



APA-ACCREDITED DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

The Doctoral Internship in Health Service Psychology at the University of Delaware's Center for Counseling and Student Development is accredited by the American Psychological Association (APA). Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979 / E-mail: apaaccred@apa.org

Web: accreditation.apa.org



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Dear Prospective Applicant,

Thank you for your interest in our internship in Health Psychology! We are excited to be accepting applications for the 2024-2025 internship and look forward to answering your questions and hearing from you.

We have a long history of training excellent psychologists and can't wait to begin reviewing your applications beginning November 1, 2024.

If you have questions, please feel free to contact me at bekkelik@udel.edu.

Sincerely,

Katie Bekkeli, PsyD, LP, ABPP
Associate Director of Training
bekkeli@udel.edu

Brad Wolgast, PhD, LP, CBSM
Assistant Director of Training
bradw@udel.edu



APA Accreditation Information:

CCSD offers a full-time, 12-month doctoral internship designed to provide high quality training in the varied work of a psychologist at a large university counseling center. Professional development is fostered within the context of all activities across the internship year, focused on clinical services delivery. Our internship has been accredited by the APA since 1983. Our most recent site visit and program review was in 2015 when we received a full re-accreditation for seven years. Due to pandemic-related delays, our next site visit will be scheduled for Fall 2024; however, we continue to remain on active accreditation status.

Accrediting Body:

Office of Program Consultation and Accreditation
American Psychological Association (APA)
750 First Street NE Washington, DC 20002-4242
Website: [accreditation.apa.org](https://www.apa.org/accreditation)
Office Phone: 202-336-5979
Office Fax: 202-336-5978

Eligibility

The doctoral internship in health service psychology program offered by CCSD at the University of Delaware is designed to provide supervised experience in individual and group counseling, consultation, student development programs, and practicum supervision. Candidates must be enrolled in an APA or CPA accredited doctoral program in counseling, clinical, or closely related area of psychology. All of the formal course work and comprehensive examinations for the doctorate should be completed, including supervised practicum courses in counseling. At least 500 hours of pre-internship practicum are required. There currently are four full-time doctoral internship positions. The University of Delaware does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, gender identity or expression, or sexual orientation, or any other characteristic protected by applicable law in its employment, educational programs and activities, admissions policies, and scholarship and loan programs as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and University policies. The University of Delaware also prohibits unlawful harassment including sexual harassment and sexual violence.

Program Objectives and Training Philosophy

A practitioner model focused upon clinical practice and service delivery guides the internship training program (Stedman, Hatch, & Schoenfeld, 2007), with the goal of providing the professional skills necessary for independent functioning as a psychologist in a university or college counseling setting. In this context, the program centers upon development of clinical competence, and training activities consistently explore research and theory as essential complements to all aspects of clinical practice. Both theory and research are incorporated in seminars, professional development activities, case presentations, and supervision of clinical work. The practitioner model allows attention to two primary, inter-related tasks, both of which



CCSD staff understand as central to the internship. The program views development, refinement, and integration of clinical skills in a variety of areas as one central task of internship. Interns start internship with a foundation of didactic information and clinical skills from their academic training. Internship provides an intensive opportunity to develop new skills (e.g., providing supervision) and to apply familiar skills in increasingly sophisticated ways. At the end of internship, CCSD expects interns to demonstrate competencies in assessment, individual and group therapy, outreach, consultation, supervision, ethical issues, and multicultural awareness. A second, closely related task is the development of a more mature, integrated professional identity. Internship represents an important transition from the role of graduate student to that of a professional psychologist, prepared for entry-level practice following internship. CCSD supports interns' growth via mentoring, discussion of professional identity development, and practical support (e.g., research time for dissertation-related work; funding and time for professional development activities.) Interns gain specific exposure to the many roles and responsibilities of a psychologist in a counseling center setting, which provides a strong foundation for future work in a university setting. This exposure occurs as interns serve with staff on internal administrative committees and participate in ongoing discussions about psychologists' roles within the larger university community during staff meetings, seminars, and staff retreats. Thus, the CCSD also expects interns to demonstrate competency in professional conduct. The CCSD staff is highly committed to the internship program and to the achievement of excellence in the experience. Staff provide regular, intensive supervision and training seminars to support and guide interns' growth. Some opportunities exist to individualize the program so that special needs or skills of the interns can be addressed or developed. At the completion of the internship, individuals will hopefully view the experience as a valuable capstone to their formal training in counseling and will be capable of assuming positions of responsibility within the field.

Rodolfa, E. R., Kaslow, N. J., Stewart, A. E., Keilin, W. G., & Baker, J. (2005). Internship training: Do models really matter? Professional Psychology: Research and Practice, 36, 25–31. Stedman, J. M., Hatch, J. P., & Schoenfeld, L. S. (2007) Toward practice-oriented theoretical models for internship training. Training and Education in Professional Psychology, v. 1 (2), 89-94.

Preparing Psychologists to Serve a Diverse Public

As articulated in our program policy statement, we are committed to a training process that ensures that graduate students develop the knowledge, skills, and attitudes to work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. CCSD is committed to providing an inclusive and welcoming environment for all members of our community. Consistent with this principle, CCSD policy requires that trainers and trainees do not discriminate on the basis of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, or socioeconomic status in the services provided. In some cases, tensions may arise for a trainee due to differences in beliefs or values with clients. Because the trainees will have to navigate these sorts of clinical situations in their future practice careers, CCSD has a responsibility to prepare students to do so in a safe and ethical manner. CCSD will respectfully work with students as they learn how to effectively practice with a broad range of clients. Thus, trainees should expect to be assigned clients that may present challenges for them at some point in training. If trainees do not feel comfortable or capable of providing competent services to a client because it conflicts with the trainee's beliefs or values, it is the trainee's responsibility to bring this issue to the attention of his/her supervisor.



Because client welfare and safety are always the first priority, decisions about client assignment and reassignment are the responsibilities of the Center's leadership and supervisors.

Internship Aims and Competencies

Aims and Competencies

The CCSD doctoral internship training program has two general aims, which are to prepare interns for professional practice in health service psychology through 1) development of core clinical and counseling skills, and 2) development of professional attitudes and behaviors. This is accomplished through focus on nine specific competency areas that are:

1. Evidence-based Intervention: Demonstrates appropriate knowledge, skills, and attitudes in the selection, implementation, and evaluation of interventions that are based on the best scientific research evidence; respectful of clients' values/preferences; and relevant expert guidance.
2. Evidence-based Assessment: Demonstrates appropriate knowledge, skills, and attitudes in the selection, administration, and interpretation of assessments consistent with the best scientific research evidence and relevant expert guidance.
3. Ethical and Legal Standards: Demonstrates appropriate ethical and legal knowledge, skills, and attitudes in all professional roles.
4. Individual and Cultural Diversity: Demonstrates appropriate knowledge, skills, and attitudes about cultural and individual differences in all professional roles.
5. Research: Demonstrates appropriate knowledge, skills, and attitudes to produce and disseminate scientific research and to make appropriate use of scientific methods and findings in all professional roles.
6. Professional Values, Attitudes & Behavior: Demonstrates dispositions and engages in behaviors that reflect the values and attitudes of the psychology profession in all professional roles.
7. Communication and Interpersonal Skills: Demonstrates ability to communicate effectively, to interact appropriately, and to develop meaningful and helpful relationships in all professional roles. Consultation / Inter-professional / Interdisciplinary: Demonstrates appropriate knowledge, skills, and attitudes regarding inter-professional and interdisciplinary collaboration in relevant professional roles.
8. Consultation/Interprofessional/Interdisciplinary: Demonstrates appropriate knowledge, skills, and attitudes regarding interprofessional and interdisciplinary collaboration in relevant professional roles.
9. Supervision: Demonstrates appropriate knowledge, skills, and attitudes regarding the instruction and oversight of trainees and other professionals.

Development of the above competencies is specifically addressed by training in the following skill areas:

Intervention

1. Utilizes awareness of cultural phenomenon in crisis intervention and consultation
2. Effectively communicates disposition and referral options to the client
3. Effectively communicates empathy and establishes rapport with a broad range of students



4. Utilizes voluntary and involuntary hospitalization procedures, in order to best serve the student's safety needs
5. Provides appropriate post-intervention follow-up with the student and other relevant persons to best serve the student's needs and system circumstances
6. Exercises sound judgment when engaged in consultation
7. Develops client-centered treatment plans that account for individual and situational factors
8. Effectively communicates formulations and treatment plans to clients
9. Implements client-centered referral and/or case management processes
10. Develops client-centered treatment foci and therapeutic frame
11. Demonstrates multicultural sensitivity in clinical work and conceptualization
12. Understands and uses own emotional reactions in clinical work
13. Utilizes knowledge of Self to effectively work with diverse clients from the University population
14. Implements interventions with fidelity to evidence-based models and flexibility to adapt where appropriate
15. Reflectively attends to and makes use of client transference, and therapist counter-transference in the therapeutic process
16. Reflectively attends to and tailors interventions based on developmental and situational factors in the therapeutic process
17. Thoughtfully attends to the interplay of emotions, cognitions, behaviors, and physiology, and utilizes this awareness in facilitating client growth
18. Evaluates treatment process and is open to modifying treatment planning based on outcomes measures
19. Collaboratively addresses termination during treatment planning, and makes use of it during the therapeutic process
20. Collaboratively reviews therapeutic experience, progress, and areas of future growth during the termination phase
21. Collaboratively provides appropriate referrals and/or resources, and clarifies the role of any future CCSD services during the termination phase
22. Open to exploring own identities along various cultural dimensions and how these identities impact interactions with those from different backgrounds/identities
23. Knowledge of own identities in relation to social and cultural issues
24. During case conceptualizations and presentations, considers alternative (to traditional psychological theory) frameworks that incorporate social, cultural and political factors in conceptualizations and interventions for clients
25. Open to discussing own cultural and social identity as it may impact therapy
26. Open to exploring biases toward those different from self
27. Demonstrates openness and responsiveness to supervision
28. Clearly communicates basic structure, expectations and ground rules for participation in group
29. Assists group members in formulating practical and achievable group goals
30. Utilizes and applies clinical best practice guidelines for group therapy (e.g., AGPA, 2008)
31. Appreciates similarities and differences between structured/psychoeducational and interpersonal process groups as well as corresponding leadership responsibilities (e.g., teaching, facilitating, deepening)
32. Promotes group cohesion among members by attending to trust, risk-taking, emotional bonding, and other process variables



33. Furthers stages of group development and balances members' needs for support and challenge at key points in the group process
34. When applicable, utilizes evidence-based therapeutic group factors (e.g., Universality, Imparting Information, Installation of Hope, etc.) to facilitate effective group process and individual client benefit
35. Evaluates treatment process and modifies treatment planning based on outcome measures
36. Makes use of the here-and-now as well as process level interventions
37. Maximizes therapeutic value of termination at the group and individual level
38. Demonstrates competence with technologies utilized and cognizant of the impact of these technologies on clients and supervisees. Plans for and can respond appropriately when technical issues or contingency planning is necessary.
39. Manages logistics and documentation involved in telepsychology (e.g., sending zoom links, completion of forms, collecting and documenting location) in an organized and timely manner.
40. Maintains professionalism while providing telepsychology.
41. Group Screen: Informs client of benefits and risks of group therapy in remote formal and answers questions
42. Group Screen: Informs client of what to expect in structure of remote group work
43. Group Screen: Considers client fit for remote group and how this may differ from in person group
44. Develops culturally-relevant material and interventions that are tailored to the community being served
45. Provides assessment of community needs and implements preventive and responsive interventions
46. Delivers engaging, culturally responsive and inclusive outreach services
47. Meaningfully communicates testing feedback, with attention to the presenting problem, assessment findings, and the client's goals
48. Clearly communicates individualized recommendations, and collaborates with the client to move forward on next steps
49. Able to share and learn from colleagues regarding multicultural issues

Assessment

1. Conducts emergency in-person/telephone consultations in line with scientific evidence
2. Provides emergency meetings that are culturally-contextualized, and developmentally appropriate
3. Assesses the presenting difficulty, and differentiates between client needs that are emergent, urgent, and non-urgent
4. Integrates and synthesizes relevant biopsychosocial data in making a disposition determination
5. Effectively communicates disposition and referral options to the client
6. Understands the unique function of crisis intervention and appropriately communicates this frame to the student
7. Conducts standard-of-care mental status exams and risk assessments (re: suicide, homicide, and psychosis) in line with best scientific evidence
8. Utilizes voluntary and involuntary hospitalization procedures, in order to best serve the student's safety needs
9. Conducts biopsychosocial intake evaluations in line with best scientific evidence



10. Utilizes systematic approaches to gathering data to form a multidimensional, developmentally-appropriate, and culturally-informed case formulation
11. Provides diagnoses that are culturally-contextualized, and developmentally-appropriate
12. Develops client-centered treatment plans that account for individual and situational factors
13. Effectively communicates formulations and treatment plans to clients
14. Develops client-centered treatment foci and therapeutic frame
15. Thoughtfully attends to the interplay of emotions, cognitions, behaviors, and physiology, and utilizes this awareness in facilitating client growth
16. Evaluates treatment process and is open to modifying treatment planning based on outcomes measures
17. Collaboratively addresses termination during treatment planning, and makes use of it during the therapeutic process
18. Collaboratively reviews therapeutic experience, progress, and areas of future growth during the termination phase
19. Identifies clients who may benefit from group and informs potential members of the value and rationale for group treatment
20. Conducts group screening interviews, makes collaborative decisions and communicates with the client regarding goodness of fit
21. Attends to group composition, taking developmental, biopsychosocial, and cultural factors into account in order to maximize potential for both effective group process and individual client benefit
22. Evaluates treatment process and modifies treatment planning based on outcome measures
23. Group Screen: Considers client fit for remote group and how this may differ from in person group
24. Provides assessment of community needs and implements preventive and responsive interventions
25. Develops proficiency and administers psychological tests with knowledge of appropriate standardization procedures
26. Develops appropriate batteries based on the referral question, presenting issue, and cultural and individual circumstances
27. Accurately interprets individual test results, including CCAPS at each session
28. When appropriate, integrates test results across the battery with both behavioral observations and clinical data to communicate a coherent and explanatory narrative
29. Generates individualized student-centered recommendations based on assessment findings and client goals

Ethical and Legal Standards

1. Understands the unique function of crisis intervention and appropriately communicates this frame to the student
2. Conducts standard-of-care mental status exams and risk assessments (re: suicide, homicide, and psychosis) in line with best scientific evidence
3. Utilizes voluntary and involuntary hospitalization procedures, in order to best serve the student's safety needs
4. Provides appropriate post-intervention follow-up with the student and other relevant persons to best serve the student's needs and system circumstances
5. Exercises sound judgment when engaged in consultation



6. Develops and maintains collaborative relationships with other professionals, and exercises sound professional judgment in utilizing these relationships for the benefit of students
7. Completes timely assessment write-ups in line with professional practice and agency standards
8. Demonstrates knowledge and understanding of APA ethical principles and Code of Conduct and other relevant policies/laws
9. Communicates relevant ethical duties and limitations in the course of clinical work
10. Consults appropriately with peers and supervisors regarding ethical issues and dilemmas
11. Writes comprehensive yet concise intake reports that effectively communicate a multidimensional, developmentally-appropriate, and culturally-informed narrative, and treatment plan
12. Completes timely intake reports in line with best professional practice and agency standards
13. Collaboratively provides appropriate referrals and/or resources, and clarifies the role of any future CCSD services during the termination phase
14. Completes timely progress notes in line with best professional practice and agency standards
15. Conducts group screening interviews, makes collaborative decisions and communicates with the client regarding goodness of fit
16. Maximizes therapeutic value of termination at the group and individual level
17. Understands and follows procedures as outlined in the Policy & Procedures manual, Group Telehealth Manual and Training Manual as well as updated direction from Supervisor and CCSD Leadership
18. Understands and observes the ethical guidelines/standards regarding telepsychology, including unique aspects of confidentiality/privacy, data protection and differences in jurisdictional laws.
19. Manages logistics and documentation involved in telepsychology (e.g., sending zoom links, completion of forms, collecting and documenting location) in an organized and timely manner.
20. Group Screen: Considers client fit for remote group and how this may differ from in person group
21. Communicates relevant ethical duties and limitations in the course of providing outreach
22. Develops proficiency and administers psychological tests with knowledge of appropriate standardization procedures
23. Develops appropriate batteries based on the referral question, presenting issue, and cultural and individual circumstances
24. Sets supervisory frame and makes a sound decision regarding use of supervision contract in the context of the developmental level of the supervisee
25. Facilitates supervisee's awareness of ethical, legal, and policy-related issues in providing clinical services
26. Supports the supervisee in differentiating what aspects of Self are helpful to the therapeutic and/or supervisory process, and those which are better addressed outside of the workplace environment
27. Appreciates the value of continued learning about legal and ethical issues relevant to clinical work and the profession as a whole
28. Seeks supervision or consultation appropriately, to best serve client needs and system circumstances



Individual and Cultural Diversity

1. Provides emergency meetings that are culturally-contextualized, and developmentally appropriate
2. Utilizes awareness of cultural phenomenon in crisis intervention and consultation
3. Effectively communicates empathy and establishes rapport with a broad range of students
4. Tailors tone and style of consultation to the consultee (e.g., parent, peer, administrator, other health professional, etc.)
5. Utilizes systematic approaches to gathering data to form a multidimensional, developmentally-appropriate, and culturally-informed case formulation
6. Provides diagnoses that are culturally-contextualized, and developmentally-appropriate
7. Develops client-centered treatment plans that account for individual and situational factors
8. Writes comprehensive yet concise intake reports that effectively communicate a multidimensional, developmentally-appropriate, and culturally-informed narrative, and treatment plan
9. Engages in self-assessment of personal cultural factors and personal biases for the betterment of the therapeutic process
10. Demonstrates multicultural sensitivity in clinical work and conceptualization
11. Understands and uses own emotional reactions in clinical work
12. Utilizes knowledge of Self to effectively work with diverse clients from the University population
13. Reflectively attends to and tailor interventions based on developmental and situational factors in the therapeutic process
14. Open to exploring own identities along various cultural dimensions and how these identities impact interactions with those from different backgrounds/identities
15. Knowledge of own identities in relation to social and cultural issues
16. During case conceptualizations and presentations, considers alternative (to traditional psychological theory) frameworks that incorporate social, cultural and political factors in conceptualizations and interventions for clients
17. Open to discussing own cultural and social identity as it may impact therapy
18. Open to exploring biases toward those different from self
19. Attends to group composition, taking developmental, biopsychosocial, and cultural factors into account in order to maximize potential for both effective group process and individual client benefit
20. Utilizes knowledge of Self to effectively work with co-facilitator and group members
21. Develops culturally-relevant material and interventions that are tailored to the community being served
22. Delivers engaging, culturally responsive and inclusive outreach services
23. Develops appropriate batteries based on the referral question, presenting issue, and cultural and individual circumstances
24. Generates individualized student-centered recommendations based on assessment findings and client goals
25. Demonstrates awareness of cultural and theoretical differences occurring in the supervisory relationship
26. Supports supervisee's development of reflective practice in order to best serve the needs of diverse clients
27. Appreciates the value of continued learning about multicultural issues relevant to clinical work and the profession as a whole



28. Able to share and learn from colleagues regarding multicultural issues

Research

1. Conducts emergency in-person/telephone consultations in line with scientific evidence
2. Conducts standard-of-care mental status exams and risk assessments (re: suicide, homicide, and psychosis) in line with best scientific evidence
3. Conducts biopsychosocial intake evaluations in line with best scientific evidence
4. Utilizes systematic approaches to gathering data to form a multidimensional, developmentally-appropriate, and culturally-informed case formulation
5. Implements interventions with fidelity to evidence-based models and flexibility to adapt where appropriate
6. Evaluates treatment process and is open to modifying treatment planning based on outcomes measures
7. Furthers stages of group development and balances members' needs for support and challenge at key points in the group process
8. When applicable, utilizes evidence-based therapeutic group factors (e.g., Universality, Imparting Information, Installation of Hope, etc.) to facilitate effective group process and individual client benefit
9. Evaluates treatment process and modifies treatment planning based on outcome measures
10. Takes initiative in planning student-centered and evidence-based outreach activities
11. Provides assessment of community needs and implements preventive and responsive interventions
12. Develops proficiency and administers psychological tests with knowledge of appropriate standardization procedures
13. Develops appropriate batteries based on the referral question, presenting issue, and cultural and individual circumstances
14. Accurately interprets individual test results, including CCAPS at each session
15. When appropriate, integrates test results across the battery with both behavioral observations and clinical data to communicate a coherent and explanatory narrative

Professional Values, Attitudes, and Behaviors

1. Provides appropriate post-intervention follow-up with the student and other relevant persons to best serve the student's needs and system circumstances
2. Exercises sound judgment when engaged in consultation
3. Develops and communicates knowledge of institutional and community resources, in the service of providing integrated care
4. Develops and maintains collaborative relationships with other professionals, and exercises sound professional judgment in utilizing these relationships for the benefit of students
5. Completes timely assessment write-ups in line with professional practice and agency standards
6. Demonstrates knowledge and understanding of APA ethical principles and Code of Conduct and other relevant policies/laws
7. Communicates relevant ethical duties and limitations in the course of clinical work
8. Consults appropriately with peers and supervisors regarding ethical issues and dilemmas
9. Utilizes systematic approaches to gathering data to form a multidimensional, developmentally-appropriate, and culturally-informed case formulation



10. Develops client-centered treatment plans that account for individual and situational factors
11. Implements client-centered referral and/or case management processes
12. Writes comprehensive yet concise intake reports that effectively communicate a multidimensional, developmentally-appropriate, and culturally-informed narrative, and treatment plan
13. Completes timely intake reports in line with best professional practice and agency standards
14. Engages in self-assessment of personal cultural factors and personal biases for the betterment of the therapeutic process
15. Demonstrates multicultural sensitivity in clinical work and conceptualization
16. Understands and uses own emotional reactions in clinical work
17. Utilizes knowledge of Self to effectively work with diverse clients from the University population
18. Reflectively attends to and tailors interventions based on developmental and situational factors in the therapeutic process
19. Thoughtfully attends to the interplay of emotions, cognitions, behaviors, and physiology, and utilizes this awareness in facilitating client growth
20. Collaboratively addresses termination during treatment planning, and makes use of it during the therapeutic process
21. Collaboratively reviews therapeutic experience, progress, and areas of future growth during the termination phase
22. Collaboratively provides appropriate referrals and/or resources, and clarifies the role of any future CCSD services during the termination phase
23. Open to exploring own identities along various cultural dimensions and how these identities impact interactions with those from different backgrounds/identities
24. Knowledge of own identities in relation to social and cultural issues
25. During case conceptualizations and presentations, considers alternative (to traditional psychological theory) frameworks that incorporate social, cultural and political factors in conceptualizations and interventions for clients
26. Open to discussing own cultural and social identity as it may impact therapy
27. Open to exploring biases toward those different from self
28. Completes timely progress notes in line with best professional practice and agency standards
29. Demonstrates openness and responsiveness to supervision
30. Attends to group composition, taking developmental, biopsychosocial, and cultural factors into account in order to maximize potential for both effective group process and individual client benefit
31. Utilizes and applies clinical best practice guidelines for group therapy (e.g., AGPA, 2008)
32. Works effectively with the co-facilitator through collaboration and communication regarding the group development and process
33. Promotes group cohesion among members by attending to trust, risk-taking, emotional bonding, and other process variables
34. Utilizes knowledge of Self to effectively work with co-facilitator and group members
35. Completes timely progress notes in line with best professional practice and agency standards
36. Understands and follows procedures as outlined in the Policy & Procedures manual, Group Telehealth Manual and Training Manual as well as updated direction from Supervisor and CCSD Leadership
37. Maintains professionalism while providing telepsychology.



38. Group Screen: Informs client of benefits and risks of group therapy in remote formal and answers questions
39. Group Screen: Informs client of what to expect in structure of remote group work
40. Group Screen: Considers client fit for remote group and how this may differ from in person group
41. Takes initiative in planning student-centered and evidence-based outreach activities
42. Coordinates with university partners via professional and effective communication
43. Develops and maintains collaborative relationships with other professionals, and exercises sound professional judgment in utilizing these relationships for the benefit of students
44. Communicates relevant ethical duties and limitations in the course of providing outreach
45. Sets supervisory frame and makes a sound decision regarding use of supervision contract in the context of the developmental level of the supervisee
46. Supports the supervisee in differentiating what aspects of Self are helpful to the therapeutic and/or supervisory process, and those which are better addressed outside of the workplace environment
47. Evaluates supervisee with regard to established goals, and in the context of the developmental level of the supervisee
48. Appreciates the value of continued learning about legal and ethical issues relevant to clinical work and the profession as a whole
49. Identifies and discusses personal and professional characteristics and/or behaviors that aid or interfere with clinical work
50. Utilizes content and skills discussed in supervision to improve effectiveness in clinical work
51. Collaboratively develops supervisory frame and training goals
52. Monitors workload and issues and professional commitments responsibly; related to self-care takes initiative in addressing concerns
53. Able to share and learn from colleagues regarding multicultural issues
54. Develops and maintains effective professional relationships with clinical and administrative staff
55. Addresses differences and areas of challenge within supervisory and other relationships in order to maximize professional growth
56. Behaves in timely manner for clinical appointments, supervision and meetings, and makes appropriate arrangements in the event of scheduling changes
57. Attends seminars regularly as an engaged participant and comes prepared to discuss readings and/or case material
58. Prepares for supervision in support of the established training goals
59. Seeks supervision or consultation appropriately, to best serve client needs and system circumstances

Communication & Interpersonal Skills

1. Conducts emergency in-person/telephone consultations in line with scientific evidence
2. Assesses the presenting difficulty, and differentiates between client needs that are emergent, urgent, and non-urgent
3. Effectively communicates disposition and referral options to the client
4. Effectively communicates empathy and establishes rapport with a broad range of students
5. Understands the unique function of crisis intervention and appropriately communicates this frame to the student



6. Tailors tone and style of consultation to the consultee (e.g., parent, peer, administrator, other health professional, etc.)
7. Develops and communicates knowledge of institutional and community resources, in the service of providing integrated care
8. Develops and maintains collaborative relationships with other professionals, and exercises sound professional judgment in utilizing these relationships for the benefit of students
9. Consults and communicates effectively with the supervisor and other relevant professionals to support continuity of care
10. Completes timely assessment write-ups in line with professional practice and agency standards
11. Communicates relevant ethical duties and limitations in the course of clinical work
12. Consults appropriately with peers and supervisors regarding ethical issues and dilemmas
13. Conducts biopsychosocial intake evaluations in line with best scientific evidence
14. Effectively communicates formulations and treatment plans to clients
15. Implements client-centered referral and/or case management processes
16. Writes comprehensive yet concise intake reports that effectively communicate a multidimensional, developmentally-appropriate, and culturally-informed narrative, and treatment plan
17. Completes timely intake reports in line with best professional practice and agency standards
18. Develops client-centered treatment foci and therapeutic frame
19. Understands and uses own emotional reactions in clinical work
20. Reflectively attends to and makes use of client transference, and therapist counter-transference in the therapeutic process
21. Reflectively attends to and tailors interventions based on developmental and situational factors in the therapeutic process
22. Collaboratively addresses termination during treatment planning, and makes use of it during the therapeutic process
23. Collaboratively reviews therapeutic experience, progress, and areas of future growth during the termination phase
24. Collaboratively provides appropriate referrals and/or resources, and clarifies the role of any future CCSD services during the termination phase
25. Completes timely progress notes in line with best professional practice and agency standards
26. Demonstrates openness and responsiveness to supervision
27. Identifies clients who may benefit from group and informs potential members of the value and rationale for group treatment
28. Conducts group screening interviews, makes collaborative decisions and communicates with the client regarding goodness of fit
29. Clearly communicates basic structure, expectations and ground rules for participation in group
30. Assists group members in formulating practical and achievable group goals
31. Monitors and intervenes at the three structural levels of group (e.g., intragroup, interpersonal)
32. Works effectively with the co-facilitator through collaboration and communication regarding the group development and process
33. Appreciates similarities and differences between structured/psychoeducational and interpersonal process groups as well as corresponding leadership responsibilities (e.g., teaching, facilitating, deepening)



34. Promotes group cohesion among members by attending to trust, risk-taking, emotional bonding, and other process variables
35. Utilizes knowledge of Self to effectively work with co-facilitator and group members
36. Makes use of the here-and-now as well as process level interventions
37. Informs clients of risks and benefits of utilizing telepsychology.
38. Maintains professionalism while providing telepsychology.
39. Group Screen: Informs client of benefits and risks of group therapy in remote formal and answers questions
40. Group Screen: Informs client of what to expect in structure of remote group work
41. Develops culturally-relevant material and interventions that are tailored to the community being served
42. Provides assessment of community needs and implements preventive and responsive interventions
43. Coordinates with university partners via professional and effective communication
44. Delivers engaging, culturally responsive and inclusive outreach services
45. Consults and collaborates effectively with supervisors and other relevant professionals in the development and implementation of outreach services
46. Communicates relevant ethical duties and limitations in the course of providing outreach
47. When appropriate, integrates test results across the battery with both behavioral observations and clinical data to communicate a coherent and explanatory narrative
48. Meaningfully communicates testing feedback, with attention to the presenting problem, assessment findings, and the client's goals
49. Clearly communicates individualized recommendations, and collaborates with the client to move forward on next steps
50. Effectively establishes rapport with supervisee
51. Sets supervisory frame and makes a sound decision regarding use of supervision contract in the context of the developmental level of the supervisee
52. Facilitates the development of the supervisee's goals agreed upon in the supervision contract
53. Supports the supervisee in differentiating what aspects of Self are helpful to the therapeutic and/or supervisory process, and those which are better addressed outside of the workplace environment
54. Evaluates supervisee with regard to established goals, and in the context of the developmental level of the supervisee
55. Collaboratively develops supervisory frame and training goals
56. Develops and maintains effective professional relationships with clinical and administrative staff
57. Addresses differences and areas of challenge within supervisory and other relationships in order to maximize professional growth
58. Manages conflict appropriately
59. Behaves in timely manner for clinical appointments, supervision and meetings, and makes appropriate arrangements in the event of scheduling changes
60. Seeks supervision or consultation appropriately, to best serve client needs and system circumstances



Consultation & Interprofessional/Interdisciplinary

1. Utilizes voluntary and involuntary hospitalization procedures, in order to best serve the student's safety needs
2. Provides appropriate post-intervention follow-up with the student and other relevant persons to best serve the student's needs and system circumstances
3. Exercises sound judgment when engaged in consultation
4. Develops and maintains collaborative relationships with other professionals, and exercises sound professional judgment in utilizing these relationships for the benefit of students
5. Consults and communicates effectively with the supervisor and other relevant professionals to support continuity of care
6. Demonstrates multicultural sensitivity in clinical work and conceptualization
7. Open to exploring own identities along various cultural dimensions and how these identities impact interactions with those from different backgrounds/identities
8. Knowledge of own identities in relation to social and cultural issues
9. During case conceptualizations and presentations, considers alternative (to traditional psychological theory) frameworks that incorporate social, cultural and political factors in conceptualizations and interventions for clients
10. Open to discussing own cultural and social identity as it may impact therapy
11. Open to exploring biases toward those different from self
12. Demonstrates openness and responsiveness to supervision
13. Consults and collaborates effectively with supervisors and other relevant professionals in the development and implementation of outreach services
14. Able to share and learn from colleagues regarding multicultural issues
15. Manages conflict appropriately

Supervision

1. Demonstrates openness and responsiveness to supervision
2. Effectively establishes rapport with supervisee
3. Sets supervisory frame and makes a sound decision regarding use of supervision contract in the context of the developmental level of the supervisee
4. Facilitates supervisee's awareness of ethical, legal, and policy-related issues in providing clinical services
5. Facilitates the development of the supervisee's goals agreed upon in the supervision contract
6. Demonstrates awareness of cultural and theoretical differences occurring in the supervisory relationship
7. Supports supervisee's development of reflective practice in order to best serve the needs of diverse clients
8. Supports the supervisee in differentiating what aspects of Self are helpful to the therapeutic and/or supervisory process, and those which are better addressed outside of the workplace environment
9. Evaluates supervisee with regard to established goals, and in the context of the developmental level of the supervisee
10. Develops and maintains effective professional relationships with clinical and administrative staff



Training Activities

Interns at the CCSD are employed on a 40-hour-a-week basis. It is expected that, on occasion, there will be work that must be completed outside of the 40-hour work week including readings for seminars, some outreach, and some note writing. Interns are required to participate in the following training programs:

Assessment/Triage: The assessment of incoming clients is a part of the triage/intake interview procedure. All staff members participate in the triage system. The triage counselor is responsible for clarifying the presenting problem, assessing the severity of the problem, judging the need for timely interventions, and discussing with the client the treatment alternatives that are available to them. Interns are responsible for 5 hours of triage coverage per week. At triage, a disposition decision is required. Following the initial intake session, a treatment plan is required as part of the documentation. While CCSD has no formal policy at this time regarding formal diagnosis, it is expected that interns will be having regular conversations about this in supervision and develop a working diagnostic impression by session 3.

Rotation with the psychiatrists on staff: Each intern will have a two-hour bi-weekly rotation working with the CCSD psychiatrists in either the Fall or Spring semester. This rotation provides some exposure to a medical model of diagnosis and psychopharmacology. Activities during this time may include observation of psychiatrists conducting medication evaluation or medication checks with students; discussion of diagnosis, psychopharmacology, or other relevant issues; clinical consultation; or related readings.

Counseling and Psychotherapy: Direct counseling and psychotherapy is one of the major emphases of the internship program. The internship experience is viewed as one of the best opportunities for the developing psychologist to gain a broad range of experience with clients while receiving intensive supervision. Interns will have experience with a number of different kinds of cases, requiring different interventions and lengths of treatment, and will designate 12-15 hours per week for individual counseling in the CCSD. While there are no formal session limits, CCSD primarily offers time-limited/goal directed therapy. Therefore, the program focuses upon effective use of therapy within a brief model. Interns have exposure to a variety of perspectives to consider in this process, including developmental theory, diagnoses, and different theoretical approaches to therapy. Interns do have the opportunity to select 1-2 clients to experience a longer course of therapy.

Crisis Intervention: It is reasonable to assume that individuals who are involved in providing counseling services will develop skills in crisis intervention. Interns are expected to be able to respond to the crises experienced by their own clientele and students seen for triages. In addition, interns will provide assessment and service to students on a walk-in basis. Assistance is available for the intern, or any staff member, in those instances where an emergency situation may require hospitalization or other atypical measures. Interns will also participate in the after-hours on-call rotation as backup support to Protocol approximately 3x/year (1x/semester). When on call, interns are backed up by their licensed individual supervisor, who is available to consult by phone. If the supervisor is unavailable, interns are required to contact a member of the leadership team to consult instead. More detail regarding consultation guidelines can be found later in the Training Manual.



Consultation and Outreach: Interns are required to initiate and implement at least 6 outreaches over the course of the training year. A max of 2 of these outreaches can be tabling, and one of which must be a consultation project targeted at prevention (detailed below). Types of outreaches are:

- **Workshops:** Outreach that entails the delivery of mental health/psychological information to the UD community (students/staff/faculty) that requires more audience engagement than a lecture or panel. This area includes Campus Connect.
- **Lecture/Panel:** Outreach that entails an oral presentation of information to teach the UD community about mental health concerns. This activity is less interactive than workshops and can be more of a one-way communication of information.
- **Tabling:** Outreach that educates the community about CCSD services and mental health concerns and promotes awareness of topics (such as suicide prevention). It provides a great platform to engage in conversation and offers information to a potentially large number of people.
- **Creating a Resource:** Outreach that conducts a needs assessment of CCSD/UD community and engages in development of a resource. For example, creating a handout on how to help a friend in distress.
- **Making CCSD more diverse & accessible:** Outreach that involves assessing current space, art, and use of technology for universal design.
- **Fostering Community:** Outreach where the focus of the intervention is on improving student wellness and creating a space for the UD community to come together.
- **Crisis Response:** Outreach that involves responding to the community as needed when an event has occurred on or off campus that has a greater impact on the UD community (e.g., following a community member's death, sociopolitical events, and state/national tragedies).

Examples of outreach requests we respond to include, stress management, grief/loss issues, eating disorders, suicide prevention, needs of international students, or responding to crises.

Outside of participation in 6 outreaches, such as those listed above, interns are required to participate in a consultation project under the supervision and support of a CCSD staff member. While we see many students at CCSD, we cannot assume that all of the students in need of our services are entering our office. Therefore, the prevention-related consultation project provides an opportunity to reach out to students we might not otherwise interact with. Recent consultation projects included work with the English Language Institute, Services for Student Athletes, and Office of International Students and Scholars. Opportunities for more intensive consultation or outreach experiences are available in June and July. In recent years, interns have participated in summer programs with the Dean's Office in the College of Arts and Sciences, the Center for Black Culture, and the University's McNair Scholars. The consultation project will involve collaboration with another department or area on campus. At completion of the consultation project, it is expected that the intern will have a tangible demonstration of their project (i.e., a resource sheet developed for a particular office, written content for the website specific to a student group, a recorded video for upload to the website about a particular mental health concern, etc.). Interns will meet with their outreach mentor for one hour per month, though this time may be divided as appropriate.

Group Counseling: The CCSD offers several different counseling groups each year. These include both process and psychoeducational groups. Some examples of process groups include



Graduate Student Process Group and Home Away from Home Group. Psychoeducational groups include First Steps Forward (for trauma) and Reclaim Your Life from Anxiety. Group activities are preferred modes of treatment in many situations. Interns should plan to co-lead at least one multiple-session group and participate in screening prospective group members beginning in the fall semester. If an intern's group fails to recruit enough eligible group members to run, the intern will attempt to run a process group again in the spring semester, or, as a last option, may fulfill this requirement by serving as a process observer for another group. The CCSD staff works collaboratively to provide opportunities for interns to co-lead a group, ideally a process group.

Supervision of Other Trainees: Interns will have the opportunity to engage in supervision of an extern in the Spring semester. Depending on the number of trainees present at the site, they may supervise the whole semester, or half of the semester. Interns will participate as a group in a weekly supervision of supervision seminar in the spring to oversee this process.

Supervision: Interns receive supervision in several ways. Each intern meets with a senior staff member for at least two hours a week to supervise their individual counseling caseload and related activities. Supervision of group counseling is provided in weekly one-hour meetings with the intern's co-leader. In addition, interns meet regularly as a group with two senior staff members for peer supervision during Case Group, which provides opportunities for in-depth case presentations and discussion. Lastly, interns often work with senior staff members in a few other areas such as outreach programs, consultation, occasional teaching, etc., and will be supervised by the participating senior staff member for those activities.

Case Group: Interns will meet weekly for 60 minutes with two staff members to provide ongoing consultation about and development of their clinical skills. This group supervision time can include both formal and informal case presentations at the discretion of the case group facilitators. Video review is utilized as well.

Personal and Professional Development: The CCSD staff engage in regularly scheduled professional development programs, and interns are invited to participate in many of these activities. In recent years, CCSD has sponsored training on: Trauma Treatment, Multicultural Supervision, Neurodiversity Treatment, DBT Skills, Working with Gender Diverse Students, and Risk Assessment, Documentation, and Mandatory Reporting, for example. Interns also are encouraged to participate in their own personal and professional growth as an integral part of the internship and may be provided with funding for this purpose, depending on availability and subject to approval. Interns may use these funds for conferences or purchase of professional books.

Internship Seminars: Two formal seminars for interns are scheduled on a weekly basis. One two-hour seminar covers a variety of topics relevant for developing therapists, including brief treatment, clinical decision-making, diagnosis, assessment, and treatment planning, leadership, communication, and specific presenting concerns, for example. A second seminar focuses on group therapy, multicultural issues, and outreach/consultation in alternating weeks in the Fall semester, and supervision of supervision in the Spring semester.

Multicultural Training: Training in multicultural competence is integrated throughout all aspects of the training program; however, there are several training courses specifically devoted



to multicultural growth over the course of the year. Multicultural training is divided into two types: Multicultural Lab and Application.

- **Multicultural Labs:** These are an experiential exercise derived from Carter's (2003) Racial-Cultural Lab Course and University of Maryland multicultural lab structure. This invites trainees to integrate counseling skills and considerations with cultural factors that impact both clinical and professional contexts. With support of staff co-facilitators, interns participate in guided exploration of their identities in order to better understand themselves as both people and professionals.
- **Application:** As part of the broader training seminars, there are several seminars specific to multicultural considerations. Each is topically focused. We recognize and acknowledge that the application-based seminars are not all-encompassing of all identities and does/will leave out certain identities. This is not done lightly or without thoughtful intention. The identity groups represented in the application seminars are based on representation of clients who present to CCSD and staff specialty areas. The seminars should NOT be seen as exhaustive of the identities to consider or of importance in clinical work; rather, it is the hope that it will be used as a model for the type of information interns are encouraged to seek out and utilize throughout their career as they pursue multiculturally competent practice independently.

Administration: Interns participate in weekly staff meetings. They will participate in the decisions which affect the policies, procedures, and personnel of the CCSD and be privy to information relevant to the mission and values of the counseling center. Interns also meet regularly, as a group, with the Associate Director for Training to receive ongoing orientation and/or for discussion of administrative issues.

Intern Lunch: Every other week, psychology interns will have 1.5–2 hours of protected time set aside for an intern-only lunch. The internship year is a unique experience and CCSD sees it as important to allow intentional time for internship cohort relationship development apart from the more 'formal' internship activities. This time can be spent on campus (such as eating lunch in Warner Hall) or can be spent exploring restaurants in Newark. While it is the intention of this time to be used for connection and bonding, CCSD also recognizes that there are points in the semester that are busier, so interns may also use this time to write notes or catch up on other responsibilities, though this is not the expectation.

Elective Training Activities

Interns also have the opportunity to participate in the following elective programs within their weekly schedule:

Optional Concentrations: Starting in the Spring semester, interns will have the opportunity to participate in a clinical concentration. This can be completed in the Spring semester or extended into the summer semester, if agreed upon by the trainee, Training Director, and concentration supervisor. This is NOT a requirement for successful completion of internship. Concentration availability is dependent upon supervisor availability and specialty, and therefore will change year-to-year. Participation in a concentration is dependent upon the intern meeting expectations over the course of the Fall semester. Specific requirements of the concentration are developed and determined by the intern-supervisor pair in a supervision contract; however, concentrations typically involve meeting bi-weekly for 1 hour of supervision and involves a reading component,



a clinical component (2-3 clients specific to the concentration), and an outreach component. Sample concentrations include working with clients of specific identity groups, DBT, eating disorders, sport psychology, outreach, etc.

Research: Interns are given up to 2 hours per week of research time during the training year. Research time should be devoted to the dissertation, with the expectation that the intern will demonstrate movement towards completion over the course of the year. When interns have defended their dissertations, research time should not be considered automatic, and is most typically utilized for the provision of clinical services. Research time will need to be negotiated with the Associate Director for Training.

Internship Completion Requirements

- Total training time should be equivalent to 2,000 hours. Although interns may reach the maximum hour requirement prior to the official ending date, interns are expected to continue clinical responsibilities until the official end.
- A minimum of 500 hours spent in direct client contacts and activities
- Competency-based evaluations indicative of Intern performance that is commensurate with that expected of an Intern in this program
- A minimum of 4 hours per week spent in regularly scheduled, formal, face-to-face Supervision, at least 2 of which were on an individual basis
- Demonstration of ability to complete evaluations and paperwork with minimal supervisory changes
- Completion of all clinical and administrative paperwork
- If illness or some other circumstance makes it impossible to meet the 2,000-hour minimum definition of the internship by the official ending date, special arrangements will be made to ensure satisfactory completion of the Internship Training Program
- During the internship year at CCSD, interns will not be allowed to participate in any other outside professional activities without first being granted permission. Interns are also not allowed to provide clinical services to the public outside of the purview of the internship. Non-funded supervised clinical service of a training nature will be considered. All other activities will be considered for approval on an individual basis.



Intern Sample Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Dissertation Time	8–8:30 Office duties 8:30–9 Staff Meeting	Office duties	Bi-weekly self-care hour	Office duties
9:00	Dissertation Time (cont.)	9–9:30 Staff Meeting (cont.) 9:30–10 Office duties	Intern Seminar 2	Client	Case Group
10:00	Intern Meeting	Intern Seminar 1	Intern Seminar 2 (cont.)	Bi-Weekly Intern Only Lunch	Supervision
11:00	Lunch	Intern Seminar 1 (cont.)	Client	Bi-Weekly Intern Only Lunch (cont.)	Client
12:00	Client	Lunch	Lunch	COD	Lunch
1:00	Client	Supervision	Client	COD	Client
2:00	Office duties	Group Sup / Group Screen	Client	COD	Client
3:00	Client	Home Away Group	Client	COD	Client
4:00	Client	4–4:30 Group Sup 4:30–5 Office duties	Client	COD	Client



Evaluation

Doctoral Intern Evaluation and Review: Rationale and Procedures*

Doctoral Intern Evaluation and Review: This document outlines the procedures used by the Center for Counseling and Student Development Doctoral intern training program to:

1. evaluate intern performance,
2. respond to problematic or inadequate intern performance, and
3. insure that due process is accorded all parties during the evaluation and review process.

This document contains five parts: (I) Introduction, (II) Definition of Problematic Behavior, (III) Intern Supervision and Evaluation Process, (IV) Review, and Due Process Procedures, (V) Grievance Procedures, and (VI) Remediation Considerations.

*This document has been adapted from similar ones developed by the Illinois State University Counseling Center and by the Counseling and Student Development Center of Northern Illinois University and is a revised version of the November, 1995 and April 2001 documents.

Part I Introduction

The training program of the Center for Counseling and Student Development (CCSD) has the responsibility to continually assess the progress of each intern. The primary purpose of this assessment is to facilitate professional and personal growth in a continual and timely fashion. In addition, it is particularly important that there are ongoing contact and close working relationships between graduate and internship programs so that these guidelines and procedures can be implemented in a way which maximizes intern growth and development.

The training program also recognizes that developmental stressors are inherent both in the transition from graduate school to an internship setting as well as during the course of the internship. During the internship, interns are exposed to full-time clinical practice, typically involving a full and challenging case load as well as responding to client crises and agency requirements. Furthermore, intern supervision is often very intense, concentrated, and frequent. This may increase the intern's sense of personal and professional vulnerability. Thus, while internship represents a critical professional opportunity for interns to learn and refine skills, increase their professional confidence, and enhance professional identity, it is also a time of increased stress and vulnerability.

Since trainees make significant developmental transitions during the internship and may need special types of assistance during this time, it is the responsibility of the training program to provide opportunities which can facilitate growth and minimize stress. Such measures include but are not limited to extensive orientation meetings, individualized programs, clear and realistic expectations, clear and timely evaluations which included suggestions for positive change, contact with support individuals (e.g., supervisors, DCTs of home programs) and/or groups (e.g., other graduate trainees), and staff attention to the assignment of increasingly severe clients over the year.



Part II Definition of Problematic Behavior

CCSD uses the description presented by Chapman, Hall, and Peters (2002) to define intern problem behavior. Chapman et al.'s definition builds upon earlier work by Lamb, Presser, Pfost, Baum, Jackson, and Jarvis (1987). Chapman et al.'s article reflects the current understanding that the word "impairment" is no longer an appropriate descriptor for problematic trainee behavior.

"Problematic behavior" represents an interference in professional functioning that is reflected in one or more of the following ways: (a) incompetence in clinical skills or inadequate fund of knowledge, (b) lack of awareness or disregard for professional behavior and responsibility, and (c) interpersonal issues that interfere with professional functioning.

As discussed in the Lamb et al. (1987) article, CCSD understands that problem behavior exists on a continuum. Since the internship year is part of doctoral training, we anticipate that all interns will be acquiring new information and skills throughout the year. Intern behaviors, attitudes, or characteristics that generate concern and require remediation will first be addressed through the CCSD's supervision and evaluation process, outlined in Part III.

[1] Chapman, J. B., Hall, R. G., & Peters, L. J. (2002, July). *Being sent to fellowship before dessert: Working with difficult interns*. *APPIC Newsletter*, 6, 21-23. [1] Lamb, D.H., Presser, N.R., Pfost, K. S., Baum, M.C., Jackson, V. R., & Jarvis, P. A. (1987). *Confronting professional impairment during the internship: Identification, due process, and remediation*. *Professional Psychology: Research and Practice*, 18, 597-603 [1] Falender, C. A., Collins, C. J., Proskauer, R., & Shafranske, E. P. (2004, November). *Use of the term "impairment" in psychology supervision*. *APPIC Newsletter*, 7, 15.

Part III Intern Supervision and Evaluation Procedures

Due process ensures that decisions made by programs about interns are not arbitrary or personally based and requires that programs identify specific evaluative procedures which are applied to all trainees and have appropriate appeal procedures available to the intern so they may challenge the program's action. This section describes CCSD's standard processes for supervision and evaluation of interns.

Supervision and Evaluation

The CCSD Director and/or Associate Director for Training, in consultation with the intern, will appoint a primary supervisor who provides two hours per week of supervision. Additional supervision is provided for each assignment or rotation that constitutes the intern's duties. The intern could provide group counseling, consultation, and other programs, with the amount of supervision dependent on the level of involvement. For example, if an intern is providing a workshop in a residence hall, they will be given supervision in preparing for this intervention and for a review of its effectiveness. On the other hand, an intern supervising an externship student will receive weekly supervision for the duration of that responsibility. The intern case group provides at least monthly opportunities for case presentations. In the psychiatric rotation, interns receive two hours per week of individual consultation with CCSD psychiatric staff. Interns also attend weekly case conferences and staff meetings. Typically, interns receive a total of four to six hours of supervision per week.



In the context of these supervisory relationships, interns receive ongoing feedback regarding their professional strengths and areas/skills in need of improvement. This process should be continuous, with supervisors providing coaching and assistance to support improvement. Supervisors may consult with each other or the Associate Director for Training at any point to discuss any supervisory concerns. All staff involved in training will consult about trainees' progress at the mid-point of fall semester and early in spring semester, with the intention of coordinating training efforts. Therefore, it is understood that information pertinent to the intern's performance is private, but not confidential. Given that CCSD is a training agency, and all staff are involved in training in some capacity, there are times that multiple (or all) staff will be aware of areas of concern for trainees. This can, at times, cause anxiety for interns; however, it is the intention in sharing information to best support the trainee, as well as to promote clarity and consistency for the staff. Questions or concerns about this can be directed to the Training Director or Director. Consistent with APPIC recommendations for open communication, the Associate Director for Training may discuss training concerns with the director of clinical training from an intern's home academic program. Interns will be informed of all contacts with the home academic program.

Assessment of the intern's competency is assessed multiple times, across multiple settings, and by multiple individuals over the course of the training year in order to provide the most holistic and comprehensive assessment possible. Trainees likewise will assess the center and supervisor's competency multiple times and in multiple ways over the course of the year. This assessment and the related feedback will be provided to the relevant parties as it becomes available. While the process of giving and receiving feedback is ongoing, there are several formalized opportunities for feedback:

Formal evaluation primarily occurs at two distinct points during the year – in December and in July. At each point, any staff who has had individual supervisory responsibilities completes “Q1: Evaluation of Intern Competencies in Individual Counseling Form.” Group supervisors complete “Q2: Evaluation of Intern Competencies in Group Counseling Form.” If relevant, the facilitator of the Supervision of Supervision Seminar completes “Q5: Evaluation of Intern Competencies as a Supervisor Form.” Staff who supervise outreach or consultation efforts will complete “Q3: Evaluation of Intern Competencies in Outreach and/or Consultation Form” on an ongoing basis, as these tasks are finished.

Supervisors discuss all evaluation materials with the intern. Interns also evaluate individual and group supervisors by completing the Evaluation of Supervisor form (Q7 and Q8, for individual counseling and group counseling, respectively). After the supervisor and intern have discussed their evaluations, they provide the Associate Director for Training with copies of all evaluative documents.

Outside of the formal evaluation process, there are two additional informal evaluation meetings that are pre-scheduled for the middle of the semester. Only the individuals responsible for the direct supervision of a trainee (i.e. their individual supervision, group supervisor, outreach mentor, and concentration supervisor) will meet with the Associate and Assistant Directors of Training to provide reflections and feedback. Guidelines for feedback are provided elsewhere in the Training Manual. It is expected that all feedback that is discussed during this meeting will have been provided to trainees prior to the meeting occurring. However, there are times when information is further crystallized during the mid-semester meeting that has not yet been able to



be provided to the trainee. Therefore, it is expected that, within a week following the meeting, the relevant staff member will provide the necessary feedback to the trainee.

While the mid-semester meetings can elicit some natural anxiety from trainees, it is the intention of the meeting to help support trainee growth and development, utilizing the training staff as a whole, to provide a unique and holistic perspective of trainee growth and development. Additionally, the commitment to transparency in delivery of feedback both prior to and following the meeting with regards to relevant trainee feedback is intended to help mitigate the natural anxiety that arises in evaluative spaces.

Interns may meet with the Associate Director for Training at any time to discuss any matters of concern, including those related to feedback and evaluation. In January and July, the Associate Director for Training will schedule individual meetings with each intern. During these meetings, all parties discuss how the internship experience is progressing, and the intern is provided with the opportunity to give their reactions to the training experience. The Associate Director for Training will give the intern a copy of the mid-year and final evaluation letters and discuss the content with the intern, prior to mailing the letter to the intern's academic program.

Part IV Initial Procedures for Responding to Inadequate Performance by an Intern

The processes described above are often sufficient to address problematic behavior. "Problems" become more serious when they include one or more of the following characteristics: (a) the intern does not acknowledge, understand, or address the problem when it is identified, (b) the problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training, (c) the quality of services delivered by the intern is severely negatively affected, (d) the problem is not restricted to one area of professional functioning, (e) a disproportionate amount of attention of training personnel is required, and/or (f) the intern's behavior does not change as a function of feedback, remediation efforts, and/or time. In these situations, the procedures for due process are outlined in the remainder of this document.

When problematic behavior emerges and meets the criteria above, a CCSD staff member ("complainant") may designate specific aspect(s) of an intern's performance as "inadequate for an intern in training." In such a case, the following procedures will be initiated:

- A. The Associate Director for Training will meet with the complainant(s) and the intern separately. The purpose of these meetings is to explain the procedures for dealing with the complaints. A "Review Committee" of at least three persons is then formed consisting of the Associate Director for Training, the primary supervisor(s), and one other senior staff person. In those instances where the Associate Director for Training and/or the supervisor is also the complainant, the Assistant Director of Training, the Director of the CCSD, or the director's designee shall chair the Review Committee. The intern will be notified, in person and in writing, that such a review is occurring, and the Review Committee will receive any information or statement from the intern in response to the charge. This Committee will meet as often as necessary with the complainant and the intern to gather information and discuss appropriate action.



- B. In discussing the complainant's concern and the intern's statement, the Review Committee may adopt any one or more of the following methods or may take any other appropriate action. It may:
- a. Determine that the complainant's charges do not warrant any further action.
 - b. Issue "Recommendations" which formally acknowledge (a) that the Review Committee is aware of and concerned about the complaint, (b) that this has been brought to the attention of the intern, (c) that the Review Committee will make recommendations for how the intern will rectify the problem or skill deficits, or (d) that the behaviors associated with the complaint are not significant enough to warrant more serious action.
 - c. Issue a "Probation" which defines a relationship such that the Review Committee actively and systematically monitors, for a specific length of time, the degree to which the intern addresses, changes, and/or otherwise improves the behavior associated with the complaint. The probation is a written statement to the intern and includes:
 - i. the behaviors associated with the problem,
 - ii. the specific recommendations for rectifying the problem,
 - iii. the time frame for the probation during which the problem is expected to be ameliorated, and
 - iv. the procedures designed to ascertain whether the problem has been appropriately rectified.

NOTE: Means of addressing the problematic behavior are listed in Part VI, "Remediation Considerations."

- d. Issue a "Termination" if the charges against the intern are deemed serious enough, the Review Committee can recommend the intern to be terminated from the training program. This is used only in the most egregious circumstances (e.g., including, but not limited to behavior that would, for licensed psychologists, lead to a revocation of one's license) when the intern has shown enough disregard for legal standards or professional ethics that remediation is deemed insubstantial. The termination and its rationale are written in a statement to the intern and includes:
 - i. the actual behaviors associated with the problem;
 - ii. the rationale for why these behaviors rise to the level of termination;
 - iii. a discussion of the termination process, including engaging the Office of Human Resources, and the trainee's sponsoring university.
- C. After probation or termination is issued (option 3 above) the Associate Director for Training will meet with the intern to review the conditions. The intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented in Part V below.
- D. When recommendations are made or a probation or termination occurs, the Associate Director for Training will inform the intern's sponsoring university within 3 business days, indicating the nature of the problematic behavior, the rationale for the Review Committee action, and the action taken by the Review Committee. The intern shall receive a copy of the letter to the sponsoring university. A conversation is invited as well as an email documenting that the remediation has been initiated. The Intern's sponsoring university will be cc'd on all communications with the intern



- throughout any proceedings, including at the completion/resolution of the remediation process.
- E. Once the recommendations or probation is issued by the Review Committee, it is required that the status of the problem behavior will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. Additionally, it is strongly suggested that the problem behavior be reviewed with frequency, which may be determined in part by the nature of the behavior and the expected time needed for improvement to be experienced. Biweekly reviews are likely to be useful, and less than monthly reviews are considered too infrequent.
 - F. If the rating has been rectified to the satisfaction of the Review Committee, the intern, sponsoring university and other appropriate individuals will be informed, and no further action will be taken. If the problematic behavior continues after the time limits identified on the probation statement or has not been rectified to the satisfaction of the Review Committee, the process of review will begin again (see Part V for further detail).

Part V Grievance Procedures

There are four situations when a grievance procedure may be initiated:

1. Intern Challenge: The intern challenges the action taken by the Review Committee.
2. Continuation of the Inadequate Rating: The Review Committee is not satisfied with the intern's responses to a previous Review Committee action.
3. Intern Grievance: An intern initiates a grievance against a CCSD staff member.
4. CCSD Staff Member Grievance: A CCSD staff member initiates a grievance against an intern.

Courses of action for each situation:

1. Intern Challenge - The intern challenges the action taken by the Review Committee
 - a. To challenge the action taken by the Review Committee as described above (Part IV.B), the intern informs the Associate Director for Training, in writing, of such a challenge, within ten (10) working days of receipt of the Review Committee's written decision.
 - b. The Associate Director for Training convenes a Grievance Panel consisting of the Associate Director for Training, one senior staff member selected by the Associate Director for Training, and one senior staff member selected by the intern. The intern may also choose to have an external person on the Grievance Panel. The external member must be someone from the trainee's chosen professional field (e.g., a doctoral student in psychology chooses a licensed doctoral psychologist, such as their Training Director from their home program; an MSW student chooses a licensed Social Worker, etc.) who they have had a professional relationship with for at least one year. A senior staff member who is the complainant will not sit on the Grievance Panel. The intern retains the right to hear all facts with the opportunity to dispute and/or explain their behavior.
 - i. If the CCSD Director is the complainant, the Assistant Vice President for Wellbeing or Human Resources Wellbeing Representative will assume all responsibilities hereafter ascribed to the CCSD Director).



- c. A grievance hearing is conducted, chaired by the Associate Director for Training, in which the challenge is heard, and the evidence is presented. Within five (5) working days of the completion of the review hearing, the Grievance Panel submits a report to the CCSD Director, including any recommendations for further action. Decisions made by the Grievance Panel are made by majority vote. The intern is informed of the recommendations.
 - d. Within five (5) working days of receipt of the recommendations, the CCSD Director either accepts the Grievance Panel's action, or rejects the Grievance panel's action and provides an alternative or refers the matter back to the Grievance Panel for further deliberation. The Grievance Panel then reports back to the CCSD Director within ten (10) working days of the receipt of the CCSD Director's request for further deliberation. The CCSD Director then makes a final decision regarding what action is to be taken.
 - e. Once a decision has been made, the intern, sponsoring university and other appropriate individuals are informed in writing of the action taken.
 2. Continuance of Inadequate Rating -The Review Committee is not satisfied with the intern's responses to a previous Review Committee action
 - a. If the Review Committee determines that there has not been sufficient improvement in the intern's behavior to remove the inadequate rating as stipulated in the Probation, then the Review Committee communicates, in writing, to the intern that the conditions for revoking the probation have not been met.
 - b. The Review Committee may recommend any one of the following measures to the CCSD Director:
 - i. Extend the probation for a specified period, whereupon the Review Committee again determines if sufficient improvement in the intern's behavior warrants removal of the "inadequate" rating;
 - ii. Suspend the intern, whereby they are not allowed to continue engaging in selected professional activities until there is evidence that the behavior in question has improved. If the intern's behavior fails to improve to the satisfaction of the Review Committee, options (3) or (4) below may be instituted;
 - iii. Communicate to the CCSD Director that the Review Committee is recommending that the intern be permitted to complete their CCSD duties (with or without restrictions) but receive no endorsement for having completed the internship. That is, the intern will have received training and provided services for the year but will not have satisfactorily completed a doctoral internship; and/or
 - iv. Communicate to the CCSD Director that the Review Committee is recommending the immediate termination of the employment.
 - c. The CCSD Director decides what action will be taken in the case of a continued inadequate rating.
 - d. Within five (5) working days of receipt of the Director's determination, the intern may respond to the action by (1) accepting the action or (2) challenging the action (i.e., Intern Challenge).
 - e. If a challenge is made, the intern must provide to the Associate Director for Training, within ten (10) working days, written information as to why the intern believes the Review Committee's action is unwarranted.



- f. If the intern challenges the Review Committee's action, a Grievance Panel is formed as outlined in Part V B.1.b -Intern challenge.
3. Intern Grievance. An intern initiates a grievance against a CCSD staff member.
 - a. All Student Life staff members have the right to file a formal grievance against any other staff member(s) who's ethical and/or professional behavior warrant examination and possible sanctions.
 - b. Guidelines for grievance procedures are outlined in the University of Delaware Personnel Policies and Procedures for Professional and Salaried Staff.
4. CCSD Senior Staff Member Grievance. A CCSD staff member initiates a grievance against an intern.
 - a. See Part IV above - Procedures for Responding to Inadequate Performance by an Intern - Due Process

Part VI Remediation Considerations

It is important to have meaningful ways to address problematic behavior once it has been identified. Several possible, and perhaps concurrent courses of action designed to remediate problems include but are not limited to:

1. Increasing supervision, either with the same or other supervisors;
2. Changing the format, emphasis, and/or focus of supervision;
3. Recommending personal therapy with all parties involved having clarified the manner in which therapy contacts will be used in the intern evaluation process;
4. Reducing the intern's clinical or other workload and/or requiring specific academic course work or professional readings;
5. Recommending, when appropriate, a leave of absence and/or a second internship; and/or
6. Using supervision or self-reflection to assess the potential negative effects of problematic behavior on other interns and staff.



Internship Admissions, Support, and Initial Placement Data

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?

Yes No

If yes, provide website link (or content from brochure) where this specific information is presented:

N/A

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Candidates must be enrolled in an APA or CPA accredited doctoral program in counseling, clinical, or closely related area of psychology. Applicants must be in good standing with their academic department, must have defended dissertation proposal by the start of internship and pass comprehensive exams by the ranking deadline. Applicants should be prepared to work with clients presenting with moderate psychopathology and to see clients presenting with a wide range of clinical challenges (ex: mood and anxiety, interpersonal or personality difficulties, trauma or abuse recovery, eating disorder and body image disturbance, alcohol and other drug use concerns, identity issues including sexual orientation, gender identity, cultural identity, etc.). Applicants must be comfortable working with a diverse clientele. College counseling practicum experiences is required. Because the CCSD's training activities include group therapy, providing supervision and career counseling, a prospective intern should have practicum experience that significantly incorporated at least one of these modalities.

Our center is a busy one. Each year we provide care for around 2,000 clients, providing dozens of outreaches, hundreds of consultations, many therapy groups and around 10,000 individual appointments. Our staff is multi-disciplinary and includes psychologists, sport psychologists, a psychiatrist, psychiatric nurse practitioners, social workers, professional counselors, and a great administrative support team. Each day on internship varies and involves a combination of the following: training seminars, individual therapy, group therapy, staff meeting, case consultation, outreach presentations to various populations, providing individual supervision to externs in the Spring semester, and consultation with students/faculty/staff, etc. It's hard work and we are very committed to and passionate about what we do. We also like to smile/laugh when possible and connect with each other in doing our work.

For the 2025-2026 training year, it is also possible that interns will have the opportunity to receive supervised experience in providing ADHD/LD assessment to UD students. More information will be made available on this opportunity throughout the interview process.



Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours 500 hours
Total Direct Contact Assessment Hours Amount:

Describe any other required minimum criteria used to screen applicants:

- We require applicants to be attending an APA or CPA accredited graduate program in Counseling or Clinical Psychology.
- We require applicants to have completed 500 hours of direct contact intervention hours prior to the start of internship.

Financial and Other Benefit Support for Upcoming Training Year¹

For the 2025-2026 training year, four internship positions are available. The internship is for the period from July 14, 2025, through July 10, 2026.

Benefit	Applicable?
Annual Stipend/Salary for Full-time Interns	38,760
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes

If access to medical insurance is provided:

Benefit	Applicable?
Trainee contribution to cost required?	No
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	80
Hours of Annual Paid Sick Leave	80
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes

Other Benefits (please describe): Time away for professional development, possible funding for professional development (depending on availability and subject to approval), dental insurance, and accidental insurance are provided. The health insurance includes generous benefits for personal counseling. For more information about health insurance benefits, please see [UD Wellbeing Fees and Insurance](#). Additionally, interns receive a bi-weekly self-care hour and are covered by the University’s general professional liability insurance.

¹ Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table



Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)***

Category	2018-2021***
Total # of interns who were in the 3 cohorts	12
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0

Category	PD	EP
Academic teaching	PD =	EP =
Community mental health center	PD =	EP =
Consortium	PD =	EP =
University Counseling Center	PD = 6	EP = 3
Hospital/Medical Center	PD =	EP =
Veterans Affairs Health Care System	PD =	EP =
Psychiatric facility	PD =	EP =
Correctional facility	PD =	EP =
Health maintenance organization	PD =	EP =
School district/system	PD =	EP =
Independent practice setting	PD = 1	EP = 2
Other	PD =	EP =

Note: "PD" = post-doctoral residency position; "EP" = employed position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

***Please note that our internship was placed on a voluntary pause from 2021-2023; therefore, data from our most recent preceding cohorts is listed.

2023-2024 Doctoral Intern Class and Home Institution/Program:

- Janessa Brown, Philadelphia College of Osteopathic Medicine
- Sherri Brunner, Carlow University
- Ron Chau, University of Arizona
- Allison Coyne, American University

[A list of previous interns since 1977 can be found here](#)



Application/Selection Procedures

To apply for the doctoral internship in health service psychology, provide the following via APPIC's online application process:

- A completed APPIC Application for Psychology Internship (APPI) available at the [APPIC website](#).
- A cover letter of interest that describes your experience and interest which make you a good match with our site. This is a good place to explain what your goals are for internship.
- A current vitae.
- Official transcripts of academic records of all graduate work.
- Letters of recommendation by three persons who have observed the candidate's academic and applied performance. We prefer two from supervisors familiar with your most recent clinical work (within the last year or so).

As noted above, we require applicants to be attending an APA or CPA accredited graduate program in Counseling or Clinical Psychology, as well as to have completed 500 hours of direct contact intervention hours prior to the start of internship.

CCSD Program Code Number for the Match: 119611

Please note: Effective January 2011, the University of Delaware requires a background check that verifies that candidates have no criminal or other record that would preclude employment in the University's judgment. These background checks will be conducted following the APPIC Match, but the outcome of these background checks has the potential to preclude appointment, consistent with APPIC Match Policy 4a. A full explanation of this policy is available on the [UD General Counsel website](#).

Deadline

All applications should be received no later than November 1, 2024. Candidates who are considered finalists for the internship will be invited to attend an online interview. We expect to invite about 30 candidates for a half-day virtual interview that we hope will provide the opportunity to talk with members of staff and meet with former trainees. These interviews provide candidates the opportunity to meet members of the professional staff and learn about the work of the center, styles of supervision, professional activities and involvement in training activities.

The interview intends to provide candidates with a breadth and depth of information about the internship and the CCSD as well as an opportunity for CCSD staff to become acquainted with potential interns. For the 2025-2026 recruitment, the following days are likely to be used for half-day candidate interviews:

- Tuesday, January 7th
- Thursday, January 9th
- Tuesday, January 14th
- Thursday, January 16th
- Tuesday, January 21st
- and if needed Thursday January 23rd.



APPIC Match

CCSD will be participating in the APPIC Internship Matching Program and will abide by APPIC Match Policies established by the Association for Psychology Postdoctoral and Internship Centers. *Please note: This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant prior to Uniform Notification Day. CCSD Program Code Number for the Match: 119611*

For an agreement Form and materials describing the APPIC Internship Matching Program, please contact: National Matching Services, Inc. 595 Bay Street Suite 301, Box 29 Toronto, Ontario, Canada M5G 2C2 Telephone: (416) 977-3431 Fax: (416) 977-5020

Alternatively, you can request an Applicant Agreement package by completing and submitting the form available on the [APPIC Internship Matching Program website](#).

Important information about the APPIC Match policies can be found on the [National Matching Services Rules and Policies page](#).

UD Notice of Non-discrimination, equal opportunity and affirmative action: The University of Delaware does not discriminate against any person on the basis of race, color, national origin, sex, gender identity or expression, sexual orientation, genetic information, marital status, disability, religion, age, veteran status or any other characteristic protected by applicable law in its employment, educational programs and activities, admissions policies, and scholarship and loan programs as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and University policies. The University of Delaware also prohibits unlawful harassment including sexual harassment and sexual violence. More information can be found under our [legal notices](#).