual assault victims may present for therapy for other issues, either unaware of how the assault has affected them, or aware of the need for help but afraid to disclose. They may present with symptoms of anxiety and depression with or without PTSD, relationship difficulties, academic troubles, etc. Careful and sensitive questioning about precipitating events or difficult life experiences may help them to disclose. They may need education on how the sexual assault may be affecting them.