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. In 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 program and to have 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 experience as much as possible, without becoming or feeling overloaded. We will help you tailor training experiences that best fit your interests and needs. Throughout the training year, we hope that you will work closely with your supervisors, the CAPS Director of Training, Training Committee, and Counseling and Psychological Services professional and support staffs. 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. We will also ask you to evaluate us. Your feedback and suggestions for improvements to the Internship are always welcome and are taken into account as we work to make this program all that was promised when you decided to join us.

The Internship Handbook has been developed to further acquaint you with the our 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 the 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 responsibilities of a psychology intern are summarized in the *Psychology Intern Job Description* in the format used by BYU for administrative staff positions.
- To help you understand the setting for the Internship and how the various parts of CAPS are related, a copy of the *CAPS Organizational Chart* has been included.
- *The CAPS Services, Policies, and Procedures* will introduce you to what is expected of those who offer clinical services in the Center. 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. To ensure that interns have a quality training experience, work outside the Internship describes the Center’s expectation regarding additional work interns might wish to engage in during the training year.
- **The Goals, Objectives, Competencies, Activities, and Assessments** section of the Internship Handbook will provide you with details on what is required of psychology interns and how the competencies are achieved and evaluated. 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 in the program and how interns are assigned to supervisors. This process starts with the intern’s completion of the *Supervision Request Form.*
- **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.
• The Training Contract is provided so that you may see that it involves a set of training activities as well as a set of training goals. Space is also provided for a brief summary of the outcome of each training goal.

• Professional Development Opportunities describes how CAPS provides a number of development opportunities you may take advantage of during your internship year.

• The Evaluation Procedures addresses how evaluation is another key element in the training of a psychology intern and are described in the handbook.

• The Monthly Activity Report is used to track and document the training activities of each intern throughout the year. These hours are becoming increasingly important for interns to document, as they are eligible to be counted toward licensure in several states.

• Four to six times a year the Intern Evaluation Form is completed by the intern’s primary and secondary supervisors and then submitted to the Director of Training. The Director of Training communicates information from these evaluations to the intern’s doctoral program.

• The Agency Evaluation Form is to completed at the end of internship as a means of providing feedback to the Internship.

• The Due Process Policy and Procedures is thoroughly described to protect the rights of interns and to ensure fair application of our evaluation procedures for Interns are provided.

• Wrapping Up the Internship Year is your guide to what must be completed and turned in order to 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.
Background 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). To have an internship accredited by the American Psychological Association was an important goal of the CAPS Training Committee from the outset. By 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. The next site visit was held three years later in May 1995. The result of this site visit was also positive. Accreditation was granted for five more years. An APA site visit in 2000 resulted in accreditation through 2004. The next site visit for the Internship was set for Winter 2005. During this visit we were fully accredited through 2012. We received a site visit from APA representatives on October 15-16, 2012. We are happy to report that our internship received accreditation for another seven years. In March of 2019 we took part in another site visit and received accreditation for 10 more years. Our next site visit will occur in 2029. 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 107 interns have completed the Internship up through the 2019-20 training year.

Mission of the Internship
The overall mission of the BYU-CAPS Internship in Health Service Psychology is to prepare interns from clinical psychology 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, 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 use research and scholarly works to inform their practice of professional psychology. An objective that is consistent with the Internship’s institutional setting is that of preparing interns to provide psychological services to individuals and groups in a manner that is respectful of spiritual beliefs and values and appropriately takes these into account in the practice of professional psychology. Another important objective of the Internship is to prepare interns to work as psychologists in a multicultural, pluralistic society and effectively provide psychological services to individuals and groups representing diverse populations.

Training Model
The 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 acknowledge the education in the science of psychology that our interns have received in their doctoral programs and build on this education by providing them with clinical experience under the supervision of seasoned 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 very seriously the task of providing the needed training in 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 one or more rotations throughout the year such as career counseling or teaching a student development course offered by CAPS.

**Integration of Science and Practice**

We see our primary task in training interns and serving our clients as bridging the gap between science and practice. CAPS engages in this integration of science and practice. 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 rather 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, 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. In turn, our practice has been enhanced through application of research findings. Psychology interns have the opportunity to participate on various research teams in the Center 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**

With the importance placed on the science of psychological practice, on scholarship, and on learning from one’s own practice, it must also be recognized that CAPS training philosophy relies heavily on the supervised practice experience that interns receive in order 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 the fall, and the Internship then defines 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 or his 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 student to colleague. Students have a tendency to sit back and wait for faculty to take initiative, make statements, and chart courses of action. We expect our interns to offer unsolicited opinions, bring their training and history to our context, to generate ideas and direction, and to be contributing members of our community. We believe that it will not only enhance their experience but also contribute to the further development of CAPS and the 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 University students, under the supervision of qualified professionals, so as 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, church leaders, 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
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 that the university experience for a student is an important time of growth. 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 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 500 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 interviewer be skilled in taking stock of 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 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 or his 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 also form a close association with each other, with four interns in a training seminar class. The CAPS training program encourages this peer support. 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.

**MAJOR ACCOUNTABILITIES**

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 and practices of the American Psychological Association 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.
SERVICES, POLICIES, AND PROCEDURES
Brigham Young University

CAPS Services
Counseling and Psychological Services provides individual, couples, crisis, 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 of their lives. Our dress, appearance, behavior, and environment contribute to the overall client experience. Student counselors and Interns are expected to abide by and uphold the BYU Honor Code and Dress and Grooming Standard. This expectation also applies to all CAPS employees. Anytime you are working in CAPS, employees should dress in a professionally appropriate manner.

It is important that our clothing styles do not create an overly casual, distracting or sexualized environment. While working in CAPS, student counselors and clinicians are not to wear blue jeans, t-shirts, beach flip flops, hats, or other clothing that is too tight or revealing. However, there may be days when employees are invited to wear jeans and BYU clothing as a show of support to our athletic teams, particularly on Fridays. These days would be the exception to the rule.

Offices for Counseling
Each intern will have her or his personal office. Clients should only be seen in CAPS offices.

Assignment of Cases to Interns
Initially the clinical director will assign cases to interns. That is, as faculty and previous student therapists leave the center, cases are transferred to other therapists. 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 in the Center, and each team will have responsibility for clients seeking clinical services. Interns enter their schedule within Titanium. A proportional amount of these sessions are designated as first-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 or family.

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 if you can give them some hours, however temporary, in which to schedule clients.

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 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. This should also be noted within 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 hours 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. Such a contact should be done in a 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 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 database. Confidential notes about clients SHOULD NOT leave the Center.

Video 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.

Clients in Crisis

CAPS provides the BYU community with emergency service during working hours through Walk-in Coverage and during non-working hours through the counselor after-hours call. The counselor on after-hours duty is contacted by BYU police dispatch (801-422-2222). If you are contacted during the day by one of your clients in crisis, you should be in touch with your supervisor or another senior faculty member if your supervisor is not available. It is possible you might be contacted to intervene after hours if a client of yours is in crisis. In this case, you should also contact your supervisor or the senior faculty member on emergency duty if your supervisor is not available.

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. Bunn Monday 8-5 working at the Student Health Center (SHC) and at CAPS. Dr. Bunn works one day at the SHC. 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. In addition, it is preferred that for those clients who have a fairly straight-forward presentation of depression and 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. Sheri Knight, our office manager can set up appointments at the SHC. Counselors should then have the client sign a release of information form allowing the counselor and psychiatrist/physician to exchange information. This form is specifically designed for this purpose and is found in the second file drawer in 1503. There is space on the form 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 in the Center 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 Spuji who conducts your assessment seminar.

**Groups in CAPS**

Group counseling is offered in 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 still taking referrals, and adding 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.

**Biofeedback and Stress Management Services**

Stress Management and Biofeedback Services are available to all students at the university whether or not they are clients of CAPS in another treatment modality. The 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, a note can be written in the database and forwarded on to the biofeedback staff. If you have further questions you can contact Dr. Maureen Rice who oversees the Stress Management and Biofeedback Services.

**Group Anxiety Program (GAP)**

The Group Anxiety Program (GAP) is a behavioral treatment program applying exposure therapy to anxiety problems. Treatment includes: (1) a psychoeducational component, such as readings on the nature of anxiety, film clips and informational presentations about exposure therapy; (2) an experiential component in which clients learn and apply principles of exposure therapy and relaxation skills; (3) a process component in which group members talk about their experiences, share insights and work on obstacles that may arise in the course of exposure practice.
The three GAP programs currently being offered are:

GAP - full course. This is an 8-week series beginning the 4th week of each semester. This includes not only psychoeducation about anxiety, but also information about lifestyle components, which have impact on anxiety symptoms. Open to clients with any anxiety disorder.

GAP - mini course. This is a 3-week series, which is offered each month during fall and winter semesters. It covers essentials of exposure therapy, with a short course of applied practice. Open to clients with any anxiety disorder.

OCD ERP - (Exposure Response Prevention, OCD) - This is full semester group oriented toward in vivo exposures for clients with OCD, and includes a strong process component.

**Recommendations for Center Management**

Following are recommendations for center management. Most of these recommendations were suggested by our faculty groups that met in March, 2015. The leadership team has met several times to go over your suggestions and put them together into proposed policies.

**Session Limits**

We carefully examined session limits. The session limit within CAPS is seven sessions. In some cases, you can go beyond seven sessions, however, you should talk this over with your primary supervisor and you can also discuss it with your clinical team.

Following are suggestions for managing sessions.

- We operate under a short term counseling center model
- Referral to community for cases beyond scope of practice includes clients needing
  - Guarantee of long-term weekly sessions
  - Chronically suicidal
  - Day treatment
  - Inpatient treatment
  - Detox
  - Forensic psychology
  - Neuropsychology
- Clinical Review Team will develop referral sources in the community
- Unlimited group sessions are available to clients

**Utilization of Groups**

It is clear that we can better utilize groups. Our center data suggest that individuals do not receive greater benefit from attending both group and individual sessions. Nonetheless, a high percentage of our clients in group attend both individual and group therapy. Our center data also suggest that group is as effective a treatment as individual therapy. We believe that utilizing group as a primary treatment modality is the best way to increase the timeliness of seeing clients and number of persons seen in CAPS. As a result, we propose the following for utilization of group:

- Students are referred to individual or group as a primary treatment
- If an individual is being seen in individual and group, s/he will have no more than one individual booster session/month
- Strongly consider group as a first referral for:
  - Anxiety Disorders
- OCD
- Sexual concerns
- Eating Disorders

- Groups typically begin once there are 6 people on the group sign-up list within Titanium.
  - Therapist can see individual clients until group begins
- Groups will be evaluated for efficiency by the following formula:
  - Number of persons attending group/leader hours expended
  - 4 group members attending/4 leader hours given (2 x 2 leaders) = 1.0 efficiency
- If a group falls below 1.0 efficiency formula at the end of semester, the group is reviewed
- No group has more than two co-leaders, with the exception of the Reconciling Faith & Sexuality groups.
- Faculty members do not run groups together
  - Exception is made for training in specific type of group
**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 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 attend to issues surrounding difficult or long-term 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 the CAPS are psychologists and the Center has an APA accredited psychology internship. 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 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 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

In order 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 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 writing your notes. 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
1) Brief description of how the client presented for the counseling session (affect, behavior, appearance, etc.)  
2) Client’s report on status, progress, or agenda for the counseling session.  
3) Follow-up on homework assignments or other work client has done since last session. Note progress the client is making on the presenting problem.  
4) Describe the client’s compliance with medical treatment and use of medication, if applicable.

Interventions
5) Briefly describe the interventions used in the session. Where possible, reflect the theoretical orientation that guided the interventions.  
6) 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.  
7) Comment on the nature of the therapeutic alliance in the session.  
8) 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
9) Identify any new information that may have come out during the session that has bearing on the problem(s) the client is working on.  
10) Comment on any refinements to the diagnosis, case conceptualization, or treatment plan that have resulted from the session.  
11) Describe any 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).  
12) Homework assignments to be carried out by client prior to next counseling session.
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, etc.
- 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 doctors 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 Center 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.

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 in to work, please call the CAPS front desk staff at 801-422-3035 a little after 8:00 am and inform the staff member that you are home ill. 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 and 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 psychology intern to become aware of the licensing requirements of states where she or he 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 three 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.

**Work Outside of 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 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.
Goals, Objectives, Competencies, Activities, Assessment, and Outcomes
BYU-CAPS Internship in Health Service Psychology

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 who 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, strengths, skills, interests, and needed growth areas.

Activity I-A-1(a): Intern will write a professional disclosure statement that portrays her or his 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 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 respects and takes into account all types of individual and group differences.

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 training 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 in 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, make good use of supervision, and prepare to offer supervision.

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. Supervisor evaluation of intern’s use of supervision.
2. Review of intern’s final Weekly Activity Report.
3. Dr. Merrill’s approval of intern’s participation in 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.

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 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 further involve them in the services of CAPS, such as outreach, housing consultation, crisis services, 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 inservice 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): Intern are given an introduction to college student development 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. Approval of seminar leader
2. Senior Staff Evaluation
3. Training Committee review of vita entry
4. Review of post-internship employment
5. Training Committee review of developmental issues in intern’s case presentation
6. Supervisor ratings on the Intern Evaluation Form

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 Intern 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 manifested in treatment.

Activity II-C-1(e): As part of the Intern Case Presentation to the Training Committee, interns will demonstrate how his/her approach was informed by OQ data, assessment data and other available sources of information (evidence based practice).

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 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) and make a evidence-based case presentation to members of the Training Seminar illustrating their use of the feedback and the interventions they enacted as a result.

When the client no longer signals on the ASC measures, intern competence has been achieved

Assessment:
1. Review of the intern’s final Monthly Activity Report indicating year to date hours for counseling.
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 approval of evidence-based case presentation

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-hour per week Diagnosis and Assessment seminar where supervision in this area is provided by a CAPS psychologist (Dr. Kersti Spujt) 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 four psychological assessments, including written report, 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): Interns 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.

Assessment:
1. Supervisor evaluation and rating of intake interviews and reports. A rating of at least three by the end of the internship year.
2. Training Committee approval of the intern’s intake 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 Center 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 didactic training.

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. Involvement with senior staff in responding to after-hours emergencies is made available to interns throughout the year if requested by intern. 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. A rating of at least three by the end of the year on the Intern Evaluation Form on crisis intervention is required for completion.

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. Supervisor rating on the Intern Evaluation Form
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 professional manner that meets the needs of the client.

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

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 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 inservice 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. 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. Dissertation research is emphasized in order to help the intern move toward completion of the doctoral degree.

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.
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 cases and signs off on case notes. The assessment supervisor 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 priority.

The TC reviews the 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)  

What are your 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)  

What are your 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:

1)  
2)  
3)  

Group Preferences:

Which Committee would you prefer to serve on?
Please comment on strengths and weaknesses regarding the following points, as relevant:

Basic Helping Skills

Therapeutic Alliance

Personal Issues (Boundaries and Disclosure)

Goals, Direction, and Contract

Evidence of Case Conceptualization

Appropriateness of Interventions

Timing

Monitors Process

Use of Silence And Amount Of Talking

(Continued on Back)
Use of Nonverbals

General Observations

Trainee’s Perception of the Counseling Session

Trainee’s Response to Feedback

Summary of Strengths and Weaknesses
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 write a paper and give 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.

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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<tbody>
<tr>
<td>Individual Counseling/Psychotherapy</td>
<td>10 - 12</td>
</tr>
<tr>
<td>Psychological Assessment</td>
<td>0 - 6</td>
</tr>
<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>
<td>0 - 1</td>
</tr>
<tr>
<td>Rotation</td>
<td>4</td>
</tr>
<tr>
<td>Supervision of Practicum Students</td>
<td>0 - 1</td>
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</table>

<table>
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<tr>
<th>TRAINING ACTIVITIES</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Individual Supervision</td>
<td>3</td>
</tr>
<tr>
<td>Treatment Team-Consultation</td>
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</tr>
<tr>
<td>Intern Support Group</td>
<td>1</td>
</tr>
<tr>
<td>Training Seminar</td>
<td>1</td>
</tr>
<tr>
<td>Diagnosis and Assessment Seminar</td>
<td>1</td>
</tr>
<tr>
<td>Supervision of Group Therapy</td>
<td>.5 - 1</td>
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</table>

<table>
<thead>
<tr>
<th>PROFESSIONAL ACTIVITIES</th>
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</tr>
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<tbody>
<tr>
<td>Faculty Meeting/Inservice Training</td>
<td>2</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>
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</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 rotations.

Each intern selects one rotation for a four-month period and then switches to another assignment. In some cases, it is possible for an intern to contract to do two rotations 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 the 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 or his training interests and needs.

COUPLES ROTATION

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.

CAMPUS HOUSING (Residence Life)

BYU Campus Housing is comprised of Heritage, Helaman Halls, Wyview, and the Foreign Language Houses. There are about 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. This is due to the fact that 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 us 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 in 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, cutting, 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 / 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 Psychologist and Intern will offer assistance not only to the person / persons
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 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.

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.

ANXIETY GROUP
The Anxiety Group is a treatment program applying exposure therapy to anxiety problems. Treatment
includes: (1) a psychoeducational component, such as readings on the nature of anxiety, film clips and
informational presentations about exposure therapy; (2) an experiential component in which clients learn and
apply principles of exposure therapy and relaxation skills; (3) a process component in which group members
talk about their experiences, share insights and work on obstacles that may arise in the course of exposure
practice. This group runs an entire semester.

OCD ERP- (Exposure Response Prevention, OCD): This is full semester group oriented toward in vivo
exposures for clients with OCD and includes a strong process component.

CAREER COUNSELING
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 chose 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, and the law. 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 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

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 each school year which is the fourth largest academic offering on campus.

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 as young adult college students but also allows our interns to learn how to use teaching methods, in large and small groups, that helps students progress in their cognitive and affective growth and development. 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

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, 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 have at times done a Fall or Winter rotation and continued in Spring/Summer depending on availability in the lab.
COUNSELING CENTER ADMINISTRATION

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

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. They may be an author on a publication or have the opportunity to present research at a conference.

ACADEMIC SUPPORT ROTATION

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 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 is continually working with a caseload made up of at least some college students. What is suggested in the literature is that students with mental health disabilities have the highest “college drop out 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 for 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

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 student wards, to groups of students in the dorms, and to other student 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):
  - Creating and organizing outreach content and materials
  - Interacting with outreach event organizers to determine the scope and aims of each event
  - Presenting materials in a coherent, effective manner
  - 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:
  - Editing and vetting of outreach materials developed by student volunteers
  - Mentoring in the development and refinement of outreach presentation skills among student volunteers
  - Giving constructive feedback to student volunteers, and identifying students’ potential areas of growth
  - When necessary, accompanying student volunteers at outreach events, to oversee execution of outreach presentations

- Interns will participate in large-scale, national outreach events, such as National Depression Screening Day during the fall semester and a Stress Management during the winter semester.

UNIVERSITY ACCESSIBILITY CENTER (UAC) ROTATION

Outlined below are the responsibilities of CAPS interns participating in the UAC’s assessment rotation. Participating interns agree to/understand that:

- They must complete three psychoeducational or neuropsychological evaluations. [A full neuropsychological evaluation will count as two evaluations (given the greater breadth and depth of neuropsychological evaluations)].
- A completed evaluation includes the components of assessment, scoring, evaluation write-up, and feedback to the client. Additionally, interns must keep their meeting notes updated in the UAC database system.
- Interns are welcome to attend the UAC’s weekly case conference (Tuesdays 9-10am) in which cases are discussed. Weekly attendance is not required; however, for rotation credit, interns must staff each of their assigned cases at least once at the case conference.
- Interns will receive supervision via the case conference as well as via ad hoc supervisory meetings with Dr. Clay Frandsen (UAC Psychodiagnostic Coordinator).
- Ideally, the rotation would take place during the Fall and Winter semesters, but exceptions may be made.
- If problems arise (e.g., clients are not responding to calls), interns are to inform Dr. Frandsen immediately.
- Upon completion of the rotation, Dr. Frandsen will contact the intern and provide feedback of the intern’s performance. Feedback will include a discussion of learning outcome/satisfaction data obtained from the intern’s clients. This data will also be shared with the Director of Training (Dr. Michael Adams) from CAPS.

SPIRITUALITY SEMINAR

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, and discussion that will enhance interns’ understanding and growth in this area.
CLINICAL SPORTS PSYCHOLOGY ROTATION

This rotation gives interns an opportunity to provide a broad range of psychological services to student-athletes at BYU. A CAPS psychologist who splits time with Sports Medicine in the Athletic Department supervises 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 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, set up the day and time for the rotation activity.

3) Please set up a regular, weekly appointment with the intern when you can provide supervision regarding his/her 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 at the end of the rotation and submit it to the CAPS Director of Training.
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

<table>
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<tr>
<th>Intern</th>
<th>Date</th>
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<tr>
<th>Primary Supervisor</th>
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<tr>
<th>Secondary Supervisor</th>
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**Group(s):**

**Rotation(s):**

**Committee:**

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

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

<table>
<thead>
<tr>
<th>SERVICE ACTIVITIES</th>
<th>HOURS PER WEEK (40 TOTAL)</th>
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<tbody>
<tr>
<td>Individual Counseling/Psychotherapy</td>
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<td>Psychological Assessment</td>
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<tr>
<td>Group Counseling/Psychotherapy</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>
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<tr>
<td>Emergency Service</td>
<td></td>
</tr>
<tr>
<td>Rotation</td>
<td></td>
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<tr>
<td>Supervision of Practicum Students</td>
<td></td>
</tr>
</tbody>
</table>

**TRAINING ACTIVITIES**

| Individual Supervision                                      |                           |
| Treatment Team-Consultation                                |                           |
| Intern Support Group                                       |                           |
| Training Seminar                                            |                           |
| Diagnosis and Assessment Seminar                           |                           |
| Supervision of Group Therapy                               |                           |

**PROFESSIONAL ACTIVITIES**

| Faculty Meeting/Inservice Training                         |                           |
| Committee Assignments                                      |                           |
| Dissertation or Research                                   |                           |

Intern Signature ______________________________            Date ______________

Training Director Signature ______________________________ Date ______________
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 2020-2021 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 or 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, 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.

4. **CAPS Inservice and Diversity Training.** Throughout the fall and winter semesters, CAPS has an inservice series that meets on Friday mornings, usually from 9:00 to 10:00 a.m., where a variety of 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 in order to ensure excellence both in terms of the interns receiving training 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 the 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. In the Training Contract the nature and amount 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:

<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>

The table below outlines minimal expectations for core competencies that have been established in order 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>4</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>1</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 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. The Availability Index on the report provides a method for determining whether the intern’s caseload is at an appropriate level. Dividing counseling hours offered by total active cases yields a simple reading of how available the intern is to her or his on-going counseling cases. By this means, it is possible to determine whether the intern's training goals are being addressed and whether the 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, 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 interns, 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 or he 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 one 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

Live observation and feedback to the intern is required to occur twice during fall semester and twice during the remaining training year. The intern should discuss this with her 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

In order 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 intended to allow the intern to identify any factors in the Program that she or he perceives as a deterrent to effective training. 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 in order to make improvements to the 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. 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. The Director of Training invites further input from the 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: __________________________  
Week Ending: _______________

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

In order 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-e-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, in order 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’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:

<table>
<thead>
<tr>
<th></th>
<th>Unsatisfactory</th>
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</table>
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>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>2</td>
<td>Marginal</td>
</tr>
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<td>5</td>
<td>Outstanding</td>
</tr>
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<tr>
<td></td>
<td>1</td>
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<td>------------------------------------</td>
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<tr>
<td>Arrives on time for group and comes prepared (if applicable).</td>
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<td></td>
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<tr>
<td>Completes notes in a timely manner, in agreed-upon arrangement with co-leader.</td>
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<td></td>
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<tr>
<td>Makes effective use of group therapy supervision.</td>
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<tr>
<td>Is open to co-leader’s feedback and accepting of suggestions made in supervision.</td>
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<td></td>
<td>O</td>
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<tr>
<td>Cooperates to work through any co-facilitator differences of approach to group therapy.</td>
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<tr>
<td></td>
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<tr>
<td>Is able to follow both individual and group dynamics during sessions.</td>
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<tr>
<td></td>
<td>O</td>
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<tr>
<td>Works to establish his/her own presence as a facilitator of the group.</td>
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<tr>
<td></td>
<td>O</td>
</tr>
<tr>
<td>Demonstrates the ability to create/facilitate</td>
<td></td>
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<tr>
<td></td>
<td>O</td>
</tr>
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</table>
group cohesion.

Shows an ability to facilitate group movement from one stage to another.

Demonstrates effective management of conflict in the group.

Shows an ability to work with problem clients in the group.

Is willing to engage in/raise difficult issues in the group, to challenge the group.

Is able to be mindful of his/her own presence and use of self in the room.

Shows an understanding of ethical issues related to group therapy and handles any ethical dilemmas with appropriate professionalism and thoughtfulness.
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.

Criteria for Evaluation of Supervisee:

<p>| | | |</p>
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</table>

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
<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<tr>
<td>Supervisor collaborated with supervisee to set appropriate goals for supervision and worked to achieve these goals.</td>
<td></td>
<td></td>
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<tr>
<td>Supervisor demonstrated appropriate interpersonal and professional skills within the supervisory relationship.</td>
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<tr>
<td>Supervisor set appropriate boundaries with supervisee within the course of their supervision.</td>
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<tr>
<td>Supervisor assessed the developmental level of their supervisee’s clinical work and utilized developmentally appropriate interventions.</td>
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<tr>
<td>Supervisor assisted in the development of supervisee’s diagnostic, conceptualization, treatment planning, intervention skills, and termination skills.</td>
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</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>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>
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<tr>
<td>The supervision I am receiving has helped me grow as a professional.</td>
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</tr>
<tr>
<td>My supervisor helps me feel strengthened and affirmed in my efforts to become a professional.</td>
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</tr>
<tr>
<td>My supervisor helps me identify areas where I need to continue to develop by identifying my strengths and weaknesses.</td>
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<tr>
<td>Supervision helps me better see the complexity in my cases.</td>
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</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

<table>
<thead>
<tr>
<th>Areas expected to be addressed:</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)  

<table>
<thead>
<tr>
<th>Personal challenges this case presents for the therapist (e.g., countertransference)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale for selected treatment approach and interventions</td>
</tr>
<tr>
<td>Current status of the client</td>
</tr>
</tbody>
</table>

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

**Criteria for Evaluation of Supervisee:**

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<td>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 inservice 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>
</tr>
</thead>
<tbody>
<tr>
<td>African-American or Black</td>
<td></td>
</tr>
<tr>
<td>Asian-American or Asian</td>
<td></td>
</tr>
<tr>
<td>Latinx or Latino/Latina or Hispanic</td>
<td></td>
</tr>
<tr>
<td>Mexican-American or Mexican</td>
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</tr>
<tr>
<td>Native American or Alaska Native</td>
<td></td>
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<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>Bi-racial</td>
<td></td>
</tr>
<tr>
<td>Multiracial</td>
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<tr>
<td>Other Racial Identity:</td>
<td></td>
</tr>
<tr>
<td>International Student</td>
<td></td>
</tr>
<tr>
<td>Student of Non-LDS Faith</td>
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<tr>
<td>Student with Disability</td>
<td></td>
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<tr>
<td>Sexual Orientation</td>
<td></td>
</tr>
<tr>
<td>Lesbian</td>
<td></td>
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<tr>
<td>Gay</td>
<td></td>
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<tr>
<td>Bisexual</td>
<td></td>
</tr>
<tr>
<td>Queer</td>
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**Total Clients from Diverse Populations**
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).

**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. 83-84) 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.
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, irremediable, 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

Trainee ___________________________ Date ___________________________
Training Status in CAPS ___________________________ Doctoral Program ___________________________

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.

Trainee’s Signature ___________________________ Date ___________________________
Supervisor(s) Signature ___________________________ Date ___________________________
Director of Training Signature ___________________________ Date ___________________________
Doctoral Program Representative ___________________________ Date ___________________________

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 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 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, 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 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 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 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 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. Efforts will be made to involve retired CAPS psychologists as therapists to interns. The Director of Training will maintain contact with the intern to determine whether her 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 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.** A copy has been attached. Please complete the Agency Evaluation Form and discuss it with your supervisors, and then turn it in. We value and use the ratings and comments you make on this form. You do not need to put your name on it.

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 weekly activity reports. 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 pays for 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. Termination notes should be made for clients not continuing as clients in CAPS.

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.
## PORTFOLIO MATERIAL

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<tr>
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<td>Diversity Report</td>
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<td>Ethical Case Report</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 in order 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 and aid in their retention. 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, we 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, LDS Stakes, 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 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 of from one to two weeks 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.

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, your responsibility as a client is to be prompt in arriving at your session and to cancel the appointment 24-hours in advance in order 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 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. In cases in which a client’s schedule is limited or at the counselor’s judgment, appointments may be scheduled for more than one week.

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 monitoring 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

a. When a client is referred out of the Center, it should be noted in the clinical notes in the database.
b. 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.

Providing Information to Referring Persons

Procedures for counselors

Information is provided to referral sources only with written consent and/or 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.

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 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.

Outside the Counseling Center
1) College Advisement Centers for academic advising.
2) University Accessibility Center for information about services for students with disabilities, including testing and assessment.
4) The Women’s Resource Center for services provided by them.
5) Registration for petitions to discontinue from classes.
6) Financial Aid

Outside BYU (cost to be borne by the client)
1) A private physician for medical assessment/treatment if preferred.
2) A private clinician for psychotherapy or psychiatric treatment.
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 others to reschedule that hour and allows for efficient use of counselor’s scheduled client hours.

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 database.

Counselor Schedules

1. Counselor schedules are available through the electronic database by accessing *Visits for Date.*
2. Each counselor submits a schedule of available clinical hours for each semester or term to the administrative assistant who enters the schedules into the electronic database. If this schedule needs to be modified during the semester, submit the changes on a permanent cancellation of hours form to the administrative assistant. The counselor also has the option to enter their own schedule into the database system.

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 in the database.

4. The scheduling of rooms is organized by the office manager. Counselors sharing offices should use the rooms only at the designated times and as a courtesy to each other, vacate the room promptly after sessions.

5. Part-time clinical staff are expected to be physically present in the Center during their contracted hours, or be easily reachable by phone or beeper and available to respond to walk-ins or crises during those times.

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.

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 during after-hours, 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 years as mandated by Utah State Law and APA guidelines.

Release of Information

There are 2 forms for releasing information, one general form 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.

2. Marital, family and relationship counseling: is provided with the same philosophy as individual counseling.

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 an assessment seminar. Clients will be referred by their clinician for these assessments to the CAPS Assessment Supervisor (Dr. Kersti Spuji).

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 Health Center.

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 accessed through the BYU Police (801-422-2222) who will contact the counselor on call (see Emergency procedures and After hours procedures).

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

The 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
- OCD Group
Compassion-Focused Group
General Process Group
Body Image/Eating Awareness
Premarital Couples group
Eating Disorders group
Racial Trauma Group
Sexual Trauma group
Sexual Concerns Groups 1 and 2
Meditation Group
Reconciling Faith & Sexuality Group (LGBTQ+)

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. These 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. Usually 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/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 calls 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 clinicians are assigned during fall and winter semesters to each of the three on-campus housing communities (Wyview, Helaman, Heritage). This consultant assists with weekly RA trainings, provides ongoing 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 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 a.m. to 5 p.m.), 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 a 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 the counselor on after-hours coverage. During semester breaks, daytime emergency services are provided in the CAPS from 8 a.m.-5 p.m. 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 receptionist 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 Counseling Center 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 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_

On a rotating basis the therapists in CAPS provide after-hour emergency service for a week at a time, from Monday at 5 p.m. through the following Monday at 8 a.m. All after-hour emergency calls are coordinated through the BYU Police Department, who have a current schedule of which therapist is on after-hours coverage for that week. Clients in distress may access help by calling the BYU police (801-422-2222) and asking to speak to the counselor on call. Counselors respond only to psychological emergencies. The police are given instructions to call the crisis cell phone first and then the personal cell phone number second of the counselor on-call. The counselor on-call is required to carry the cell phone and to remain within Utah County during their week of crisis coverage. (On-call staff may elect to use their private cell phones and if so, it is their responsibility to inform BYU police to call this number.)

In cases in which the on-call clinician does not respond in a timely manner, the BYU dispatcher will contact the Associate Clinical Director, Clinical Director or another CAPS clinician to handle the crisis call. If necessary, the BYU police may at times, contact Provo police or call 911 to assist a client who may need to be taken to the Emergency Room at UVRMC or another 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, Sheri Knight.

_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.

Campus police
After a risk assessment has been performed, if the counselor on-call determines the student in crisis needs to be referred to the hospital (UVRMC), the therapist should contact the Campus Police (801-422-2222) to arrange transportation to the hospital for the student. If you are accompanying the client, you may ride with the client and the BYU Police and they will come back and pick you up, or you may take your vehicle and meet the client in the ER. A therapist should NEVER transport a client to the hospital in their personal vehicle.

Off Campus
It may be necessary to meet with a student in their home residence. In such cases, for liability reasons, the COD should determine whether this provides any danger to self or the client and if so, arrangements may be made to have BYU police, Provo police, another clinician to accompany them.

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. Often an ecclesiastical leader or resident employee may inform parents of suicide gestures or attempts. 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, ecclesiastical leader, 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.

Procedure for hospitalization to psychiatric unit at UVRMC
1. Call crisis worker at the ER directly on the crisis line, 801-357-2631.
2. Discuss reasons for seeking admittance to the psychiatric unit, give a brief history of client’s treatment, diagnosis, and other information relevant to hospitalization.
3. Crisis workers find it very helpful when the therapist can accompany the client to the ER.
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 Kara Cattani directly. If Kara 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 Kara if you are on call after hours and need a female counselor.

**Contact Persons:** call 801-422-3035, 801-422-2222 afterhours through BYU Police

Kara Cattani, Ph.D., Psychologist, Clinical Director 801-361-2671 (cell)
Lisa Leavitt, Ph.D., Psychologist, Sexual Assault Survivor Advocate

**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 for more information about reporting and medical exam

Do not push him or her to do anything against his/her will. Victims need to reestablish control.
Brigham Young University Counseling and Psychological Services

Community Resources for Rape and Sexual Assault

Emergency Assistance:

**Rape Crisis Hotline** (24 hours a day): 1-800-656-HOPE (4673)

**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

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 – 801-422-3035
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
Brigham Young University Counseling and Psychological Services

Treating Victims of Rape and Sexual Assault

Barriers to Treatment

Reluctance to Seek Treatment
Rape and sexual assault victims are reluctant to come in for counseling, and even if a bishop, friend, family member, roommate, the police, etc, talk them into coming in, they often drop out of counseling after a session or two. It may be months or years if ever before they see the need to seek therapy.

Shame and Self-Blame
Most people who have been sexually victimized initially feel a sense of shame not usually associated with other trauma. They almost universally blame themselves and are afraid of being blamed by others, which makes it hard for them to tell anyone about the assault, including a counselor. 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. Confusion about whether what happened was rape also leaves them questioning their own morality and worthiness.

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 dating, certain places they used to love going to, 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 than to face the reality of their helplessness and vulnerability during the assault. They may resist coming to a healthy and realistic view of what happened. 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 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.
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INTRODUCTION AND APPLICABILITY

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

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

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

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

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

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

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

**PREAMBLE**

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.
This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

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

**GENERAL PRINCIPLES**

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

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

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

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

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

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

**ETHICAL STANDARDS**

1. **Resolving Ethical Issues**

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

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority
If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

1.03 Conflicts Between Ethics and Organizational Demands
If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the
conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

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

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

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

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

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

2. Competence

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

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

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

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

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

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

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

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

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

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

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

3. Human Relations

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

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

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

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

### 3.05 Multiple Relationships

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

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

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

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

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

### 3.06 Conflict of Interest

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

### 3.07 Third-Party Requests for Services

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

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

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

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

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

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

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

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

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

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

4. Privacy And Confidentiality

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

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

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

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

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

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

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

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

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

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

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

5. Advertising and Other Public Statements

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

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

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

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

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

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

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs
To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations
When psychologists provide public advice or comment via print, Internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)
5.05 Testimonials
Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

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

6. Record Keeping and Fees

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

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

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

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

6.03 Withholding Records for Nonpayment
Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.
6.04 Fees and Financial Arrangements
(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

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

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Intervention of Therapy, and 10.10, Terminating Therapy.)

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

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

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

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

7. Education and Training

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

**7.02 Descriptions of Education and Training Programs**

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

**7.03 Accuracy in Teaching**

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

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

**7.04 Student Disclosure of Personal Information**

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

**7.05 Mandatory Individual or Group Therapy**

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

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)
7.06 Assessing Student and Supervisee Performance
(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

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

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

8. Research and Publication

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

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

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

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

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

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

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

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

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

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

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

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the
conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing
(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

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

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

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

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

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

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

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

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

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

8.10 Reporting Research Results
(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)
(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

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

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

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

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

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

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

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

9. Assessment

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

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

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

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

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10. Therapy

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

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families
(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

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

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

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

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

10.08 Sexual Intimacies With Former Therapy Clients/Patients
(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy
When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

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

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

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

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

The APA has previously published its Ethics Code as follows:


Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.