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Training Manual for All Programs 2018-2019

**CC Vision Statement**
Flexibly meeting the changing mental health needs of a diverse campus community through sustainable inter-professional partnerships, and providing inclusive, innovative, and accessible mental health services.

**CC Mission Statement**
To promote the wellbeing of the campus community by providing culturally sensitive counseling, consultation, prevention, and training that enhances student academic and personal success.

**CC Statement on Diversity and Social Justice**
We, the staff of the University of South Florida’s Counseling Center, define social justice as a process of building individual and community capacity for collaborative action with the purpose of empowering all people, including disadvantaged and marginalized persons, to exercise self-determination and realize their full potential. Therefore, we:

- Strive to maintain an environment in which all individuals receive the respect, acceptance, positive regard, and safety conducive to maximum growth
- Acknowledge diverse world views and the implications these have on daily interactions
- Aim to promote fairness, empowerment, and advocacy for each individual because we believe that each individual has the right to civil liberties, to equal opportunity, to be treated fairly, and to enjoy a sense of safety and security
- Commit to challenging both the historical roots and the existing framework of oppression and injustice in order to enhance the intellectual, social, and emotional functioning of the individual regardless of gender, ethnicity, race, nationality, age, religious or spiritual beliefs, sexual or affectional orientation, veteran, marital or socio-economic status, physical ability, life style or political ideology

We celebrate the multifaceted diversity represented by our staff and also strive to enhance the quality of services by acting as a channel for the promotion of awareness and appreciation of diversity. Our staff and trainees:

- Are intentional about engaging in a process of self-exploration to increase awareness of diversity issues
- Support each other in the process of self-exploration and professional development and continue to identify and provide the necessary resources to achieve multi-cultural competence
- Seek continually to increase our understanding and appreciation of the pluralistic nature of self and others within our environment and strive to eliminate prejudice and/or insensitivity toward individuals of diverse backgrounds
- Proactively challenge ourselves to reach out to all who may benefit from Counseling Center services
- Demonstrate our commitment to diversity and social justice through our liaison relationships
- Engage in the provision of specialized services for disadvantaged or marginalized populations
• Fully support the **USF Diversity Statement**.

Past examples of our efforts to implement and routinely practice our commitment to diversity and social justice include the following:

• Committee on Diversity and Inclusion:
  o Promoting enhanced development of multi-cultural counseling skills by increasing awareness of and appreciation for diversity among the Counseling Center interns and staff.
  o Investigating and initiating ways the Counseling Center might better serve members of diverse and underrepresented student populations.
  o Maintaining and enhancing working relationships with offices that serve diverse student groups in the campus community.

• Professional Development:
  o In-service-training on specific diversity issues and populations
  o Multicultural Case Conference
  o Safe Zone Training
  o Got Your Six Training
  o UndocuAlly Training

• Outreach and Consultation:
  o Assist in facilitating after-experience process groups with Housing and Resident Education staff for the Tunnel of Oppression event
  o Tailored material for a Veteran's Services brochure
  o Provided a workshop series for International Students
  o Liaison Relationships
    ▪ Committee on Black Affairs
    ▪ Committee on Issues of Sexual Orientation and Gender Identity
    ▪ International Students and Scholar Services
    ▪ Office of Diversity and Equal Opportunity
    ▪ Office of Multicultural Affairs
    ▪ Status of Latino Committee

• Clinical Services
  o Men’s therapy group
  o LGBTQ+ therapy group
  o “Ready to Exhale” Support Group for Black women
  o “Voices” Support Group for Hispanic Students

**USF’s Equal Opportunity Policy & Human Resources Values Statement**

The internship program abides by the University’s Equal Opportunity Policy: “USF is an equal opportunity, equal access academic institution that embraces diversity in the workplace.” as well as the Human Resources Values Statement which includes “We work to plan, develop and implement HR programs that foster an environment which encourages mutual trust and respect in a culturally diverse workforce and develop a workforce committed to ethics, quality, service, pride, and excellence.”
**USF’s Policy on Diversity and Equal Opportunity**
The internship program abides by the University’s Policy on Diversity and Equal Opportunity: “The University of South Florida System (USF System) is a diverse community that values and expects respect and fair treatment of all people. The USF System strives to provide a work and study environment for faculty, staff and students that is free from discrimination and harassment on the basis of race, color, marital status, sex, religion, national origin, disability, age, or genetic information, as provided by law. The USF System protects its faculty, staff, and students from discrimination and harassment based on sexual orientation, as well as gender identity and expression. The USF System is also committed to the employment and advancement of qualified veterans with disabilities and veterans protected under the Vietnam Era Veterans’ 10 Readjustment Assistance Act.”

**CC Training Services Vision Statement:**
USF Counseling Center’s training programs, including The Doctoral Internship in Health Service Psychology, the Post Doctoral Fellowship in Health Psychology, and the Graduate Student Clinician Training Program aspire to the following:

Training exceptional mental health professionals to serve the needs of a diverse and changing global community.

**CC Training Services Mission Statement:**
To provide comprehensive, competency-based and individualized training underpinned by social justice tenets, in support of the personal and academic success of a diverse student body, consistent with the strategic goals of the Center and the University

**The Training Committee**
The Training Committee consists of the Assistant Director for Training, the Coordinator of the Postdoctoral Fellowship Program, the Coordinator of the Graduate Student Clinician Program, the Assistant Director for Clinical Services, and the Director of the Counseling Center.

The training committee typically meets every other week throughout the year and allows an opportunity for information to be shared regarding the various training programs and to discuss issues affecting training programs. The Training Committee serves an additional role as a space to discuss remediation plans and grievances, when necessary.

**Competency-Based Approach to Training**
Competence is defined as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served” (Epstein & Hundert, 2002, p 227). Our conceptualization and implementation of a competency based approach to training is outlined in the following bulleted points:

- Consistent with each of the mental health professions’ emphasis on competency development, the Training Program’s approach to training is specifically geared to foster professional growth in the competencies as defined the American Psychological Association, American Counseling Association, and the National Association of Social Workers.
USF Counseling Center supervisors and training staff strive to ensure that trainees are able to demonstrate a range of competencies to an acceptable standard by the end of the internship year.

As expected with a competency-based approach to training, deliberate attention is given to the assessment of resultant competencies of Interns, that is the knowledge, skills, and attitudes and their integration that comprise the functioning of a developing mental health professional (Kaslow, et. al. 2012). Thus information to inform the assessment of trainees is gathered from the trainee (self-assessment of competencies); client satisfaction questionnaires; and their supervisors (informal and summative evaluation of competencies).

Trainees are expected to incorporate the attitudes and methods of science that allows for the direct transfer of skills essential to the practice of psychology (Stoltenberg, C. D., et.al., 2000). The use of evidence-based interventions as outlined in the psychological/mental health scientific literature allows interns to engage in best clinical practice while enhancing technical skills.

The USFCC recognizes that there are ever-expanding roles and positions that mental health professionals hold. Thus, the Training Programs provides opportunities for interns and post-doctoral fellows to receive training in other health service settings (e.g. hospitals, inpatient behavioral health) during the final rotation to further refine the profession-wide competencies as developing psychologists.


**Limits on Confidentiality in Supervision**
Supervision is not to be confused with a therapy relationship, although there may be aspects of supervision which are therapeutic. For example, supervisors vary in their emphasis on transference and counter-transference issues in supervision. Work with trainees on these issues could involve personal disclosures from the trainee. Privacy on personal issues is respected, and if these issues are affecting work performance, the performance issues will be addressed as supervisors have a responsibility for evaluation of trainee performance. Trainees are encouraged to discuss the limits of confidentiality with their supervisors.
Supervisors meet monthly to consult with their peers on providing supervision and supervision issues. Additionally, supervisors may consult with peers, Training Committee, or Leadership Team related to supervision issues. The trainee may or may not be aware of these consultations when they happen and supervisors are expected to communicate information of relevance to the trainee.

**Professional Conduct**

**Work Hours/Leave Time**
Trainees are expected to adhere to general Counseling Center business hours (8 a.m. to 5 p.m.). At times, it may be necessary for paid trainees who work 40 hours per week to devote more than 40 hours/week to complete assigned responsibilities or to benefit fully from the optional didactic or experiential components available during the internship year. Flex time will be offered for approved activities beyond the general 40 hours per week or after hours event. Clinical preparation should be used when preparing clinical documents (e.g., psychological assessments, consultation projects, case notes); preparing for training activities (e.g., supervision logs, training seminars); preparing for outreach activities and reviewing clinical recordings. Trainees are expected to be on-site, unless prior approval for outside activities has been obtained and all professional development time on- or off-site must be coordinated with the primary supervisor and approved by the Training Director.

For doctoral interns, in accordance with APA guidelines and most state licensure requirements, the 2000 hour internship placement must be completed in no less than twelve-months and no more than 24 months (in cases of remediation). This provides some flexibility in the structuring of the training year. For doctoral interns, 20 days have been allotted for vacation, illness, dissertation defense, job interviewing, and conference attendance. For postdoc fellows 17 days have been allotted for vacation, illness, EPPP and FL Laws and Rules completion, and job interviewing. It is customary to use vacation days during times when classes are not in session, when demand for services is reduced. Please plan leave time with your supervisor and with the Internship Director and notify the support staff of any planned absences.

**Work Attire**
Counseling Center trainees are expected to dress in a manner appropriate to the professional context within which their training and service delivery are being conducted and consistent with that of the professional staff. Attire that may be construed as provocative or controversial may limit the effectiveness with which clinical staff is able to impact the presenting needs of counseling center clientele. Rather than to thwart individual differences, these guidelines are intended to underscore a professional responsibility and sensitivity to the varied needs and values of the clientele and community that we serve.

**Activities and Services External to Training Experience**
Activities or additional employment that may interfere with training obligations and responsibilities, or may create a conflict of interest are prohibited. While some circumstances may necessitate a trainee assume compensated external responsibilities beyond the 40 hour training week (internship/fellowship), such activities are discouraged and must be presented by the trainee to the Training Committee with the approval of the Training Director. Should such approval be granted, the trainee is responsible for the full and competent performance of all duties pertinent to their training experience at the Counseling Center and for safeguarding that any clinically-related external activity is maintained separate from center training responsibilities, including any direct or indirect supervision and peer review.
Social Media and Voicemail
When trainees use social media (e.g., Facebook, Instagram) and other forms of electronic communication, they should be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. As such, trainees should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, trainees should set all security settings to “private” and should avoid posting information/photos or using any language that could jeopardize their professional image. Trainees should consider limiting the amount of personal information posted on these sites, and should never include clients as part of their social network, or include any information that might lead to the identification of a client, or compromise client confidentiality in any way. Trainees are reminded that, if they identify themselves as an intern in the program, the Counseling Center’s Training Committee has some interest in how they are portrayed. If trainees report doing, or are depicted on a website or in an email as doing something unethical or illegal, then that information may be used by the Training Committee to determine probation or even retention. The American Psychological Association’s Social Media/Forum Policy may be consulted for guidance: [http://www.apa.org/about/social-media.aspx](http://www.apa.org/about/social-media.aspx). Greetings on voicemail services used for professional purposes should also be thoughtfully constructed.

Essential Personnel Designation
During emergencies (e.g., hurricanes) when the University closes, staff designated as essential personnel are expected to report to work. For USF Counseling Center, post-docs and senior staff are designated essential personnel, while interns and GSCs are not. This means interns and GSCs will be excused from working the days the University closes. In situation when classes are canceled and the University remains open, all staff and trainees report to work their usual schedules. GSCs should communicate with their educational programs how to count hours towards their placements if the University closes.

Trainee Rights and Responsibilities

Trainees Rights
1. The right to a clear statement of general rights and responsibilities upon entry into the training program, including a clear statement of goals and parameters of the training experience.
2. The right to be trained by professionals who behave in accordance with professional and ethical guidelines.
3. The right and privilege of being treated with professional respect, with recognition of the training and experience the Trainees brings with them.
4. The right to ongoing evaluation that is specific, respectful, and pertinent.
5. The right to engage in an ongoing evaluation of the training experience.
6. The right to initiate;
   a. informal resolution of problems that might arise in the training experience (supervision assignments, etc.) through request to the individual concerned and/or to the Director of Training and/or;
   b. complaint procedures for conflict-based problems in accordance with the procedures set forth in the Due Process, Grievance and Trainee Complaint Procedures this document.
7. The right to due process to deal with problems subject to formal processes or after informal resolution or complaint procedures have failed, as well as to determine when rights have been infringed upon.

8. The right to privacy and respect of one’s personal life. Disclosure of personal information is voluntary except when it is necessary to evaluate or obtain assistance for trainees whose personal problems could reasonably be judged to be preventing them from performing their responsibilities at the counseling center.

Trainees Responsibilities
1. The responsibility to read, understand and seek clarification if necessary, the statement of rights and responsibilities and of the Policies and Procedures within the Handbook generally. Implementation of these responsibilities is considered a competence and will be exercised by Trainees.
2. The responsibility to maintain behavior within the scope of the professional and ethical guidelines.
3. The responsibility to behave within the bounds set forth by the laws and regulations of the State of Florida.
4. The responsibility to be open to professionally appropriate feedback from immediate supervisors, professional staff, and agency personnel.
5. The responsibility to behave in a manner that promotes professional interaction within the Counseling Center and is in accordance with the standards and expectations of the center.
6. The responsibility to give professionally-appropriate feedback regarding the training experience or center experience.
7. The responsibility to conduct oneself in a professionally-appropriate manner should Due Process procedures be initiated.
8. The responsibility to actively participate in the training, service and overall activities of the Counseling Center.
9. The responsibility to meet training expectations by developing an acceptable level of competency in regard to stated Goals and Objectives.

Due Process, Grievance and Trainees Complaint Procedures
Counseling Center Trainees work under the supervision of licensed staff clinicians. Their performance is evaluated and they are provided with feedback at planned intervals during their tenure at the Counseling Center. Due process ensures that decisions made regarding Interns are not arbitrary or personally biased. Specific evaluative procedures are applied to all Trainees. Appropriate appeal procedures are available to Trainees so that they may challenge the program’s action.

This section describes general guidelines for due process at the Counseling Center, the program’s definition of "Learning Need," Trainees "Not Meeting Performance Standards," procedures for intervention, and the levels of appeal which are available to Trainees if they disagree with evaluations or decisions made by their supervisors and evaluators.
Due process at the Counseling Center includes:

1. Presenting the Trainees with the program’s expectations related to professional functioning in written form.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted (see Evaluation Philosophy and Procedures in this document above).
3. Articulating the various procedures and actions involved in making decisions regarding Trainees not meeting performance standards (see Due Process and Grievance Procedures in this document below; see definition of “Not Meeting Performance Standards” below).
4. Using input from multiple professional sources including the Training Committee members, Counseling Center Administrators, and the Director of Training at the Trainee’s home program when making decisions or recommendations regarding instituting a Professional Development Enhancement Plan for identified unmet performance standards.
5. Instituting a Professional Development Enhancement Plan for identified unmet performance standards, including a time frame for expected remediation, assessment methods, dates of evaluation, and consequences of not rectifying the unmet performance standards in accordance with the procedures set forth below.
6. Ensuring that the appropriate person(s)/group(s) meet with the Trainees to discuss the unmet performance standards, the Professional Development Enhancement Plan (PDEP) to be instituted, the timing and procedures involved in the PDEP, and the consequences of not rectifying the unmet performance standards.
7. Providing the Trainees with a procedure for appealing the program’s action (see Grievance Procedure in this document below).
8. Ensuring that the Trainees have sufficient time to respond to any action taken by the program.
9. Communicating to all relevant parties, both verbally and in writing, the final action taken by the program and its rationale for that action.

Definitions of "Learning Need" and "Not Meeting Performance Standards"

For the purposes of this document “Learning Need" is defined as:

- Performance standards related to clinical competencies, professional behavior, and/or a characteristic that is developmentally expected and/or non-extreme for professionals in training and identified as an important area for growth, focused learning, or remediation.
- When a trainee who does not maintain the expected ratings on each section of the trainee’s evaluation form

For the purpose of this document, "Not Meeting Performance Standards" is defined broadly as an interference in a trainee’s professional functioning that is manifested in one or more of the following ways:

- Professional Standards: An inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior. This would include negligent, unethical or unprofessional conduct. Any trainees who knowingly and intentionally violate ethical and legal guidelines governing the practice of psychology will not meet performance standards and may be subject to termination and/or failure of the training program. Likewise, failure to abide
by University rules and policies, if of a serious nature, will be deemed as not meeting performance standards which may also lead to termination and/or failure of the training program.

- **Skills**: An inability to acquire sufficient clinical skills to reach an acceptable level of competency in the skill areas outlined as Goals and Objectives.
- **Personal Functioning**: An inability to address personal stress, psychological difficulties, and/or strong emotional reactions such that they substantially interfere with professional functioning.
- **A "Learning Need" typically becomes identified as "Not Meeting Performance Standards" when the situation includes one or more of the following characteristics:
  - The quality of services delivered by the trainee is significantly compromised by the problem.
  - The trainee does not comprehend, acknowledge, or address the problem once it has been identified.
  - The problem is not a reflection of a skill deficit that can be rectified by academic or didactic training.
  - The problem affects multiple areas of clinical or professional functioning.
  - A disproportionate amount of attention by training personnel is required as a result of the problem.
  - The trainee’s behavior does not change as a function of feedback, remedial attention, and/or time.

Assessment of these criteria may be made at any time during the training period and is incorporated into end-of-semester evaluations.

**Procedures for Responding to a Trainee Experiencing a Learning Need**

At any point in the year, a Counseling Center training staff member may designate some aspect of a trainee’s performance as a learning need. The same designation may also be made during the aforementioned verbal or written evaluation periods. In either case, the Training Director in conjunction with the trainee’s supervisors and other members of the Training Committee (as deemed appropriate by the Training Director) will meet to discuss and agree upon an appropriate response to the trainee’s learning need. This includes but is not limited to additional consultation or supervision and/recommendation of a Professional Development Enhancement Plan.

**Procedures for Responding to a Trainee Not Meeting Performance Standards**

At any time during the year, a Counseling Center training staff member may designate some aspect(s) of a trainee’s performance as "Not Meeting Performance Standards." The same designation may also be made during the aforementioned verbal or written evaluation periods. In either case, the following procedures will be initiated:
1. At the beginning of the trainee year, trainees will be presented with an understanding of competence problems or skills deficits, a list of the program's expectations related to professional functioning (training guidelines, minimum requirements, training objectives, ethical standards), and the procedures by which they will be evaluated during the year, including the evaluation forms that will be used.

2. To avoid any misunderstandings or unexpected developments throughout the year, regular communication with the trainees regarding their performances will include feedback during informal supervision sessions, mid-rotation evaluations and written evaluations at the end of each rotation. Communication with the trainees' academic departments will be accomplished through written reports at the end of each rotation.

3. If, at any time during the year, any staff member believes that a particular trainee functions with a skills deficit, as clarified above, the issue will be discussed within the Training Committee (with trainees excluded). If the consensus of the committee is that a competence problem exists, the trainee will be notified, in writing, of the decision of the committee, along with an explanation of the problems of incompetence or skills deficit believed to exist. This decision will be based on the following:
   a. Specific behaviors or areas of professional functioning that are consistently problematic or deficient.
   b. The direct relation of these behaviors to subsequent written evaluations.

4. A meeting will be arranged with the trainee, their current supervisor, and the Training Director to establish a Professional Development Enhancement Plan. The Professional Development Enhancement Plan will include the following:
   a. A list of realistic goals and objectives for the trainee, given current level of functioning;
   b. Specific strategies for accomplishing the goals and objectives (e.g., increasing supervision time, increasing live observation and video-taping of sessions; assigning readings, supervisors, rotations, and seminars specifically to address the deficiencies);
   c. A time frame for expected remediation and the consequences of not rectifying the inadequacies (e.g., termination from the internship, recommending to the trainee's graduate program that another year of training be required, recommending that the trainee not receive the doctoral degree until further remediation occurs).
   d. Minimum performance expectations required to "pass" the training year and a specific method by which it will be determined that remediation has occurred (e.g., a vote of the Training Committee, decision of an external consultant);
   e. A procedure by which the trainee may appeal the action of the Training Committee (e.g., appearing before the Training Committee to provide evidence in opposition to the committee's decision, appealing to the Executive Director of Student Health Services, who administratively oversees the counseling center)
   f. Postdoctoral fellows may also utilize the formal due process and grievance procedures available to full-time USF staff members. Graduate Student Clinicians are not paid and are not entitled to those procedures. CC internship stipends are provided for by Temporary Staff Funds. Temporary employees are not included in the collective
bargaining unit and as such, have no rights to those formal due process or grievance procedures.

5. Following this meeting with the trainee and the development of a plan, the trainee's academic program (for interns and graduate student clinicians) will be notified in writing of the actions of the Training Committee and of the Professional Development Enhancement Plan.

6. Additional evaluative information will be sought from consultant and adjunct staff in order to increase the evaluative knowledge base and to reduce the impact of any "in-house" bias that may have developed.

7. The trainee's graduate program will be informed of the trainee's performance and progress on a regular basis (e.g., monthly), in addition to the usual letters of evaluation at the end of each rotation. Telephone contact may be initiated, if helpful.

8. The status of the remediation process will be reviewed weekly with the trainee during supervision and monthly with the Training Committee.

9. If the unmet performance standards have been rectified to the satisfaction of the Training Committee, the trainee’s sponsoring university and other appropriate individuals will be informed in writing and no further action will be taken.

10. If the Training Committee determines that there has not been sufficient improvement of the unmet performance standards under the conditions stipulated in the Professional Development Enhancement Plan (PDEP), the Training Committee may adopt any one of the following measures:

   a. Issue an extension of the probation for a specified time period, whereupon the Training Committee will once again determine if sufficient improvement in the trainee's behavior has rectified the unmet performance standards.
   b. Issue a suspension whereby the trainee is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has sufficiently improved.
   c. Recommend to the Director of the Counseling Center that the trainee's participation be immediately terminated.

Remediation Options
It is important to have meaningful ways to address "not meeting performance standards" once it has been identified. Several possible and perhaps concurrent courses of action designed to remediate such 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. reducing the trainee's clinical or other work load and/or requiring specific academic course work or other forms of training; and/or
4. recommending, when appropriate, a leave of absence
5. at times personal psychotherapy may be recommended as a source of potential support to help a trainee work on whatever issues or concerns may be making it difficult for them to perform,
however, ultimately the evaluation of the intern will be based on their performance at work and their professional functioning

Grievance Procedures in connection with Trainees "Not Meeting Performance Standards"

1. Trainees can institute formal grievance procedures in order to: a) challenge an Initial Training Committee Decision, b) challenge an initial decision of the Student Health Services Executive Director (who administratively oversees the Counseling Center) or c) challenge consequent Training Committee decision(s).

2. If the trainee wishes to challenge the Initial Training Committee Decision or an initial decision by the Executive Director, they must, within five working days of receipt of this decision, provide the Training Director their formal grievance in writing and explain the grounds for the challenge.

3. The Training Director will convene a Grievance Panel consisting of two staff members selected by the Training Director and two selected by the trainee. The staff complainant will not sit on the Grievance Panel. The Executive Director, who has final decision-making authority, will not sit on the Grievance Panel. The trainee retains the right to hear all facts with the opportunity to dispute and/or explain their behavior.

4. A grievance hearing is conducted, chaired by the Training Director, in which the challenge is heard. Within five working days of the completion of the review hearing, the Grievance Panel submits a report to the Executive Director, including any recommendations for further action. Recommendations to the Executive Director are determined by majority vote of the Grievance Panel.

5. Within five working days of receipt of the recommendation of the Grievance Panel, the Executive Director, in consultation with Student Affairs administration, accepts the Grievance Panel’s action, rejects the Grievance Panel’s action and provides an alternative, or refers the matter back to the Grievance Panel for further deliberation. In the latter case, the Grievance Panel then reports back to the Executive Director within ten working days of the receipt of the Director’s request for further deliberation. The Executive Director then makes a final decision regarding what action is to be taken with similar consultation as noted above.

6. Once a decision has been made, the trainee, sponsoring university and other appropriate individuals are informed in writing of the action taken.

7. If the trainee wishes to challenge the final decision of the Executive Director, they must within five working days of receipt of the Director’s final decision, file a petition in writing with the Student Affairs AVP of Wellness informing them of the situation and the grounds for challenge. The Student Affairs AVP of Wellness will have discretion on the handling of such a challenge.

8. The Counseling Center will maintain a confidential and de-identified log of all formal trainee complaints and grievances filed against the Counseling Center, training staff members of Counseling Center or other individuals associated with Counseling Center and/or the training program. The Training Director will also maintain complete documentation of all such formal trainee complaints and grievances in the training program records section of the secure drive, to which access is limited to the Training Director, Counseling Center Director, and senior administrative specialist.
Trainees Complaint Procedures for Conflict-based Situations
It is the philosophy of Counseling Center staff that trainees have appropriate channels for resolving issues with staff, without fear of retribution. These procedures are consistent with the American Psychological Association’s Ethical Principles of Psychology and Code of Conduct, specifically Ethical Standard 7. Education and Training:

7. Education and Training

7.01 Design of Education and Training Programs
7.02 Descriptions of Education and Training Programs
7.03 Accuracy in Teaching
7.04 Student Disclosure of Personal Information
7.05 Mandatory Individual or Group Therapy
7.06 Assessing Student and Supervisee Performance
7.07 Sexual Relationships with Students and Supervisees

In order to protect the needs and rights of all trainees, a complaint procedure has been developed. While it is hoped that any concerns or complaints can be discussed and resolved informally, a formal mechanism is appropriate in light of the power differential between trainees and supervisors.

In general, trainees and supervisors are encouraged to speak openly in order to facilitate a congenial learning environment that fits the needs and interests of the Interns. Giving feedback to staff members/supervisors or the Training Director is encouraged.

These procedures in no way preclude the trainee from filing a complaint with the Office of Diversity and Equal Opportunity Affairs (DEOA) or with state or national psychology ethics committees (i.e., FPA, APA). Instruction in this regard may be achieved by contacting the DEOA directly.

At each step within this process, it is expected that caution will be taken to insure that confidentiality is maintained within that group of individuals thus far involved in the resolution process. However, there may be times when the Center’s Director or the Training Director decides, on the basis of professional judgment, that an issue must be brought before the entire Training Committee or the full staff to preserve the professional standards and integrity of the Center and the training program and/or to protect consumers (i.e., trainees or clients). Under such circumstances, the trainee initiating the concern will be informed of the rationale for this, and every effort will be made either to present the issue in a manner that maintains confidentiality for the trainee or, at least in a manner that maintains sensitivity to the trainee’s wellbeing.
Procedures covered in this document may be initiated in the following situations:

1. Conflict with another trainee

<table>
<thead>
<tr>
<th>Level 1:</th>
<th>Make an attempt to work through conflict with the other trainee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2:</td>
<td>Bring matter to the attention of a supervisor who will intervene as appropriate.</td>
</tr>
<tr>
<td>Level 3:</td>
<td>Trainee(s) and/or supervisor(s) bring matter to the Training Director who will intervene as appropriate.</td>
</tr>
<tr>
<td>Level 4:</td>
<td>Matter is brought to the Center Director.</td>
</tr>
</tbody>
</table>

2. Conflict with an Administrative Support Staff Member

<table>
<thead>
<tr>
<th>Level 1:</th>
<th>Make an attempt to work through conflict with administrative support staff member.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2:</td>
<td>Bring matter to the attention of a supervisor.</td>
</tr>
<tr>
<td>Level 3:</td>
<td>Matter is brought to the Administrative Support Specialist/Office Manager.</td>
</tr>
<tr>
<td>Level 4:</td>
<td>Matter is brought to the Training Director.</td>
</tr>
<tr>
<td>Level 5:</td>
<td>Matter is brought to the Director.</td>
</tr>
</tbody>
</table>

3. Conflict with Supervisor

<table>
<thead>
<tr>
<th>Level 1:</th>
<th>Make an attempt to work through conflict with supervisor.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2:</td>
<td>Matter is brought to Training Director.</td>
</tr>
<tr>
<td>Level 3:</td>
<td>Matter is brought to the Director.</td>
</tr>
</tbody>
</table>
4. Conflict with the Training Director

| Level 1 | Make an attempt to work through conflict Training Director. |
| Level 2 | Bring matter to the attention of a supervisor. |
| Level 3 | Trainee and supervisor attempt to work through conflict with Training Director. |
| Level 4 | Matter is brought to the Director. |

5. Conflict with Director

| Level 1 | Make an attempt to work through conflict with Center Director. |
| Level 2 | Bring matter to the attention of a supervisor, who will intervene as appropriate. |
| Level 3 | Trainees and supervisor bring matter to the attention of Training Director, who will intervene as appropriate. |
| Level 4 | Matter is brought to the Executive Director of Student Health Services, who administratively oversees the counseling center |

**Evaluation Philosophy and Procedures**

**Evaluation Philosophy**
One of the primary tasks of the training program at Counseling Center is to track the progress of each trainee. The purpose of this evaluation is to facilitate professional and personal growth, ensure the welfare of clients, and perform the vital gatekeeping role for the mental health profession. Feedback within supervision and seminars will be provided in a continual manner and be delivered as soon as appropriate in order to give interns time to integrate feedback into their clinical and other professional work. Training staff have the responsibility to evaluate the competence of trainees in a comprehensive manner, based on behavioral anchors attached to the profession-specific competencies. Formal evaluations are completed at the end of each semester.
Evaluation Procedures
Trainees are fully informed about the evaluation procedures during the orientation process that occurs upon arrival, including a detailed review of the intern and supervisor evaluation forms. Formal evaluations are conducted at end of each semester as described below. This is a reciprocal evaluation process, wherein supervisors evaluate trainees based on the profession-wide competencies, and trainees evaluate supervisors based on supervisor competencies. All written evaluation forms are completed and submitted in written and electronic format to the Training Director.

- Trainee supervisors and seminar leaders meet at least once per month to discuss their supervision of trainees including their own work as supervisors and trainee progress.
- Written evaluation of trainees: In December, April, and July supervisors and seminar leaders complete competency-based evaluations of trainees. Single competency evaluations are sent to primary supervisor for incorporation into the full evaluation. Following a review of the evaluation form by the primary supervisor, all parties sign the full evaluation form. The Training Director also reviews the form.
- Written evaluation of supervisors: In December, April, and July, trainees complete an evaluation of their supervisors. This form is used as an outline to structure and accompany the supervisee’s verbal feedback to the supervisor and the dyad’s discussion of their working relationship. Following the feedback session, both parties sign the form and submit it to the Training Director.
- Evaluation of Seminars: At the end of each semester, trainees will complete a seminar evaluation form for each seminar that occurred during that time period. This form is used to evaluate the clinical relevance, reading materials and preparedness/quality of the instructor, and to improve/change seminars for the future.
- Evaluation of the Training Program: At the end of the training year, each trainee completes a separate detailed evaluation form of their training program. Synopses of numerical and narrative results are shared with the Training Committee after the conclusion of the training year.

Maintenance of Records
The Training Program uses a secured drive (T:Drive – CC – Training) to store working electronic files of trainees including supervision contracts, evaluation forms, supervision logs, and other training related materials. Only current supervisors, seminar leaders and counseling center administrators have access to those files within that drive. A permanent file is stored in a different folder (T:Drive – CC – Training Program Records) that also includes materials such as applications, offer letters, work samples, certificates of completions as well as items such as supervision contracts and evaluation forms. This is also where the log of trainee complaints/grievances is kept. Electronic training records are kept indefinitely. The training director plans to transfer the training records to a secure, HIPPA compliant cloud based storage system (Box) during the 2018-2019 year, which will be appropriately restricted in access.
Training Policies regarding Recording of Sessions

USF Counseling Center is a training site for supervised graduate student clinicians in mental health fields, Doctoral Psychology Interns, and Post-Doctoral Fellows. All individual and group therapy sessions provided by interns and GSCs, beginning with the initial appointment (IA), are required to be recorded for quality control and training purposes. Trainees must obtain a signed consent for recording from the client prior to any recording. If the client is a minor, their parent or legal guardian must sign the consent form on the client’s behalf. If a client refuses to consent to recording or is unable to consent, trainees must inform the client that they will then need to be seen by a licensed clinician or post-doctoral fellow and can be transferred according to center PGs or in consultation with the Clinical Director. When consent is secured, recordings should be deleted in a timely manner after review and discussion in supervision.

Procedural Guidelines for Recording

1) Explain Purpose of Recording
   a) USF Counseling Center is a training site for supervised graduate student mental health students, Doctoral Psychology Interns, and Post-Doctoral Fellows. Interns and graduate student clinicians are required to record sessions for quality control and training purposes. Post-doctoral fellows are expected to record clinical sessions conducted in the counseling center main office with client permission but have the ability to see clients who decline recording.
   b) Recordings are deleted in a timely manner and are never to become a part of the individuals counseling record.

2) Obtain Written Informed Consent for Recording
   a) Provide and review the consent form and inquire if there are any questions
   b) Obtain client’s signature and sign as a witness

3) Address Objections to Recording
   a) Inquire about reasons for client’s concerns about recording
   b) If client then agrees to have sessions recorded proceed with obtaining written informed consent for recording
   c) If client does not agree with sessions being recorded, inform client of the requirement to consult with a supervisor before continuing with any additional services

4) Implement Recording and Storing
   a) Follow instructions on pdf document in Box.
USF COUNSELING CENTER

DOCTORAL INTERNSHIP IN HEALTH PSYCHOLOGY

HANDBOOK

2018-2019
Training Manual for Doctoral Internship in Health Service Psychology

Internship Accreditation Status
The Counseling Center’s Doctoral Internship in Health Service Psychology is fully accredited by the Commission on Accreditation of the American Psychological Association. 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 Email: apaaccred@apa.org Web: www.apa.org/ed/accreditation

Internship Application and Selection Process
Applications for internship are only accepted through the Association of Psychology Postdoctoral and Internship Centers (APPIC) website and must be fully submitted by the application deadline posted in APPIC and on the internship section of the counseling center’s website. In addition to interest in the site and goals for internship, internship applicants are asked to include in their cover letter a description of their experience and/or course work with the provision of (1) group therapy, (2) consultation and/or outreach, and (3) supervision of trainees. The program’s APPIC Matching Program Code Number is 122611.

Intern candidates are selected based on the fit of their academic background, professional experience, and training goals to the internship experience at the USF Counseling Center. Ideally, a strong candidate will have a broad range of experience including experience in a university counseling center setting and some prior experience with group therapy, outreach, assessment, and supervision. Coursework in group therapy and supervision are strongly recommended. Additionally, the candidate must meet the following prerequisites:

- Enrolled in an APA or CPA-accredited doctoral program in clinical or counseling psychology
- Completed all formal course work and comprehensive examination requirements
- Dissertation proposal approved prior to application date
- Completed at least 1000 hours of supervised practice with a minimum of 400 contact hours
- Preference will be given to applicants with experience providing counseling to an adult population in an outpatient setting

Prospective candidates will be notified regarding their status in early to mid-December. Candidates are interviewed by video conference by a group of staff members and interns. In-person interviews are not available. The director of the internship program, with consultation of staff and interns involved in the selection process, will compile the rank list which will be submitted to APPIC.

USF’s Counseling Center follows the guidelines established by The Association of Psychology Postdoctoral and Internship Centers (APPIC) and will:

- Participate in the APPIC Internship Matching Program
- Require all applicants to be registered for the Matching Program in order to be eligible for an internship in our agency
• Make a reasonable effort to notify every applicant who submits a complete set of application materials as to their interview status
• Abide by the APPIC match policy that no person at this training facility will communicate, solicit, accept, or use any ranking-related information pertaining to the match prior to the release of the results the match
• Mail or e-mail appointment agreements to matched applicants no later than seven (7) days following receipt of the APPIC Match results

Program Overview and Strengths
The full-time, 12-month Doctoral Internship in Health Service Psychology provides three doctoral-level students, with educational backgrounds in clinical or counseling psychology, the supervised experience of a psychologist working in a comprehensive university counseling center.

The internship:
• Runs from August 1 - July 31.
• Represents a vital component of the USF Counseling Center.
• Adheres to a competency-based approach to psychological training and service delivery.
• Emphasizes integration and application of empirical information and clinical expertise across a broad range of experiential activities.
• Provides opportunities for interns to participate in a wide variety of psychological activities at USF and affiliated training agencies.
• Exposes interns to a wide variety of supervisory styles and theoretical orientations.

Key strengths of the internship program
1. Competency-based training with an evidence-based practice emphasis. The internship program is committed to training health service psychologists to practice in a variety of clinical settings. Supervisors enhance the development of foundational and functional competencies, encourage the intentional use of evidence-based interventions, and foster continued understanding and expansion of interns’ theoretical orientations. Supervisors adhere to the Guidelines of Clinical Supervision in Health Service Psychology.

2. Opportunities to apply social justice values and practice multicultural competencies. The USF student population is culturally and clinically diverse. As such, interns have many opportunities to help clients explore the intersection of their cultural identities and how these can influence presenting concerns. In conjunction with this, interns are encouraged to consider how their own cultural identities impact their development as psychologists. Through supervision, clinical team, staff meetings, and seminar participation, interns contribute to the infusion of social justice values into the policies and practices that guide the Center’s work.
3. **Experience working with a multidisciplinary team in a collaborative organizational culture.** The clinical staff at the Center is comprised of psychologists, social workers, and mental health counselors. All of these providers contribute to the interns’ experiences through the provision of supervision, formal or informal clinical consultations, and/or other team-based experiences. These enhance interns’ abilities to conceptualize from multiple perspectives, and to participate in inter-professional collaboration. Through outreach and consultation projects and other interactions with campus partners, interns also develop skills for navigating the larger university organizational system and culture.

4. **Specialized training experiences in consultation, outreach, assessment, and supervision.** The internship offers supervised training experience during Fall and Spring semesters. These include supervision of an advanced practicum student (if available), completing a consultation project with a campus partner, at least one integrated assessment battery, and several outreach programs. These experiences are designed to ensure that interns are prepared to make significant and meaningful contributions to potential employers as they enter the competitive job market.

5. **Experience in providing psychological interventions in a healthcare setting through an external rotation.** Particularly unique to the internship at the USF Counseling Center is the opportunity to participate in a supervised external rotation in a healthcare setting. The external rotation allows interns to apply their skills in a new environment, making them more competitive in the job market. Indeed, many graduates of the internship have been offered and accepted employment opportunities at their external location sites.

**Training Model: Aim, Competencies, & Approach**

**Aim**

The aim of the University of South Florida Counseling Center (USFCC) Doctoral Internship is to provide one year of experiential training in a collegiate mental health center in order to prepare interns to work competently as health service psychologists in a variety of professional settings serving diverse populations.

**Profession Wide Competencies**

I. Professional values, attitudes, and behaviors: Demonstrate behavior and comportment that reflect the values and attitudes of psychology.

II. Individual and cultural diversity: Demonstrate awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.

III. Ethical and legal standards: Demonstrate application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

IV. Communication and interpersonal skills: Demonstrate effective and meaningful interactions with individuals, groups, and/or communities
V. Research: Demonstrate development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology

VI. Assessment: Demonstrate skills in the assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations

VII. Intervention: Demonstrate skills in use of interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

VIII. Consultation and interprofessional/interdisciplinary skill: Demonstrate the ability to provide expert guidance or professional assistance in response to a client’s needs or goals and to interact with professionals in multiple disciplines.

IX. Supervision: Demonstrate skill in supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others

**Internship Structure**

The internship is structured into three rotations which align with Fall, Spring, and Summer semesters to ensure interns become a competent mental health professional. We define this as someone who behaves professionally and utilizes supervision effectively, practices with skills based on knowledge and awareness of individual and cultural diversity, demonstrates competencies in ethical and legal principles and knowledge of center policies. Furthermore, this professional is self-aware and reflective and engages in self-care, is skilled in diagnosis and assessment, is knowledgeable and skilled in the provision of a variety of psychotherapeutic interventions and who understands evidenced based practices, is skilled in psycho-educational programming and consultation, and is skilled in the provision of supervision.

To this end interns start the year by participating in a three week orientation process where they are provided opportunities to meet with Center staff members to gain familiarity with their special interests, therapeutic approaches, and supervision orientation; to learn about the range of Center services and training opportunities; to go over internship policies, procedures and expectations; to become familiar with the computerized scheduling system (Titanium), to learn about crisis intervention; and to learn about on-campus referral sources.

During orientation interns will be paired with a primary supervisor with whom they will work during the year, and meet with those supervisors twice to establish the supervision contract, relationship, and discuss the scope of cases that are within the range of the supervisee’s and supervisor’s competence. Interns also meet their seminar leaders, group supervisor, and group co-facilitators for fall and discuss preferences for which groups they would like to lead in spring/summer. Consultation projects, the integrated assessment battery, and required outreach activities are also introduced.

During Fall semester, interns initially are monitored closely to assess current level of functioning relative to each of the internship competencies. Interns are cleared to do initial appointments on their own by their primary supervisor. The initial appointments that each intern conducts are the primary way that
clinical cases are assigned. Specific objectives for continued development for each intern are collaboratively established based on interns’ initial self-assessment of expected competencies along with supervisors utilizing their knowledge of the academic and experiential background of the intern and determining those areas of professional functioning that need greater emphasis. Those objectives are added to the supervision contract and may be updated throughout the semester.

Seminars provide discussion of didactic information and selected scholarly readings, and may incorporate experiential material such as case presentations and interactive activities. Outreach activities, consultation projects, and assessment batteries will be discussed and supported within seminar. Outreach expectations cover a wide range of experiences including assisting with a suicide prevention training, facilitating discussion groups processing an event focused on oppression and privilege, participating in a disordered eating screening event, and conducting two outreach presentations, one of which may be co-presented.

During the Spring and Summer rotations, interns continue to increase autonomy and complexity. Supervision focuses on further refinement of internship competencies to broadening the intern’s base of knowledge and skills. Interns may identify unique and more complex clinical issues with which they want to gain more experience. Summer offers interns the opportunity to develop areas of special interest, including assignment to an external rotation or a minor rotation within the Counseling Center (16 hours per week) from mid-May to mid-July.

**Supervision**

Quality, competence-based supervision is considered an essential part of the internship program. Licensed health service psychologists supervise assessment and psychotherapy experiences in the Counseling Center and in our affiliated agencies. Each intern receives a minimum of two hours of individual supervision each week. Supervision within the Center is conducted by means of direct observation and by recording of interns’ sessions with clients. All supervisors are expected to conduct supervision in a professional and ethical manner.

In determining supervisory assignments, interns submit their preferences to the Internship Director, along with rationales for their choices, including their training needs and goals for the semester, and how they believe their choices might facilitate their goal attainment. The Internship Director will discuss pairings with supervisors and the Training Committee will approve final supervisee-supervisor pairings.

Each intern is expected to establish a supervisory relationship with a primary supervisor who will provide two hours of supervision per week. During summer, additional supervision is provided by an external rotation supervisor. This approach to supervision results in depth and continuity with a primary supervisor and opportunity for additional diverse supervisory experiences. Interns develop a supervision contract with each supervisor they meet with for individual supervision to clarify expectations, goals, rights, and responsibilities.

In addition to weekly individual supervision with a primary supervisor, interns receive supervision of their group psychotherapy work from their co-facilitator. Clinical and group cases are discussed in weekly group supervision and in clinical team meetings. Interns who are supervising graduate student
Clinicians receive weekly group supervision of supervision in this activity. Finally, professional development training and case presentations provide opportunities for informal supervision and learning.

At the beginning of each semester, it is the mutual responsibility of the supervisor and the intern to schedule weekly individual supervision times totaling at least two hours. The intern is expected to contribute to decisions regarding the supervision agenda. Interns are required to video record all clients on their caseload for supervisory purposes and obtain signed permission for video recording. It is expected that each intern will be prepared for the supervision session with assigned responsibilities completed, such as readings, review of session recordings, psychological reports, etc.

**Internship Responsibilities**

Each intern must successfully complete three semesters under the primary supervision of a licensed psychologist. Each semester serves to broaden the intern's experience with a range of clientele and presenting concerns. The emphasis of the fall semester is on the development of general skills required of health service psychologists in a university counseling center. Assessment of the intern's competency in each of the profession-wide competencies provides the basis for training in subsequent semesters.

During spring semester, training focuses on broadening the intern's base of knowledge and skills, and enhancing the intern's sense of professional identity. The intern is expected to gain familiarity with a wide variety of psychological tasks and to work with a number of health service psychologists and allied mental health professionals.

The summer semester offers interns the opportunity to complete an external rotation (approximately 16 hours per week) in a health care setting or complete an internal specialization in an area of counseling center work. The external rotation exposes interns to competencies for practice in a fast-paced interdisciplinary medical setting.

**Minimum Requirements for Completion of the Internship**

- 2000 total hours
- 500 face-to-face hours of psychological services to clients
- Conduct individual and couples counseling on a weekly basis during each semester
- Conduct initial appointments (intakes) on a weekly basis during each semester
- Provide on-call services on a weekly basis throughout the year
- Co-facilitate two therapy groups and lead one drop-in-group over three semesters
- Complete one integrated assessment battery, including report and feedback session
- Actively engage in individual supervision, group supervision, and seminars
- Complete four outreach activities, including two presentations
- Complete a consultation project with a campus partner
Average Caseload
Each intern is expected to carry an average caseload of 15 hours weekly of individual/couples therapy and co-lead a process or specialty therapy group with a senior staff member each semester. During summer, the weekly case load is reduced to 9 hours and the intern will lead a drop-in group based on psychoeducation and skills training.

Initial Appointments (intakes)
Each intern will be assigned three IAs each week during Fall and Spring semesters and two IA’s each week during the summer. The IA requirement for interns extends to the last week of June. Initially, a minimum of three IAs will be conducted in a conjoint format with senior staff and the intern's supervisor to determine interns’ readiness for conducting IA’s on their own.

On-Call Coverage
Interns will be assigned one to two hours of on call coverage each week throughout the year and will convert unused clinical time (no shows, cancellations) into on-call back-up coverage. Interns should consult with the Director of Clinical Services or any available senior staff when a client presents a risk of harm to self or others.

Psychological Assessment
Each intern must complete at least one integrated psychological battery in consultation with neuropsychologists and post-docs at USF Student Health Services, and the assessment seminar leader. Areas to cover when conducting the battery assessment include: meeting with the referral source (if not self-referred) to establish the referral question(s), conducting a clinical interview, selection and administration of psychological tests that comprise the test battery, writing an integrative report and presenting the findings to the referral source and client. The battery should be completed during fall semester. Additional reports may be conducted as indicated throughout the year for training or clinical purposes.

Outreach
During the internship year, interns are involved in opportunities to provide dynamic outreach programming to the USF campus. Such activities are designed to provide interns with opportunities to acquire experience in the development and design of outreach programming, to strengthen their presentation skills, and conduct program evaluation. Since some of the above outreach assignments may occur outside of the Center’s normal operating hours, interns will be given comp time to ensure they do not work over their scheduled 40 hours in a week.

The following are the required minimum outreach assignments for the internship year. If an intern has a particular interest to pursue additional or more advanced outreach opportunities this must be discussed and approved by the intern’s primary supervisor, internship director and the seminar leader for outreach.

1. One (1) evening of participation in the annual Tunnel of Oppression event
2. One (1) afternoon participation in the Campus Connect, suicide prevention training in the observer role
3. Two (2) workshop presentations, to be developed in consultation with the outreach competency supervisor and evaluated by a staff member. At least one must be led independently.
Consultation
Each intern is expected to work with a Center staff member to engage in a consultation project within the university community, and to present it to Center staff before the end of the internship year. *Consultation projects will be supervised by the staff member mentoring the project.* Interns may have the opportunity to provide consultation to a variety of offices/departments/divisions on campus including, but not limited to: USF World, USF Athletics, Office of Multicultural Affairs, Student Support Services, USF College of Medicine, Office of Student Diversity and Enrichment, Residential Life and Education, Safe Zone, and Student Disability Services. Components of the project will include relationship building, formal (e.g., needs survey) or informal (e.g., interview) needs analysis, intervention (e.g., outreach presentation, brochure, team building, survey summary report) to address the identified need(s), and formal/informal evaluation and follow-up with the consultee.

Supervision and Provision of Supervision
Each intern will receive at least two hours of individual psychotherapy supervision each week with a licensed psychologist. All IAs and therapy sessions should be recorded. Each intern generally supervises a graduate student clinician during the Spring semester (contingent on availability of graduate student clinicians). Interns providing individual supervision of a graduate student clinician will receive regular supervision of supervision in this activity and are expected to consult with other supervisors as needed.

Meetings and Training and Group Supervision Seminars
Interns are required to attend the following Counseling Center meetings and training and group supervision seminars.

<table>
<thead>
<tr>
<th>Meetings</th>
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<tr>
<td>Staff meetings</td>
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<tr>
<td>Clinical team meetings</td>
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<tr>
<td>Professional development trainings</td>
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<table>
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<tr>
<th>Training Seminars</th>
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<tbody>
<tr>
<td>Evidence-Based Intervention</td>
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<tr>
<td>Consultation</td>
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<tr>
<td>Diversity And Inclusion</td>
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<tr>
<td>Assessment (Fall)</td>
<td></td>
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<tr>
<td>Psychology in Healthcare Settings (Spring)</td>
<td></td>
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<tr>
<td>Group Counseling (Orientation only)</td>
<td></td>
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<tr>
<td>Outreach (Orientation only)</td>
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**Group Supervision**

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<th>Group Supervision</th>
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<tbody>
<tr>
<td>Intern Group Supervision</td>
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<tr>
<td>Group Supervision of Supervision</td>
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</tbody>
</table>

Documentation and Record-Keeping
IA summaries, progress notes and termination summaries must be completed for all clients in Titanium. Interns are expected to maintain accurate spreadsheets of all direct-service activities during the year on the secured shared drive. Please review with supervisors at the midpoint and endpoint of each semester, at a minimum.
Evaluation of Competencies and Expected Outcomes

Profession-Wide Competencies

- **C1. Professional values, attitudes, and behaviors**: Demonstrate behavior and comportment that reflect the values and attitudes of psychology.
- **C2*. Individual and cultural diversity**: Demonstrate awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.
- **C3. Ethical and legal standards**: Demonstrate application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.
- **C4. Communication and interpersonal skills**: Demonstrate effective and meaningful interactions with individuals, groups, and/or communities.
- **C5. Research**: Demonstrate development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology.
- **C6*. Assessment**: Demonstrate skills in the assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.
- **C7*. Intervention**: Demonstrate skills in use of interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.
- **C8*. Consultation and interprofessional/interdisciplinary skill**: Demonstrate the ability to provide expert guidance or professional assistance in response to a client’s needs or goals and to interact with professionals in multiple disciplines.
- **C9*. Supervision**: Demonstrate skill in supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

How outcomes are measured for all competencies

- Intern self-evaluation during orientation and final week
- Informal observations during supervision, seminars, meetings, and center activities
- Formal evaluation at the end of each semester (Fall, Spring, Summer) by primary supervisor with input from other supervisors and seminar leaders

Additional evaluations are used for some specific aspects of the profession-wide competencies in the fall and/or spring semesters

- C2. Individual and cultural diversity: evaluation from seminar leader based on group discussion
- C6. Assessment: evaluation from seminar leader supervising assessment batteries
- C7. Intervention: evaluation from seminar leader supervising outreach interventions
- C7. Intervention: evaluation from co-facilitators of therapy groups
- C8. Consultation: evaluation from seminar leader supervising consultation projects
- C9. Supervision: evaluation from group supervision of supervision supervisor

Thresholds for achievement of profession-wide competencies:

- At the end of the fall semester, a minimum rating of 2 is expected for all competencies.
- At the end of the summer semester (final evaluation), a minimum rating of 3 is expected in the overall rating in each of the profession-wide competencies. This represents the skill level needed for entrance into the profession.
**External Rotation: Affiliated Training Agencies**

In addition to the specified core experiences at the Counseling Center, optional external rotations are offered to supplement these experiences and to prepare interns to articulate and develop a more defined sense of self-confidence and professional identity. After demonstrating competency in Counseling Center work, interns are invited to identify and participate in external rotations that reflect their interests. These "apprenticeships" are designed to encourage interns toward greater involvement in the process of becoming a health service psychologist. USFCC has completed affiliation agreements with a number of healthcare settings including James A. Haley Veterans Hospital, USF Student Health Services, Tampa General Hospital, and Rogers Behavioral Health. Each site offers opportunities for a unique training experience with licensed health service psychologists available to supervise and serve as role models.

**Typical Weekly Schedules**

<table>
<thead>
<tr>
<th>Fall &amp; Spring Semesters</th>
<th></th>
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<tbody>
<tr>
<td>IA</td>
<td>3 hours</td>
</tr>
<tr>
<td>On-Call Coverage</td>
<td>2 hours</td>
</tr>
<tr>
<td>Counseling and Psychotherapy</td>
<td></td>
</tr>
<tr>
<td>Individual/Couples</td>
<td>15 hours</td>
</tr>
<tr>
<td>Group psychotherapy</td>
<td>1.5 hours</td>
</tr>
<tr>
<td>Assessment/Provision of supervision</td>
<td>1 hour</td>
</tr>
<tr>
<td>Individual Supervision</td>
<td>2.5 hours</td>
</tr>
<tr>
<td>Group Supervision</td>
<td>2 hours</td>
</tr>
<tr>
<td>Meetings</td>
<td></td>
</tr>
<tr>
<td>Clinical Team</td>
<td>1 hour</td>
</tr>
<tr>
<td>Staff Meeting</td>
<td>1 hour per month</td>
</tr>
<tr>
<td>Seminars</td>
<td>2 hours</td>
</tr>
<tr>
<td>Clinical and Training Prep</td>
<td>10 hours</td>
</tr>
<tr>
<td>Total Hours</td>
<td>40 hours</td>
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<table>
<thead>
<tr>
<th>Summer Semester</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>External Rotation</td>
<td>16 hours</td>
</tr>
<tr>
<td>IA</td>
<td>2 hours</td>
</tr>
<tr>
<td>On-Call coverage</td>
<td>1 hour</td>
</tr>
<tr>
<td>Counseling and Psychotherapy</td>
<td></td>
</tr>
<tr>
<td>Individual/Couples</td>
<td>10 hours</td>
</tr>
<tr>
<td>Drop-In-Group</td>
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</tr>
<tr>
<td>Individual Supervision</td>
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</tr>
<tr>
<td>Group Supervision</td>
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<tr>
<td>Clinical and Training Prep</td>
<td>7 hours</td>
</tr>
<tr>
<td>Total Hours</td>
<td>40 hours</td>
</tr>
</tbody>
</table>
**Administrative and Financial Assistance**

Interns are asked to use their office computers for preparing and completing written documents and sending information electronically, with the exception of faxes. The Internship Director should approve any projects requested of the administrative staff beyond normal services (checking-in clients, scanning documents, psychiatry notes in Titanium, etc, voicemail messages from clients, canceling and rescheduling clients).

Stipends for internship placement will be approximately $26,000. The intern and the university jointly pay the Social Security and Medicare deductions. Health, dental, and vision insurance is available for interns. In addition to university holidays, interns may use up to 20 days for professional development, vacation, and illness.

**Evaluation Procedures**

Interns are fully informed about the evaluation procedures during the orientation process that occurs upon arrival, including a detailed review of the intern and supervisor evaluation forms. Formal evaluations are conducted at end of each semester as described below. This is a reciprocal evaluation process, wherein supervisors evaluate interns based on the profession-wide competencies, and interns evaluate supervisors based on supervisor competencies. All written evaluation forms are completed and submitted in written and electronic format to the Internship Director.

- Intern supervisors and seminar leaders meet at least once per month to discuss their supervision of interns including their own work as supervisors and intern progress.
- Written evaluation of interns: In December, April, and July supervisors and seminar leaders complete competency-based evaluations of interns. Single competency evaluations are sent to primary supervisor for incorporation into the full evaluation. Following a review of the evaluation form by the primary supervisor, all parties sign the full evaluation form. The Internship Director also reviews the form.
- Written evaluation of supervisors: In December, April, and July, Interns complete an evaluation of their supervisors. This form is used as an outline to structure and accompany the supervisee’s verbal feedback to the supervisor and the dyad’s discussion of their working relationship. Following the feedback session, both parties sign the form and submit it to the Internship Director.
- Evaluation of Seminars: At the end of each semester, interns will complete a seminar evaluation form for each seminar that occurred during that time period. This form is used to evaluate the clinical relevance, reading materials and preparedness/quality of the instructor, and to improve/change seminars for the future.
- Evaluation of the Internship Program: At the end of the training year, each Intern completes a separate detailed Internship Evaluation form. Synopses of numerical and narrative results are shared with the Training Committee after the conclusion of the internship year.
USF COUNSELING CENTER

GRADUATE STUDENT CLINICIAN PROGRAM

HANDBOOK

2018-2019
Training Manual for Graduate Student Clinicians Program

GSC Application and Selection Process
The Graduate Student Clinician Training Program accepts graduate students within the disciplines of social work, mental health counseling, marriage and family therapy, and counseling and clinical psychology. Acceptance of graduate student clinicians is contingent on the expressed interest and capability of the student, availability of supervisors, and office space. In order to qualify, applicants must be currently enrolled and in good standing in their graduate program and be approved for a supervision model that may include secondary supervision by an advanced trainee such as a doctoral intern or post-doctoral fellow.

Interested students who have the approval of their program to apply, can apply by emailing the GSC Coordinator 1) a cover letter stating interest in collegiate mental health, any relevant experience, semester(s) applying for, and desired number of hours per week at the USF Counseling Center; 2) a CV or resume; and 3) a brief letter from their graduate program's field placement coordinator or director of clinical training outlining any training and supervision requirements for the placement. Additional details are available at http://www.usf.edu/student-affairs/counseling-center/training/advanced-practicum-training-program/application-process.aspx.

The Center establishes individualized learning plans with each GSC based on the student’s program, goals, and availability. The GSC program provides an opportunity for psychology interns to become involved in the supervision of GSCs and provides GSCs with an opportunity to receive supervised experiences in an interdisciplinary, collegiate setting with a diverse student population.

GSCs are accepted from any accredited graduate program with a preference given to USF programs. The training opportunities offered to graduate students in any of our applied mental health fields adhere to Center guidelines regarding dual relationships.

All CC trainees are expected to adhere to the same professional standards of behavior and policies on impairment and grievance procedures. It is important to know that all records, process recordings and notes, and audio/video recordings are property of the Counseling Center and may not be removed or transferred from the Center by GSCs.

Program Overview and Strengths
The training experience for GSCs is set up to be flexible in terms of on-site hours and types of training experiences. The GSC program provides students from different mental health fields training opportunities in an interdisciplinary and comprehensive university counseling center.

The field placement experience:
- Can start fall or spring semester.
- Represents an important component of the USF Counseling Center.
• Adheres to a competency-based approach to training and service delivery in mental health fields.
• Emphasizes integration and application of empirical information and clinical expertise across a broad range of experiential activities.
• Provides opportunities for GSCs to participate in a wide variety of activities at the Counseling Center.
• Exposes GSCs to a wide variety of supervisory styles and theoretical orientations.

Key strengths of the GSC program:

1. **Competency-based training with an evidence-based practice emphasis.** The GSC program is committed to training mental health professionals to practice in a variety of clinical settings. Supervisors enhance the development of foundational and functional competencies, encourage the intentional use of evidence-based interventions, and foster continued development of GSCs’ skills and theoretical orientations. Supervisors adhere to the Guidelines of Clinical Supervision in Health Service Psychology.

2. **Opportunities to apply social justice values and practice multicultural competencies.** The USF student population is culturally and clinically diverse. As such, GSCs have many opportunities to help clients explore the intersection of their cultural identities and how these can influence presenting concerns. In conjunction with this, GSCs are encouraged to consider how their own cultural identities impact their development as mental health professionals. Through supervision, clinical team, and staff meetings, GSCs contribute to the infusion of social justice values into the policies and practices that guide the Center’s work.

3. **Experience working with a multidisciplinary team in a collaborative organizational culture.** The clinical staff at the Center is comprised of psychologists, social workers, and mental health counselors. All of these providers contribute to the GSCs’ experiences through the provision of supervision, formal or informal clinical consultations, and/or other team-based experiences. These enhance GSCs’ abilities to conceptualize from multiple perspectives, and to participate in inter-professional collaboration. Through outreach and consultation with campus partners, GSCs develop skills for navigating the larger university organizational system and culture.

**Training Model: Aim, Competencies, & Approach**

**Aims**
The GSC training program is designed to provide trainees experiences that facilitate their development as a counselor-in-training in order to prepare them to function as competent, highly ethical, and culturally sensitive counselors. The general goals of the program are to provide each trainee with an opportunity to:
• Have a field placement experience that prepares the GSCs to work competently in diverse settings with diverse populations.

• Develop core competencies as mental health professionals including the attitudes, theoretical knowledge and applied skills necessary for work with a broad range of client issues and problems in the provision of a variety of psychotherapeutic interventions.

• Develop as professionals who are self-aware and reflective and who behave professionally and utilize supervision effective.

• Develop and integrate knowledge, awareness, appreciation, and skills for work with diverse populations, including self-examination and exploration of attitudes toward cultural, racial/ethnic, sexual, religious, physical, and age differences.

• Develop as professionals who demonstrate knowledge, understanding, and application of ethical principles and practices in clinical work, including knowledge of laws and regulations as well as the awareness of legal issues and challenges within professional activities.

• Develop their professional identity as a psychologist, counselor, or social worker, including the evolution of self-identity from student to intern/professional.

**Profession Wide Competencies**

GSCs will be expected to develop competence in areas defined by APA, ACA, or the CSWE as essential for readiness for the next level of training or practice, as well as competence in areas specific to practice in counseling center settings. Behavioral anchors for each competency are identified in evaluation form tailored to the type of training program the GSC is from.

**Psychology Competencies**

I. Professional values, attitudes, and behaviors: Demonstrate behavior and comportment that reflect the values and attitudes of the appropriate mental health discipline.

II. Individual and cultural diversity: Demonstrate awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with professional standards.
III. Ethical and legal standards: Demonstrate application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

IV. Communication and interpersonal skills: Demonstrate effective and meaningful interactions with individuals, groups, and/or communities.

V. Research: Demonstrate development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to providing mental health services.

VI. Assessment: Demonstrate skills in the assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

VII. Intervention: Demonstrate skills in use of interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

VIII. Consultation and interprofessional/interdisciplinary skill: Demonstrate the ability to provide expert guidance or professional assistance in response to a client’s needs or goals and to interact with professionals in multiple disciplines.

**Social Work Core Competencies**

I. Demonstrate ethical and professional behavior.

II. Engage diversity and difference in practice.

III. Advance human rights and social, economic, and environmental justice.

IV. Engage in practice-informed research and research-informed practice.

V. Engage in policy practice.

VI. Engage with individuals, families, groups, organizations, and communities.

VII. Assess individuals, families, groups, organizations, and communities.

VIII. Intervene with individuals, families, groups, organizations and communities.

IX. Evaluate practice with individuals, families, groups, organizations, and communities.
Mental Health Core Competencies

I. Identify as a professional mental health counselor and conduct oneself accordingly.

II. Apply American counselors Association Code of Ethics to guide professional practice.

III. Apply critical thinking to inform and communicate professional judgements.

IV. Engage diversity and difference in practice.

V. Advance human rights and social & economic justice.

VI. Engage in research-informed practice and practice-informed research.

VII. Apply theoretical framework in client treatment.

VIII. Respond to contexts that shape practice.

IX. Engage, assess, intervene and evaluate with individuals, families, groups, organizations, and communities.

Program Structure

The GSC training is based on the expectations outlined by the GSC’s home program. While a typical experience might be 2 semesters, some students might stay for as little as one semester or for more than two. During their training, GSCs will work to become professionals who 1) behave professionally and utilize supervision effectively, 2) practice with skills based on knowledge and awareness of individual and cultural diversity, 3) demonstrate competencies in ethical and legal principles and knowledge of center policies, 4) are self-aware and reflective and engage in self-care, 5) are skilled in diagnosis and assessment, 6) are knowledgeable and skilled in the provision of a variety of psychotherapeutic interventions and who understand evidenced based practices, and 7) are skilled in consultation in an interdisciplinary center.

To this end GSCs start their placement by participating in an orientation process that provides opportunities to meet with Center staff members to gain familiarity with their special interests, therapeutic approaches, and supervision orientation; to learn about the range of Center services and training opportunities; to go over GSC program and Center policies, procedures and expectations; to become familiar with the electronic records system (Titanium); to learn about crisis intervention; and to learn about on-campus referral sources. GSCs will also start working with their primary supervisor with whom they will work during the field placement in order to establish the supervision contact, relationship, and discuss scope of cases that are within the range of the supervisee’s and supervisor’s competence. For GSCs who
will have a secondary supervisor the semester their placement starts, they will meet their secondary supervisor. GSCs also meet their group co-facilitator(s) and are given training and supervision in the group(s) they will facilitate.

During their initial semester, GSCs are initially monitored closely to assess current level of functioning relative to each training competency. GSCs are cleared to do initial appointments on their own by their primary supervisor or the GSC Coordinator. The initial appointments that each GSC conducts are the primary way that clinical cases are assigned. Specific objectives for each GSC are collaboratively established based on GSCs' initial self-assessment of expected competencies along with supervisors closely examining the academic and experiential background of the GSC and determining those areas of professional functioning that need greater emphasis.

GSCs are encouraged to participate in providing group services, and during their first semester, there will be opportunities to be involved in facilitating a psychoeducational drop-in group and/or be a process-observer for one of the therapy groups.

For GSCs who have the time and interest in outreach activities, the expectations will be discussed during the orientation period. Outreach activities cover a wide range of experiences including assisting with a suicide prevention training, facilitating discussion groups processing an event focused on oppression and privilege, participating in a disordered eating screening event, and presenting or co-presenting to groups and classes.

During subsequent semesters at the Center, GSCs are expected to continue to increase their ability to work with more complex cases and broaden their base of knowledge and skills. This may mean having clients who present with multiple concerns, higher levels of distress, or mild risk. Trainees earlier in their development may also start doing IAs during subsequent semesters if they have not yet been able to do so independently. GSCs who have process-observed a therapy group may now co-facilitate a therapy group, if the group supervisor from the previous semester feels the trainee is ready for this next step.

Supervision

Quality, competence-based supervision is considered an essential part of the GSC program. Licensed mental health professionals provide supervise in the Counseling Center, and each GSC receives one or two hours of individual supervision each week. Supervision within the Center is conducted by means of direct observation and by recording of interns' sessions with clients. All supervisors are expected to conduct supervision in a professional and ethical manner.

Typically, GSCs are assigned a primary supervisor who is licensed in their area of mental health (e.g., MSW student with LCSW). The primary supervisor may vary across semesters based on
supervisor availability, and will oversee all or most of the clients the GSC works with. Additionally, GSCs may be assigned a secondary supervisor, usually a doctoral psychology intern supervisor, who will supervise 2-3 of the GSCs therapy cases. The GSC is supervised by the licensed clinician overseeing the interns’ group supervision of supervision. Supervisors provide the GSCs with ongoing feedback and evaluation as well as formal written evaluations at the end of each semester. Supervisors also provide ongoing communication with the GSC Coordinator who in turn acts as liaison to the departmental supervisors.

Consistent with professional and ethical responsibilities, no clinical records, video recordings, or other confidential information may be removed from the Counseling Center for any reason. Supervision assignments are based on: 1) GSCs’ learning goals and preferences, 2) supervisor availability, and 3) avoiding or minimizing potential dual relationships. For example, if an intern and GSC are from the same program, all efforts will be taken to minimize or avoid potential dual relationships, possibly to the point of having a GSC supervised only by full time staff members, if necessary.

When GSCs are supervised by interns, individual supervision sessions of GSCs are video recorded for training purposes and may be reviewed in the intern’s group supervision of supervision to assist interns in improving their supervision skills. During group supervision of supervision, interns will also discuss their supervisory experience, and will maintain ongoing dialogues about what may be appropriate to bring up in these settings with the GSC supervised. Supervision is not confidential, and supervisors are expected to take great care in guarding supervisee’s privacy to provide a space for maximum use of and growth in supervision.

In addition to weekly individual supervision with a primary/secondary supervisor, GSCs receive supervision of their group work from their co-facilitator(s). Clinical and group cases are discussed within weekly clinical team meetings. Finally, professional development training and case presentations provide opportunities for informal supervision and learning.

At the beginning of each semester, it is the mutual responsibility of the supervisors and the GSC to schedule the required supervision hours. The GSC is expected to contribute to decisions regarding the supervision agenda. GSCs are required to video record all clients on their caseload for supervisory purposes. It is expected that each GSC will be prepared for the supervision session with assigned responsibilities completed, such as readings, review of session recordings, clinical documentation, etc.

**Final Signature for GSC Clinical Notes**
For cases supervised by a licensed supervisor, the supervisor will review, provided feedback, and sign for the final signature. For cases supervised by a trainee supervisor, all notes for those cases are reviewed by the trainee supervisor, who provides feedback and will sign the note. The licensed Supervision Supervisor will sign for the final signature.
**Guideline on When to Consult in Session**

GSCs are required to consult with their licensed supervisor, the GSC Coordinator, and/or a licensed staff member during a session under the following circumstances:

- Reported or suspected neglect or abuse of a minor, disabled or elderly person
- Hazing incidents
- Safety concerns, including non-suicidal self-injury (NSSI), suicide ideation and suicide attempts, homicidal ideation, medical concerns over-doses, etc.
- Title IX issues - sexual harassment and assaults, dating and domestic violence, stalking
- Victimization and violence toward a student

These situations may require specific interventions or reporting and it is necessary for a licensed staff member to make that determination. GSCs should not leave a client unattended if at all concerned about risk to self or the client leaving the Center. Instead, the GSC should call the front desk for help identifying a licensed staff member to join in the session.

**GSC Program Responsibilities**

Each GSC completes their field placement under the primary supervision of a licensed clinician. Each semester serves to broaden the GSC's experience with a range of clientele and presenting concerns. A primary focus during the field placement is development of general skills required of mental health professionals, particularly when working in a diverse university counseling center setting. Assessment of the GSC’s competencies in each of the areas outlined above guides the training for each GSC in an individualized manner.

**Minimum Requirements for Completion of the GSC Program**

The GSC Program provides trainees opportunity to gain experience in providing mental health services in a university counseling center including initial assessment and individual counseling. Trainees also have opportunity to gain experience in case management, group therapy, and outreach and prevention services. The type of training opportunities differ for GSCs based on the nature and requirements of their graduate program. Thus, each GSC will have an individualized learning contract that outlines the expectations for the GSC.

**Average Caseload**

Counseling services are designed to enhance the personal, social, education, and career development of university students. The emphasis in counseling service delivery is to enhance the ability of students to cope effectively with developmental stresses of late adolescence and adulthood that are interfering with personal growth and adjustment to university life.
Individual therapy clients come from diverse backgrounds and with varying presenting concerns. The USF Counseling Center endorses a brief psychotherapy model and incorporates a variety of theoretical orientations. All trainees will see a range of cases that include work with individuals who require very short term problem-oriented interventions as well as brief therapy involving more complex therapeutic interventions. Clients are typically scheduled for weekly appointments and all sessions are video-recorded for use in supervision. Trainees are encouraged and expected to use a range of interventions from diverse theoretical models, including evidence-informed practices, to address client needs.

The average caseload for the GSC will be determined by the number of hours on site and the other types of training activities the GSC is involved in. A GSC who is completing a 16-hour placement will be required to provide a minimum of 5.5 individual therapy or case management sessions a week, while a GSC who is completing a 20-hour placement will be required to provide a minimum of 9.5 sessions a week. Additionally, GSCs may co-lead a psychoeducational and skills-based drop-in group and/or be a process-observer or co-lead a therapy group.

**Closing Charts**

Because GSCs are seeing clients under their supervisor’s license, supervisors are liable for all open cases. Leaving cases open and without continued client contact creates more liability for the supervisor. Therefore, all CC client files, with the exception of those high risk clients who must continue to be seen, are closed at the end of each semester (Fall, Spring, Summer). Please refer to Counseling Center PGs for guidelines on how to close charts.

At the end of the field placements, GSCs should terminate all cases that are appropriate and encourage the client to reengage in services at the start of the following semester by contacting the front desk. Cases that need to be transferred for continuation of care are transferred by using the normal referral process outlined in the PGs.

**Initial Appointments (IAs or intakes)**

During the first month of training, GSCs will engage in high level of training related to conducting initial appointment evaluations (IA). GSCs will have the opportunity to observe and participate in co-IA appointments with professional staff and are encouraged to complete as many co-IA appointments during this month as their schedule allows and according to the following schedule. Participation in these appointments count as direct client contact hours and when appropriate the client seen will become a regular client for the GSC.
| Step 1 | • Observe as many IAs with any senior staff as possible.  
• Note is written by senior staff and reviewed by trainee.  
• Appropriate clients can be picked up by GSC, with approval of primary supervisor or GSC Coordinator.  
• This step may last 1-3 weeks depending on number of IAs observed and readiness to move to Step 2. |
| Step 2 | • Observe and participate in conducting co-IAs with any senior staff.  
• For co-conducted IAs, the GSC will write up the note, which will be signed off by the senior staff member co-conducting the IA.  
• Appropriate clients can be picked up by GSC, with approval of primary supervisor or GSC Coordinator.  
• This step may last 1-3 weeks depending on number of IAs co-facilitated, number of write-ups supervised by licensed supervisor, and readiness to move to Step 3. |
| Step 3 | • Begin to conduct IAs themselves with a senior staff member present.  
• Note is written by GSC and reviewed and signed by observing senior staff.  
• The GSC will pick up any client who is appropriate.  
• This step lasts until readiness to move to Step 4 has been reached. Readiness depends on ability to conduct diagnostic assessment, risk assessment, SI/HI Risk Assessment, safety planning, and documentation. |
| Step 4 | • Begin to do IA independently once cleared by primary supervisor and GSC Coordinator. |

Once cleared to do IAs independently, GSCs will schedule 1-3 weekly IAs, as long as they have not reached capacity on their caseload. The primary supervisor may approve adding additional IAs on a week to week basis. When GSCs have reached capacity with their caseload, they will remove the IA placeholder off of their schedule and will re-instate when they have additional openings or availability.

If a GSC conducts an IA for a client that is deemed not appropriate to work with a trainee, the GSC will work with their licensed supervisor (or clinical director if need be) for assistance in transfer of client to another center clinician according to clinical procedural guidelines (see center procedural guidelines document for referral process).

**Client Assignment to GSCs**

GSCs will be assigned in three ways:

1. By picking up a client following a co-IA with a senior staff (given appropriate fit and approval by their supervisor or GSC coordinator).
2. By conducting their own IAs.
3. By another clinician transferring a client.

**Assignment through Co-IAs**
If a client is seen during a co-IA with any senior staff seems appropriate for the GSC, the senior staff and GSC will discuss this with the client. If the client appears to be a good fit for the GSC, the client will be tentatively scheduled with the GSC, who will then staff the client with the primary supervisor or GSC Coordinator to determine fit. If a change is needed to be made, the appointment will be transferred to the original staff member’s schedule if possible or the senior staff member will be responsible for contacting the client to reschedule within 2 business days.

**Conducting Own IAs**
GSCs will discuss early in supervision what cases are and are not appropriate for that trainee when working with that particular supervisor. This will be considered by the GSC during an IA and the GSC will discuss any necessary referrals to a more senior counselor with the client before ending the IA appointment. If the client seems appropriate, the GSC should schedule the client for another appointment, then staff the client with the primary supervisor or GSC Coordinator as soon as possible to ensure appropriate fit.

**Transfer from Other Counselor**
When a senior staff member is working with a client (e.g., IA appointment) who seems appropriate for a GSC, the senior staff can initiate a transfer using the **Referral to Graduate Student Clinicians** data form in Titanium, which is forwarded to the GSC Coordinator for review before being assigned to a GSC. In situations in which no GSC is available for new cases or the case is deemed inappropriate for a GSC, the case will be returned to the referring clinician.

**Criteria for Case Assignment**
Case assignments to GSCs are approved after consideration of intensity and severity of the client's symptoms and the client's level of motivation for treatment. The below criteria are an adaptation of those created by the Association for Counseling Centers Training Agencies (ACCTA) designed to assist in making appropriate client assignments to GSCs. Please note that counselors may not be able to gather all of the information necessary to identify the criteria below in an initial assessment. It is still therefore possible that one of these issues may come up later with a GSC, and a decision would be made at that time about whether the trainee keeps the client, or the client is transferred to a more experienced counselor. This will be managed on a case-by-case basis in consultation with trainee's licensed supervisor, GSC coordinator, training director, and/or clinical director.

Licensed supervisors may apply additional discretion in approving assignments to their particular trainee with knowledge of the student’s additional training or experience. Supervisors should also be mindful that the next supervisor may not be comfortable with the clinical issue if the client is going to carry over. Special assignments should be approved in collaboration between the licensed supervisor and the GSC Coordinator. Client assignment should adhere to the following criteria:
Client exclusionary criteria unless pre-approved by licensed supervisor or GSC Coordinator:

Lethality:
- Significant risk of suicide
- Significant risky behaviors that could lead to harm of self or others

Intensity/Chronicity:
- Actively psychotic or at risk for a psychotic episode
- Recently sexually assaulted or traumatized
- Active eating disorders (moderate or severe beyond level 1)
- Chronic and debilitating active substance use

Accessibility:
- Clients requiring high frequency (more than once per week) contact or accessibility with counselor and/or external physicians or professionals as practicum students are time-limited on site

Availability:
- Clients who are not available to meet consistently on a weekly or bi-weekly basis. GSCs need a certain number of hours to pass their placement.
- Clients who are unwilling to have counseling sessions recorded.

Client cautionary criteria, but not necessarily exclusionary:
These depend on the stability of the client, past successful treatment, and the competence of the practicum counselor. These also warrant supervisor approval and competence.

- History of sexual or physical assault
- Learning or attention disorders
- Disruptive behavior involving administrative intervention
- Eating disorders (beyond mild disordered behavior, body image, or emotional eating)
- Active substance use (as long as use is not chronic or debilitating)
- Partner and/or family physical and severe emotional abuse situations
- Clients who meet criteria for PTSD

Optional Training Activities

Case Management
GSCs can opt to work with the Referral Coordinator on case management. This consists of working with clients to identify resources in the community. Hours spent on case management will count towards the GSCs individual counseling caseload.

Group Therapy
GSCs have the optional opportunity to receive the following training options in group counseling contingent upon availability:
• Co-facilitation of psycho-educational group or workshop
• Process observer of process/therapy group
• Co-facilitation of process/therapy group

Trainees are assigned to a co-leader/group based on their training needs and level of group experience. Interested trainees are encouraged to communicate this to the GSC Coordinator who will work with the Group Coordinator to identify training opportunities and work in collaboration with the co-leaders in placing trainees with a group. Placement with a co-leader may include an interview between the trainee and potential co-leader to ensure a good fit.

**Process Observer Role**

Process observation of a process group is available to trainees and is recommended for all GSCs interested in group therapy. This is an opportunity for experiential learning without the responsibility of leadership. A process observer is a silent member in the group who records or monitors the process and group dynamics of each group session. Process observers agree to:

1) attend every group session
2) participate in weekly group supervision with the group leader(s) to discuss their observations, reactions and feelings experienced during the session
3) create a process summary for each group session

Stemming from the process observer model discussed by Bieschke, Matthews, & Wade (1996), the following framework will be used for process observers at USF Counseling Center:

• Process observers may sit within the circle of the group (depending on space) but serve as a silent observer. They will be instructed not to communicate either verbally or nonverbally with the group members, especially during sessions. The process observer will be asked to share their observations of group process with the group at the beginning of each session.
• Process observers are encouraged to take notes during the group session while monitoring process and group dynamics during each session.
• Process observers are expected to create a process summary for each session being mindful to distinguish between process and content. Notes should focus on member dynamics and group process, including identifying interventions that move the group along or slow the group down, dynamics between members, topics that led to silences or were avoided, etc.
  o This summary must be reviewed and edited by the group facilitator(s) and it will be shared with the group members depending on the type of the group, the composition of the group members, and the style of the group facilitator(s).
  o Sharing of the process summary is useful in bringing absent members up to date as well as reminding members of “unfinished business” from the last session. Possible format for sharing of the group process summary include:
1. verbally at the beginning of next session read either by process observer or facilitator(s)
2. in written form given out to group members at the beginning of group
   - The process summary can also form the basis of the group process section of the written case note in Titanium, at the discretion of the group leaders.

- The process observer meets with co-leaders after group and discuss their observations and participate in supervision (for at least 5-10 min of the post-group supervision time, especially if one of the co-facilitators is an intern). This supervision is focused both on highlighting dynamics between co-leaders as well as among group members and/or group members and co-leaders.


**Co-Facilitation of Process Group**
GSCs may participate as a co-facilitator in a process group under the following conditions:

1) If they have completed a graduate course in group counseling, and
2) After completing one-semester as a process observer or if they have had at least one semester of previous experience co-facilitating a process group with a licensed clinician

Any exceptions to these conditions will be reviewed on a case-by-case basis with the group facilitator, GSC coordinator and Group Coordinator.

**Co-facilitation of Psycho-Educational Group**
GSCs may participate as a co-leader in a psycho-educational or drop-in group if they:

1) understand the material covered in the group, and
2) read relevant literature as assigned by the co-leader.

Previous group therapy experience or completion of a graduate course in group counseling is preferred.

**Supervision and Training for Group Counseling**
The licensed staff member will serve as the group therapy supervisor. Weekly supervision for either psycho-education groups or process groups is 30 minutes.

If a process group is being run by both a licensed clinician and a doctoral intern and the licensed clinician agrees to include a process observer as well—the breakdown of the 30 minutes supervision time will be allotted at the discretion of the licensed clinician providing supervision for this group; with a minimum of 5-10 minutes for debriefing with the process observer present.
Outreach
Outreach and prevention services at USF Counseling Center are focused on secondary and tertiary prevention. Primary prevention is done through collaboration with the Center for Student Wellbeing. Topics may include suicide prevention, working with students in distress, mental health screenings, and multicultural topics. GSCs are encouraged to collaborate with professional staff to participate in outreach activities according to the interest and experience of the GSC. Potential experiences include Tunnel of Oppression, Campus Connect, class presentations, and National Eating Disorder Awareness Week screening. Some of these outreach assignments may occur outside of the Center’s normal operating hours and should not detract from GSC’s ability to attend to their clinical responsibilities. If a GSC has a particular interest to pursue additional or more advanced outreach opportunities, specific training and duties will be negotiated with the primary supervisor, GSC Coordinator, and the Outreach Coordinator.

Supervision and Training for Outreach
GSCs will receive an introduction to outreach and consultation during orientation. Additional training will be negotiated as needed and applicable. Supervision of outreach activity will be negotiated if a student chooses to pursue more concentrated training in outreach.

Meetings
GSCs are invited to attend the meetings listed below if present on the day they meet. Clinical team meetings would provide additional opportunities for case consultation and may serve as group supervision, if approved by the GSC home program. Professional development trainings are provided to clinical staff on a range of topics and GSCs are welcome to attend.

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<th>Meetings</th>
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<tr>
<td>All staff meetings</td>
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<tr>
<td>Clinical team meetings</td>
</tr>
<tr>
<td>Professional development trainings</td>
</tr>
<tr>
<td>Evidence Based Practice seminar</td>
</tr>
</tbody>
</table>

Documentation and Record-Keeping
IA summaries, progress notes and termination summaries must be completed for all clients in Titanium. GSCs are expected to maintain accurate spreadsheet of all direct-service activities during their field placement on the secured shared drive. GSCs should review a summary of hours obtained from Titanium at the midpoint and endpoint of each semester.

Evaluation of Competencies and Expected Outcomes
Profession-Wide Competencies

- **C1. Professional values, attitudes, and behaviors**: Demonstrate behavior and comportment that reflect the values and attitudes of psychology.

- **C2*. Individual and cultural diversity**: Demonstrate awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly.

- **C3. Ethical and legal standards**: Demonstrate application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

- **C4. Communication and interpersonal skills**: Demonstrate effective and meaningful interactions with individuals, groups, and/or communities.

- **C5. Research**: Demonstrate development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of mental health.

- **C6. Assessment**: Demonstrate skills in the assessment and diagnosis of problems, capabilities and issues associated with individuals and groups.

- **C7. Intervention**: Demonstrate skills in use of interventions designed to alleviate suffering and to promote health and well-being of individuals and groups.

- **C8. Consultation and interprofessional/interdisciplinary skill**: Demonstrate the ability to provide expert guidance or professional assistance in response to a client’s needs or goals and to interact with professionals in multiple disciplines.

How outcomes are measured for all competencies

- GSC self-evaluation during orientation and final week
- Informal observations during supervision, seminars, meetings, and center activities
- Formal evaluations at the end of each semester by all supervisors

Thresholds for achievement of profession-wide competencies:

- At the end of the fall semester, a minimum rating of 2 is expected for all competencies
- At the end of the summer semester (final evaluation), a minimum rating of 3 is expected for all competencies

*Typical Weekly Schedule*

GSCs are required to complete their assigned work hours at the Center during opening hours, Monday through Friday. Trainees are not permitted to be in the Center outside these hours given the lack of adequate professional staff available at these times.

Given limited office space, GSCs are required to arrange their schedules in cooperation with each other. GSCs are expected to see clients weekly unless a compelling reason is presented for scheduling biweekly.

GSCs may be in different offices on different days they are at the Center. If this is the case, the GSC should make sure any paperwork that needs to be scanned are placed in the scanning
inbox. Any other client related paperwork (e.g., notes from sessions) should be placed in the GSCs mailbox.

**Administrative Assistance**

GSCs are asked to use their office computers for preparing and completing written documents and sending information electronically, with the exception of faxes. Faxing is requested through administrative support staff. The GSC Coordinator should approve any projects requested of the administrative staff.

As most GSCs will not have one designated office and phone number, clients should be directed to call the front desk to cancel and/or reschedule appointments. Front desk staff will schedule appointments in appropriate placeholders and note any messages in the Comment section of the client’s file.

Any client materials completed on paper should be placed in the scanning inbox. Any notes or temporary papers with client information needs to be locked up when leaving at the end of the day. If the GSC is in the same office different days they are at the Center, temporary materials should be placed in a drawer in that office at the end of the day. If the GSC changes offices, materials should be placed in the GSC’s mailbox. Temporary notes should shredded once they are no longer needed.

**Liability Insurance**

The Counseling Center recommends GSCs and supervisors of GSCs to carry their own liability insurance. The insurance provided by the University will cover GSCs and their Counseling Center supervisors as long as policies and procedures are followed, but will not protect a supervisor’s license if a complaint is made to the licensing board.

**USF Diversity Trainings**

The Counseling Center requires all full-time counselors to complete the following trainings available through other USF departments: Safe Zone, part 1 and 2; UndocuAlly; Got Your 6, and Title IX. GSCs are encouraged to attend these schedules, particularly if the GSC is working at the Counseling Center at least 20 hours per week.
PART I: PROGRAM DESCRIPTION

OVERVIEW

The postdoctoral fellowship program at USF is designed to build on the foundation of general clinical skills developed in the doctoral internship year. The postdoctoral year focuses on enhancing the core duties of a psychologist in a university counseling center setting in addition to developing competency in the delivery of behavioral health interventions in integrated settings. This program takes a psychologist under supervision model allowing fellows to acquire the supervised postdoctoral training necessary for licensing eligibility as well as the advanced clinical skills needed for work as an independent psychologist.

Each postdoctoral fellow will accrue 2000 hours of supervised experience, which meets the postdoctoral professional experience requirements of licensure in Florida. Of these 2000 hours, 900 hours will be spent in activities related to direct client contact (e.g., contact with patients or families, individual and group therapy, psychological testing, assessment activities, psycho-education, crisis interactions, and consultation with other providers).

TRAINING MODEL

The Practitioner-Scholar as conceptualized by the training staff of the CC is consistent with the mutuality of science and practice as discussed by Hosmand and Polinghorne (1992). They state that psychological science as a human practice and psychological practice as a human science inform each other and emphasize the importance of the development of reflective skills in the practice of psychology. These processes are fostered and strongly encouraged in the CC through supervision, modeling, teaching, and mentoring that seek to integrate the scientific and practice functions of the professional in training.

GOALS AND OBJECTIVES

The postdoctoral fellowship program is committed to providing comprehensive training experiences that facilitate a postdoctoral fellow’s development as an independent professional psychologist. The general goals of the program are to provide each fellow with an opportunity to:

1. Consolidate core professional competencies in clinical/counseling psychology including the attitudes, theoretical knowledge and applied skills necessary for work with a broad range of client issues and problems.

2. Develop and/or enhance skills in behavioral healthcare including: (a) understanding differences between specialty mental healthcare and behavior healthcare, (b) fostering consulting relationships with other healthcare providers, (c) conducting quick and accurate assessments, (d) adapting evidence-based interventions for the primary care setting, and (e) providing case management and referral services.
3. Promote and integrate knowledge, awareness, appreciation, and skills for work with diverse populations, including self-examination and exploration of attitudes toward cultural, racial/ethnic, sexual, religious, physical, and age differences.

4. Consolidate knowledge, understanding and application of ethical principles and practices in clinical work, including knowledge of laws and regulations as well as the awareness of challenges, recent developments and trends in the field of psychology.

5. Develop a professional identity as a psychologist, including the evolution of self-identity from student to professional and the ability to assume professional and personal responsibility for one’s work.

EXPECTED COMPETENCIES

Postdoctoral fellows will be expected to develop competence in areas defined by APA (2017) as essential for entry to practice in the field of psychology, as well as competence in areas specific to practice in counseling center settings. Behavioral anchors for each competency are identified in the Postdoctoral Competency Evaluation Rating Form.

Level 1 competencies: Advanced competency areas required of all programs at the postdoctoral level
1. Integration of science and practice – This includes the influence of science on practice and of practice on science.
2. Individual and cultural diversity – This includes issues of cultural and individual diversity relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.
3. Ethical and legal – This includes professional conduct, ethics and law, and professional standards for providers of psychological services relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.

Level 2 competencies: Program-specific or area-of-focus competencies
1. Professionalism
2. Reflective practice/self-assessment/self-care
3. Relationships
4. Evidence-based practice
5. Assessment
6. Intervention
7. Outreach/psychoeducation
8. Interdisciplinary systems

Postdoctoral fellows who operate in medical settings (See program Structure section) will further be expected to develop competence in areas identified by APA (2015) as essential for psychology practice in primary care (PC) settings, which are appropriate to their role as Behavioral Health Consultants at Student Health Services (SHS).

1. Science related to the biopsychosocial approach
2. Interdisciplinary systems
3. Professional values and attitudes
4. Individual, cultural and disciplinary diversity
5. Ethics in primary care settings
7. Interprofessionalism
8. Building and sustaining relationships in primary care
9. Practice management
10. Assessment
11. Intervention
12. Clinical consultation

PROGRAM STRUCTURE

The postdoctoral fellowship includes three unique tracks including Counseling Center (CC), Behavioral Health Consultant (BHC) and Dual Campus (DC). All tracks include direct service at the counseling center. The BHC track involves shared time with Student Health Services (SHS) and the DC track includes shared time with the wellness center at USF St. Petersburg. Typically, two fellows are placed into the BHC track, and one fellow each into the DC and CC tracks. Fellows complete the course of training for the selected track over a one year period.

Fellows begin the year by participating in a 2- to 3-week orientation process, the goal of which is to ensure that each fellow has the basic foundation of information that he or she needs to function appropriately at the CC, SHS or USFSP. During the orientation fellows: (a) meet with CC staff members to gain familiarity with their special interests; (b) are assigned and begin establishing rapport with their clinical supervisor for the fellowship year; (c) review CC policies and procedures; (d) become familiar with the Titanium scheduling system; (e) meet with campus partners of the CC to facilitate the referral process during the fellowship year; (f) complete required training for clinical work in the USF Health system (e.g., HIPPA, Epic); (g) shadow providers at SHS or USFSP to begin developing consultative relationships and understanding the primary care setting; and (h) meet with liaisons at the external placements sites to learn more about those settings and rotations in order to identify a placement for the third rotation.

The fellowship year is separated into three rotations, offering a range of clinical experiences and ensuring fellows develop general and specialized competencies necessary for practice in the field of psychology. Generally, the specific activities involved in each of these rotations is established prior to the start of the rotation, though there is often variability from week to week, as a function of trainings and University events. The following is a summary of what a typical weekly schedule may include.

**Typical Weekly Break-down by Activity (Rotations 1 and 2):**

<table>
<thead>
<tr>
<th>Counseling Center (CC) Track</th>
<th>Activity</th>
<th>Hours</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Direct Service, CC (individuals, groups, on-call coverage)</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administrative/Preparation/Documentation</td>
<td>10</td>
<td>Includes travel time</td>
</tr>
<tr>
<td></td>
<td>Receiving Supervision</td>
<td>3</td>
<td>Individual, Group</td>
</tr>
<tr>
<td></td>
<td>Providing Supervision (GSC)</td>
<td>2</td>
<td>Includes prep time</td>
</tr>
<tr>
<td></td>
<td>Clinical/Staff Meetings</td>
<td>1</td>
<td>Varies weekly</td>
</tr>
<tr>
<td></td>
<td>Evidence Based Interventions Seminar</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total:</strong></td>
<td><strong>40</strong></td>
<td><strong>Approx. 60% Direct Service</strong></td>
</tr>
</tbody>
</table>

55
### Behavioral Health Consultation (BHC) Track

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Service, SHS (intakes, follow-ups, consultations)</td>
<td>12</td>
<td>Varies by week</td>
</tr>
<tr>
<td>Direct Service, CC (individuals, groups, on-call coverage)</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Administrative/Preparation/Documentation:</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Receiving Supervision</td>
<td>3</td>
<td>Individual, Group</td>
</tr>
<tr>
<td>Clinical/Staff Meeting</td>
<td>2</td>
<td>Varies weekly</td>
</tr>
<tr>
<td>Medical Psychology Seminar</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>40</strong></td>
<td><strong>Approx. 60% Direct Service</strong></td>
</tr>
</tbody>
</table>

### Dual Campus (DC) Track

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Service, USFSP as BHC (intakes, follow-ups, consultations)</td>
<td>10</td>
<td>Varies by week</td>
</tr>
<tr>
<td>Direct Service, CC (individuals, groups, on-call coverage)</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Direct Assessment Service (testing, write-up, feedback)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Clinical Preparation/Documentation:</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Receiving Supervision</td>
<td>3</td>
<td>Individual, Group</td>
</tr>
<tr>
<td>Clinical/Staff Team Meeting</td>
<td>1</td>
<td>Varies Weekly</td>
</tr>
<tr>
<td>USFSP Staff Meeting</td>
<td>1</td>
<td>Weekly</td>
</tr>
<tr>
<td>Evidence Based Interventions Seminar</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>40</strong></td>
<td><strong>Approx. 60% Direct Service</strong></td>
</tr>
</tbody>
</table>

During the third rotation, fellows will divide their time at the various sites described below (24 hours total) as well as a third external rotation site (16 hours total). The external placement allows postdoctoral fellows to continue developing skills as a behavioral health consultant in a different, more specialized care setting. Specific schedules will be identified before the start of the third rotation with each fellow, depending on their external rotation.

**PART II: TRAINING ACTIVITIES**

**REQUIRED CLINICAL EXPERIENCES**

Fellows gain experience in providing a wide range of mental health services including the following:

**Initial Appointments**

Fellows will conduct a minimum of 1 IA per week during each of their rotations. During these appointments, clients will be assessed and referred for treatment at the Center (individual counseling, drop-in groups, interpersonal process groups, etc.), and/or referred for treatment at another campus agency (e.g., psychiatric services at Student Health Services) or in the community.
Individual Counseling and Psychotherapy
For clients deemed appropriate, fellows provide short-term individual counseling. Information about the clinical model utilized by the Center can be found in the center’s Procedural Guidelines.

On-Call Emergency Coverage
Throughout the fellowship year, each fellow will provide a minimum of 1 hour of on-call coverage for the Center.

Behavioral Health Consultations, Assessments and Interventions
At SHS and USFSP, fellows will provide behavioral health consultations (to PCPs, ARNPs) and interventions (to patients) consistent with the primary care behavioral health model of integrated care (Robinson & Reiter, 2007). Following consultation with PCPs, assessments and interventions will focus on identifying a behavioral health change plan that can be implemented in one to four focused, 15-30 minute appointments. Fellows continue to consult with PCPs throughout care provision to manage patients’ needs.

External Rotations
During the third rotation, each fellow will participate in a 16-hour weekly external rotation at either Tampa General Hospital or Rogers Behavioral Health based on interest and availability. The James A. Haley Veterans’ Hospital may also be a potential external rotation site. During orientation, fellows will have the opportunity to learn more about potential external rotation sites. External rotations sites will be finalized in consultation with the Postdoctoral Coordinator at the beginning of the first rotation.

Tampa General Hospital (TGH)
Tampa General Hospital is a 1,010-bed teaching hospital and level one trauma center, with a five-helicopter fleet, serving 23 counties. The Psychology division of TGH offers five possible rotations, each of which is described below:

1. Rehabilitation:
   TGH Rehabilitation Center is a 59 bed, CARF-accredited rehabilitation center, providing comprehensive inpatient rehabilitation services. Psychologists in this setting work as a member of a coordinated multidisciplinary team, providing assessment, intervention, and consultation services to individuals with stroke, spinal cord injury, traumatic brain injury, orthopedic injuries/surgeries, and other rehabilitation diagnoses. Services available include:
   - Neuropsychological screening evaluations
   - Patient and family education
   - Evaluations of coping and emotional status
   - Helping patients cope with trauma and hospitalization
   - Assisting patient with developing healthy coping skills
   - Behavior management
   - Individual and family therapy

2. Adult Neuropsychology:
The Adult Neuropsychology Program provides comprehensive neuropsychological evaluation for adults across the life span. Neuropsychology is a sub-specialty of clinical psychology that provides assessment of cognitive, behavioral and emotional changes that can occur due to known or suspected brain disorders/injury or other medical disorders that can affect the brain.
Neuropsychological evaluation is often indicated when a cognitive change or impairment is suspected due to:

- Traumatic Brain Injury/Concussion
- Anoxic brain injury
- Metabolic/Toxic brain injury
- Stroke/Cerebrovascular disease
- Parkinson disease/Movement Disorder
- Memory disorders/Dementia (e.g., Alzheimer disease)
- Mild cognitive impairment
- Epilepsy/Seizure disorders
- Multiple sclerosis
- Brain Tumors
- Neurodevelopmental disorder
- Genetic Disorders
- Systematic diseases affecting the brain or central nervous system (e.g., organ failure)

Neuropsychologists evaluate brain function by using non-invasive, norm referenced, standardized tests of cognition, memory and thinking skills, and then use this information to assist with developing a personalized treatment plan. These tests are typically paper and pencil tests and cannot be passed or failed. The goal of testing is to measure of how the individual performs relative to other individuals of their age and education.

The neuropsychological evaluation itself includes interview with the patient and family members as well as formal cognitive testing. It often includes assessment in the following areas:

- Intellectual functioning
- Memory
- Language skills
- Visuospatial skills
- Attention
- Processing speed
- Executive functioning (planning, organizing, problem solving)
- Sensorimotor functioning
- Academic Functioning
- Adaptive behavior
- Emotional adjustment
- Personality

3. **Pain Management:**
The Pain Management and Headache Outpatient Program at Tampa General Rehabilitation Center uses a comprehensive interdisciplinary approach to the treatment of individuals with a variety of pain conditions. This CARF-accredited program regularly treats patients with back/neck pain, headaches, arthritis, Reflex Sympathetic Dystrophy (RSD), myofascial pain, neuropathy and temporomandibular joint disease (TMJ) in addition to other chronic conditions. Psychologists are key members of the pain management team. Their purpose is to help people in pain develop good coping skills, so that they can enjoy a good quality of life despite their pain. As part of the team, psychologist’s help patients maximize function, improve emotional well-
being and return to a high quality of life. The psychologist plays a key role on the multidisciplinary team providing:

- Psychological assessment
- Psychotherapy and psycho-educational intervention with patients and their families
- Relapse prevention

4. **Bariatrics**
   All patients considering weight loss surgery complete an evaluation with the Bariatric Psychologist. Psychological evaluation before bariatric surgery can help identify factors that may impact coping, adjustment and associated lifestyle changes. Some of these factors include:

- Readiness
- Motivation
- Behavioral challenges
- Emotional factors
- Contraindications for surgery

Our goal is to help patients become emotionally prepared for the exciting and challenging life transformation of weight loss surgery. We also are available to patients after surgery, as we are focused on helping patients maintain life-long weight and health maintenance goals. Focus of postoperative psychological treatment may include:

- Normalizing eating behavior
- Body image
- Self-esteem
- Emotion regulation
- Interpersonal skills
- Compliance

5. **Pediatric Programs and Services**

   **Inpatient Pediatric Psychology/Neuropsychology:** The Pediatric Neuropsychology Program at the Tampa General Hospital/Children’s Medical Center provides comprehensive inpatient services for infants, children, and adolescents who are experiencing cognitive, behavioral, and emotional difficulties as a result of an acute or chronic medical illness or injury. We provide assessment, intervention, and consultation services with medical and therapeutic teams throughout the hospital. We also consult with the school system and community resources to promote continuity of care.

Members of our team evaluate and treat patients with medical conditions or treatments that place them at risk for 1) neuropsychological problems 2) developmental problems that affect their behavior and learning 3) acute and chronic pediatric illnesses and conditions. Examples of the populations we serve include:

- Traumatic injuries
- Burns
- Organ transplantation
- Neurological disorders
- Gastrointestinal disorders
- Sickle cell disease
- Cardiac conditions
- Brain tumors and childhood cancers
• Neurodevelopmental disorders
• Developmental disorders
• Behavioral and school difficulties
• Eating disorders

Psychologists assess the child’s:
• Neuropsychological strengths and weaknesses
• Cognitive and social-emotional abilities
• Emotional and impulse control
• Academic skills and reasoning
• Sensory abilities and motor skills

And help the family to:
• Understand the impact of your child’s medical or neurological disorder on daily functioning and ongoing development
• Develop a plan for supporting your child medically, socially, and academically
• Cope with your child’s behavioral changes as a result of medical or surgical treatment
• Work with your child’s educational team to promote academic and social functioning
• Access beneficial school and community resources

Outpatient Pediatric Neuropsychology: The Pediatric Neuropsychology Program at Tampa General Hospital is located in the Rehabilitation Center and provides neuropsychological evaluations for children from birth to young adulthood. Neuropsychological evaluations are completed when children have cognitive, emotional, behavioral, adjustment, or learning problems that are a direct result of a medical, neurological, and neurodevelopmental disorder. The program serves children with a diverse range of conditions and provides family-centered care within a confidential environment. Our licensed pediatric neuropsychologists conduct evaluations in collaboration with any and all individuals involved in the child’s care to help support the child’s unique needs.

Neuropsychological Evaluations:
A pediatric neuropsychologist uses a set of standardized non-invasive tests and observes behavior to determine the child’s individual pattern of strengths and weaknesses. A pediatric neuropsychological evaluation often includes assessment in the following areas:

• Intellectual functioning
• Academic skills
• Language skills
• Nonverbal and visual spatial skills
• Memory
• Attention
• Processing speed
• Executive functioning
• Sensorimotor functioning
• Behavioral and emotional adjustment

Rogers Behavioral Health
Rogers Behavioral Health offers comprehensive, interdisciplinary outpatient services to children, adolescents, and adults suffering from a number of mood, anxiety, and concordant substance use conditions through largely behavioral interventions, including Exposure and Response Prevention (ERP), CBT, DBT, behavioral activation, and mindfulness-based approaches. Rogers - Tampa is one branch of a larger organization with 11 locations nation-wide. Rogers - Tampa is structured around two primary treatment modalities, described below:

1. **Partial Hospitalization Program (PHP):**
   PHP is held 4-5 days a week (M-F) for 6-7 hours a day over the course of 4-6 weeks. The PHP program is open to children/adolescents (ages 6-17) as well as adults (ages 18+). The following sub-programs are available through the PHP modality:
   - FOCUS Program for mood disorders
   - Eating Disorders
   - OCD and Anxiety Disorder
   - Dual Diagnosis

2. **Intensive Outpatient Program (IOP):**
   IOP is held 5 days a week (M-F), 3 hours a day over the course of 6-8 weeks. The IOP program is open to children/adolescents (ages 6-17) as well as adults (ages 18+). The following sub-programs are available through the IOP modality:
   - FOCUS Program for mood disorders
   - Eating Disorders
   - OCD and Anxiety Disorder
   - Dual Diagnosis

Activities available in this rotation involve direct observation, consultation, delivering individual and group interventions, as well as treatment and discharge planning.

**REQUIRED NON-CLINICAL EXPERIENCES**

**Prevention Programming**
BHC Fellows will use print media and other appropriate resources to provide psycho-educational information to patients and providers on services offered by Behavioral Health Consultants at SHS, as well as behavioral interventions that can be used to address a variety of medical conditions. A secondary purpose of these materials will be to increase use of fellow services.

**Postdoctoral Seminar Series**
Each fellow is required to participate in a professional development seminar, which meets either weekly or bi-weekly and focuses upon issues that are specific or tailored to the fellows and their developmental needs. The BHC fellows will attend a seminar series on Medical Psychology. The CC and DC fellows will attend a seminar series on Evidence-Based Practice. Across these seminar series, topics will typically pertain to professional development issues, practice of health service psychology, multicultural and diversity issues, and clinical treatment issues.

**Case Presentations**
Each fellow is required to deliver one case presentation during the training year to the joint staffs of the CC, SHS, and USFSP (as applicable). The presentation should focus on a case that demonstrates the fellow’s skill, interests and areas of growth. For fellows who practice in integrated settings, the case
should ideally highlight differences between behavioral health and specialty mental health treatment models. Presentations that demonstrate collaboration/consultation among multiple providers may be especially interesting to the target audience.

**Meeting Participation**
Fellows are expected to attend the Counseling Center’s monthly all-staff meeting, weekly clinical team meeting, and periodic in-service presentations. BHC fellows are also expected to attend the monthly staff meetings (1st Wednesday of every month) at SHS.

**OPTIONAL TRAINING ACTIVITIES**

**Behavioral Health Prevention and Intervention Group Programming**
During the year, BHC fellows may be encouraged to provide programming to assist patients with chronic or other health conditions in a group format. Fellows would co-facilitate the group and be responsible for marketing the group, recruiting participants, and identifying the group content, which will be approved by the Medical Director at SHS and the Postdoctoral Training Coordinator.

**Group Therapy**
During each of their rotations, fellows may have the opportunity to co-facilitate one of the many groups offered as a part of the Center’s robust group program. However, participation in group may not disrupt the fellow’s ability to accept new clients on to their caseload. The decision to participate in a group should be made in collaboration with the primary supervisor, the postdoctoral training coordinator, the training director, the coordinator of the group program, and the facilitator of the group.

**Prevention and Intervention Programming**
Throughout the program, fellows may have the opportunity to offer prevention and intervention programming to campus constituents. Prevention and intervention activities are considered direct service; however, these activities should not consistently and/or substantially detract from the fellow’s ability to provide his or her contracted weekly clinical hours.

**Supervision and Training of Interns and Graduate Student Clinicians**
Fellows may have the opportunity to offer supervision for a graduate student clinician or an intern in providing clinical services. This opportunity is dependent upon fellow interest and supervision competency, availability of trainees, and training program needs. Additionally, fellows may have the opportunity to provide training to interns and graduate student clinicians in seminars. Supervision and training responsibilities will discussed with postdoctoral training coordinator, training director, and other staff members as needed.

**PART III: SUPERVISION AND EVALUATION**

**SUPERVISION**
Postdoctoral fellows receive up to 3 hours of supervision weekly throughout the fellowship year. Each postdoctoral fellow has one primary supervisor, who is a senior staff member at the Counseling Center, with whom they meet weekly for the full fellowship year in order to comply with mandates for licensure.
The primary supervisor will be held responsible for verifying that all requirements are met by the end of the fellowship year and will complete and sign off on the “Supervising Psychologist Verification Form” required for licensure. The primary supervisor also maintains clinical responsibility for the fellow’s caseload and other activities (including brief and longer-term therapy cases, intakes, crisis intervention, group therapy, and case management) at the Counseling Center, and for providing evaluative feedback regarding their performance at the Counseling Center throughout the fellowship year.

Specialty supervision may be available either (1) in a group format with focus on issues of particular relevance to practice in an integrated healthcare environment (BHC and DC Track) or (2) in individual format for the purposes of supervision of supervision (CC Track).

All fellows will meet for one hour weekly with the postdoctoral training coordinator to receive supervision related to all clinical and non-clinical experiences at external sites (i.e., SHS, TGH and the VA). BHC fellows will also meet with the Medical Director of SHS up to one hour bi-weekly in order to enhance their knowledge of medical presentations of relevance to their patients. Additional specialty supervision may be available to fellows at the external placement sites during the third rotation.

EVALUATION

Throughout the training year fellows will be evaluated, and evaluate aspects of the fellowship, in the following ways:

**Trainee Formal Evaluations**

- **Competency Evaluation Rating Forms:** At the end of each rotation, primary and specialty supervisors will complete the Postdoctoral Competency Evaluation Rating Form. This form will be used to assess and provide feedback about the expected clinical and specialty competencies that fellows are expected to develop during the fellowship year. The primary supervisor will complete Part I of the form, while the Medical Director of SHS and the postdoctoral training coordinator will jointly complete Part II of the form. Following a review of the evaluation form by the supervisors, both parties will sign the form and submit it to the Director of Training. External rotation supervision may complete competency evaluation forms that are specific to their training sites. These forms will also be submitted to the Director of Training.

- **Case Presentation Evaluation:** All clinicians and providers in attendance at fellows’ case presentations will be asked to evaluate the presentations. Copies of the evaluations will be given to fellows, and kept in their files. Feedback will also be integrated into the fellows’ competency evaluations.

- **Self-Assessment:** Fellows will rate themselves on the competencies listed on the Postdoctoral Competency Evaluation Rating Form at the beginning of the fellowship. These ratings will be used to identify professional development goals with primary and specialty supervisors to guide the fellowship year.

- **Satisfaction Surveys:** The Counseling Center periodically surveys clients to determine their satisfaction with their providers. These surveys will also be considered as an informal part of the fellows’ overall evaluation.
Trainee Informal Evaluations

- **Record Review**: Primary and specialty supervisors will review the clinical records of fellows to determine the presence and accuracy of essential elements of the client/patient case as recorded by the fellow. Supervisors will also evaluate adherence to Center and legal policies in record keeping (e.g., **client notes being completed/signed within a 10-day period**).

- **Training Committee Updates**: Members of the Training Committee will informally provide feedback about the postdoctoral fellows at least once during each rotation. This feedback will be summarized and given to fellows by the postdoctoral training coordinator.

- **Client/Patient Process and Outcome Data**: Fellows should attempt to gather outcome data (e.g., CCAPS and BHM-20) to support client/patient change.

Program Evaluation by Trainees

- **Professional Development Seminar Evaluation**: Fellows will be given the opportunity to evaluate each professional development seminar presentation.

- **Fellowship Experience Evaluation Form**: At the end of the fellowship, each fellow will be asked to complete an overall evaluation of the fellowship program. Evaluations will be used to enhance the program. It is however expected that fellows will provide informal feedback about the fellowship throughout the year.

- **Written Evaluation of Supervisors**: Fellows will complete the Evaluation of Supervisors Form for primary and specialty supervisors at the end of the fellowship year. However, it is expected that fellows and their supervisors will engage in ongoing dialogue about their needs and expectations in the supervisory relationship. Following the feedback session, both parties will sign the form and submit it to the Director of Training.

All forms have been included in the “evaluation” section of the handbook for your information. Electronic versions of all forms are available on the O:drive.