



Doctoral Internship in Health Service Psychology

2026-2027 Intern Handbook

Counseling and Psychological Services (CAPS)
COUGAR HEALTH SERVICES | WASHINGTON STATE UNIVERSITY

Table of Contents

Chapter 1 Introduction.....	4
Welcome Letter	4
Doctoral Internship Position Description	6
Intern Orientation Quick Reference Items	10
CAPS Office Resources and Expectations	12
Chapter 2 Internship Overview and Schedules.....	13
Training Aim and Competencies	13
Minimal Requirements for Internship Completion.....	14
Intern Training and Service Delivery Contract – Template	15
Internship Schedule Overview	16
Overview of Academic Year Training Schedule	17
Overtime Eligibility	17
Doctoral Internship Hours and Leave Time.....	18
Doctoral Intern Training Schedule (sample) - Spring 2026.....	23
Chapter 3 Internship Program Elements	27
Supervision Received	27
Direct Clinical Services	28
Provision of Supervision and Training.....	33
CAPS Diversity Trainings.....	34
Hays ADDRESSING Model: Diversity Factors and Influences	35
Intern Case Presentation and Outline	36
Research Presentations or Contributions.....	37
Bi-weekly Intern Process Meetings	37
Chapter 4 Guidelines, Policies and Agreements	38
CAPS Philosophy, Role, and Mission	38
APA Ethics Code and WA State Laws	40
Equal Employment Opportunity Employment Policy	41
Policy Prohibiting Discrimination, Sexual Harassment, and Sexual Misconduct.....	45
Comprehensive Nondiscrimination Notice	80
Cougar Health Services Compliance Code of Conduct.....	82
Professionalism Guidelines.....	89
Confidentiality and Acknowledgement of the (HIPAA) Training Statement.....	93

CHS/CAPS Confidentiality Agreement.....	96
CAPS Telework Policies, Procedures and Guidelines.....	98
Doctoral Internship Telesupervision Policy	99
Doctoral Psychology Intern Supervision Agreement	102
Doctoral Psychology Intern Supervision Agreement Tele-Supervision Addendum.....	104
Retention of Records	105
Intern Offboarding Procedures Checklist	106
Forwarding Address.....	107
Chapter 5 Evaluation Procedures and Forms	108
Doctoral Psychology Intern Evaluation and Due Process.....	108
Initial Self-Assessment and Goals	119
3-Month and 9-Month Doctoral Intern Evaluation	120
6-Month and 12-Month Doctoral Intern Evaluation	127
Case Presentation Feedback Form	137
Doctoral Intern Diversity Training Feedback Form	138
CAPS Supervision Rating Form for Supervisors	139
Outreach Program Evaluation Form	142
Group & Workshop Satisfaction Survey	143
End-of-Internship Intern Self-Assessment.....	144
Review and Evaluation of the Internship Program.....	145
Chapter 6 WSU INFORMATION	146
Facts About WSU	146
Academic Calendar: Fall 2026	154
Academic Calendar: Spring 2026	157
Campus Safety & Alert System.....	160

CHAPTER 1 | INTRODUCTION

Welcome Letter

Dear Interns,

What a pleasure it is to welcome you to WSU CAPS and Cougar Health Services! This is an exciting day for us, as I hope it is for you.

Your internship serves as a capstone experience of your previous education and training which will help you transition to your career as a health service psychologist. This year should offer you multiple growth opportunities, both within the internship program and in relation to broader world events and critical social justice issues. At CAPS, you will be able to engage in new clinical and professional activities and tailor your training to best meet your needs and interests. You will also have opportunities to practice flexibility and enhance your professional development. One possible challenge of your internship is that you may find more things you would like to do than time and energy realistically allow! You are not alone in that challenge; juggling multiple roles, activities, and general pursuits is a lifelong learning task for most of us. This is a good year to strive for a sustainable work-life balance.

As your Training Director, I will be the primary guide and advocate for your internship experience at WSU. We will meet frequently during the first few weeks to help prepare you for the year ahead. We will continue to meet regularly during the year to discuss and support you in your internship experiences. I am confident you will find that our clinicians and administrative staff are willing to consult and be of assistance whenever possible. Please don't hesitate to ask for what you want and need.

Consistent with APA guidelines, CAPS uses a graduated approach to training. Over the year, we will help you move toward greater levels of autonomy across all training areas. While we are aware of our roles as trainers and supervisors, we also strive to treat you as colleagues. We expect that growth will involve reasonable extension and risk taking, and we will provide support and guidance as you engage in this process.

There are two sets of documents with important information you will need throughout the year. The Intern Handbook provides details about the position, leave time, schedules, agreements, evaluation tools, grievance procedures, professionalism, rotations, as well as some WSU information and links to the APA Ethics Guidelines and Washington State laws related to psychology. The CAPS Policies and Procedures provide essential information regarding services provided and daily functioning of the Center. The handbook is available to you in hard copy and on the Intern & Postdoc-Staff server, while the policies and procedures are available through Power DMS.

Please start reading the contents of the Intern Handbook, as we will discuss them during our meetings and in your trainings over the next few weeks and revisit them in the coming months. I would suggest reading the Intern Handbook materials in the order presented. As you start the on-boarding process and orientation trainings, you will receive further guidance about what Policies and Procedures to read first. Over the course of the training year, I will direct you to

readings and resources found within the 2026-2027 Training Materials located in the Intern & Postdoc-Staff folder on the hws-fs1 server. You can also expect to receive a great deal of information about CAPS updates and events through emails and weekly clinical staff meetings.

CAPS staff greatly enjoy training and are highly invested in and committed to it. We have had a formally structured internship since 1985, and it has been accredited by the American Psychological Association since 1987. Our most recent re-accreditation was in December 2025, and we expect our next accreditation site visit to be in Fall 2035.

Our intern selection process was thorough and, indeed, selective. We are very glad about our matches and that you will be training with us this year!

Sincerely,

A handwritten signature in black ink, appearing to read 'Kayla Zeal PhD', with a stylized flourish at the end.

Kayla Zeal, PhD, Licensed Psychologist
Training Director, Assistant Director
Counseling and Psychological Services

Doctoral Internship Position Description

Counseling Services Intern

Position Details

Employee Information

Employee First Name

Employee Last Name

Position Details

Please record information regarding the position such as work location, Full Time Employment (FTE), and term. The information is used, along with the other information, as a basis for HRS determination of the appropriate title, salary rate and Fair Labor Standards Act (FLSA) exemption status.

University Title	Counseling Services Intern
Title Code	1203
Working Title	Counseling Services Intern
Position Number	38261
College/Area	Student Affairs
Department	Cougar Health Services
Hiring Unit	Counseling and Psychological Services
Position Supervisory Org Number	SP002005
Work Location	Pullman
Position Supervisor	Kayla Zeal, Ph.D.
This position is in a bargaining unit	No

Bargaining Unit Work Schedule (if applicable)

Summary of Duties - Residents in Counseling provide counseling and consultation to WSU students in a range of campus and community settings. Under faculty supervision they function as professional members of Counseling Services' staff.

Appointment Status	Temporary
Appointment FTE	100
Position Term in Months	12
FLSA Status	Overtime Eligible
FLSA Exemption Criteria	
Administrative Professional Exemption Criteria	

Job Duties

Access Requirement	Student Data
---------------------------	--------------

Other Access Requirements

Job Duties *A minimum of 1 entry is required

Essential Duty Yes

Percent of Time 65

Job Function Counseling and Direct Services

Duties Performed Independently provide individual, couple and group counseling to students who are experiencing psychological, social, academic, or other difficulties that interfere with their ability to succeed academically. Independently provide crisis services to the university population through Counseling Services' program. Independently consult with individuals and groups associated with the university community around issues pertaining to the psychological well-being of members of the university community. Independently prepare and deliver educational and preventative programs that address developmental, interpersonal, and other psychological issues of particular relevance for a university population. Independently provide training and supervision to graduate students working towards degrees in WSU's Clinical Psychology Departments. Independently conduct intake assessments of students requesting services from Counseling Services. Administer and interpret psychological tests, including career, personality, and cognitive/academic assessments. Independently maintain proper documentation related to services provided.

Essential Duty Yes

Percent of Time 30

Job Function Training and Assessments

Duties Performed Participate fully in the Training Program offered at Counseling Services, including supervision, seminars, and consultations. Participate actively in the examination and review of their own work in Counseling Services' programs generally, and the Training Program in particular.

Essential Duty No

Percent of Time 5

Job Function Other

Duties Performed To undertake responsibilities as assigned by the Training Director of Counseling and Psychological Services

Supervisory/Lead Responsibilities

Lead Definition – A lead employee has delegated responsibility for training, assigning, organizing, or scheduling work, and reviewing completed work assignments. A lead employee does not make hiring decisions.

Supervisor Definition – A supervisor has the authority to recommend hiring of staff, establish job performance standards, evaluate job performance, and take corrective action if performance is not acceptable. Supervisors are also responsible for training, assigning, and scheduling work, and acting upon leave requests.

Does this position LEAD the work of others?	No
Type of employees led	Student/Hourly
Does the combined FTE of all positions led equal at least 100%?	No
Does this position SUPERVISE the work of others?	No

Does this position supervise one or more full time equivalent (FTE) positions? No

Type of employees supervised

Student/Hourly

Position Qualifications

Required Qualifications

Positions require satisfactory completing all necessary coursework in a doctoral program in Clinical or Counseling Psychology approved by the American Psychological Association or equivalent organization AND the preliminary stages of a dissertation approved by their department or committee AND Doctoral Preliminary Examinations AND 375 supervised hours of practical experience working with clients in counseling as a part of the intern's formal training program.

Additional Requirements

Preferred Qualifications

Essential Work Competencies

The essential work competencies are the knowledge, skills, abilities, mental requirements, physical requirements, and working conditions related to the duties and responsibilities identified as essential functions of the positions.

Knowledge, Skills, Abilities or Competencies: Describe the knowledge, skills and abilities required of the position

Knowledge of theory, research, and practical application of psychology as it pertains to job responsibilities. Ability to sustain effective interactions with a diverse range of abilities required of the individuals, in capacities of counselor, colleague, supervisor, supervisee, etc. Proficiency in full range of counseling related activities (including psychotherapy, assessment, etc.) at a level commensurate with beginning professionals. Flexibility, sensitivity, perceptiveness, and professionalism in interpersonal interactions, openness to learning new and complex patterns of behavior and thought. Ability to work effectively in a professional office capacity regarding such things as etiquette, deportment, attire, paperwork, file management, etc.

Mental Requirements: Indicate the mental demands of the position.

Ability to communicate highly effectively both orally and in writing, while interacting with members of various constituencies, in a sensitively positive manner. Ability to use such technological methods as telephone, electronic/digital recorders (audio and video), word processors/computers, and email. Ability to maintain confidentiality (with established professional limits) regarding all aspects of their experience. Ability to keep track of and handle simultaneously several complex problems. Ability to perform job responsibilities in high stress situations. Ability to monitor and effectively manage one's own level of stress and its effect on work performance (including interactions with others.) Ability to maintain and help to foster in others a positive attitude interpersonally. Ability to demonstrate and promote a very broadly-based commitment to constructive growth and development, in both oneself and in those with whom one interacts. Ability to reason at an extremely high level, in a variety of professionally applicable situations. Ability to make professional judgments in crisis situations. Ability to appreciate, and adapt one's behavior and attitude in response to, the importance of a diverse range of interpersonal relationships. Ability to maintain harmonious and effective working relationships with students, support staff, faculty, and other colleagues.

Physical Requirements: Indicate the physical demands of the position. The requirements must be related to the duties and responsibilities identified as essential functions.

Occasionally = occurs less than 33% of hours worked

Frequently = occurs 33% - 66% of hours worked

Continuous = occurs more than 66% of hours worked

Specify the amount the position will be required to LIFT/CARRY frequently. Up to 10 lbs.

Specify the amount the position will be required to PUSH/PULL frequently. Up to 10 lbs.

Bend	Occasionally
Twist	Occasionally
Squat	N/A
Climb	N/A
Kneel/Crawl	N/A
Reach/Reach Overhead	Occasionally
Finger Dexterity/Fine Manipulation	Frequently
Sit	Frequently
Drive	N/A

List any unique work conditions this position will encounter

Performance Expectations

Performance Expectations

Quality of Work

Quantity of Work

Job Knowledge

Working Relationships

Other Factors (OPTIONAL)

Position Documents

No documents have been attached.

Please Note: The employee must demonstrate the ability to perform the essential functions of the position, with or without accommodations.

Signature Block

This position description describes the essential functions and qualifications for the position. This document does not exclude an opportunity for modifications consistent with providing reasonable accommodation. This position description is not a contract. Your signature indicates you have read this position description and understand the essential functions and qualifications of the position.

_____ Date	_____ Employee
_____ Date	_____ First-Level Supervisor
_____ Date	_____ Second-Level Supervisor

Intern Orientation Quick Reference Items

Leave Time (example handout)

- 25 days per year = 16.67 hours of annual leave earned per month (**must be accrued before using**)
- 8 hours sick leave/medical leave per month (**must be accrued before using**)
- 1 day (8 hours) personal holiday that can be used between July 1st and June 30th. This must be taken as a whole 8 hours of leave unless employee is donating for shared leave.
- 2.5 days professional development leave for the year. With Training Director approval, up to 6 hours of this leave may be used for brief employment interviews that do not involve travel.
- For planned leave time, interns should submit an “absence request” through Workday for approval by the Training Director.
- Interns will be reminded to submit work hours through Workday twice monthly at the end of each pay period. Employees’ PnC schedule should accurately mirror their Workday hours submission.

Pay Days (direct deposit options) | 10th and 25th of each month, 1st payday is July 25th

Parking | Employees can have parking withheld from their check monthly. Other parking payment options are also available. The Transportation Services is: [Transportation Services | Washington State University](#)

Telephones:

- Dial area code + number to get off campus
- On-campus dialing 5+**** or search by employee name
- Voice mail is set up through zoom phones. You can find voicemail set up in settings>Phone>Voicemail and forwarding. Select voicemail greeting and you can select default or record your own recording.

ID Cards

Once on payroll, employees can go to the Cougar Card Center in the CUB (Compton Union Building) to obtain their WSU photo ID card. They will need to show the paper copy of their appointment, WSU ID# and another photo ID.

Printing and Copy

- The copy machine code for each intern’s access will be assigned to by the Office Support Supervisor.
- Each office has its own printer. For printing jobs that require a large quantity of paper, the large CAPS 361 Copier in the mailroom (361) is to be used.
- Unless necessary, black/white or grayscale printing should be used instead of color printing.

FAX

Copier 361 Copier in the work room (361) is used for FAXES. Directions are on the wall, and support staff can also help navigate how to send FAXES. The CAPS FAX number is 509-335-2924.

Who to notify regarding unexpected absences:

- Employees should call 509-335-4511 as early as possible before 7:30 am and leave a message that they will unexpectedly be out. Interns should ask to have their absence noted on PnC (Sick Leave or Annual Leave). All clinicians should leave any information about what needs to be done regarding schedule and clients. (Patient Service Representatives can call clients for unexpected absences).
- Interns may choose to **additionally** text or email their clinical supervisor if unexpectedly out, though this is not required.

CAPS Office Resources and Expectations

Welcome to your office at CAPS! You are welcome to personalize your office, and the points below outline resources and parameters for your office:

- If you would like to move heavy furniture (e.g., desk, bookshelf), please contact CAPS Office Manager.
- You may hang decor on your office walls, using the picture hanging nails or thumbtacks. You may use up to 8 nails/tacks total. If you'd like to request permission to use more than 8 nails/thumbtacks, please contact the Office Support Supervisor. Please do not put any holes in the door.
- Please do not use "Command hooks" or strong adhesives while decorating your office, the removal process often damages the paint and texture of the wall.
- Your trash can is emptied at least weekly. Please keep your office tidy and clean. If you need additional cleaning throughout the year, please contact the Office Manager.
- When you need office supplies (e.g., pens, post-its, staples, tissue, etc.), they are available in the workroom (361). If you are unable to find what you need, please contact support staff.
- For safety reasons, please do not bring appliances (e.g., space heaters) from home. Proper models of these types of appliances need to be ordered through the CHS Building Coordinator. If you would like to request an appliance, please contact the Office Manager.
- You may bring accessories for your office (e.g., throw pillows, plant stands). Please do not bring personal furniture (e.g., chairs).
- If there's something in your office that you don't want to use (e.g., file cabinet, bookshelf, bulletin board), please consult with the Office Manager.
- If something is missing from your office (e.g., a clock, floor lamp, end table), please notify the Office Manager who can coordinate getting standard CAPS office furnishings.

CHAPTER 2 | INTERNSHIP OVERVIEW AND SCHEDULES

Training Aim and Competencies

The Washington State University Counseling and Psychological Services (CAPS) Doctoral Internship Program in Health Service Psychology aims to provide the professional training and experience necessary for independent entry-level practice in a wide range of health service psychology settings, including university counseling centers. Interns' training and service delivery are grounded in practice, theory, research, and diversity considerations. CAPS is invested in helping interns develop a range of competencies through which they may implement a broad set of skills, theoretical and clinical knowledge, and methods of inquiry in the practice of psychology. Common to all competencies are the further refinement of ethical decision-making and the proficiency to engage effectively with diverse clientele.

Interns begin their internship program with a foundation of didactic and clinical experiences from their academic training. CAPS believes that the internship year is a time to utilize these skills and knowledge in a more intensive manner, to develop new skills, and to transition from graduate training to status as an entry-level practitioner in health service psychology.

Consistent with the American Psychological Association (2015) Standards of Accreditation (SoA's), there are 9 profession-wide competencies in which CAPS interns are trained and evaluated:

1. **Research:** Demonstrates ability to critically evaluate and disseminate research or other scholarly activities at the local, regional, or national level
2. **Ethical and Legal Standards:** Demonstrates knowledge of and competence in applying ethical and legal standards across internship activities
3. **Individual and Cultural Diversity:** Demonstrates knowledge and competence in addressing diversity across internship activities
4. **Professional Values, Attitudes and Behaviors:** Demonstrates effective use of supervision and the development of a professional identity congruent with health service psychology
5. **Communication and Interpersonal Skills:** Demonstrates effective communication and relational skills across health service psychology activities
6. **Assessment:** Demonstrates competence in conducting evidence-based assessment consistent with the scope of health service psychology
7. **Intervention:** Demonstrates knowledge and skill in implementing interventions for prevention and treatment within the scope of health service psychology
8. **Supervision:** Applies knowledge of supervision models and practices to mentor and monitor trainees or other health professionals in the development of professional skills within health service psychology
9. **Consultation and Interprofessional/Interdisciplinary Skills:** Collaborates with others to address a problem, seek, or share knowledge, or promote effectiveness in professional activities

Within each area of competency, expected knowledge, skills, and attitudes are delineated so interns can understand the goals toward which they are working as well as the criteria by which they will be evaluated. Common to all competencies are scientific methods, ethical decision-making and behaviors, and attention to diversity factors.

CAPS approaches training from a developmental perspective. In preparation to become health service psychologists, over the course of the internship year interns should systematically increase their assurance and skills in providing a range of interventions to diverse clients. This objective is pursued

through didactic trainings, closely supervised clinical practice, and collaborative work with CAPS senior staff. Applied clinical training involves multiple intervention modalities and theoretical systems, and supervisors generally represent integrative orientations. Interns gain specific exposure to many roles and responsibilities of a generalist psychologist. This includes but may not be limited to engagement in initial consultations, individual therapy, workshops and group therapy, crisis response and management, substance assessments and interventions, supervision and training, outreach and consultation, liaison work with diverse student groups, ADHD/LD and other testing, administrative tasks, and research.

Minimal Requirements for Internship Completion

CAPS is invested in supporting interns as they work to successfully complete their internship. Below is a summary of minimum requirements for successful completion of the internship program.

- Provide at least 500 direct service hours
- Comply with the Intern Training and Service Delivery Contract (see next page)
- Deliver one case presentation to CAPS staff and interns (early spring semester)
- Deliver one research presentation to CAPS staff and interns (late spring semester/early summer)
- Collaborate with another intern to plan and implement a 2-part diversity training one semester
- Participate in the intern selection process
- Complete assigned LD/ADHD assessments (4 unless there are extenuating circumstances)
- Complete 2-3 outreaches per semester; occasionally fewer depending on CAPS' needs
- Achieve minimum evaluation ratings as described on the 12-month Doctoral Intern Evaluation form

Intern Training and Service Delivery Contract – Template

Name:

Semester/Year:

DIRECT SERVICE DELIVERY	
Therapy Provided (individual, groups, workshops, IMPACT)	10.0 hrs/wk attended appts
Initial Consultations	1.5 – 2.0 hrs/wk
Crisis Coverage	1.0 hr/wk
Testing and Report Writing Block (report writing not considered direct service)	4.0 hrs/wk (4 cases/year)
Provision of Supervision	2.0 hrs/wk (1.0 sup, 1.0 tape and note review)
Outreach	.25 hrs/wk (2-3 outreaches/semester)
Diversity Liaison (indicate):	1.5 hr/wk (includes campus travel time)
Minor Rotation (indicate):	1.5 – 2.0 hrs/wk
SUPERVISION RECEIVED	
Individual Supervision	2.0 hrs/wk
Group Supervision	1.0 hr/wk
Supervision of Supervision	1.0 hr/wk
Testing Supervision	.5 hrs/wk (optional; during intern's testing block)
Liaison Supervision	.5 hrs/wk (as needed)
Minor Rotation Supervision	.5 – 1.0 hrs/wk
Supervision of Groups	.5 hrs/wk
TRAINING SEMINARS	
Testing Seminar	.75 hrs/wk (1.5 hrs, alternate weeks)
Special Topics Seminars	1.5 hrs/wk
Group Therapy Seminar	.75 hr/wk (1.5 hrs, alternate weeks)
Diversity and Ethics Seminars (alternating)	.75 hr/wk (1.5 hrs each, alternating w/ testing sem)
PROFESSIONAL DEVELOPMENT	
Staff Meetings	1.0 hr/wk
Intern Process Meeting	.75 hr/wk (1.5 hrs, alternate weeks)
Other: Diversity Committee (optional), Diversity Trainings, Diversity Dialogues, CHS Meetings, Supervision Conference	1.0 hr/wk average
ADMINISTRATIVE WORK	
notes, seminar prep, outreach prep	5.0 hrs/wk
TOTAL WEEKLY HOURS	40.0

 Doctoral Psychology Intern

 Date

 Kayla Zeal, Ph.D., Training Director

 Date

Internship Schedule Overview

At CAPS, clinicians maintain their CAPS schedules through the electronic medical record system, Point and Click (PnC). These schedules can be accessed by one another as well as by support staff. All CAPS related activities are maintained on PnC. Within the first few days of internship, interns receive introductory training about how to access and use PnC, with further PnC orientation occurring over the following weeks. Maintaining accurate and up-to-date information on PnC is important. This includes adding an appointment type on PnC schedule for every business hour. While specific meetings and appointments will be added to intern schedules as the year progresses, below is a general idea of how interns can expect to spend their time over the next year.

Summer Orientation

During the summer, CAPS is open for clinical services from 8:00 a.m. – 4:00 p.m. (in contrast to 8:00 a.m. – 5:00 p.m. during the academic year). Given orientation meetings to attend during their first summer at CAPS, interns should plan to work an 8:00 a.m. to 5:00 p.m. schedule with a 60-minute lunch break midday, unless otherwise agreed up on by the Training Director.

Over the first two weeks of internship, most of the training focuses on CAPS related service delivery. After that, interns continue to receive training from CAPS staff and have meetings with various Student Affairs and University personnel. This helps interns become familiar with WSU and Cougar Health colleagues and offices with whom CAPS works closely throughout the year. While it may not seem at the time that all these meetings are relevant, interns tend to discover later in the year how beneficial these connections are! By mid-July, interns start conducting initial consultations and seeing a limited number of clients.

In addition to orientation meetings and client hours, supervision and CAPS meetings in the summer include:

- Individual Supervision (2 hours/week)
- Testing Seminar (Tuesdays from 8:10 – 10:00 a.m.)
- Group supervision (variable days/times; 2 hours/week)
- Supervision of Supervision (variable days/times; 1 hour/week)
- Group Therapy Seminar (begins mid-July)
- CAPS Provider Meetings (Wednesdays from 9:10- 10:00 am)
- Intern Process Meetings (alternate weeks; variable days and times)

In late July and early August, interns may be involved in preparing and facilitating outreaches for student orientations, the Week of Welcome (August 14-18), and the beginning of the academic year. The Outreach Coordinator will provide details about these opportunities as they arise. During the Week of Welcome, CAPS and Cougar Health Services may hold staff training workshops.

Academic Year (August 24, 2026 – May 7, 2027)

When the academic year starts, intern schedules change. Trainings and other meetings will be regularly scheduled during the academic year according to the table below.

Overview of Academic Year Training Schedule

Monday	Special Topics/Ethics/Diversity Seminars 8:30 – 10:00 (weekly)
Tuesday	Testing Seminar 8:30 – 10:00 (alternate weeks) Special Topics/Ethics/Diversity Seminars 8:30 – 10:00 (alternate weeks)
Wednesday	Provider Meeting 9:10 – 10:00 (weekly) Supervision of Supervision 11:10 – 12:00 (weekly)
Thursday	Diversity Committee (optional) 9:10 – 10:00 (weekly) Group Supervision 10:10 – 11:00 (weekly)
Friday	Intern Process Meeting 8:00 – 9:30 (alternate weeks) Group Therapy Seminar 8:30 – 10:00 (alternate weeks)

Group Supervision = 2.0 hours/week

Seminar and other Didactic Training = 3.75 hours/week

By the end of August, each intern completes the “Intern Training and Service Delivery Contract” (pg. 15). This contract identifies the approximate amount of time allotted to a variety of activities. Within this framework, some variability from week to week can be expected.

Overtime Eligibility

In accordance with Washington State law, WSU doctoral interns are overtime eligible. The internship program is designed such that, on most occasions, interns should be able to complete required CAPS-related activities within the designated 40-hour, Monday through Friday, 8am – 5pm work week, limiting the need for overtime compensation.

In keeping with a 40-hour work week, interns are expected to spend a midday hour (usually 12-1 pm) for activities other than CAPS work. For example, having lunch away from one’s desk or office, socializing with other CAPS folks, taking care of personal needs, working on dissertation or job-search tasks, or enjoying a walk outdoors.

Infrequently, interns may have evening commitments, such as outreaches, for which CAPS will offer flex time within the same week, or hourly overtime pay. On rare occasions, especially if clinical demand is high during a given week, an intern may need to work overtime. In such instances, CAPS will offer comp time or hourly overtime pay. Interns should refer to CHS onboarding information provided you by CHS Business Office personnel for further details regarding overtime eligibility.

Occasions to receive overtime compensation are the exception rather than the norm. If overtime needs or requests exceed what would be expected given an intern’s responsibilities, the Training Director will meet with the intern to explore time management challenges or any other related performance or program demand concerns.

Doctoral Internship Hours and Leave Time

To successfully pass the 2000-hour internship at WSU CAPS, interns must provide at least 500 direct service hours. The following quarterly benchmarks for direct service hours guide interns in monitoring their progress toward successful completion of at least 500 direct service hours by the end of the internship year. The ranges and means are based on data from interns (2018-2026) who met their 500 direct service hours by the 12-month point.

3-months: mean = 110; range 76-173

6-months: mean = 266; range 210 – 330 (Recommend 250)

9-months: mean = 430; range 355 – 519

University holidays, allotted sick leave, personal holiday, approved training leave, and annual leave count toward the 2000 total internship hours.

Given the numerous university holidays and ample additional leave available (see below), it is imperative that interns be attentive to regular attendance as well as to providing adequate direct service hours during the academic year. This is especially important at times when there is high client demand, in contrast to academic breaks and summer months.

LEAVE TYPE	HOURS (maximum)	DAY EQUIVALENT (maximum)
Annual Leave	16.67 per month	25 per year
Sick Leave	8.0 per month	12 per year
Personal Holiday	8.0 total	1 per year
University Holidays	88.0 total	11 per year
Training Leave	20.0 total	2.5 per year

All requested leave must be approved by the Training Director, who also serves as the Administrative Supervisor for interns.

Below are the designated [University holidays](#) for the 2026-2027 internship year.

Independence Day:	July 34, 2026
Labor Day:	September7, 2026
Veterans Day:	November 11, 2026
Thanksgiving Day:	November 26, 2026
Native American Heritage Day:	November 27, 2026
Christmas Day:	December 25, 2026
Christmas Holiday:	December 24, 2026
New Year's Day:	January 1, 2027
Martin Luther King Jr. Day:	January 18 2027
Memorial Day:	May31, 2027
Juneteenth:	June 18, 2027

The university has reduced operations on **December 26, 29,30 and 31** and Jan 2nd CAPS interns, senior clinical staff, and administrative staff often take annual leave for those days. The CAPS Director notifies staff if limited work hours for those dates are possible.

Although the internship officially runs through June 30, 2025, CAPS requests that interns take at least five days of their annual leave at the end of internship so the program can prepare for the next intern cohort. As such, interns' latest last scheduled day in the office will be Friday, June , 2027, and the five business days of **June 24, 25, 28, 29, and 30** should be reserved by interns for annual leave. In collaboration with the Training Director, interns may utilize any other reserved annual leave to schedule their last "in office" day to be sooner than June 20. In order not to lose annual leave, interns must use

their annual leave, including hours accrued in June 2027, by June 30. Interns may not use sick leave for any reasons other than those deemed legitimate under WSU HRS guidelines.

Doctoral Intern Training Schedule (sample) Fall 2025

Washington State University Counseling and Psychological Services Doctoral Intern Training Schedule [Special Topics, Diversity, Ethics, Group Therapy Seminars and Testing Seminars]

Mon, Aug 19 8:30 – 10:00	Diversity – Men and Masculinity	Loren Brown, Ph.D.
Mon, Aug 18 8:30 – 10:00	ST – Psychopharmacology	Jen Wilkinson, APRN, DNP
Tues, Aug 19 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Aug 22 8:30 – 10:00	Group Therapy Seminar	Jennifer Ellsworth, Ph.D.
Mon, Aug 25 8:30 – 10:00	ST – Shame	Marybeth Hallett, Ph.D.
Tues, Aug 26 8:30 – 10:00	Diversity – Working with Students of Color	Charice Deguzman, M.S., LMHC
Fri, Aug 29 8:00 – 9:30	Intern Process Meeting	Interns
Mon, Sept 1	LABOR DAY HOLIDAY	
Tues, Sept 2 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Sept 5 8:30 – 10:00	Group Therapy Seminar	Jennifer Ellsworth, Ph.D.
Mon, Sept 8 8:30 – 10:00	Ethics Seminar – Boundaries and Small Communities	Jennifer Ellsworth, Ph.D.
Tues, Sept 9 8:30 – 10:00	ST – Object Relations Therapy	Dan Schaffer, Ph.D.
Fri, Sept 12 8:00 – 9:30	Intern Process Meeting	Interns
Mon, Sep 15 8:30 – 10:00	ST – ACT	Loren Brown, Ph.D.
Tues, Sept 16 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Sep 19 8:30 – 10:00	Group Therapy Seminar	Jennifer Ellsworth, Ph.D.
Mon, Sept 22 8:30 – 10:00	ST – Internal Family Systems Part I	Henry Weis, Psy.D.
Tues, Sept 23 8:30 – 10:00	Diversity – Working with Queer Students	Liz Hobbs, Psy.D.
Fri, Sept 26 8:00 – 9:30	Intern Process Meeting	Interns
Mon, Sept 29 8:30 – 10:00	ST – Mind, Body, and Soul	Bethany Colaprete, EdS, LMHC/LPC, NCC
Tues, Sept 30	Testing Seminar	Nikki Stypa, Psy.D.

8:30 – 10:00		
Fri, Oct 3 8:30 – 10:00	Group Therapy Seminar	Jennifer Ellsworth, Ph.D.
Mon, Oct 6 8:30 – 10:00	Ethics Seminar – Risk Mgt 1: Suicide and Self-Harm	Amie Smith, Ph.D.
Tues, Oct 7 8:30 – 10:00	Diversity - Black Women, Body Image, and Eating Disorders	Charice DeGuzman, LMHC
Fri, Oct 10 8:00 – 9:30	Intern Process Meeting	Interns
Mon, Oct 13 8:30 – 10:00	ST – Self- Care	On your own
Tues, Oct 14 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Oct 17 8:30 – 10:00	Group Therapy Seminar	Jennifer Ellsworth, Ph.D.
Mon, Oct 20 8:30 – 10:00	ST – Private Practice	Nikki Stypa, Psy.D.
Tues, Oct 21 8:30 – 10:00	ST – CPT with JP	JP Ferraro, Psy.D.
Fri, Oct 24 8:00 – 9:30	Intern Process Meeting	Interns
Mon, Oct 27 8:30 – 10:00	ST – Working with Eating Disorders Part 1	Jennifer Ellsworth, Ph.D.
Tues, Oct 28 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Oct 31 8:30 – 10:00	Group Therapy Seminar	Jennifer Ellsworth, Ph.D.
Mon, Nov 3 8:30 – 10:00	ST – Single Session Therapy	Loren Brown, Ph.D.
Tues, Nov 4 8:30 – 10:00	ST – AOD	JP Ferraro, Psy.D.
Fri, Nov 7 8:00 – 9:30	Intern Process Meeting	Interns
Mon, Nov 10 8:30 – 10:00	ST – Job Search 1: Applying for Jobs and Postdocs	Henry Weis, Psy.D.
Tues, Nov 11	VETERANS DAY HOLIDAY	
Fri, Nov 14 8:30 – 10:00	Group Therapy Seminar	Jennifer Ellsworth, Ph.D.
Mon, Nov 17 8:30 – 10:00	ST – Job Search 2: Interviewing and Job Talk	Nathan Roberts, Psy.D.
Tues, Nov 18 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Nov 21 8:00 – 9:30	Intern Process Meeting	Interns

11/24-11/28	FALL BREAK	
Mon, Dec 1 8:30 – 10:00	Supervision Evaluations	On your own
Tues, Dec 2 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Wed, Dec 3 8:30 – 10:00	Intern Selection Meeting	Kayla Zeal, Ph.D. and Staff
Fri, Dec 5 8:30-	Group Seminar	Jennifer Ellsworth, Ph.D.
Mon, Dec 8 8:30 – 10:00	ST – Preparing a Formal Case Presentation	Amie Smith, Ph.D.
Fri, Dec 12 8:00– 9:30	Intern Process Meeting	Interns

Doctoral Intern Training Schedule (sample) - Spring 2026

Washington State University Counseling and Psychological Services Doctoral Intern Training Schedule [Special Topics, Diversity, Ethics, Group Therapy Seminars and Testing Seminars]

Fri, Jan 9 8:10 – 9:30	Intern Process Meeting	Interns
Mon, Jan 12 8:30-10:00	ST – Job Search 3: Negotiating	Jennifer Ellsworth, Ph.D.
Tues, Jan 13 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Wed, Jan 14 8:30 – 11:00	Intern Ranking Meeting 1	Intern Selection Committee
Thurs, Jan 15 8:30 – 11:00	Intern Ranking Meeting 2	Intern Selection Committee
Fri, Jan 16 8:30 – 10:30	Group Therapy Seminar	Jennifer Ellsworth, Ph.D.
Mon, Jan 19	MLK Holiday	
Tues, Jan 20 8:30 – 10:00	Ethics – Risk Mtg: Self-Harm and Harm to Others	Amie Smith, Ph.D.
Friday, Jan 23 8:30 – 11:00	Virtual Open House for Intern Applicants	CAPS staff; interns; TD
Mon, Jan 26 8:30 – 10:00	ST – Complex/Continuous Trauma	Dan Schaffer, Ph.D.
Tues, Jan 27 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Jan 30 8:30 – 10:00	Group Therapy Seminar	Jennifer Ellsworth, Ph.D.
Mon, Feb 2 8:30 – 10:00	ST – CAMS	JP Ferraro, Psy.D.
Tues, Feb 3 8:30 – 10:00	Diversity – Trans and Non-Binary Affirming Therapy/GAC Letter Writing	Kayla Zeal, Ph.D.
Fri, Feb 6 8:10 – 9:30	Intern Process Meeting	Interns
Mon, Feb 9 8:30 – 10:00	Ethics – Self Disclosure	Jennifer Ellsworth, Ph.D.
Tues, Feb 10 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Feb 13 8:30 – 10:00	Group Therapy Seminar	Jennifer Ellsworth, Ph.D.
Mon, Feb 16 8:30 – 10:00	ST – IFS Part 2	Henry Weis, Psy.D.
Tues, Feb 17 8:30 – 10:00	ST – Single Session Therapy	Loren Brown, Ph.D.

Fri, Feb 20 8:10 – 9:30	Intern Process Meeting	Interns
Mon, Feb 23 8:30 – 10:00	Diversity – Spirituality	Nathan Roberts, Psy.D
Tues, Feb 24 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Feb 27 8:30 – 10:00	Group Therapy Seminar	Jennifer Ellsworth, Ph.D.
Mon, March 2 8:30 – 10:00	ST – Eating Disorders Part II	Jennifer Ellsworth, Ph.D.
Tues, March 3 8:30 – 10:00	Ethics–Working with Girls/Women; Feminist Ethics	Kayla Zeal, Ph.D.
Fri, March 6 8:00 – 9:30	Intern Process Meeting	Interns
Mon, March 9 8:30 -10:00	Diversity – Working with Neurodivergent Clients	Liz Hobbs, Psy.D.
Tues, March 10 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, March 13 8:30 – 10:00	Group Therapy Seminar	Jennifer Ellsworth, Ph.D.
SPRING BREAK March 16-20		
Mon, Mar 23 8:30 – 10:00	Diversity – Men and Masculinity	Loren Brown, Ph.D.
Tues, March 24 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, March 27 8:30 – 10:00	Group Therapy Seminar	Jennifer Ellsworth, Ph.D.
Mon, March 30 8:30 – 10:00	ST – Self-Compassion	Interns on own
Tues, March 31 8:30 – 10:00	Diversity – Military Culture	Charice DeGuzman, LMHC
Fri, April 3 8:10 – 9:30	Intern Process Meeting	Interns
Mon, April 6 8:30 – 10:00	ST–Consultation and Interprofessional/Interdisciplinary Skills	Jennifer Ellsworth, Ph.D.
Tues, April 7 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, April 10 8:30 – 10:00	Group Therapy Seminar	Jennifer Ellsworth, Ph.D.
Mon, April 13 8:30 – 10:00	ST: Understanding and Treating Religious Trauma	Liz Hobbs, Psy.D.
Tues, April 14 8:30 – 10:00	Diversity – SMI: Treating and De-stigmatizing Psychosis	Nathan Roberts, Psy.D
Fri, April 17 8:10 – 9:30	Intern Process Meeting	Interns

Mon, April 20 8:30 – 10:00	ST – Licensure and EPPP	Dan Schaffer, Ph.D. and Henry Weis, Psy.D.
Tues, April 21 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, April 24 8:30 – 10:00	Group Therapy Seminar	Jennifer Ellsworth, Ph.D.
Mon, April 27 8:30 – 10:00	Intern Admin Time – Supervision Evaluations	Interns
Tues, April 28 8:30-10:00	ST – The Use of AI In Psychology	Nikki Stypa, Psy.D.
Fri, May 1 8:10 – 10:00	Intern Process Meeting	Interns
Mon, May 4 8:30-10:00	Diversity – Cultural Considerations in Clinical Disaster Psychology	Kayla Zeal, Ph.D.
Tues, May 5 8:30-10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, May 8 8:10 – 10:00	Group Therapy Seminar	Jennifer Ellsworth, Ph.D.
Tues, May 12 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, May 15 8:10 – 9:30	Intern Process Meeting	Interns
Tues, May 19 8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, May 22 8:10 – 9:30	Intern Process Meeting	Interns
Tues, May 26 8:30 - 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, May 29 8:10 – 9:30	Intern Process Meeting	Interns

Post-Academic Year

With the end of the fast-paced academic year comes a notable decrease in clinical service delivery and didactic training. With fewer students enrolled during the summer, there is naturally a decline in service demand. Interns can expect smaller client caseloads and limited group, outreach, and supervision provision responsibilities in the summer. Depending on the number of summer practicum counselors, interns may have the opportunity to provide individual or group supervision. Extending minor rotations into the summer months is also possible. Other activities interns continue to engage in over the summer include individual supervision, group supervision, intern process meetings, staff meetings, and supervision of supervision (if supervising practicum counselors). Interns also often use some of their summer hours to work on dissertation research, or if their dissertation was completed prior to the start of internship, to work on their designated small-scale CAPS research project and presentation. Summer is a great time for interns to complete testing cases and finalize testing reports.

Additional intern activities specific to the early summer months include participating in CAPS end of year celebrations and planning meetings, attending staff search interviews, providing program feedback to the Training Director, completing the end-of-year intern evaluation and self-assessment, celebrating graduation and internship completion, taking annual leave, and handling off-boarding administrative tasks.

CHAPTER 3 | INTERNSHIP PROGRAM ELEMENTS

To facilitate interns' achievement of the nine, APA-defined profession-wide competencies, the internship program offers several training elements or activities. While the profession-wide competencies are identified in Chapter 2 of the Handbook, the present chapter describes specific program elements.

Supervision Received

An essential facet of interns' training is engagement is quality supervision. During the summer orientation period, interns receive two hours of individual clinical supervision from a CAPS licensed psychologist and two hours of group supervision led by the Training Director.

Interns indicate to the Training Director their supervisor preferences. If their first choice is not possible or advisable for the Fall semester, the Training Director will prioritize their first choice in the Spring semester. Interns are assigned their first or second choice for supervisor unless there are extenuating circumstances.

Interns switch clinical supervisors for spring semester, again providing input about their preferences. CAPS supervisors' practice from a range of theoretical perspectives, most working from an integrative orientation. More information about CAPS providers and supervisors can be found at this link - <https://cougarhealth.wsu.edu/about-us/our-team/> - by clicking on the "Counseling and Psychological Services Providers" tab. There is also a document on the drive labeled CAPS Supervisors 2026-2027, which provides great detail about each supervisors approach, interests, and experiences.

In addition to receiving two hours of individual supervision weekly, interns receive regularly scheduled group supervision, group supervision of supervision, testing supervision, supervision of groups, minor rotation supervision, and liaison supervision.

Interns have ample opportunity for supervisory consultation with CAPS providers who have expertise in areas such as gender diversity, multicultural factors, psychological testing, neurodiversity, eating disorders, biofeedback, group facilitation, outreach development, and trauma. CAPS psychiatric providers and Cougar Health Services medical providers are also readily accessible for consultations.

Direct Clinical Services

The provision of direct clinical services is the core of interns' experiential training. CAPS serves as the primary, short-term mental health agency for WSU-Pullman students. Clients are undergraduate and graduate students representing a wide range of identities and experiences. Examples include identifying as traditional or non-traditional aged, first generation, BIPOC, international, transgender, gender non-binary, sexually diverse, spiritually diverse, neurodiverse, and having intellectual and/or physical disabilities. Given Pullman's relatively rural and small-town setting, local referral resources are limited, and CAPS offers a broad range of services to best meet student needs. Clinicians ground their work in psychological theory and research, integrating consideration of individual and cultural differences and diversity factors.

Direct clinical services include initial consultations; brief, focused individual therapy (which may include single-session therapy); groups and workshops; biofeedback; crisis intervention; alcohol and other drug interventions; LD and ADHD assessments; outreaches; diversity liaisons; and consultation. Interns do NOT have after-hours on-call service responsibilities.

At the onset of the COVID-19 pandemic in 2020, CAPS started providing mostly tele-mental health (TMH) services to protect the wellbeing of clients, staff, and trainees. Since then, clinicians have gradually returned to providing a majority of services in-person, while keeping initial consultations via Zoom and the option to see clients via Zoom if they prefer it. CAPS expects to remain flexible in its service delivery format, as needed.

ASSESSMENT

Assessment is integral to interns' training and CAPS service delivery. To develop and refine skills in assessment, problem formulation, and diagnosis, interns regularly conduct initial consultations and risk assessments. CAPS uses the Counseling Center Assessment of Psychological Symptoms (CCAPS-62) as initial consultation data to inform treatment, and the CCAPS-34 to track client progress and treatment outcomes. Assessment is addressed through case formulation, diagnosis, and presentation within weekly individual and group supervision. This includes discussion of theoretical and diagnostic issues and guidance in the use of the DSM-5-TR.

CAPS' comprehensive testing services offers all interns the opportunity to gain experiences in administering and interpreting select ADHD and learning disability (LD) test batteries, as well as exposure to personality and neuropsychological testing. Doctoral interns receive testing supervision and participate in an assessment seminar that addresses questions of test interpretation, diagnostic formulation, and report-writing. Interns typically complete four full ADHD/LD batteries over the year and may choose a minor rotation in assessment to gain further testing experience. The fourth testing case is often assigned after the Spring semester is over when other clinical activities are slower.

INDIVIDUAL THERAPY

Interns share fully in CAPS' provision of therapy services designed to help students enrolled on the WSU-Pullman campus improve their mental health and wellness. The CAPS service delivery model assumes that most students who seek therapy at CAPS can benefit from brief, focused counseling in either a group or individual therapy format. The number of individual therapy sessions is determined by clinical need, as defined by the clinician.

CAPS' clientele present with a full spectrum of concerns, from the more frequent anxiety, depression, relationship, identity, and developmental experiences to more complex mood, trauma, compulsive, psychotic, or personality presentations. Clients also seek services to address body image and eating disorder difficulties, bereavement, and substance use, among other concerns. Interested interns may also have the opportunity to work with some couples, although the number of couples receiving therapy at CAPS is minimal.

Treatment starts with a brief initial consultation (IC), after which the IC counselor refers the client to appropriate services, including the possibility of individual counseling. Individual therapy interventions consider cultural and other diversity factors and are evidence-based. Interns receive training in CPT (cognitive processing therapy) for treating PTSD, and biofeedback for treating a range of anxiety concerns. CAPS interns learn to be intentional with their therapy work, facilitate effective treatment interventions, and provide referrals to community resources for those students who need or want longer-term or more intense individual therapy.

CRISIS INTERVENTION

Interns can expect to work with some clients who are presenting in crisis or exhibit moderate or chronic suicidality or other risk factors. Risk is regularly assessed during each initial consultation, through crisis appointments offered daily during business hours, and as relevant, over the course of therapy. Clinicians provide empathic support and facilitate safety planning. Interns may also help clients access further assessment for voluntary or involuntary hospitalization by collaborating with personnel at Pullman Regional Hospital and other local inpatient facilities. After-hours crises are handled through a contracted crisis intervention service (Protocall), community resources, and the CAPS Director, so interns are not responsible for after-hours on call. Consultation with other clinicians and licensed providers is readily available for client crisis management.

GROUPS AND WORKSHOPS

CAPS clinicians highly value groups and workshops as primary treatment modalities, and CAPS offers ongoing group and workshop attendance to WSU students. Before the start of each semester, the Groups Coordinator, senior staff, postdoctoral residents, and interns discuss possible skills-based, support, and interpersonal process groups to offer. These are determined by clinical needs, requests from specific client populations, providers' interests, and staff and intern expertise.

Groups frequently offered at CAPS include undergraduate and graduate Understanding Self and Others (USO) interpersonal process groups, Trauma Survivor Support, and Trans and Gender Non-binary Student Support. Skills-based workshop series on Mindfulness, Mood Management (DBT-inspired), CBT for Anxiety, and Getting Unstuck (ACT-based) are regularly offered as primary interventions for low-risk clients.

The internship program attempts to provide opportunities for each intern to run a process-related group or support group. As possible, each intern is paired with another intern or a senior clinical staff member to co-facilitate an undergraduate or graduate USO group, the Trauma Survivors group, Transcend Support Group or another process group. Supervision is provided by the senior clinical staff co-facilitator or another designated CAPS staff member. Interns may also work with other senior staff members or postdoctoral residents in preparing and implementing groups. These activities typically involve developing or revising the group, helping with advertisement, holding group orientation/screening meetings, co-facilitating, and evaluating outcomes. Interns are also involved in groups and workshops by co-facilitating Mindfulness, Mood Management, CBT for Anxiety, Getting Unstuck, or other skills-based

workshops with practicum trainees. Interns participate in a bi-weekly group therapy seminar and may also receive supervision from a senior co-facilitator or a designated CAPS provider for other groups.

ALCOHOL AND OTHER DRUG (AOD) INTERVENTIONS

Over the summer and course of the academic year, interns receive Motivational Interviewing and AOD training to provide 1:1 harm reduction- interventions for sanctioned students who have received AOD violations through WSU's Center for Community Standards. These interventions are typically single sessions although may lead to follow-up AOD counseling appointments. It is also possible for clinicians to address substance concerns with their therapy clients.

OUTREACH

Outreach programming is an aspect of CAPS that facilitates early intervention and service access, especially for traditionally underserved students and those who may not otherwise seek therapy. With guidance from the CAPS Outreach Coordinator, interns provide outreach services to the WSU community throughout the year. They may facilitate one or two during the first summer of internship, approximately two to three during the fall semester, and two to three during the spring semester, depending on demand. Specific experiences reflect student and university needs while considering intern training interests.

Outreaches are delivered to campus departments and requesting groups. Topics vary and may include such presentations as stress management, self-care, time management, test anxiety, attachment styles and healthy relationships, safe dating, depression and anxiety management, bereavement, sleep hygiene, advocacy, and anger management.

Some outreaches may be held in the evening (or occasionally on a weekend), outside of business hours. Intern outreach facilitators receive flex time or overtime compensation for these.

Interns also oversee practicum supervisees' optional outreaches. Support for outreach development and implementation is provided by the CAPS Outreach Coordinator and other CAPS providers.

CONSULTATION OPPORTUNITIES

CAPS interns receive introductory didactic training on consultation and have multiple opportunities to serve as consultants for individuals and groups during the year. For example, an intern may provide consultation to Residence Life staff, academic departments, and other campus partners on issues relating to service coordination and student welfare. Interns also frequently collaborate and consult with CHS medical and psychiatric providers to facilitate effective service delivery. As supervisors to beginning practicum counselors, interns may be approached by supervisees for clinical consultation.

Interns also benefit from receiving consultation. Through group supervision, group supervision of supervision, and various training seminars, interns are given space to discuss their clinical experiences and questions with each other and staff. CAPS clinicians also maintain an open-door consultation policy to facilitate accessible consultation. Interns are encouraged to routinely consult with each other, their supervisors, and senior staff regarding clinical and supervisory questions.

DIVERSITY LIAISONS

CAPS staff are granted time to invest in liaison relationships with one or more WSU offices serving specific student populations. This practice contributes to CAPS' efforts to attract and retain diverse staff and to enhance effectiveness of service to minority-identifying students. In a similar spirit, each CAPS

intern is paired with a CAPS staff member as a liaison to a WSU office emphasizing service to a diverse student population. Identified offices include **Multicultural Student Services (MSS)**; the **LGBTQ+ Center**; **International Programs (IP)**; and the **ROAR (Responsibility, Opportunity, Advocacy and Respect)** program, which serves students who have moderate limitations in adaptive behavior and intellectual functioning. Other options for liaison roles may be explored if there is interest and need.

Liaison training begins during summer orientation and includes an overview of the principles of liaison relationships, meetings with designated university offices/programs, and establishment of liaison supervision meetings with respective CAPS staff liaisons. Over the academic year, intern liaisons devote an average of one hour/week to their liaison role (plus travel time to campus location, as needed) and receive up to 30 minutes/week of liaison supervision. CAPS liaison supervisors further facilitate communication with the liaising university offices/programs and provide guidance to interns as they navigate their liaison roles. These may include establishing a regular presence at the liaising campus office/space; meeting with office leaders, graduate assistants, mentors, and students; facilitating outreaches; and, or attending special events.

MINOR ROTATIONS

In addition to receiving a common core of trainings and experiences, each intern also engages in select training emphases through one minor rotation each semester. In minor rotations, interns devote 2-2 ½ hours weekly to service and supervision related to a CAPS teaching experience or clinical area of interest. Exploring and choosing minor rotations occurs in consultation with the Training Director. Options for minor rotations may vary from year to year depending on availability, interest, and need. Descriptions of possible minor rotation options follow.

ADHD and LD Assessment

The ADHD and LD Assessment rotation is supervised by the Director of Testing, who determines whether the rotation is appropriate for a given intern during the fall and, or the spring semester. The rotation may involve conducting ADHD and LD screens and assessments apart from those required of all interns, in addition to writing integrated assessment reports. There may also be opportunities to help train practicum students in assessment. The Director of Testing collaborates with each intern to create a custom minor rotation that fits best with their interests and CAPS needs. Weekly to bi-weekly supervision is provided.

Alcohol and Other Drugs (AOD)

The AOD rotation is supervised by the CAPS AOD Coordinator. In the rotation, interns may request referrals for AOD cases, deepening their work with substance concerns. They may possibly see additional IMPACT appointments (1:1 AOD assessment and MI-based interventions for students who have received violations). Given broader policy changes at the university, the number of IMPACT appointments seen by CAPS clinicians has decreased over the past few years. Variability in the demand for these appointments also occurs across the semester, with few IMPACT appointments being requested during the first half of the semester. Weekly to bi-weekly supervision is provided.

Biofeedback

The Biofeedback rotation is supervised by the CAPS Biofeedback Coordinator. Interns in this rotation learn about the mind-body connection and how to train clients to increase control over their autonomic nervous system through various types of biofeedback training (e.g., heart rate variability, skin

conductivity, muscle tension). This rotation involves some assigned readings/study, providing 1-2 hours of biofeedback appointments per week once the intern has completed training in how to use biofeedback equipment, and meeting with for supervision on a weekly to bi-weekly basis.

Graduate Training – Beginning Practicum

The Graduate Training – beginning practicum rotation is supervised by the Practicum Coordinator, who instructs the in-house CAPS Beginning Practicum class. This rotation involves co-teaching the Beginning Practicum class, which meets on Tuesdays from 4:20 – 5:50pm. Participants in this class are Ph.D. students from WSU's Clinical Psychology program who are completing their first year of practicum training at CAPS. The intern meets with the Practicum Coordinator on a weekly basis to plan and review each class and will engage in instructional development and implementation.

Group Facilitation

The Group Facilitation rotation is supervised by a designated CAPS senior staff member or group coordinator. This rotation involves co-facilitating one group with the supervisor and engaging in reading and reflection about group process and facilitation. The intern meets with the minor rotation supervisor on a bi-weekly to weekly basis to review the group facilitation process and discuss related readings. An intern would complete this rotation in addition to co-facilitating their process group/support group with an intern partner or senior staff member and a workshop with their supervisee.

Outreach

The Outreach minor rotation is overseen by the CAPS Outreach Coordinator. In this rotation, interns learn more about outreach services and are involved in the development and facilitation of outreach services beyond the minimum requirement. Under the guidance of the Outreach Coordinator, the rotation may also include the creation, implementation, and evaluation of an outreach project to be conducted for a particular student population, within a specific university office, or more broadly across campus. Supervision is provided weekly to bi-weekly and includes readings and discussion about outreach theory and best practices.

Trauma Specialty

The Trauma Specialty minor rotation is supervised by a senior staff member. On a weekly basis, interns in this rotation see one additional client per week with a specific focus on trauma-focused presenting concerns, receive 30 minutes of supervision, and engage in 30 minutes of structured reading. Readings may include, but not be limited to trauma-informed interventions, trauma-focused theoretical orientations, non-diagnostic frameworks of trauma and traumatic stress, and cultural-informed models of trauma. Supervision involves discussions of readings, as well as time for case consultation on clients with trauma-specific presenting concerns.

Other Minor Rotation Possibilities

The above list of minor rotation options is not exhaustive. Interns may be able to develop a minor rotation involving two hours/week in another area of interest. Interns are encouraged to discuss minor rotation interests and ideas with the Training Director.

Provision of Supervision and Training

One of the SoA-designated, profession-wide competencies for doctoral interns is to provide supervision through a simulated or actual format. CAPS interns develop this competency through their work with doctoral-level practicum counselors from WSU's Clinical Psychology Program. Interns co-supervise these practicum counselors with their primary supervisor. Practicum counselors individual therapy caseload gradually increases in number and complexity over the course of the year. Co-supervision involves regular review of documentation and tape.

Over the year, interns may also co-supervise practicum counselors in skills-based groups or workshops. This may include our ACT-based "Getting Unstuck" workshop, a DBT-inspired "Mood Management" workshop, a Mindfulness group, or a CBT for Anxiety workshop.

Finally, interns help their supervisees prepare for optional outreach when there is interest and need. Practicum counselors sign up for these outreaches through the CAPS Outreach Coordinator.

Interns complete mid- and end-of-semester evaluations of their supervisees. The written evaluations are submitted to the Clinical Psychology department and are also kept within trainee files at CAPS. Practicum supervisees provide end-of-semester evaluations of their supervisors; each intern's evaluations are stored in their internship training file.

Interns receive supervision of these activities through weekly supervision of supervision meetings and consultation with their own individual, licensed supervisor. During the Spring semester, part of the time within the supervision of supervision meetings is devoted to reviewing and discussing video-recordings of intern supervisors' work with their supervisees.

Interns may have additional training and supervision opportunities through other activities. These include co-planning and implementing a diversity training, serving as a guest presenter for the beginning practicum class, or helping with supervision of counseling trainees who may be conducting LD and ADHD assessments.

CAPS Diversity Trainings

As part of CAPS' efforts to grow in understanding and attention to diverse experiences and to enhance multicultural humility, all providers participate in two CAPS diversity trainings each semester. Semester-long themes are chosen by available staff and interns prior to the start of the Fall semester. Diversity Training themes in recent years include anticapitalism in psychology, therapy and neurodivergence, liberation psychology, model minority narratives, intergenerational trauma, anti-fat stigma, decolonizing multicultural counseling, navigating diverse belief systems in therapy, first-generation college students, power, and privilege, working with undocumented students, spiritual diversity, transgender and GNB clients, LGBTQ+ affirming therapy, international student experiences, and neurodiversity.

To develop and implement these trainings, a small diversity training planning group is established each semester. The planning group includes a CAPS senior staff member (coordinator), two interns, and occasionally a counseling assistant (advanced trainee) or beginning practicum counselor. Interns decide which two among themselves will plan and facilitate the diversity trainings for the fall and spring semesters, respectively, with the expectation that each intern participates in this development and implementation one semester or the other.

The first training/seminar of the semester often involves discussion or experiential activities, a video or slide presentation, or a guest speaker or panel. Facilitators may also identify related readings for participants to have prior to the training. Based on feedback from the first seminar, and with consultation from the diversity training coordinator, interns take the lead in planning and facilitating the second seminar of the semester. CAPS Diversity Committee and Diversity Dialogues

In May of 2020, CAPS established a Diversity Committee, whose membership is open to CAPS senior staff, administrative staff, postdoctoral residents, and interns. The committee's focus is to promote diversity-related professional development of all CAPS staff, to provide resources, and to facilitate diversity discussions at CAPS.

Over the summer of 2020, the Diversity Committee conducted a needs assessment among CAPS personnel, resulting in a focus on developing and facilitating diversity dialogues. There have been several diversity dialogues since, with many more informal discussions prompted by them. Several dialogues have focused on understanding and addressing tenets of white supremacy culture. Reflection and action steps have been an integral part of the dialogues.

Acknowledging that CAPS' needs and priorities regarding diversity growth may change with current events and new staffing each year, the committee conducts periodic needs assessments to guide its efforts at enhancing cultural understanding and effective service delivery to diverse clients and trainees. CAPS has enjoyed the input and contributions of interns who have participated on the Diversity Committee. Interns who are interested in the Diversity Committee are encouraged to participate in the Fall, Spring, or both.

Hays ADDRESSING Model: Diversity Factors and Influences

CAPS emphasizes the consideration of diverse factors and their influences within clinical and supervisory relationships. For example, in laying the groundwork for case discussions in group supervision, during summer orientation the Training Director and interns meet and share what they choose about their diverse identities and experiences. Pamela Hays' ADDRESSING model offers one framework for considering and discussing diversity factors and influences. Interns are welcome to use this model or share other related models over the year as they reflect on and attend to identity, power, privilege, and other diversity factors in their work.

CULTURAL CHARACTERISTIC	POWER	LESS POWER
Age and Generational Influences	Adults	Children, adolescents, elders
Developmental Disability	Temporarily able-bodied	Individuals with disabilities
Disability Acquired Later in Life	Temporarily able-bodied	Individuals with disabilities (e.g., MS or stroke-induced dementia)
Religion and Spiritual Orientation	Christian	Non-Christian
Ethnicity/Race Identity	White	Persons of color
Socioeconomic Status (SES)	Owning & Middle Class (access to higher education)	People of lower status because of occupation, education, income, or rural habitat
Sexual Orientation	Heterosexual	Gay, lesbian and bisexual
Indigenous Heritage	Non-native	Native
National Heritage	U.S. born	Immigrants, refugees, and international students
Gender	Male	Women, transgender, GNB, intersex

Hays, P.A. (2001). Addressing Cultural Complexities in Practice: A Framework for Clinicians and Counselors. Washington, D.C.: American Psychological Association

**Note: The influences and examples of corresponding minority groups provided within the ADDRESSING model are applicable within the U.S. and Canada.*

Intern Case Presentation and Outline

During the first month of the spring semester, each intern makes a formal case presentation to their intern cohort and the CAPS providers based on clinical work they have done while on internship. The case presentation is one way that the CAPS internship program assesses interns' competence in providing empirically supported treatments and their attention to diversity factors within their clinical work. The presentation also contributes to interns' preparation for job interviews.

The outline below serves as a guide to interns in formulating and presenting a case:

- **Demographic Information** (altered, as relevant, to de-identify client)
- **Presenting Problem(s) and History of Concerns**
- **Relevant History** (this may include family of origin, cultural background, legal concerns, trauma/significant events, alcohol/substance abuse, academic/work functioning, suicidality, strengths, etc.)
- **Medical and Psychiatric History** (including current medications)
- **Diversity Factors** (relevant to case conceptualization, treatment planning, intervention, and relationship with provider)
- **Clinical Impressions and Conceptualization**
- **Diagnoses** (initial and end)
- **Treatment Goals and Plan**
- **Interventions/Course of Therapy**
- **Ethical Considerations and Relevant APA Guidelines and State Laws**
- **Recommendations/Direction for Future Counseling**
- **References**
- **Feedback/Discussion**

Interns may present using a formalized written case presentation (with copies provided to audience members) or a slide presentation format (e.g., power point, prezi, etc.). It is expected that interns attend to confidentiality when presenting their cases by redacting any identifying information from the case material and then collecting and shredding any written copies following the presentation. If possible, interns should receive permission from clients before presenting about them.

Each intern receives narrative feedback regarding their case presentation based on the outline above. The Training Director offers each intern an opportunity to further discuss the feedback, if desired.

Research Presentations or Contributions

One of the profession-wide competencies identified by APA is research. The CAPS internship program trains in such a way that interns' work is informed by practice, theory, and research. Consistent with the APA standards and this training approach, interns are expected to integrate research into their clinical work as well as demonstrate interest and commitment to scholarly inquiry as part of their professional development.

One of the ways the internship evaluates interns' competence in research and scholarly inquiry is to have them draw on their dissertation research or other professional research to develop an informed and relevant contribution to the center. The contribution must include data review and/or collection and a presentation to CAPS providers

Interns are provided time to present their research to CAPS providers and trainees, typically after the Spring semester is over when there is less demand for direct service. Recent non-dissertation research contributions include evaluation of a CAPS sexual trauma support group, tips and resources for effectively engaging with clients who have intellectual or developmental disabilities, guidance for working with students with substance abuse, theory-based interventions for enhancing motivation, examination of countering bias in the intern selection process, training on best practices for working with LGBT clients, hormone therapy and its benefit for trans and gender non-binary individuals, a manuscript draft of evidence-based clinical interventions and tips, analysis and presentation of group therapy feedback, and development of a therapeutic assessment tool. The options are many and can be decided through collaborative discussions with the Training Director.

Bi-weekly Intern Process Meetings

One of the goals and expectations of an APA-accredited internship program is to provide interns the opportunity to train and interact with a peer group. At CAPS, interns have multiple opportunities to engage with their peers. They participate in training seminars and group supervision with their cohort, offer peer consultation, and collaborate in co-facilitating diversity trainings. Additionally, interns have benefitted from having a designated time to meet regularly among themselves to share and processing their training experiences, address any relational matters that might be relevant to the cohort, and enjoy socializing together.

The time scheduled for this bi-weekly intern process meeting is typically Fridays from 8:00 a.m. – 9:30 a.m. Interns are free to meet somewhere within the CAPS suite or elsewhere on or off campus. If needed or desired, interns may invite the Training Director to join them in select process meetings.

CHAPTER 4 | GUIDELINES, POLICIES AND AGREEMENTS

CAPS Philosophy, Role, and Mission

POLICY:

Counseling and Psychological Services is a unit within the department of Cougar Health Services that provides student mental health assessment and treatment, university consultation and outreach, and professional training for graduate students. CAPS services and activities are informed by the mission for Cougar Health Services and Student Affairs.

PROCEDURE:

Philosophy

Counseling and Psychological Services (CAPS) is one unit within the department of Cougar Health Services. With our colleagues across Cougar Health Services, “Our mission is to provide health care and health promotion that engage and empower WSU students to create their own health and wellbeing. Cougar Health Services seeks to provide these services in ways that are student centered, culturally informed, integrated, and accessible. CAPS further operates within the philosophy of the Division of Student Affairs, which emphasizes “engag(ing)... students in a transformative university experience to prepare them for success at WSU and after graduation.”

Counseling and Psychological Services seeks to promote the intellectual, emotional, and social growth and development of WSU students. Central to CAPS’ philosophy is the value for the worth of every individual and respect for human diversity. We believe that individuals who are well adjusted personally, socially, and psychologically benefit most fully from the offerings of the university environment; to this end, CAPS faculty and staff work to assist students with obstacles that interfere with academic development. Counselors work to assist students to develop lifelong skills that are essential in achieving and maintaining academic and personal competence. The agency as a whole serves as a resource within the University for promoting student well-being and a positive, supportive environment within which students can live, learn, play, and work.

Role and Mission

The primary mission of Counseling and Psychological Services is to assist students with problems and concerns that interfere with academic development and persistence toward degree. Through developmental, remedial, and preventive programming, students are aided in addressing personal, social, academic, and career-related concerns. A comprehensive psychological assessment and testing program that helps students with personal, educational, and professional planning is maintained.

Also central to the mission of CAPS is the training of doctoral interns and advanced graduate students in Counseling and Clinical Psychology. CAPS offers supervised training experiences, with an emphasis upon clinical service informed by practice, theory, and research.

Goals and Objectives

- To provide timely individual, couples, and group counseling services to students who are experiencing psychological, social, academic, or other adjustment difficulties.
- To provide a comprehensive crisis consultation service for the university community.
- To provide educational and preventive programs that address developmental, interpersonal, and social issues of particular relevance to a college student population.

- To provide consultation services to members of the university community in order to assist them in supporting the intellectual, emotional, and physical development of students.
- To provide psychological assessment and testing services for students to assist them with personal, academic, and career decision-making and to administer standardized university and national testing programs.
- To provide educational and applied training opportunities for graduate students who are developing professional helping skills while providing service to WSU students.
- To maintain Counseling and Psychological Services as a doctoral internship training site accredited by the American Psychological Association.
- To participate in counseling and in policy and program development that is directed toward enhancing the living and working climate throughout the university.
- To maintain program evaluation activities to help determine student and university needs, to plan programs, and to modify and measure attained goals.

APA Ethics Code and WA State Laws

All CAPS Counselors, including doctoral interns, are expected to adhere to ethical principles and codes of conduct related to their professional training as well as relevant Washington State laws. Interns should familiarize themselves with the APA Ethical Principles of Psychologist and Code of Conduct, and the State of Washington RCW's and WAC's related to Psychology. Links are below.

APA Ethical Principles of Psychologists and Code of Conduct

<https://www.apa.org/ethics/>

State of Washington RCW's

<https://app.leg.wa.gov/RCW/default.aspx?cite=18.83>

State of Washington WAC's

<https://apps.leg.wa.gov/wac/>

Equal Employment Opportunity Employment Policy

Washington State University Executive Policy Manual | [Executive Policy #12](#)

Revision Approved March 17, 2025

1.0 Policy and Purpose

Washington State University (WSU or the University) is a public, land-grant, research institution committed to fair treatment and creating opportunities for everyone, throughout every aspect of its statewide system. The University's ultimate goals are to:

- Pursue, retain, and reward exceptional faculty, staff, and scholars dedicated to creativity and bold thinking; and
- Create an institutional culture in which all people are treated with dignity and respect, regardless of:
 - Where they come from;
 - What they believe; or
 - What their life experiences have been.

In compliance with state and federal law, WSU has made, and continues to make, every effort to eliminate barriers to equal opportunity in employment, education, membership, and contracts.

2.0 Requirements

In compliance with state and federal laws and regulations, WSU does not discriminate or allow discrimination and harassment, as defined in WSU's Executive Policy Manual EP15, on the basis of the following protected classes in its administration of its policies, programs, and activities:

- Race;
- Sex;
- Sexual orientation
- Gender identity;
- Religion;
- Age;
- Color;
- Creed;
- National or ethnic origin;
- Marital status;
- Genetic information;
- Status as a protected veteran, an honorably-discharged veteran, or a member of the military;
- Physical, mental or sensory disability, including use of a trained service animal; or
- Immigration or citizenship status, except as authorized by federal or state law, regulation, or government practice.

2.1 Grievances

WSU's Compliance and Civil Rights (CCR) maintains formal and informal grievance procedures for individuals who believe they have been subjected to discrimination and harassment, in accordance with Executive Policy Manual [EP15](#).

Upon due process, WSU employees, students, volunteers, and affiliates found to have engaged in discrimination or harassment are subject to corrective action and/or discipline consistent with state and federal law and University policies for student and employee conduct.

2.2 Personnel Actions and Compensation

WSU recruits, hires, trains, promotes, and compensates persons in all job titles without regard to membership in a protected class. WSU:

- Provides transparent compensation models;
- Regularly conducts reviews for pay equity; and
- Ensures that personnel actions are administered without regard to membership in a protected class. Personnel actions may include:
 - Progressive discipline;
 - Transfers;
 - Layoffs;
 - Returns from layoffs; and
 - University-sponsored training, educational, social, and recreational programs.

2.3 Equitable Outreach, Recruitment, and Retention Plan (EORR Plan)

WSU completes an annual management plan to ensure equal employment opportunity for all individuals without regard for protected class status and ensure employment opportunities are available to all qualified candidates, including individuals with disabilities and protected veterans, in accordance with [41 CFR Chapter 60-300](#) and [41 CFR Chapter 60-741](#). (See also [Section 4.0](#))

WSU's EORR Plan is designed to monitor the University's employment policies and practices to avoid discrimination based on protected classes and comply with specific regulatory requirements regarding protected veterans or individuals with disabilities, in recruitment and employment decisions. The EORR Plan enables WSU to:

- Draw diverse pools of qualified candidates for all employment openings;
- Select the most qualified candidates for employment; and
- Retain employees through programs and services that reflect WSU's commitment to inclusion and belonging, mentorship, professional development, and social engagement.

3.0 Roles and Responsibilities

3.1 President of WSU

The President of WSU is responsible for ensuring that this Equal Employment Opportunity (EEO) Policy is administered effectively at the WSU Everett, Global, Pullman, Spokane, Tri-Cities, and Vancouver Global campuses and in all WSU facilities, programs, and services.

3.2 Compliance and Civil Rights (CCR)

The President of WSU charged CCR with the responsibilities of:

- Designing the University's annual EORR Plan;
- Addressing allegations of discrimination and harassment on the basis of membership in a protected class, through investigation and, where possible, voluntary and fair resolution. (See [EP15](#).)
- Provides voluntarily-reported employee and applicant demographic information to appointing authorities, such as college and area leadership, upon completion of each year's EORR Plan;
- Tracks progress toward goal achievement in the EORR Plans that follow; and
- Publishes information pertaining to WSU's annual EORR Plans, including explanatory narratives, on the CCR [Equal Employment Opportunity](#) webpage.

3.3 Appointing Authorities

Appointing authorities are responsible for ensuring that their respective managers, supervisors, and units meet their EORR obligations by:

- Assessing and adjusting their recruitment plans to achieve broad reach across communities; and
- Delivering action-oriented programs designed to foster recruitment and retention of qualified employees.

3.4 Human Resource Services (HRS)

To ensure equitable compensation and advancement, the WSU system HRS is responsible for reviewing position duties and responsibilities to:

- Determine appropriate classification and reclassification of civil service and administrative professional employees; and
- Determine and adjust appropriate compensation plans for administrative professionals, based on objective metrics.

See [BPPM 60.02](#) and [60.12](#).

3.5 Academic Unit Leaders

Section III of the WSU [Faculty Manual](#) governs faculty advancement and salaries and requires academic unit leaders to review and adjust salaries for equity, professional development, merit, and market adjustments.

4.0 References and Resources

- [41 CFR Chapter 60](#) (Office of Federal Contract Compliance Programs regulations)
- [EP15: Policy Prohibiting Discrimination and Harassment](#)
- [CCR Equal Employment Opportunity Resources](#)
- [BPPM 60.02: Classification and Reclassification](#)
- [BPPM 60.12: Administrative Professional Salary Determination and Adjustment](#)
- [WSU Faculty Manual](#)
- [WSU System Strategic Plan](#)

5.0 Responsible Office

Questions or concerns about this policy or concerns related to discrimination or harassment may be reported to the office of Compliance and Civil Rights (CCR):

- In-person: French Administration, Room 225, P.O. Box 641022, Pullman, Washington 99164
- Telephone: 509-335-8288
- E-mail: ccr@wsu.edu
- Website: ccr.wsu.edu

Policy Prohibiting Discrimination, Sexual Harassment, and Sexual Misconduct

Washington State University Executive Policy Manual | [Executive Policy #15](#)
Revision Approved March 20, 2025

1.0 Purpose

Washington State University (WSU) is committed to complying with state and federal laws prohibiting discrimination. WSU recognizes that discrimination and harassment can impact the ability of students, staff, faculty, and community members to participate in, access, or reap the benefits of educational and employment opportunities. Thus, WSU prohibits specific forms of discrimination and harassment (see [Part 15.A: Discrimination and Discriminatory Harassment](#) and [Part 15.B: Title IX Sexual Harassment](#)). WSU provides response options and resources to address concerns of discrimination as described in this policy.

WSU encourages reporting and questions, even anonymous questions, to Compliance and Civil Rights (CCR) under this policy. In addition, WSU recognizes that reporting discrimination may be difficult for a number of reasons and puts the burden on the person experiencing harm. Thus, WSU requires all WSU employees to help create a culture of compliance with this policy (see [Section 16.0](#) regarding employee responsibilities).

Complaints under this policy are to be reviewed on a case-by-case basis to ensure that the University maintains its tradition of intellectual freedom, the trust and respect expected in the University community, and the rights of individuals.

2.0 Non-Discrimination Statement

In matters of admissions, employment, housing or services, and/or in the educational program or activities it operates, WSU does not discriminate or permit discrimination by any member of its community against any individual on the basis of:

- Sex
- Sexual orientation
- Gender identity/expression
- Race
- Color
- Religion
- Age

- Creed
- National or ethnic origin
- Marital status
- Genetic information
- Status as a protected veteran, an honorably discharged veteran, or member of the military
- Physical, mental, or sensory disability, including the use of a trained service animal
- Immigration or citizenship status, except as authorized by federal or state law, regulation, or government contract

WSU policies comply with federal and state civil rights laws and regulations, including, but not limited to:

- Title IX of the Education Amendments of 1972 ([20 USC 1681](#));
- Title IX implementing regulations ([34 CFR 106](#));
- Title VII of the Civil Rights Act of 1964 ([42 USC 2000d et seq](#)) and the Pregnancy Discrimination Act ([42 USC 2000e et seq](#));
- Title I and II of the Americans with Disabilities Act (ADA) of 1990 as amended, the Rehabilitation Act of 1973 ([P.L. 93-112](#)) and [45 CFR Part 84](#);
- Title VI of the Civil Rights Act of 1964 ([42 USC 2000d et seq](#));
- Title IV of the Civil Rights Act of 1964 ([42 USC 2000d et seq](#)), [RCW Chapter 49.60](#);
- Gender Equality in Higher Education ([RCW Chapter 28B.110](#)); and
- Washington Law Against Discrimination ([RCW Chapter 49.60](#)).

Inquiries about the application of these laws and regulations (including inquiries regarding the application of Title IX and its implementing regulations), as well as reports and complaints of discrimination or harassment, may be made to WSU's Compliance and Civil Rights (CCR), the Department of Education's Office of Civil Rights, and/or both. See Table 1 and Table 2 below.

Table 1**Compliance and Civil Rights (which includes the Title IX Coordinator, Deputy Title IX Coordinator, and ADA Coordinator)**

<i>Physical location:</i>	<i>French Administration Bldg. Room 220 Pullman, WA 99164 Hours: 8:00 a.m. – 5:00 p.m.</i>
<i>Mailing address:</i>	<i>P.O. Box 641022 Washington State University Pullman, WA 99164-1022</i>
<i>Telephone:</i>	509-335-8288
<i>Fax:</i>	509-335-5483
<i>Website(preferred reporting option):</i>	ccr.wsu.edu/file-a-complaint
<i>E-mail:</i>	ccr@wsu.edu TitleIX.Coordinator@wsu.edu ADA.Coordinator@wsu.edu

Table 2

Department of Education Office of Civil Rights	
<i>Physical location:</i>	<i>Lyndon Baines Johnson Department of Education Bldg. 400 Maryland Avenue, SW& Washington, DC 20202-1100</i>
<i>TTD:</i>	800-877-8339
<i>Telephone:</i>	800-421-3481
<i>Fax:</i>	202-453-6012
<i>Website:</i>	ed.gov/about/ed-offices/ocr
<i>E-mail:</i>	OCR@ed.gov
<i>Local OCR office:</i>	ocrcas.ed.gov/contact-ocr

Reports about conduct that may constitute discrimination may be made verbally or in writing to CCR and the University's Title IX Coordinators or designees at the contact information above. Complaints should be made in writing through the online complaint form.

WSU's prohibitions on discrimination and harassment are included in this policy in [Part 15.A](#) and [Part 15.B](#). Relevant procedural guidelines and disciplinary procedures are available [here](#):

- [Policy Prohibiting Discrimination and Harassment \(EP15\)](#)
- [CCR Procedural Guidelines](#)
- WSU Standards of Conduct for Students ([WAC 504-26](#))
- Employee manuals:
 - WSU [Faculty Manual](#)
 - [Administrative Professional Handbook](#)
 - Civil service code ([WAC 357](#))

- [Collective bargaining agreements](#)
- [Employee Title IX Hearing Process](#)

Contact HRS for information about the employee Title IX hearing process; telephone 509-335-4521; e-mail hrs@wsu.edu. See also Sections [10.0](#), [11.0](#), and [13.0](#).

WSU provides equal access to the Boy Scouts (Scouting America) and other designated youth groups.

3.0 Applicability

EP15 generally applies to all students, faculty, staff, and others that have an association with the University.

For allegations of Part 15A misconduct, EP15 applies if the alleged incident(s):

- Occurs on WSU-owned or -controlled property;
- Occurs in connection with WSU's activities, programs, or events;
- Occurs in a building owned or controlled by a student organization that is officially recognized by WSU;
- Has the effect of, or the potential to, unreasonably interfere with or limit an individual's work, academic performance, living environment, personal security, or participation in any activity at WSU;
- Includes unlawful acts that directly affect WSU programs, community members, or property insofar as such acts materially and substantially interfere with the missions, functions, processes, and goals of the WSU community, or
- Includes unlawful acts that result in a guilty plea to or conviction of a felony.

For allegations of Part 15.B misconduct (Title IX Sexual Harassment), this policy applies when the alleged incident(s):

- Occurs within WSU's educational program or activity, which includes:
 - Locations, events, or circumstances over which WSU exercises substantial control over both the respondent and the context in which the sexual harassment occurs, and
 - Any building owned or controlled by a student organization that is officially recognized;
- Occurs against a person in the United States; and

- Occurs against a person who is participating in or attempting to participate in WSU's educational program or activity.

Consistent with [WAC 504-26-221](#), the use of alcohol or drugs is not a valid defense to a violation of this policy.

In addition, the alleged conduct must have been committed while the respondent was a WSU community member. For example, WSU does not have authority to address conduct that occurred:

- Prior to a student's application to WSU;
- After a student is no longer affiliated with WSU; or
- Prior to or after an employment or volunteer relationship.

4.0 Speech Protections

WSU recognizes and is committed to the principles of free inquiry and free expression and understands that discussion and debate are fundamental to the University. WSU further recognizes that some hateful or discriminatory speech may be used to communicate ideas, beliefs, or opinions, and therefore may have first amendment protections. With limited exceptions, WSU does not limit or prohibit speech in an employee's private capacity, unless that private speech impacts WSU's operations. Employees are advised to be aware of their obligations and responsibility to WSU when acting in their private capacities. See [WAC 504-35-030\(3\)](#).

This policy does not restrict the academic freedom of faculty within their instructional content and method, or in the communication of ideas relating to their subject matter. See the WSU [Faculty Manual](#), Section II.B (Freedom of Expression and Accompanying Responsibilities).

This policy does not restrict the protected speech rights of students. For more information on protected speech rights, visit freespeech.wsu.edu.

Where speech-related conduct does not violate this policy but still impacts the WSU community, WSU may engage in proactive steps to provide support, resources, and alternative or educational programming to address concerns. Conduct which does not violate this policy may still be a violation of another University policy and/or professional code.

5.0 Definition of Consent

For purposes of Parts 15.A and 15.B, consent to any sexual activity must be clear, knowing, and voluntary. Anything less is equivalent to a “no.” Clear, knowing, and voluntary consent to sexual activity requires that, at the time of the act, and throughout the sexual contact, all parties actively express words or conduct that a reasonable person would conclude demonstrates clear permission regarding willingness to engage in sexual activity and the conditions of such activity. Consent is active; silence or passivity is not consent. Even if words or conduct alone seem to imply consent, sexual activity is nonconsensual when:

- *Force or coercion is threatened or used to procure compliance with the sexual activity.*
 - *Force is the use of physical violence, physical force, threat, or intimidation to overcome resistance or gain consent to sexual activity.*
 - *Coercion is unreasonable pressure for sexual activity. When an individual makes it clear through words or actions that the individual does not want to engage in sexual contact, wants to stop, or does not want to go past a certain point of sexual interaction, continued pressure beyond that point may be coercive. Other examples of coercion may include using blackmail or extortion to overcome resistance or gain consent to sexual activity.*
- *The person is asleep, unconscious, or physically unable to communicate their unwillingness to engage in sexual activity; or*
- *A reasonable person would or should know that the other person lacks the mental capacity at the time of the sexual activity to be able to understand the nature or consequences of the act, whether that incapacity is produced by illness, defect, the influence of alcohol or another substance, or some other cause.*

When alcohol or drugs are involved, a person is considered incapacitated or unable to give valid consent if the individual cannot fully understand the details of the sexual interaction (i.e., who, what, when, where, why, and how), and/or the individual lacks the capacity to reasonably understand the situation and to make rational, reasonable decisions.

The use of alcohol or other drugs is not a valid defense to a violation of this policy.

6.0 Reporting and Complaint Options

*Individuals experiencing discrimination and harassment have multiple reporting and complaint options available. **CCR is WSU’s primary intake office for concerns of discrimination and harassment.** Information about CCR and other available reporting and complaint options (including confidential options) are included in Sections [6.1](#), [6.2](#), [6.3](#), [6.4](#), [6.5](#), and [6.6](#). Because there are many reporting avenues, individuals are encouraged to consult with CCR to learn about their options.*

6.1 Compliance and Civil Rights (CCR)

CCR accepts reports and complaints implicating this policy, provides consultations, and facilitates supportive measures.

- **Report:** A report is sharing information with CCR for purposes of ensuring CCR can provide information on grievance procedures, resources, and other options to the individual who may be experiencing misconduct and provide consultation as needed.
- **Complaint:** A complaint is a formal written request to initiate a formal grievance process, such as an informal resolution or investigation.

Individuals may choose whether to submit a report or a complaint.

Reports or complaints to CCR may be made 24 hours per day, seven days per week. Reports made after normal business hours may be submitted through the [online form](#), by e-mail, or by leaving a voicemail on the office telephone. Complaints are submitted in writing through the online form. Reports and complaints are typically responded to within one business day. CCR accepts anonymous reports and complaints. To make an anonymous report or complaint, utilize the online form, or request an anonymous consultation via phone, email, or in person.

Consultations, including anonymous consultations, are available to anyone who has a concern under this policy. Consultations allow individuals to speak with CCR, share as much or as little information as they feel comfortable sharing, and receive information on options, grievance procedures, and supportive measures.

CCR is not an emergency response unit. For emergencies, telephone 911.

To file a report or complaint, contact CCR (or its Title IX Coordinator, ADA Coordinator, or designee). See Table 3 below.

Table 3

Compliance and Civil Rights (CCR)	
Physical location:	French Administration Bldg. Room 220 Pullman, WA 99164 Hours: 8:00 a.m. – 5:00 p.m.
Mailing address:	P.O. Box 641022 Washington State University Pullman, WA 99164-1022

Table 3

Compliance and Civil Rights (CCR)	
<i>Telephone:</i>	509-335-8288
<i>Fax:</i>	509-335-5483
<i>Website(preferred reporting option):</i>	ccr.wsu.edu/file-a-complaint
<i>E-mail:</i>	ccr@wsu.edu

6.2 Section 1557 Civil Rights Coordinator

Exception: Grievances under this policy (EP15) arising out of WSU health care programs or activities which receive funding from the U.S. Department of Health and Human Services (e.g., a patient alleging a denial of service due to a protected class status), must be filed with the Section 1557 Civil Rights Coordinator, housed in Cougar Health Services. See the Patient Protection and Affordable Care Act ([42 USC 18001](#)) and [Section 16.1.a](#). The Section 1557 Civil Rights Coordinator works with CCR and the Title IX Coordinator regarding investigation or informal resolution of the complaint.

The Section 1557 Civil Rights Coordinator may be contacted at:

Cougar Health Services
P.O. Box 642303
Washington State University
Pullman, WA 99164-2302
Email: CHS.civilrightscoord@wsu.edu

6.3 Law Enforcement

Discriminatory harassment and sexual harassment, including hate crimes, sexual assault, stalking, dating violence, and domestic violence, may be criminal in nature, and if so, it is appropriate to report concerns to law enforcement. Law enforcement processes are separate and distinct from University processes, and individuals may choose to report to one, both, or neither. To obtain contact information for the law enforcement agency near each campus, see [CCR Campus Resources](#).

For emergencies, call 911.

The WSU Police Department offers an additional service called “Seek then Speak.” Seek then Speak is a self-guided online tool available to any individual that offers a way for sexual assault survivors to explore options and get answers to questions they may have regarding sexual assault, crime victim rights, victim advocacy, medical care, and reporting to police, and it allows survivors a confidential way to document and gather critical information about their assault. Seek then Speak is facilitated by End Violence Against Women International. For more information on Seek then Speak, see:

- [Information](#)
- [Access the tool directly](#)

6.4 Department of Education Office of Civil Rights

The federal Department of Education Office of Civil Rights accepts complaints and inquiries relating to civil rights concerns at universities receiving federal funding, such as WSU. See [Table 2](#) for contact information.

6.5 Additional Federal and State Agencies

There are many federal and state agencies that accept reports and complaints that may implicate this policy. The below list provides links to several agencies that may be helpful for reporting purposes; other agencies may also accept complaints. If individuals have questions on their reporting options, CCR can provide a consultation.

- [U.S. Equal Employment Opportunity Commission](#)
- [U.S. Department of Justice – Civil Rights Division](#)
- [U.S. Department of Labor](#)
- [U.S. Department of Justice – Office On Violence Against Women](#)
- [U.S. Department of Education – Office for Civil Rights](#)
- [Washington State Human Rights Commission](#)
- [Washington State Department of Enterprise Services](#)
- [Washington State Auditor](#)
- [National Institutes of Health](#)
- [National Science Foundation](#)
- [U.S. Department of Agriculture](#)

6.6 Confidential Resources

6.6.a Victim Advocates

Victim advocates are trained to support victims of crimes by providing emotional support and help navigating resources and the criminal justice system. In most instances, these care providers can speak to you confidentially about your concerns. For a list of advocacy agencies available by campus, see [CCR Advocacy](#).

6.6.b Office of the University Ombuds

The WSU Office of the University Ombuds is a designated confidential resource for the WSU community. The University Ombuds:

- *Protects the interests, rights, and privileges of students, staff, and faculty at all levels and locations of WSU operations and programs;*
- *Provides information about WSU policies and procedures; and*
- *Facilitates the resolution of concerns implicating this policy, in consultation with CCR, when appropriate.*

For information, see [Office of the University Ombuds](#).

6.6.c Medical or Counseling Providers

Medical and counseling providers are a confidential resource for individuals to share concerns of discrimination and harassment. For a list of medical and counseling resources available by campus, see [CCR Campus Resources](#) and [Student Care Mental Health Resources](#).

6.6.d Employee Assistance Program (EAP)

Employees may seek confidential guidance and receive access to counseling and legal resources through the Employee Assistance Program. More information is available from the [WSU Employee Assistance Program](#).

7.0 Confidentiality, Protection of Information, and the Privacy of Parties

When engaging with complainants, respondents, witnesses, or other relevant parties to a matter implicating EP15, CCR typically takes notes and records information for the purposes of maintaining a database of the University's response to concerns, to track reports for patterns and/or to document relevant evidence.

Information relating to discrimination and harassment may be sensitive in nature and participants may fear retaliation. WSU protects information regarding parties and witnesses under this matter, and CCR only shares information on a need-to-know basis:

- *As permitted by FERPA statute or regulations ([34 CFR 99](#)),*
- *As required by law (including, but not limited to, as required for public records disclosures, for mandatory reporting of abuse under state law, or as required by a subpoena),*
- *As needed to fairly conduct an investigation, hearing, or adjudication process, including as required by [34 CFR 106](#) for matters involving Title IX allegations,*
- *As needed to facilitate supportive measures to protect individuals from ongoing harm,*
- *As needed to respond to protect public safety or respond to imminent threats to the university community, or*

- *As required by state or federal agencies (e.g., the National Science Foundation (NSF)), WSU, as an awardee institution:*
 - *Must report sexual harassment findings; or*
 - *May be required to provide relevant information in response to a Department of Education Office of Civil Rights investigation).*

Questions regarding confidentiality or how to report information anonymously may be directed to CCR. Confidential reporting resources are described in [Section 6.6](#).

WSU does not enter into nondisclosure agreements involving sex-based harassment that are prohibited by [RCW 49.44.211](#) and [RCW Chapter 28B.112](#).

8.0 Supportive and Safety Measures Process

Supportive measures are individualized measures offered:

- *As appropriate;*
- *As reasonably available;*
- *Without unreasonably burdening a complainant or respondent;*
- *Not for punitive or disciplinary reasons;*
- *Without fee or charge to the complainant or respondent;*
- *To restore or preserve a party's access to a WSU program or activity; and/or*
- *To provide support during a WSU grievance process.*

Supportive measures may include measures designed to protect the safety of the parties or the academic or work environment, or may involve steps to resolve a concern at a lower-level.

Requests for supportive measures or modifications to existing supportive measures can be made to CCR under the process outlined in the [CCR Procedural Guidelines](#). Supportive measures may be assigned by CCR, Student Affairs, or Human Resource Services. Academic, administrative, or service departments may be responsible for implementing supportive measures, in consultation with CCR.

The range of supportive measures includes, but is not limited to:

8.1 Academic Measures for Students

- *Request consideration or flexibility to a faculty member regarding assignments, classroom attendance, deadlines, or other academic needs*

- *Contacting individual faculty members for specific requests*
- *Independent study*
- *Additional tutoring*
- *Withdrawal, withdrawal without penalty, medical withdrawal*
- *Incompletes on classes*
- *Transfer assistance*
- *Classroom management plans*
- *Remote attendance/recording classes*
- *Academic schedule changes*
- *Reasonable accommodations*
- *Enrollment in Global Campus*
- *Emergency suspension*

8.2 Referrals to Care Providers

- *Local victim advocacy agencies for access to counseling, crisis lines, support groups, shelters, etc.*
- *Counseling services – WSU and community referrals, as available.*
- *Medical providers, in particular hospitals with Sexual Assault Nurse Examiners (SANEs).*
- *Referrals to off-campus counselors.*
- *National/state resources to locate additional advocates/care providers, such as:*
 - [*Rape, Abuse and Incest National Network \(RAINN\)*](#)
 - [*Washington State Coalition Against Domestic Violence \(WSCADV\)*](#)
 - [*Washington Coalition of Sexual Assault Programs \(WCSAP\)*](#)

8.3 Services for Employees

- *Employee Assistance Program (counseling, financial, legal)*
- *Workplace management/safety plans*

- *Work schedule adjustments, as needed, to obtain medical or mental health care, legal assistance, and/or confidential secure shelter*
- *Domestic violence, sexual assault, stalking leave ([RCW 49.76.010](#))*
- *Change reporting lines in consultation with HRS*
- *Identify alternate work in consultation with supervisors/HRS*
- *Work from home options in consultation with supervisors/HRS*
- *Work schedule changes in consultation with supervisors/HRS*
- *Work accommodations/reasonable accommodations through HRS Disability Services*

8.4 Safety

- *Referral to law enforcement*
- *Police/Security safety assessment of home or campus areas*
- *Providing information on seeking a [Protection Order](#) for:*
 - *Anti-harassment and stalking*
 - *Domestic violence*
 - *Sexual assault*
- *No-contact directive from the University*
- *Emergency removal or administrative leave, in consultation with DOS, Center for Community Standards, HRS, and/or CCR.*
- *Safety planning with a community victim advocate*
- *Residence hall changes, in consultation with DOS, Housing and Residence Life, and CCR.*
- *Cadet/police escort, where available*
- *Local taxi/bus information*
- *Local domestic violence shelter information*
- *Blue phones*
- *Emergency residence life room on campus (Pullman only)*

8.5 Miscellaneous

- *Emergency funding*
- *Support for tuition adjustment petitions (considered in appropriate cases)*
- *Campus involvement (student organizations, Women's Center, Diversity Centers, etc.)*

8.6 Legal Resources

- [ASWSU Student Legal Services](#)
- [Northwest Justice Project](#)
 - [CLEAR Hotline](#) for counties outside King County
 - [211 Legal Referral and Information Hotline](#) (King County)
- [Sexual Violence Law Center](#)
- [Washington Law Help](#) – self-help resources
- *Local advocacy agencies – legal advocates*
- [Moderate Means Program](#) – online application for a referral to an attorney with reduced fees
- [Family Law Matters](#) – limited license legal technician
- [Washington State Bar Attorney Referral](#)
- [Benton-Franklin County Attorney Referral](#)
- [Chelan-Douglas County Attorney Referral](#)
- [Clark County Attorney Referral](#)
- [King County Attorney Referral](#)
- [Skagit County Legal Aid](#)
- [Snohomish County Attorney Referral](#)
- [Spokane County Attorney Referral](#)
- [Tacoma-Pierce County Attorney Referral](#)
- [Thurston County Attorney Referral](#)

- [Yakima County Attorney Referral](#)

Resources generally available to the WSU community, which may include University and community administrative, counseling, medical, advocacy, and safety options, are available and marked as confidential or nonconfidential at [CCR Resources](#).

9.0 Informal Resolution

An informal resolution is an agreement facilitated between parties as an alternative to the investigation process. It offers complainant(s) and/or respondent(s) a voluntary opportunity to explore an alternative resolution. Informal resolutions may encompass a broad range of conflict resolution strategies including, but not limited to:

- *An agreement between parties*
- *A mediation*
- *Education and training*
- *Workplace or academic management plans*
- *Restrictions on contact or participation in programs or activities*
- *Supportive measures, including safety measures*

An informal resolution may be initiated after submission of a formal complaint to CCR. A complainant or respondent may request an informal resolution at any stage of their engagement with CCR, prior to a final University determination of responsibility.

CCR has discretion to determine when an informal resolution is appropriate. CCR does not offer an informal resolution when such a process would conflict with legal requirements or where there are allegations that an employee engaged in Title IX Sexual Harassment (See [Part 15.B](#)) against a student.

Informal resolutions are voluntary and require consent of the party to proceed. If an informal resolution involves another individual or party, that person must also consent to the informal resolution.

Informal resolutions can include agreed upon punitive terms (e.g., a party may agree to a permanent withdrawal or removal of duties). Parties may also accept responsibility or accountability for misconduct.

Parties may withdraw from the informal resolution process at any stage, prior to agreeing to a resolution. If such a withdrawal occurs, it is not considered during the final resolution process.

If a party violates the resolution, the violation may be reviewed as a violation of a University directive and subject to disciplinary action.

The procedure to initiate an informal resolution is described in the [CCR Procedural Guidelines](#).

10.0 Complainant Preferences and CCR Authority to Proceed

CCR considers participant preferences in the University's response. In most cases, if a complainant does not want to proceed with a formal grievance process and prefers to seek alternative resources and support, CCR supports their decision. However, in limited circumstances, CCR may determine it is appropriate to initiate a formal grievance process in the absence of a complaint. The Title IX Coordinator or designee makes this determination, considering the following factors:

- The complainant's request to not proceed;
- The complainant's reasonable safety concerns regarding initiating a complaint;
- The risk that additional misconduct would occur if a complaint is not initiated;
- The severity of the alleged conduct, including whether, if found to have occurred, would require the removal of the respondent from campus or some other sanction to end the discrimination and prevent its recurrence;
- The age and relationship of the parties, including whether the respondent is an employee;
- misconduct, or misconduct that impacts multiple individuals;
- The availability of evidence to assist a decision-maker in determining whether misconduct occurred; and
- Whether WSU has options to address or end the misconduct and prevent its recurrence without initiating a grievance process.

The Title IX Coordinator or designee may initiate a complaint if they consider these factors and determine that the alleged conduct:

- Presents an imminent and serious threat to the health or safety of the complainant or other person; or
- Prevents equal access to University education programs or activities.

If a complaint is initiated in this manner, CCR notifies the complainant and implements supportive measures designed to address safety concerns.

11.0 Grievance Process Overview

- *The scope of the misconduct, including information suggesting a pattern, ongoing. When possible, CCR endeavors to resolve matters at the lowest possible level. If CCR receives information through a report or consultation, and a complaint is not yet filed, CCR may facilitate the following:*
- *Supportive measures*
- *Documentation*
- *Alternative resolutions*
- *Information resolutions*

If CCR receives a complaint, CCR initiates a complaint assessment, as described in the [CCR Procedural Guidelines](#), which may lead to an investigation or informal resolution. The basic description of a grievance process is included below; specific procedures and timeframes are included in the [CCR Procedural Guidelines](#), including the specific process for conduct alleged to be Title IX Sexual Harassment, as defined in [Part 15.B](#). The informal resolution process described in [Section 9.0](#) remains available to parties until a determination of responsibility is made.

CCR assigns a neutral, unbiased, and conflict-free investigator to assess a complaint and engage in an investigation, as appropriate. CCR provides a reliable and impartial investigation with adequate evidence to support a University decision.

Notice of a formal grievance process is provided in writing to both parties. Participants have the opportunity to engage in an investigation or to participate in an informal resolution, where appropriate (see [Section 9.0](#)). For investigations, respondents have an opportunity to respond to allegations. Parties have an equal opportunity to present fact witnesses and relevant evidence; however, CCR, or designee, has the responsibility to conduct an investigation, not the parties. During an investigation, WSU does not restrict the ability of either party to discuss the allegations under investigation or to gather and present relevant evidence.

The investigator and/or decision-maker reviews all evidence to determine what is relevant and what is impermissible. Investigation results are considered by the relevant disciplinary and/or decision-making authority. Appeals are also available. For specific information on these processes, see [CCR Procedural Guidelines](#).

CCR endeavors to complete investigations in a timely fashion. Specific time frames are outlined in the [CCR Procedural Guidelines](#). Extensions may occur on a case-by-case basis for good cause, including:

- *Reasonable safety concerns;*
- *To gather or review additional evidence; or*

- To facilitate supportive measures.

When the timelines are extended, CCR provides written notice to the parties.

Participants may have an advisor, who may be a support person or attorney, assist them through their engagement with CCR and any ensuing disciplinary processes, including by attending scheduled interview meetings and hearings. CCR provides opportunities for a participant to consult privately with their advisor. Advisors are not to misuse or disseminate information received throughout the grievance process in a retaliatory fashion. In addition:

- For [Part 15.A](#) matters, CCR engages directly with the participants and does not provide access to investigative records to advisors, unless the advisor is providing legal services for the participant and has filed waivers where appropriate. Participants may share information with their advisor when desired.
- For [Part 15.B](#) matters (involving Title IX Sexual Harassment), CCR engages with the participants and their advisors, where the participant has identified an advisor. Advisors and participants are provided with access to review evidence at specific process stages. Further, an advisor, not a party, may participate in cross-examination during the hearing process; for parties who do not have an advisor, WSU will provide one for purposes of the hearing process at no cost.

CCR employees must not participate in an investigation in which they have a conflict of interest or bias. CCR complies with the University Ethics Policy, Executive Policy Manual [EP45](#), and its conflict of interest requirements. CCR staff are not permitted to investigate, facilitate an informal resolution (where available), or review appeals on matters in which they have a personal interest (e.g., financial, familial, professional, or otherwise), that may impair, or reasonably appear to an objective outside observer to impair, the independent, unbiased judgment of that employee in the discharge of their duties. If CCR is unable to manage a conflict internally, the allegation may be referred to WSU Human Resource Services (HRS), an external investigator, or another appropriate office, to supervise the investigation or to conduct an independent investigation, as appropriate.

Additional process rights may also be available depending on the specific concern raised. Please see [Part 15.A](#), [Part 15.B](#), and the [CCR Procedural Guidelines](#) for more information. For information on the sanctioning process, see the relevant student or employee manual:

- WSU [Faculty Manual](#),
- [Administrative Professional Handbook](#),
- [WAC 357-40](#) (civil service employees),
- Applicable [collective bargaining agreements](#),
- WSU Standards of Conduct for Students ([WAC 504-26](#)), or

- [Employee Title IX Hearing Process](#) (see also Sections [2.0](#), [10.0](#), [11.0](#), and [13.0](#)).

If an investigation includes allegations of [Part 15.A](#) and [Part 15.B](#) conduct, WSU utilizes the [CCR Procedural Guidelines](#) for Part 15.B.

12.0 Good Samaritan Guideline – Students

During a CCR process, when a student voluntarily shares information about the possession or use of alcohol or drugs, CCR does not refer the student to the Center for Community Standards for alcohol- or drug-related conduct proceedings, except if drugs or alcohol were used to gain advantage, incapacitation, or exploitation over another individual.

The Center for Community Standards also uses discretion under [WAC 504-26-510](#), the Good Samaritan Policy, and may refrain from imposing formal discipline for alcohol or drug use and possession under the Standards of Conduct for Students. Information is available through the Center for Community Standards.

See also [WAC 504-26-510](#): Good Samaritan policy.

13.0 Procedural Considerations

If a formal grievance process is initiated, CCR's investigation and the corresponding hearing process have safeguards to ensure a fair, neutral, and equitable process.

13.1 Presumption of Not Responsible

CCR reviews reports and facilitates a grievance process pursuant to the [CCR Procedural Guidelines](#) and such processes are initiated with a presumption that the respondent is not responsible for the alleged conduct.

13.2 Objective Evaluation of All Relevant Evidence

CCR gathers evidence from fact witnesses and documentary sources. CCR and/or the decision-maker objectively consider all relevant evidence that is not otherwise impermissible under [Section 13.3](#) (Evidence Prohibitions). Relevant evidence includes both inculpatory and exculpatory evidence. (Inculpatory evidence is defined as evidence that tends to indicate guilt. Exculpatory evidence is defined as evidence that tends to clear the person from guilt or responsibility.)

CCR and/or the decision-maker assess the evidence for credibility. Factors considered when assessing credibility may include whether:

- The witness had first hand or second hand knowledge of the conduct,
- Witness statements are internally consistent,
- Witness statements are consistent with other witnesses or documentary evidence; and

- *Information is plausible.*

Credibility determinations are not based on a person's status as a complainant, respondent, or witness.

13.3 Evidence Prohibitions

CCR and/or the decision-maker consider all relevant fact evidence. Evidence that is character-based or opinion-based is given less weight. Further, the following types of evidence are impermissible and not considered during an investigation:

- *Evidence that is protected under a privilege as recognized by federal or state law, unless the person to whom the privilege or confidentiality is owed has voluntarily waived the privilege or confidentiality;*
- *Evidence provided to a confidential employee, unless the person to whom the privilege or confidentiality is owed has voluntarily waived the privilege or confidentiality;*
- *A party's or witness's records that are made or maintained by a physician, psychologist, or other recognized professional or paraprofessional in connection with the provision of treatment to the party or witness, unless the party provides voluntary, written consent for use of that record;*
- *Evidence that relates to a complainant's sexual interests or prior sexual conduct, unless:*
 - *The evidence is offered to prove that someone other than the respondent committed the alleged conduct; or*
 - *The evidence is about specific incidents of the complainant's prior sexual conduct with the respondent that is offered to prove consent to the alleged sex-based harassment;*

The fact of prior consensual sexual conduct between a complainant and respondent does not by itself:

- *Demonstrate or imply the complainant's consent to the alleged sex-based harassment; or*
- *Preclude determination that sex-based harassment occurred.*

13.4 Access to Evidence

Parties involved in a formal grievance procedure under this policy are provided with an equal opportunity to access the relevant and not otherwise impermissible evidence. Specific procedures for accessing evidence are outlined in the [CCR Procedural Guidelines](#).

13.5 Standard of Evidence

WSU determines the facts and whether there is a violation of this policy based on a preponderance of evidence. Preponderance means that the totality of the evidence persuades the fact-finder that a fact is more probably true than not true and/or that it is more probable than not that a violation of the policy occurred.

14.0 Barriers to Reporting and Feedback to CCR

WSU is committed to reducing barriers to reporting and ensuring individuals are connected with support and resources. CCR welcomes feedback and suggestions on its processes and response from the University community. To submit feedback or suggestions, see the [CCR Feedback form](#).

Students who would like to be more involved in shaping University response may participate in the annual Student Feedback Committee by contacting CCR; e-mail ccr@wsu.edu.

15.0 Recordkeeping

Records related to reports and complaints of conduct implicating this policy (EP15), including, but not limited to, investigation and hearing records, are maintained by WSU in accordance with state records retention requirements. See [Records Retention and Disposition](#).

16.0 Employee-Related Responsibilities

16.1 Department Responsibilities

All University departments are expected to promote a work and academic environment that is free of discrimination and harassment. This may include department leadership taking steps to:

- *Address conduct, in consultation with CCR, HRS, and the WSU Division of the Office of the Attorney General;*
- *Provide training to employees or students;*
- *Ensure policies and procedures comply with this policy;*
- *Coordinate and cooperate with the Lead Title IX Coordinator or CCR regarding compliance, investigations, and resolutions under this policy, including taking appropriate steps to prevent or respond to potential retaliation and interference as prohibited by this policy;*
- *Ensure staff are adequately trained on this policy (see [Section 16.2](#) for employee training requirements);*
- *Engage in preventative activities and create a culture of compliance with this policy;*

- *Participate in investigations or other resolution processes under this policy, as appropriate;*
- *Maintain records as required by the state and University retention policies (see [Section 15.0](#));*
- *Execute resolutions or sanctioning, if appropriate; and*
- *Not engage in conduct prohibited under this policy.*

16.1.a WSU Health Care Programs or Activities

WSU health care programs or activities must post a Notice of Nondiscrimination and Accessibility (Notice) within each health care program/activity (e.g., Cougar Health Services), as required by [Section 1557 of the Patient Protection and Affordable Care Act \(ACA\)](#). This notice formally designates the Section 1557 Civil Rights Coordinator to receive grievances and the procedure for submitting a grievance. The Section 1557 Civil Rights Coordinator is also responsible for coordinating WSU's compliance with Section 1557 of the ACA. (See also [Section 6.2](#).)

16.2 Employee Responsibilities

Employees are also expected to contribute to a culture of compliance with this policy and have specific training, reporting, and disclosure requirements, which may depend on whether they have been designated a confidential or non-confidential employee under this policy. The following employees are considered confidential for purposes reporting EP15 conduct:

- **Medical professionals:**
 - *Employees who are statutorily barred from reporting (e.g., health care providers and mental health care providers acting in their capacities as health care and mental health care providers);*
 - *Employees, interns, professional trainees, volunteers, contractors, and other similar individuals who have received information while:*
 - *Providing services within their professional capacity at a WSU clinic, such as, but not limited to, WSU's Cougar Health Services, Athletic Medicine, or WSU Psychology Clinic; or*
 - *Otherwise designated by WSU to provide medical or mental health services;*
- **Office of the University Ombuds:**

- *Employees who have received information while providing services within their professional capacity at WSU's Office of the University Ombuds.*
- **Violence Prevention Program Facilitators:**
 - *Employees participating in preventative education for students regarding sex and gender-based violence or a related program, during which a student or employee discloses having experienced sex-based harassment (including, but not limited to quid pro quo harassment, sexual assault, intimate partner violence, or stalking). Confidential status is only with respect to information received while facilitating a violence prevention program.*
- **Peer Health Educators:**
 - *Student employees in WSU Health Education who learn of information while:*
 - *Facilitating workshops;*
 - *Representing health education at campus events or elsewhere or*
 - *Collaborating with campus partners or students.*
- **Some researchers:**
 - *Employees conducting an Institutional Review Board-approved human-subjects research study designed to gather information about discrimination and harassment. Confidential status is only with respect to the information received while conducting the study.*
- **Campus Security Authorities:**
 - *Although confidential employees are exempt from reporting EP15 misconduct to Compliance and Civil Rights, confidential employees who are identified as Campus Security Authorities (CSAs) still have obligations to report non-identifying information to the Clery administrator. (See CSA reporting requirements below.)*

Employees have the following responsibilities:

- **Reporting requirements:**
 - *All non-confidential WSU employees (including student employees) who have information regarding sexual harassment must report that information to Compliance and Civil Rights (CCR). Sexual harassment includes, but is not limited to:*
 - *Quid pro quo harassment;*

- *Sexual misconduct;*
- *Domestic violence;*
- *Date violence; or*
- *Stalking.*
- *All non-confidential supervisory WSU employees (including student employees) who have information regarding discrimination or discriminatory harassment must report that information to CCR.*
- *Employees designated as Campus Security Authorities are required to report Clery Act identified crimes to the appropriate Clery administrator. (See [BPPM 50.70.](#))*
- **State mandatory reporting:**
 - *Under state law ([RCW 26.44.030\(1\)\(f\)](#)), all administrative, academic, and athletic department employees, including student employees, are required to report suspected child abuse or neglect to law enforcement or to the Washington Department of Children, Youth, and Families.*
 - *All other higher education employees are required to report suspected child abuse or neglect to their supervisor within 48 hours and are advised to report these incidents to law enforcement ([RCW 28B.10.846](#)).*
 - *WSU students participating in certain internships, clinical rotations, and other training programs, and faculty, staff, and licensed health care providers overseeing such programs, also may have mandatory reporting requirements with respect to abuse and neglect of children and vulnerable adults, in accordance with [RCW 26.44.030](#) and [RCW 74.34.035](#).*
 - *Under state law ([RCW 28B.10.907\(2\)](#)), any employee, student employee, or volunteer who has reasonable cause to believe that hazing has occurred **must** report the incident, or cause a report to be made, to CCS. Reports that may implicate this policy may also be made to CCR.*
- **Training requirements:**
 - *All WSU employees and student employees are required to take an annual Discrimination and Harassment Prevention Training, which includes requirements under Title IX.*

Employees are also encouraged to provide information about University resources and reporting options, including CCR and confidential resources, to individuals who share information about:

- *Discrimination;*
- *Harassment; or*
- *Pregnancy or related conditions, including the right of students with pregnancy or related conditions to seek reasonable accommodations.*

Pregnancy or related conditions include:

- *Pregnancy, childbirth, termination of pregnancy, or lactation*
- *Medical conditions related to pregnancy, childbirth, termination of pregnancy, or lactation, or*
- *Recovery from pregnancy, childbirth, termination of pregnancy, lactation, or related medical conditions.*

Confidential employees are also encouraged to share their status as a confidential employee and that the employee is not required to report conduct to CCR.

Part 15.A Discrimination and Discriminatory Harassment

17.0 Purpose

If misconduct meets the applicability standards for Part 15A (see [Section 3.0](#)), WSU prohibits the specific misconduct (see [Section 18.0](#)) based on any of the following, except as authorized by federal or state law, regulation, or government practice:

- *Sex;*
- *Sexual orientation;*
- *Gender identity;*
- *Race;*
- *Age;*
- *Color;*
- *Religion;*
- *Age;*
- *Creed;*
- *National or ethnic origin;*

- *Marital status;*
- *Genetic information;*
- *Status as a protected veteran, an honorably discharged veteran, or member of the military;*
- *Physical, mental, or sensory disability (including the use of a trained service animal); and*
- *Immigration or citizenship status.*

Note: Prohibitions for misconduct classified as Title IX Sexual Harassment and Misconduct are included in [Part 15.B](#).

Discriminatory conduct includes a wide spectrum of behaviors, but does not include conduct considered Title IX Sexual Harassment, which is described in Part 15.B. Conduct meeting the violation standards listed below may be subject to investigative and disciplinary procedures. In determining if conduct is in violation of [Part 15.A](#), the totality of the circumstances are assessed including, but not limited to, the following factors:

- *Severity*
- *Frequency*
- *Status of the complainant and respondent and their relationship to each other*
- *Physicality, threats, or endangerment; and*
- *Whether or not the conduct can be reasonably considered protected speech or serving some other lawful purpose.*

18.0 Violation of Policy

The following types of conduct are prohibited and subject to the investigative, adjudicative, and disciplinary procedures outlined in this policy.

18.1 Disparate Treatment

Knowingly or intentionally treating an individual or individuals differently on the basis of a protected class not for a legitimate lawful purpose, which results in the individual or individuals being treated less favorably than similarly situated individuals of a different protected class.

18.2 Disparate Impact

A facially neutral policy or practice that results in an individual or individuals in a protected class being impacted differently and less favorably than similarly situated individuals who are not in that protected class. This does not include conduct which has a legitimate lawful purpose.

18.3 Discriminatory Harassment

Unwelcome, intentional conduct, on the basis of membership in a protected class, which is so severe or pervasive, and objectively offensive, that it substantially and unreasonably:

- *Interferes with, or has the potential to interfere with, an individual's ability to participate in WSU employment, education, programs, or activities;*
- *Adversely alters the condition of an individual's WSU employment, education, or participation status;*
- *Creates an objectively abusive employment, program, or educational environment; or*
- *Results in a material or substantial disruption of WSU's operations or the rights of students, staff, faculty, visitors, or program participants.*

Discriminatory harassment can include conduct more commonly referred to as hate crimes. Discriminatory harassment does not include conduct that is considered Title IX Sexual Harassment, which is conduct that:

- *Meets the description of Title IX Sexual Harassment as defined in Part 15.B; and*
- *Meets the applicability requirements outlined for Title IX Sexual Harassment in Section 3.*

However, discriminatory harassment may include other conduct based on sex, where it meets the applicability requirements for Part 15A in [Section 3](#). This may include, but is not limited to, discriminatory harassment based on sex or sexual misconduct, including for conduct defined in Sections [18.4](#), [18.5](#), [18.6](#), and [18.7](#).

18.4 Sexual Assault

*A form of sex-based harassment involving forcible or nonforcible sex offense under the uniform crime reporting system of the Federal Bureau of Investigation. **Note:** If the following sexual assault definitions are updated in the NIBRS User Manual (available online at FBI UCR Technical Specifications), the updated definitions are applied.*

- **Sex Offense:** *Any sexual act directed against another person, without the consent of the victim, including instances where the victim is incapable of giving consent.*
- **Rape (except Statutory Rape):** *Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, or by a sex-related object, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity.*

- *ult or youth victim who is protected from that person's act under the domestic or family violence laws of Washington.*

18.7 Stalking

A form of sex-based harassment in which an individual engages in a course of conduct directed at a specific person that would cause a reasonable person to:

- *Fear for the person's safety or the safety of others; or*
- *Suffer substantial emotional distress.*

For the purposes of this definition:

- **Course of conduct** means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveil **Sodomy:** Oral or anal sexual intercourse with another person, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity.
- **Sexual Assault with an Object:** To use an object or instrument to unlawfully penetrate, however, slightly, the genital or anal opening of the body of another person, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity.
- **Fondling:** The touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity.
- **Incest:** Nonforcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
- **Statutory Rape:** Nonforcible sexual intercourse with a person who is under the statutory age of consent.

18.5 Dating Violence

A form of sex-based harassment involving violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. The existence of such a relationship is to be determined based on:

- *Length of the relationship;*

- *Type of relationship; and*
- *Frequency of interaction between the persons involved in the relationship.*

18.6 Domestic Violence

A form of sex-based harassment involving felony or misdemeanor crime of violence committed:

- *By a current or former spouse or intimate partner of the victim or a person similarly situated to a spouse of the victim;*
- *By a person with whom the victim shares a child in common;*
- *By a person who is cohabitating with, or has cohabitated with, the victim as a spouse or intimate partner;*
- *By a person similarly situated to a spouse of the victim under the domestic or family violence laws of Washington, or*
- *By any other person against an ads, threatens, or communicates to or about a person, or interferes with a person's property.*
- **Reasonable person** *means a reasonable person under similar circumstances and with similar identities to the victim.*
- **Substantial emotional distress** *means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.*

18.8 Retaliation

Intimidation, threats, coercion, or discrimination against any individual for the purpose of interfering with any right or privilege secured by this policy, or because the individual has made a report or complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing under this policy.

First amendment activities do not constitute retaliation.

18.9 Interference

Actions that intentionally:

- *Dissuade or attempt to dissuade reporting parties, responding parties, or witnesses from reporting or participating in an investigation;*
- *Attempt to influence a complainant, respondent, or witness to make an inaccurate statement in the investigation;*

- *Delay or disrupt, or attempt to delay or disrupt, any University processes related to this policy; and/or*
- *Alter or attempt to alter the evidence provided to or received by investigative or disciplinary processes.*

18.10 False Statements

Making a materially false statement in bad faith during any proceeding or process under this policy.

No complaint is considered false solely because it cannot be corroborated. Further, WSU does not discipline parties, witnesses, or others participating in a grievance process for making a false statement solely on a determination that discrimination occurred.

18.11 Violation of Discrimination Law

Any action that would be a violation of any state of Washington or federal discrimination law is also a violation of this policy.

Part 15.B Title IX Sexual Harassment

19.0 Purpose

If conduct meets the applicability requirements of [Section 3.0](#) for Part 15.B, WSU prohibits specific misconduct (see [Section 20.0](#)) based on sex.

Title IX sexual harassment includes specific conduct outlined in this section. Conduct meeting the violation standards listed below may be subject to investigative and disciplinary procedures. In determining if conduct is in violation of Part 15.B, the totality of the circumstances are assessed including, but not limited to, the following factors:

- *Severity*
- *Frequency*
- *Status of the complainant and respondent and their relationship to each other*
- *Physicality, threats, or endangerment; and*
- *Whether or not the conduct can be reasonably considered protected speech or serving some other lawful purpose.*

20.0 Violation of Policy

The following types of conduct are prohibited and subject to the investigative, adjudicative, and disciplinary procedures outlined in this policy.

20.1 Title IX Harassment

A form of harassment involving unwelcome sex-based conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to WSU's education programs or activities.

Sexual harassment includes a wide range of behaviors, including, but not limited to:

- *Verbal or physical sex-based conduct;*
- *Sexual exploitation*
- *Causing or attempting to cause the incapacitation of another person to gain sexual advantage over that person;*
- *Invading another person's sexual privacy;*
- *Prostituting another person;*
- *Engaging in voyeurism;*
- *Knowingly or recklessly exposing another person to a significant risk of sexual transmitted disease or infection;*
- *Exposing one's intimate parts in nonconsensual circumstances; or*
- *Sexually-based stalking and/or bullying.*

20.2 Quid Pro Quo Harassment

A form of sex-based harassment in which an employee or other person over whom WSU has disciplinary authority providing an aid, benefit, or service under WSU's education programs or activities explicitly or impliedly conditioning the provision of an aid, benefit, or service on a person's participation in unwelcome sexual conduct.

20.3 Sexual Assault

*A form of sex-based harassment involving forcible or nonforcible sex offense under the uniform crime reporting system of the Federal Bureau of Investigation. **Note:** If the following sexual assault definitions are updated in the NIBRS User Manual (available online at FBI UCR Technical Specifications), the updated definitions are applied.*

- **Sex Offense:** *Any sexual act directed against another person, without the consent of the victim, including instances where the victim is incapable of giving consent.*

- **Rape (except Statutory Rape):** Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, or by a sex-related object, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity.
- **Sodomy:** Oral or anal sexual intercourse with another person, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity.
- **Sexual Assault with an Object:** To use an object or instrument to unlawfully penetrate, however, slightly, the genital or anal opening of the body of another person, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity.
- **Fondling:** The touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity.
- **Incest:** Nonforcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
- **Statutory Rape:** Nonforcible sexual intercourse with a person who is under the statutory age of consent.

20.4 Dating Violence

A form of sex-based harassment involving violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. The existence of such a relationship is to be determined based on:

- Length of the relationship,
- Type of relationship, and
- Frequency of interaction between the persons involved in the relationship.

20.5 Domestic Violence

A form of sex-based harassment involving felony or misdemeanor crime of violence committed:

- By a current or former spouse or intimate partner of the victim or a person similarly situated to a spouse of the victim;

- *By a person with whom the victim shares a child in common;*
- *By a person who is cohabitating with, or has cohabitated with, the victim as a spouse or intimate partner;*
- *By a person similarly situated to a spouse of the victim under the domestic or family violence laws of Washington, or*
- *By any other person against an adult or youth victim who is protected from that person's act under the domestic or family violence laws of Washington.*

20.6 Stalking

A form of sex-based harassment in which an individual engages in a course of conduct directed at a specific person that would cause a reasonable person to:

- *Fear for the person's safety or the safety of others; or*
- *Suffer substantial emotional distress.*

For the purposes of this definition:

- **Course of conduct** *means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property.*
- **Reasonable person** *means a reasonable person under similar circumstances and with similar identities to the victim.*
- **Substantial emotional distress** *means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.*

20.7 Retaliation

Intimidation, threats, coercion, or discrimination against any individual for the purpose of interfering with any right or privileged secured by this policy, or because the individual has made a report or complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing under this policy.

Comprehensive Nondiscrimination Notice

Long-form notice

Notice of Non-Discrimination

In matters of admission, employment, housing or services, or in the educational programs or activities it operates, WSU does not discriminate or permit discrimination by any member of its community against any individual on the basis of sex, race, color, national or ethnic origin, physical disability, mental disability, sensory disability, use of a trained service animal, age, religion, creed, genetic information, marital status, sexual orientation, gender identity, protected veteran status, honorably discharged veteran, member of the military, or immigration or citizenship status except as authorized by federal or state law, regulation, or government contract.

WSU policies comply with federal and state civil rights laws and regulations, including, but not limited to: the Washington Law Against Discrimination (R.C.W. 49.60), Title IX of the Education Amendments of 1972 (20 USC § 1681), Title IX implementing regulations 34 CFR 106, Title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq) and the Pregnancy Discrimination Act, Title I and II of the Americans with Disabilities Act (ADA) of 1990 as amended, the Rehabilitation Act of 1973 (P.L. 93-11) and 45 CFR Part 84, Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq), Title IV of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq), Chapter 49.60 RCW, and the Gender Equality in Higher Education (Chapter 28B.110 RCW).

Inquiries about the application of these laws and regulations (including inquiries regarding the application of Title IX, ADA/Section 504, and implementing regulations), as well as reports and complaints of discrimination and harassment, can be made verbally or in writing to WSU's Compliance and Civil Rights, the Department of Education's Office of Civil Rights, or both:

Compliance and Civil Rights

Tel: 509-335-8288

Online: [Online Reporting/Complaint Form](#)

In-person: French Administration Building Room 220

Address: PO Box 641022, Pullman, WA 99164-1022

Title IX Coordinator: TitleIX.Coordinator@wsu.edu

ADA Coordinator: ADA.Coordinator@wsu.edu

U.S. Department of Education Office of Civil Rights

Office of Civil Rights

Online: [Online Complaint Form](#)

Lyndon Baines Johnson Department of Education Bldg

400 Maryland Avenue, SW

Washington, DC 20202-1100

Tel: 800-421-3481

FAX: 202-453-6012; TDD: 800-877-8339

Email: OCR@ed.gov

[Local OCR office](#)

Reports may constitute discrimination (including sex discrimination under Title IX) can be made verbally or in writing to Compliance and Civil Rights and the university's Title IX Coordinators at the contact information above. Complaints, which can initiate the formal grievance procedure, can be made in writing [online](#). WSU's prohibition on and relevant procedural guidelines for discrimination, discriminatory harassment, sex discrimination, and sexual harassment, including sexual assault, dating violence, domestic violence, and stalking, are available here:

- [WSU's Policy Prohibiting Discrimination and Harassment](#)
- [CCR's Procedural Guidelines](#)
- [WSU's Standards of Conduct for Students](#)
- Employee manuals:
 - [Faculty Manual](#)
 - [Administrative Professional Handbook](#)
 - [Civil Service code](#)
 - [Collective Bargaining Agreements](#)

WSU provides equal access to the Boy Scouts and other designated youth groups.

WSU also complies with the requirements of 41 CFR 60-300.5(a) and 60-741.5(a).

Cougar Health Services Compliance Code of Conduct

Purpose

Cougar Health Services (CHS) is committed to delivering high quality safe patient and client care that complies with the law, and health plan contract requirements. Essential to this commitment is being ethical. This means that CHS is not only committed to complying with the letter of the law, but the spirit of it. Integrity embodies this core value at CHS. Each individual serving within CHS is integral in ensuring CHS embodies integrity. CHS Code of Conduct (CoC) sets forth certain expectations that each Workforce Member¹ must comply with as a member of the CHS team.

While the CoC may not address every issue that may arise, it outlines the basic compliance principles and expectations for each Workforce Member. To the extent the CoC does not answer a question or provide necessary information, workforce members should contact CHS's Compliance Contact, Compliance Committee, review CHS Compliance Program and/or take all of these actions. Exercising diligence is expected so we can comply with the law, follow appropriate practice standards or guidelines, and act with integrity. CHS has compliance resources to help every staff member comply with the law, Washington State University (WSU) or CHS policy, and/or any applicable ethical standards or dilemmas. CHS encourages Workforce Members to use these resources.

¹Workforce Member is defined as employee, contracted provider, student trainee, resident, or volunteer.

Code of Standards

1. *Reporting Concerns*

The cornerstone to CHS's Compliance Program is the expectation that every Workforce Member feel free to report compliance concerns without fear of reprisal or disciplinary action. We believe each member of the team is integral to the promotion, prevention, detection, and resolution of fraud and abuse, and delivering high quality safe patient care. All CHS Workforce Members are required to promptly report good faith concerns involving potential and/or actual violations of the law and/or violations of WSU or CHS policies. Failure to promptly report concerns exposes individual to discipline in accordance with WSU policy. Moreover, it may expose a licensed health care provider to discipline under professional licensing standards such as Washington's Uniform Disciplinary Act and/or an enforcement action by a federal health care program oversight agency. Limited exceptions to this requirement include employees who are statutorily barred from reporting information disclosed by clients/patients in the course of mental health treatment. Workforce Members may report compliance concerns to the Compliance Contact(s), Compliance Committee, Chief Compliance and Risk Officer, and/or Office of Internal Audit. Reporters may file a concern anonymously or confidentially. See the Compliance Resources listed at the end of the CoC for reporting compliance concerns. If a Workforce Member reports a concern anonymously it is important to clearly provide detailed information so the concern can be investigated and addressed. Insufficient information may preclude CHS from conducting a complete and thorough investigation into the concern so the matter may be resolved.

2. *Retaliation Prohibited*

Retaliation for reporting a good faith concern is strictly prohibited. Any individual who retaliates against a reporter for submitting a good faith concern will be subject to discipline in accordance with CHS's Corrective Action Policy. Please report any concerns regarding retaliation.

3. Comply with all Laws and Policies/Procedures

CHS Workforce Members must comply with all applicable federal and state laws, regulations, health plan contract requirements, and WSU or CHS policies. Each Workforce Member is personally accountable to CHS to comply with these standards, but they may also be held personally liable under the law for failing to adhere to these requirements. CHS Compliance Program is designed and implemented to promote compliance. Following CHS Compliance Program illustrates a Workforce Members good faith intent to comply with the law, and CHS policies and standards.

4. Follow Licensing and Professional Standards

Ensuring that CHS is delivering high quality safe patient / client care requires licensed health care providers keep their license current and meet all continuing education requirements. This is an independent duty for each license holder. Failure to maintain a license while continuing to practice could subject one to the unauthorized practice of a profession that requires a license. This may subject a licensed health care provider to discipline under various laws including the Washington Uniform Disciplinary Act. Moreover, certain providers are required to maintain their license for their services to be reimbursable under a federal health care program or health plan. Licensed health care providers are required to immediately notify the Executive Director as well as their direct supervisor if their license lapses or if they receive notice their license will not be renewed or is being terminated.

Each licensed or certified health care provider must also comply with all applicable professional standards of care, ethical canons, and/or professional guidelines. Generally, all individuals have an independent duty to understand and comply with these standards.

5. Patient/Client Centered Care that Is High Quality and Safe

CHS is committed to delivering patient/client centered care that is high quality and safe at every encounter. This means that CHS and all health care providers promote the adoption of best practices that are effective and safe. Equally important, all interventions and services should always consider patient safety, and the best possible outcome for the patient. Workforce Members are responsible for speaking up for safety at all times. Workforce Members have the affirmative duty to timely report patient safety or quality of care concerns to CHS's coordinated quality improvement committee (CQIC). CHS's CQIC is established pursuant to [RCW 43.70.510. Reporting concerns to the CQIC must be in accordance with CHS approved coordinated quality improvement plan to ensure such reports maintain their confidential and privileged status.](#)

This objective must also be balanced with the patient's autonomy and the right to make informed medical decisions. In this vein, all patients/clients with decisional capacity must be informed in plain language of the nature of the proposed treatment, the anticipated results, alternative forms of treatment including non-treatment, and serious possible risks or complications with the treatment.

Essential to delivering high quality safe patient/client care is working professionally with other providers and staff and treating all individuals respectfully. Disagreements may occur, but resolution of conflict must be done in accordance with established protocol and in a non-disruptive manner. Examples of disruptive conduct may include the following behaviors:

- Threatening or abusive comments

- Discriminatory jokes, comments, or innuendo
- Offensive language
- Name calling
- Refusing to work with certain workforce members
- Disruptive conduct threatens CHS ability to deliver high quality safe patient/client care, and will be handled in accordance with WSU policy, or contract requirements.

6. *Prevent Fraud, Waste, and Abuse*

CHS bills federal health care programs (i.e., Medicaid) and has contracts with Medicaid Managed Care Organizations and commercial health plans. Consequently, CHS is subject to certain federal and state laws, and contract requirements. CHS is committed to being a reliable, honest, and trustworthy provider of health care. To demonstrate its integrity CHS expects the following:

- i. Timely, complete, and accurate medical documentation for each patient/client encounter.
- ii. Billing only for services that have sufficient medical documentation to support the service and/or level of service (coding).
- iii. Billing only for services rendered or items used.
- iv. Billing only for medically reasonable and necessary services.
- v. Not balance billing patients when precluded by law or contract
- vi. Not upcoding (using a billing code that provides a higher reimbursement rate than the actual service furnished).
- vii. Timely returning overpayments to payers or patients.
- viii. Not unbundling services (using separate billing codes for services that have an aggregate billing code).
- ix. Not duplicating billing for the same service.
- x. Not giving gifts or things of value to federal health care program beneficiaries to induce them to utilize CHS services.

7. *Referrals*

Federal and state laws such as the Anti-Kickback Statute (AKS) and Stark law require appropriate relationships with referral sources. The U.S. Department of Health and Human Services, Office of Inspector General (OIG) has detailed information regarding these laws [here](#). The AKS is a criminal law that prohibits the knowing and willful payment of “remuneration” to induce or reward patient or client referrals or the generation of business involving any item or service payable by a federal health care program. Stark is a civil strict liability statute that prohibits physicians from referring patients to receive “designated health services” paid by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship unless an exception applies.

CHS does not pay for referrals and does not accept remuneration or things of value for referrals CHS makes.

8. *Gifts.*

To ensure CHS acts with integrity and is making decisions based on what is in the best interest of patients/clients and/or CHS, gifts are strictly prohibited from vendors, referral sources, and/or patients/clients. The limited exception is gifts of nominal value, but only to the extent it is consistent with Washington Ethics in Public Service Act, [RCW 42.52](#). See also, [RCW 42.52.150](#)

(imposing limits on gifts). Cash or cash equivalents are never acceptable. Accepting a gift of any value is never permissible if it is done to influence a provider's clinical judgment or influence certain behavior. Employees may provide gifts to one another when there is appropriate intent such as to celebrate an event (i.e., birthday, holiday, etc.).

9. *Avoid Conflicts of Interest*

A conflict of interest (COI) may exist where an outside activity, personal financial interest, or other private interest, influences or appears to influence one's objective actions and decision making in the course of their job duties. COIs may also arise where one's family member receives benefits as a result of their position. Actions and decisions should always be based on the best interest of the patient/client. Moreover, actions should be based on the best interests of CHS and WSU, and not an individual employee's personal financial interest. To avoid an actual or apparent COI Workforce Members should do the following:

- Not conduct CHS business with entities or organizations in which the Workforce Member or their family members has a direct or indirect interest
- Not accept gifts, money, or something of value that may be construed as a kickback or bribe
- Not solicit gifts or things of value from referral sources, vendors, or patients
- Not use WSU resources including work time and assets for personal activities or business affairs
- Not accept consulting positions with entities or organizations doing business with WSU or CHS
- Not use WSU or CHS confidential information for personal gain

All CHS Workforce Members must timely disclose COI in accordance with WSU or CHS policy. Annually, affected Workforce Members must update their COI disclosure form. Finally, Workforce Members must comply with all COI management plans. Reporting a COI does not mean a Workforce Member has engaged in any wrongdoing. Rather, it is generally used as a mechanism that allows CHS to determine when an individual should be, among other things, screened from influencing business decision affecting WSU or CHS.

10. *Promoting Ethical Research and Academic Conduct*

CHS expects that all Workforce Members exhibit integrity when participating in academic and research activities. CHS creates and reports accurate information regarding research studies and submits accurate and complete costs related to funded research. CHS also complies with all legal and ethical standards involving human, animal, basic science, and applied science research.

Workforce Members must also have appropriate academic and professional relationships with students, trainees, and/or residents they supervise. Licensed health care providers and/or faculty supervisors are accountable to delivering high quality safe patient/client care which requires appropriate supervision of learners they are supervising. Moreover, Workforce Members should not encourage or allow learners to engage in patient/client care activities outside the scope of their skills, knowledge, or permitted activities. Workforce Members should not use their supervisory authority over learners to receive inappropriate benefits or to engage in inappropriate conduct.

11. Not Hiring or Contracting with Excluded Individuals or Entities

CHS does not employ or contract with individuals or entities excluded from participating in federal health care programs and/or excluded from contracting with the federal government. CHS screens Workforce Members in accordance with its policy at the time of employment, contracting and/or assignment and on regular basis thereafter. Workforce Members are required to promptly notify Human Resources Services, or the Compliance Contact any time they receive notice action is being taken to exclude them or they have been excluded.

12. Non-Discrimination

CHS complies with all state and federal non-discrimination laws and WSU's policy on non-discrimination. CHS does not discriminate against any individual based on race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity or expression, genetic information, or veteran status. CHS is committed to providing an inclusive work environment where everyone is treated with fairness, dignity, and respect.

CHS is committed to providing reasonable accommodations such as auxiliary aids and services (i.e., qualified interpreters) at WSU's expense (except where covered by Medicaid) when necessary to communicate effectively with a patient/client or their companion.

13. Safeguarding Protected Health Information (PHI)

WSU is a hybrid entity and CHS is part of the health care component. This means that CHS must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Washington's Uniform Health Care Information Act (UHCIA). Access, use, and disclosure of PHI should be the minimum necessary to achieve the purpose of the business use or need. Workforce Members must observe all security standards to ensure the confidentiality, integrity, and availability of PHI. Workforce members should only use CHS assets, devices, equipment, and information system to conduct CHS business when using, accessing, and/or disclosing PHI. PHI that is permitted to be maintained on approved mobile media, devices, and/or electronic media must be encrypted in accordance with WSU policy.

Furthermore, workforce members must keep their user password to computers, devices, equipment, or information system confidential and not disclose it to anyone. All concerns involving privacy or security incidents must be immediately reported to WSU's Chief Information Security Officer or Information Technology Services Security Operations at 509-335-0404 and CHS Privacy Officer.

14. Safeguarding Other Confidential Records and Information

CHS also maintains and/or has access to other confidential records such as employee records, or confidential information including educational information and records protected by the Family Educational Rights and Privacy Act. Workforce Members must safeguard non-public and confidential data appropriately and in accordance with the law and WSU policies.

Workforce Members must also maintain records in accordance with Washington State's Public Records Act, and WSU's retention schedule requirements. Each individual is responsible for knowing these requirements and complying with them.

15. Corrective Action

CHS is committed to promptly adopting and implementing corrective action plans once a deficiency or non-compliance is identified. Corrective action is aimed to ensure business practices and services are consistent with the law and health plan requirements, and to prevent it from recurring. Where appropriate, CHS will timely return overpayments to patients or payers and self-disclose non-compliance or violations of law to the appropriate government agency or contractor charged with oversight.

16. Auditing and Monitoring

To improve business operations and ensure health care services are consistent with legal and health plan contract requirements, CHS will audit and monitor its standards and claim submission process. Auditing and monitoring helps identify CHS risks so CHS can direct resources to correct any deficiencies or problems. Workforce Members must cooperate with internal or external audits conducted or directed by CHS, and government authorized audits.

17. Compliance Resources

To obtain assistance and report any concerns please contact the following:

- CHS Compliance Contact (violations of COC or law) – Executive Director, CHS
- CHS Privacy Officer (HIPAA issues)
- CHS Executive Director, Medical Director, and/or Director of CAPS (quality concerns)
- Compliance Committee (see Compliance Plan)
- WSU Chief Compliance and Risk Officer (compliance or risk concerns)
compliance.risk@wsu.edu. This email address is monitored daily.

CODE OF CONDUCT/ ACKNOWLEDGMENT FORM

As a Cougar Health Services (CHS) Workforce Member (i.e., employee, contracted provider, student trainee, resident, volunteers) I, _____, recognize that compliance is a vital and interactive component of CHS's commitment to quality and safe patient and client care that is ethical and complies with the law. I have read and understood CHS's Code of Conduct and agree to comply with it including reporting any potential violations of law or the Code of Conduct to a designated institutional official (i.e., Compliance Contact).

I understand that CHS's commitment to compliance includes the prevention, detection, and elimination of fraud, waste, abuse, and other illegal or unethical conduct. I have read and understood CHS's Preventing and Detecting Fraud, Waste and Abuse Policy, and agree to comply with it. Further, I agree to respect and maintain the integrity of CHS through my own commitment to compliance and ethical conduct, and to provide high quality safe patient/client care.

I understand that CHS and WSU's Board of Regents are entitled to undertake such action as is deemed appropriate to ensure that compliance within the institution is maintained. This action, necessitated by any breach or threatened breach of this agreement, may include reporting non-compliance activities to the appropriate federal or state agencies and health plans or dismissal from my position or affiliation with CHS.

Signature

Date

Printed Name

Please return this signed form to CHS's Compliance Contact so it can be maintained in accordance with WSU's Retention Policy Schedule.

Cougar Health Services/CAPS

Professionalism Guidelines**ATTIRE***Purpose:*

Cougar Health Services strives to provide a professional, caring, safe, and healthy environment for all employees and those we serve. We proudly celebrate the diversity and multi-culturalism of our collegial environment and recognize that how we present ourselves affects the image of our organization and the experience of those we serve. The following guidelines are provided to support employees in using good judgment to project a professional image.

*Policy:***ALL CHS EMPLOYEES**

Employees, professional students, medical residents, student shadows, and volunteers are required to present a professional appearance and dress according to the requirements of this policy as well as adhere to their department-specific or job-specific dress standards. All should wear business casual attire. Business casual attire can include suits, pants, slacks, skirts, dresses, jackets, shirts, sweaters, polo/collared shirts, khakis, and corduroy pants. Clothing and appearance should be neat, clean, and should not be a safety hazard.

Name badges are required to be worn at all times when in the building, above the waist, for safety and security. Supervisors are responsible for advising employees on workplace attire and appearance. Employees should consult their supervisor for additional guidance when questions arise.

Supervisors, in consultation with Human Resources Services, will make the final decision on additional standards and questions regarding professional attire and appearance. Although this policy cannot include a comprehensive list of what constitutes professional attire, some specific examples are presented for information, including, but not limited to:

- Footwear appropriate to the work being performed, including closed-toe shoes in medical clinical areas and for certain other job roles.
- Shirts with or without collars, including casual shirts and blouses, golf and polo shirts, business suits, pants, ties, dresses, skirts, blazers, or sweaters.
- Hair or head coverings that do not obstruct vision or interfere with job duties.
- WSU branded clothing is acceptable and encouraged to be worn on Fridays. Examples of unprofessional attire and appearance include, but are not limited to:
 - Ripped, torn, or frayed clothing.
 - Clothing that does not allow an appropriate range of movement.
 - Ball caps and beanies.
 - Sheer, mesh, or micro clothing that exposes undergarments or midriffs.
 - Backless, strapless, or spaghetti strap garments worn without a covering (e.g., sweater or blazer).
 - Clothing with a printed message, slogan, political message, picture, or art depicting drugs, alcohol, smoking, sex, weapons, violence, or a discriminatory message.
 - Casual athletic wear such as yoga pants, sweatpants, or running pants.
 - Tattoos that depict drugs, alcohol, smoking, sex, weapons, violence, or a discriminatory message, or healing tattoos that are uncovered.

- Overpowering fragrance.

MEDICAL CLINIC, PHARMACY AND VISION CLINIC

All employees in Medical Clinic, Pharmacy and Vision Clinic are expected to wear business casual attire or scrubs. Business Casual attire is as described above. In addition, all employees, professional students, medical residents, volunteers and student shadows will follow the below requirements.

Certified or registered medical assistants, healthcare providers (HCPs), and nurses may wear top and bottom scrubs, or they may pair scrub bottoms with polo shirts, short and long sleeve crew neck shirts, and vests when performing patient care.

Fragrance: According to the American Lung Association: “A fragrance-free environment helps create a safe and healthy workplace. Fragrances from personal care products, air fresheners, candles and cleaning products have been associated with adversely affecting a person’s health including headaches, upper respiratory symptoms, shortness of breath, and difficulty with concentration. People with allergies and asthma report that certain odors, even in small amounts, can cause asthma symptoms.” Fragrances have also been found to trigger migraines. [Reference: <https://www.ncbi.nlm.nih.gov/pubmed/23832131>]

In consideration of the allergies and sensitivities of others, natural and artificial scents should be undetectable to others. This is inclusive of tobacco/smoke, colognes, oils, lotions, perfumes, fragrances, foods, and body odors. The use of aerosols, vaporizers, diffusers, or air fresheners within the building is not permitted (other than those approved for use in restrooms or for specific patient/client therapies). This is in keeping with best practices recommended by the American Lung Association and with standards for indoor air quality.

Fingernails, and Hand Hygiene: Per AAAHC Standard 7.I.B and the CDC Hand Hygiene Guidelines, fingernails should be clean, groomed, and short, no more than ¼ inch in length. Acrylics, tips, extensions, overlays, decals, and any other form of artificial nails or other nail applications are not allowed. Any nail polish must be well maintained, cover the entire nail, and not be chipped

Hair and Beards: Hair longer than shoulder length should always be pulled back when performing or assisting with procedures. Facial hair should be adequately trimmed so as not to interfere with a protective mask or fit-tested respirator.

Jewelry: Jewelry should not come in contact with patients or pose a danger of becoming caught in clothing or equipment. Rings, watches, and bracelets are permitted. Wearers should be conscious of the increased infection risk of not being able to completely wash and dry the skin below the elbows after each patient encounter.

Shoes: Employees who may have exposure to spills, sharps, and other hazards, shoes should be fully closed toe, and any open heels must have a sturdy heel strap. Clean sneakers are acceptable. Sturdy, non-slip shoes without mesh or openings are highly recommended.

CUSTODIAL

Custodial employees should dress to incorporate recommendations for occupational health and safety. Casual attire is appropriate. Clothing should fit comfortably, allowing for adequate movement, must be neat, clean, and unrevealing.

NON-COMPLIANCE WITH DRESS CODE

Employees not in compliance with this policy will be addressed on an individual basis. Depending on the area of non-compliance, the employees, medical residents, professional students, volunteers, and student shadows may be required to go home, change into business casual attire, and return to work. Absences from work that occur because of non-compliance of this policy, will need to be covered by applying the appropriate number of annual leave hours or leave without pay (LWOP) hours if annual leave hours are exhausted. If issues persist, supervisors may address the employee

through the corrective and/ or disciplinary action process after consultation with WSU Human Resources

Timeliness For Appointments – CAPS

Counseling sessions, trainings, and supervision sessions are typically scheduled to start at ten minutes after the hour (“coug time”). Initial Consultation shifts, Cougar Health Services meetings, and some Summer Orientation meetings facilitated by non-CAPS presenters start at the top of the hour. Please be prompt.

When conducting therapy in-person, if the clinician has not been notified that their client has arrived by ten minutes after the hour, it is the clinician’s responsibility to check the waiting room to see if the client has arrived. If the clinician is conducting teletherapy, they should call their client to see if they are experiencing technical difficulties connecting via Zoom.

Noise Etiquette - CAPS

While CAPS encourages collegiality among peers and with staff, it is helpful to remember that clients seeking counseling do so because of some type of emotional stress in their lives. As such, CAPS clinicians should limit the time spent at the reception area, keep voices down, and close the door to the practicum room or breakroom if the noise level gets too loud.

Trainee Attendance And Notifying Caps Of Unexpected Absences - CAPS

CAPS trainees should plan to be at CAPS or working during the hours they have contracted even if they do not have a client scheduled during one of their clinical hours. Work hours may also be used to prepare for supervision, review tapes, complete documentation, etc. If a trainee cannot be available unexpectedly due to illness or another emergency, they should call CAPS reception (509-335-4511) ahead of time (do not send an email). During busy times, schedules can change rapidly. It is each clinician’s responsibility to check their schedule frequently.

Confidentiality - CAPS

Maintaining confidentiality is imperative within the work at CAPS and CHS. Detailed guidelines on expected confidentiality practices are outlined in the following documents: CAPS Confidentiality Agreement (found within this handbook), CHS Information and Data Security policy (located in Power DMS), and CAPS Data Security policy (located in Power DMS and CAPS Policies and Procedures).

Professional Relationships Among CAPS Personnel

At CAPS, supervisors are honored and privileged to provide training at many levels: practicum, graduate assistantship, doctoral internship, and postdoctoral/graduate residency. This training brings with it the opportunity to meet, enjoy, and learn from each other. As a Center, CAPS personnel occasionally socialize as a large group, such as through potlucks, online meetings that may include games, outdoor events, or special celebrations. At times, individual staff members may also invite a whole group of trainees (e.g., all the interns or all the practicum counselors) for a meal or event. These interactions are welcomed if they do not interfere with one’s ability to supervise or evaluate trainees objectively. Given the multi-layered and sometimes complex supervisory and evaluative roles that faculty, postdocs, and interns hold at CAPS, individuals at different training/professional levels are discouraged from socializing individually with each other outside of CAPS (e.g., clinical staff inviting one intern or practicum counselor

to the gym or for lunch). These boundaries help to foster and maintain fair and healthy professional relationships at the Center.

CHS Employee

Confidentiality and Acknowledgement of the (HIPAA) Training Statement**(Health Insurance Portability and Accountability Act (HIPAA))**

A copy of this Agreement should be kept in the Personnel Files

As an employee, temporary employee, job shadow, volunteer, or student employee at Cougar Health Services (CHS), you may have access to what this Agreement refers to as “Confidential Information.” The purpose of this Agreement is to help you understand your duty regarding confidential information.

“Confidential information” includes information about patients, employees, or students or financial or other business or academic information relating to Washington State University (WSU), Cougar Health Services. You may learn or have access to confidential information through CHS computer systems (which include but are not limited to the clinical, human resources, and financial information systems).

As an individual having access to confidential information, you are required to conduct yourself in strict conformance with applicable laws and CHS policies governing confidential information. As a condition of your relationship to CHS, you are required to acknowledge and abide by these duties. A violation of any of these duties will subject you to discipline, which might include, but is not limited to, dismissal of your relationship (faculty appointment, employment, student, consulting, etc.) with CHS, in addition to legal and/or financial liability.

I understand that I may have access to electronic, printed, or spoken confidential information, which may include, but is not limited to, information relating to:

- Patients – including Protected Health Information (PHI), records, conversations, patient financial information, etc.
- Employees – including salaries, employment records, disciplinary actions, etc.
- Students – including enrollment, grade, and disciplinary information.
- Research – including PHI created, collected, or used for research purposes.
- CHS – including but not limited to financial and statistical records, strategic plans, internal reports, memos, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc.
- Third party information – including computer programs, client and vendor proprietary information, source code, proprietary technology, etc.
- PHI and Personal Identifying Information (PII) used in other contexts.

Examples of inappropriate disclosures include:

- Employees discussing or revealing PHI or other confidential information to friends or family members.
- Employees discussing or revealing PHI or other confidential information to other employees without a legitimate need to know.
- The disclosure of a patient’s presence in the office, hospital, or other medical facility, without the patient’s consent, to an unauthorized party without a legitimate need to know, and that may indicate the nature of the illness and jeopardize confidentiality.
- Using patient information for marketing purposes without express permission from CHS and patient. The unauthorized disclosure of PHI or other confidential information by employees can subject each individual employee and the practice to civil and criminal liability. Disclosure of PHI

or other confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, is grounds for disciplinary action up to and including termination.

Accordingly, as a condition of, and in consideration of my access to confidential information, I promise that:

1. I will use confidential information only as needed by me to perform my legitimate duties as defined by my relationship (faculty, employment, student, visitor, consulting, etc.) with CHS.
 - I will not access confidential information, which I have no legitimate need to know.
 - I will not in any way divulge copy, release, alter, revise, or destroy any confidential information except as properly authorized within the scope of my relationship with CHS.
 - I will not misuse or carelessly handle confidential information.
 - I understand that it is my responsibility to ensure that confidential information in my possession is maintained in a physically secure environment.
2. I will safeguard and will not disclose to any other person my password or any other authorization code that allows me access to confidential information. I will be responsible for misuse or wrongful disclosure of confidential information that may arise from sharing access codes with another person and/or for failure appropriately to safeguard my password or other authorization to access confidential information.
3. I will log off the computer systems after use.
4. I will not log on to a system or access confidential information to allow another person access to that information or to use that system.
5. I will report any suspicion or knowledge that my access code, authorization, or any confidential information has been misused or disclosed without CHS authorization.
6. I will not download or transfer computer files containing confidential information to any non-CHS authorized computer, data storage device, portable device, telephone, or other device capable of storing digitized data.
7. I will only print documents containing confidential information in a physically secure environment, will not allow other persons' access to printed confidential information, will store all printed confidential information in a physically secure environment, and will destroy all printed confidential information when my legitimate need for that information ends in a way that protects the confidentiality of the information.
8. I will follow CHS policies and procedures regarding the use of any portable devices that may contain confidential information including the use of encryption or other equivalent methods of protection.
9. I acknowledge my obligation to report to the CHS Privacy Officer any practice by another person that violates these obligations or puts CHS, its personnel, or its patients at risk of disclosure of confidential information.
10. If I am involved in research, any research utilizing individually identifiable protected health information will be performed in accordance with federal, state, local and Institutional Review Board policies.

11. If I no longer need confidential information, I will dispose in a way that assures others cannot use or disclose it including the Information Technology policy for disposal of printed confidential information or electronic equipment that may contain confidential information.
12. I understand that my communication using the WSU information network is not private and the content of my communication may be monitored to protect the confidentiality and security of the data.
13. I understand that my obligation under this Agreement will continue after termination of my relationship with CHS.
14. I understand that I have no right or ownership interest in any confidential information referred to in this Agreement. CHS may at any time revoke my password, or access to confidential information. At all times during my relationship, I will act in the best interests of WSU CHS.
15. I understand that access to Protected Health Information will be monitored through a log-on audit.
16. **I have been trained in the Health Insurance Portability and Accountability Act (HIPAA) privacy and security policies and procedures of CHS and am familiar with the guidelines in place at CHS pertaining to the use and disclosure of patient PHI and other confidential information.** Approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures of CHS is made. I also understand that the unauthorized use or disclosure of patient PHI and other confidential or proprietary information of CHS are grounds for disciplinary action, up to and including termination.

Name (print)

Date

Name (sign)

Department

CHS/CAPS Confidentiality Agreement

Welcome! We are pleased that you will be participating in providing clinical services and/or clinical training at Counseling and Psychological Services (CAPS). Maintaining confidentiality and adhering to our computer policy are important for those working at CAPS. Please read CAPS policies titled Client Confidentiality and Data Security, as well as the Cougar Health Services (CHS) policy titled Information & Data Security. Key information is summarized below.

Confidentiality: Providers, staff, interns, and student counselors at CAPS have access to confidential information. As a provider or trainee, you have the responsibility to not directly or indirectly reveal any confidential information you may encounter during or after your period of training or employment to any person or entity outside of Cougar Health Services- CAPS or the Medical Clinic without authorization. Telehealth and remote work involving confidential matters must be conducted through the HIPAA-compliant Zoom for Healthcare platform using a university-owned and managed device. Smart devices should also be turned off during telehealth work to avoid unintentional transmission of confidential information. Any release of confidential information is regulated by state law (RCW 18.83) and by the [APA Ethical Principles of Psychologist and Code of Conduct](#). For trainees, all correspondence regarding a client (even with the proper release of information signed by the client) must be co-signed by their clinical supervisor before leaving the agency.

Confidentiality must be maintained within the agency as well. You must not leave client information for long lengths of time in the printer or copier (e.g., more than a few minutes or overnight). Hard copies of client information cannot be placed in recycling bins, and all paper is shredded at CAPS using shred bins located in the work room (361) and kitchen (383). Files must not be left unattended in the practicum room or offices. File cabinets must be locked on weekends or after hours when not in use. You may not use audio or video recordings of client sessions for classroom purposes without prior written permission of your client and supervisor approval. Confidential information is not to be printed, copied, or reproduced when working remotely. Use of client information for other purposes requires approval from CAPS Director. Detailed information about maintaining confidentiality is in the practicum manual.

Computers: You will use your WSU username and password to access the CAPS computers. This account will provide access to a user folder on the file server. Your server user account can be used for research and various documents but must not be used for client notes. Please maintain all client notes in Point N Click or in an encrypted file on the file server. Do not, under any circumstances, save a client file on the hard drive of any computer. Your file on the server and Point N Click are backed up nightly and kept secure. You are liable for information you access via the computer; Point N Click keeps a record of all user activity. Log out of Point and Click when you leave any computer or lock the computer screen if you are only leaving for a moment. To lock the computer screen, press the windows key  and the "L" key together. Use of personal computers/devices is prohibited by University policy. CAPS clinical work will need to be done on a university owned device. Digital recordings (audio and video) must be encrypted and saved to the video shared drive on the file server.

Sharing your Computer Account: It is against WSU Executive Policy, WSU student conduct rules, and state law to allow another person to use your WSU network login. If you have shared your username or password with anyone, please change it immediately and do not share it again.

Software: It is illegal to install unlicensed software on a state-owned computer. Our computers have the software required to support CAPS activities. Students are not permitted to install any software on CAPS computers – this includes email programs, cloud services or storage and any form of Instant Messenger

or music programs. If you have any questions or concerns, please talk with the Office Support Supervisor.

I understand and agree to abide by the terms of the above contract and relevant CAPS and CHS policies. I understand that if I do not follow the terms of the contract, I may lose access privileges.

Name (Print) _____ WSU ID # _____

WSU E-mail address _____ Net ID _____

Signature _____ ☐ New ☐ Returning

Date: _____ Approved by: _____

Administrative Use Only: Access Use Requested

Faculty/Staff

Support/Staff

Intern/Staff

Prac. Students

Impact

Testing Center

Special Case

Other: _____

CAPS Telework Policies, Procedures and Guidelines

Telework Due to Illness or Weather

CAPS employees may request approval to telework for specific circumstances. Some of the factors administrative supervisors consider when determining how to manage such requests include: weather conditions, safety of commute, school delays, childcare needs, and protecting colleagues from exposure to illness. In cases of illness, administrative supervisors also consider when to encourage the use of sick leave.

For same day requests, employees should contact their administrative supervisor (for interns, this is the Training Director) by text message by 7:30 am. At times, it is also appropriate to request a day of telework in advance. In such instances, an intern should work with the Training Director to get a plan in place.

If approved for telework, the employee should add a “Working Remote” distinction on their PnC schedule for the day. If telework impacts a clinician’s work capacity for the day (e.g., needing to reschedule an in-person client, meeting, or training), the clinician is responsible for contacting individuals affected and making alternate arrangements.

Guidelines for Providing Telemental Health (TMH) Services at CAPS

- Clinicians must use CAPS-approved, WSU devices for providing TMH services.
- Trainees must demonstrate an understanding of TMH ethical considerations, CAPS TMH Guidelines, Zoom procedures, and CAPS-specific PnC logistics related to TMH before offering TMH services to clients. Interns obtain approval from the Training Director to offer TMH services following completion of TMH training during summer orientation.
- Trainees, unlicensed clinicians, and clinicians licensed only in the state of Washington can only provide TMH services to clients physically located in the state of Washington at the time of the appointment.
- If a client is not located in Washington, a clinician may offer one supportive check-in phone call (up to 30 minutes) to coordinate care and refer the client to online and/or local resources.
- A client’s current physical address must be verified at the beginning of every TMH appointment.
- All clients participating in TMH need to consent to TMH, and that consent needs to be documented in client’s PnC chart.
- CAPS is currently providing the following services via TMH: initial consultations, crisis appointments, individual counseling appointments, select groups and workshops, and couples counseling. A majority of these services are also offered in-person.
- Clinicians should follow the latest PnC instructions and updates for scheduling and conducting TMH appointments.
- Smart assistant devices that may be recording in the background should be powered off during TMH appointments.
- Clinicians providing TMH services should attend to Telepresence:
 - Consider what the client will be able to see via your webcam. When screensharing, make sure your desktop and icons are appropriate
 - Make sure lighting allows your face to easily be seen (e.g., not backlit by back windows)
 - Set camera at eye level and gaze into it
 - Limit distractions to ensure you will not be interrupted during appointments (e.g., close computer programs that make sound notifications, meet from a private space, shut door, deal with noise from pets/partners/children)
 - Dress professionally

WSU Counseling and Psychological Services

Doctoral Internship Telesupervision Policy

Washington State University (WSU) Counseling and Psychological Services (CAPS) is committed to providing quality supervision to doctoral psychology interns as a function of reaching its aim “to provide the professional training and experience for independent entry-level work as a health care psychologist in a wide variety of settings, including university counseling centers.” Supervision of interns serves essential roles of fostering interns’ clinical and professional development, monitoring and evaluating intern performance, and protecting the welfare of the individuals receiving psychological services by CAPS doctoral interns.

APA Definitions of In-person Supervision and Telesupervision:

Telesupervision is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same room as the trainee.

In-person Supervision is supervision of psychological services where the supervisor is physically in the same room as the trainee.

Prioritization of In-person Supervision

CAPS prioritizes in-person individual and group supervision for doctoral psychology interns. As noted in CoA Implementing Regulations C-15 I, there are unique benefits to in-person supervision. These may include but are not limited to professional socialization, assessment of trainee competence, and recognition and processing of subtle nonverbal and/or emotional interactions. Accordingly, WSU CAPS considers in-person supervision as best practice unless barriers to in-person supervision exist.

Rationale for Using Telesupervision

Telesupervision provides a useful, alternative supervision modality on the occasions that in-person supervision is not possible. Examples include but are not limited to times when the supervisor and, or supervisee are working remotely or in separate locations, including separate offices within CAPS due to inclement weather, illness, or telework schedules. The use of telesupervision brings flexibility to the fulfillment of the supervisory commitment, enhancing interns’ ability to receive regular supervisory support required as part of an accredited internship program. In turn, the ability to utilize telesupervision practices when in-person supervision is not accessible helps protect the public by ensuring that interns’ clients receive supervised care. Telesupervision additionally supports supervisory opportunities and telework flexibility for CAPS senior clinical staff who have the option to work remotely for up to 20% of their contracted time each week.

When and How Telesupervision is Used

CAPS allows telesupervision of all doctoral psychology interns as an alternative to in-person supervision when in-person supervision is not feasible due to supervisor’s telework schedule, inclement weather, illness, or other approved telework circumstances. At CAPS, telesupervision entails delivering supervision through a live, HIPAA-compliant videoconference platform (Zoom) utilizing university-approved devices where supervisor and supervisee are in separate private spaces with minimal or no distractions. During telesupervision, both supervisor and supervisee have access to video recordings of

interns' therapy and the CAPS electronic health record system, Point and Click. This access facilitates schedule review, confidential communication about clinical cases, and client privacy.

Establishing the Supervisory Relationship

Several practices at CAPS ensure that relationships between interns and their supervisors are established at the onset of the supervisory experience. First, CAPS interns have an opportunity to meet most potential clinical supervisors in-person through scheduled “meet and greet” activities during the summer orientation period. Interns additionally get to know supervisors through weekly clinical staff meetings, clinical consultations, onboarding trainings, and CAPS sponsored social events such as potlucks. Whether supervision is conducted fully in-person or partially via telesupervision, supervisors routinely create space at the beginning of the supervisory relationship to share about their own background and professional experiences, offer their supervisees an opportunity to share about their own background and training experiences, and to discuss supervision goals and expectations.

At the onset of each supervisory period, a Doctoral Psychology Intern Supervision Agreement and Telesupervision Addendum are signed by each intern supervisee, their individual supervisor, and the CAPS Training Director. The Supervision Agreement describes the expectations of the supervisor and supervisee. The addendum outlines the CAPS tele-supervision protocol and does not replace any aspect of the Doctoral Psychology Intern Supervision Agreement that was signed within the same timeframe.

Telesupervisor Roles

CAPS staff are allowed to fulfill up to 20% of their work contract through remote services; the remaining 80% of their work is conducted on-site. Whether working on-site or remotely, supervisors are easily able to communicate with CAPS clinicians and trainees through phone, email, and Teams messaging, and have access to the CAPS scheduling and electronic health record system, supervisees' videorecorded sessions, and supervisees' clinical documentation. As such, supervisors have the capacity to conduct all expected supervisory functions through telesupervision, and they maintain full professional responsibility for their supervisees' clinical cases in the same way they would if providing in-person supervision.

Non-scheduled Consultation and Crisis Support

All CAPS staff, whether working remotely or from the office, routinely communicate through Microsoft Teams. In this way, an intern may contact their supervisor, other senior clinical staff, and CAPS Patient Service Representatives, if needed, to coordinate and receive support when conducting crisis interventions. CAPS supervisors who are working remotely or teleworking on a given day may join an intern and client through a Zoom appointment to offer the intern guidance when managing a clinical crisis. An intern who is working remotely or teleworking from their CAPS office on a given day may access crisis support through Teams and Zoom. There are always licensed psychologists at CAPS who are available for consultation and backup support if the intern's supervisor is not readily available.

Telesupervision Training

Trainees and supervisors who utilize telesupervision must first become familiar with CAPS telehealth equipment and practices. This occurs through onboarding training for all staff, including interns, and includes use of the HIPAA-compliant Zoom videoconference platform, zoom features within Point and Click, the Logitech camera, and TruCrypt/VeraCrypt for reviewing client sessions. Interns additionally have access to Zoom etiquette tips located in the Intern Handbook and engage in a review of telehealth practice considerations during their summer orientation.

Telesupervision Limits

As per APA expectations, telesupervision at CAPS may not account for more than one hour (50%) of the required two weekly hours of individual supervision, and it may not exceed two hours (50%) of the minimum required four total weekly hours of supervision.

WSU Counseling and Psychological Services

Doctoral Psychology Intern Supervision Agreement

The following supervision agreement outlines the parameters of the doctoral psychological work conducted by XX..... at Washington State University (WSU) Counseling and Psychological Services (CAPS) and the supervision they will receive for their work at CAPS.

Dates and Hours of Doctoral Psychology Internship Experience and Supervision

XX..... (Hereafter referred to as Doctoral Intern) began their Doctoral Psychology Internship at WSU CAPS on July 1, 2025. They will maintain Doctoral Psychology Intern status at this agency until completion or termination of their internship. Doctoral Intern will receive 2 hours of individual supervision per week (which is an equivalent of at least one hour of supervision for 20 hours of psychological work provided) from XX/XX/20XX to XX/XX/20XX from licensed psychologist,, WA License #..... (Hereafter referred to as Doctoral Intern Supervisor).

Areas of Professional Activity

Doctoral Intern will provide professional psychological services for students at Washington State University. This work may include initial consultation appointments; individual, couples, and group counseling; assessment; IMPACT appointments, SDMH, outreach services; consultation; and crisis services. They may also supervise doctoral counseling practicum counselors.

Fees and Payment

No supervisory fees will be charged and no monetary payments for supervision will be accepted.

Process of Supervision

Mode of Supervision: Supervision will be provided in a face-to-face format as much as possible, or via Zoom if needed (See Telesupervision Addendum, as relevant). Supervision will occur at WSU CAPS or via Zoom on WSU owned devices. Direct observation of the supervisee's work will be acquired through one or more of the following means: detailed process notes and reports, audio/video recording of sessions, client-supplied information such as behavioral ratings, and/or live supervision. Supervision will include the following: discussion of services provided by the doctoral intern (including their provision of supervision); selection, service plan, and review of each case or work unit of the doctoral intern; discussion of and instruction in theoretical concepts underlying the work; discussion of the management of professional practice and other administrative or business issues; evaluation of the supervisory process by the doctoral intern and the supervisor; discussion of coordination of services among the professionals involved in the particular cases or work units; discussion of relevant Washington laws and rules; discussion of ethical principles including principles applicable to the work; review of standards for providers of psychological services; and discussion of reading materials relevant to cases, ethical principles, and the supervisory process.

Expectation of Recordkeeping: Doctoral Intern will be expected to conform to APA Ethical Guidelines and CAPS' protocols and procedures regarding keeping records of their clinical contacts. Furthermore, Doctoral Intern will be responsible for accurately tracking their clinical and supervision hours on Point and Click, which their CAPS Training Director and supervisor will review at the end of each semester. The Doctoral Intern Supervisor will also maintain records of these clinical and supervision hours.

Expectations for Evaluation and Feedback: Doctoral Intern will be provided with on-going feedback during their individual supervision sessions with Doctoral Intern Supervisor. At mid-semester and at the end of the supervision period, Doctoral Intern Supervisor will discuss Doctoral Intern's progress with the CAPS training staff and complete the 3-month/9-month Doctoral Intern Evaluation and the 6-month/12-month Doctoral Intern Evaluation, respectively. The Doctoral Intern Supervisor will review these evaluations with the Doctoral Intern. After Doctoral Intern and Doctoral Intern Supervisor have signed the evaluation forms, they will be submitted to the CAPS Training Director and stored permanently in a confidential location at CAPS. The Training Director may give interns' subsequent CAPS supervisors access to these evaluations for supervisory purposes. Doctoral Intern will be provided a copy of the signed forms. At the completion of the 6-month and 12-month supervision periods, the CAPS Training Director will forward the 6-month and 12-month evaluations to the Director of Clinical Training of Doctoral Intern's academic program. Doctoral Intern will be given the opportunity to provide Doctoral Intern Supervisor with specific, written feedback on the supervision they received; copies will be maintained in Doctoral Intern's file and Doctoral Intern Supervisor's file at CAPS.

Relevant Business Arrangements

Doctoral Intern is employed by WSU as a full-time, 12-month, Doctoral Psychology Intern with CAPS and Cougar Health Services at WSU. In addition to weekly individual supervision, Doctoral Intern will receive at least 2 hours of weekly group supervision from select CAPS supervisors. Doctoral Intern also has access to clinical and psychiatric consultation from Cougar Health Services medical providers and CAPS clinicians.

Representation to the Public

Doctoral Intern will use the title "Doctoral Psychology Intern" to indicate their training status. They will inform clients that they are in doctoral training and will provide clients with the name of their clinical supervisor. Clients will be informed that they may speak directly with Doctoral Intern's supervisor, should they choose.

Disagreements

If *Doctoral Intern* disagrees with their supervisor about clinically relevant matters, they should first present this disagreement with their supervisor. If this does not resolve the issue, the Doctoral Intern should then raise it with the Training Director first and, if not resolved, then with the CAPS Director.

Agreement and Signatures

By signing below, all parties indicate their consent to work within the requirements of the supervision agreement as delineated above. All parties agree to fulfill their respective responsibilities in a timely and appropriate fashion.

....., Doctoral Psychology Intern

Date

....., Ph.D., Licensed Psychologist and Supervisor

Date

Kayla Zeal, Ph.D., Training Director

Date

Doctoral Psychology Intern Supervision Agreement Tele-Supervision Addendum

Washington State University (WSU) Counseling and Psychological Services (CAPS) typically offers in-person supervision for doctoral psychology interns. There are unique benefits to in person supervision, including, but not limited to: professional socialization, assessment of trainee competence, and recognition and processing of subtle nonverbal and/or emotional interactions. As a result, in-person supervision is considered best practice unless significant barriers to in person supervision exist. In the extraordinary event that in-person supervision is not possible (e.g., when the supervisor and, or supervisee must work remotely or in separate locations, including separate offices within CAPS), tele-supervision may be used to ensure trainees continue to receive the support and training required as part of an accredited internship program, and that clients receive appropriate care.

CAPS allows tele-supervision of doctoral psychology interns as a secondary venue for supervision if in-person supervision is not feasible. Tele-supervision entails delivering supervision using information and communication technologies. More specifically, it consists of either a live, HIPAA-compliant videoconference or a phone call between supervisor and supervisee where both are in private spaces that limit other distractions. At CAPS, tele-supervision via videoconferencing is delivered through Zoom Healthcare, a HIPAA-compliant, secure software-based video conferencing platform, utilizing university-approved computers or laptops. Tele-supervision via phone can be conducted either on CAPS phones or private phones. If a private phone is used, client information shared between supervisor and supervisee should be de-identified or encrypted to protect client confidentiality. Refer to the CAPS Doctoral Internship Telesupervision Policy for further details.

This document outlining the CAPS tele-supervision protocol is an addendum to our standard Doctoral Psychology Intern Supervision Agreement and does not replace it. All aspects of the Doctoral Psychology Intern Supervision Agreement also apply to tele-supervision.

Agreement and Signatures

By signing below, all parties indicate their consent to work within the requirements of the tele-supervision addendum as delineated above.

....., Doctoral Psychology Intern

Date

....., Ph.D., Licensed Psychologist and Supervisor

Date

Kayla Zeal, Ph.D., Training Director

Date

Retention of Records

The WSU CAPS Internship Program uses a paper system for confidential storage of intern records, including formal complaints. Records will be available for on-site review by site visitors. Paper copies of intern records/files and formal complaints are kept in a designated file cabinet in a locked storage room within CAPS. Some confidential files are also stored electronically since the 2016-2017 internship year and are stored in a protected folder on the CAPS secure network where access is limited to the Training Director and other CAPS leadership team members.

Records pertaining to interns' training evaluations are kept permanently. Records pertaining to formal complaints or grievances are kept for whichever period of time is longest as required by CoA (i.e., since the last periodic review), institutional, state, and federal policy. WSU follows Washington State laws requiring that one copy of grievance reports be kept by WSU Human Resource Services or the Compliance and Civil Rights Office (whichever office is relevant given the case) until exoneration, or if upheld, for 6 years. CAPS maintains a second copy of grievance reports until exoneration or as needed administratively.

Intern Offboarding Procedures Checklist

Dear Interns,

As your internship comes to an end, there are a few offboarding procedures to follow. Below is a checklist indicating what needs to be done. Please communicate your completion of these tasks to the Training Director by the end of your last workday at CAPS. Thanks, all!

- ☐ Complete the online (Qualtrics) evaluation of the internship program.
- ☐ Meet with Training Director as group to provide feedback on the internship program.
- ☐ Complete the brief APA ARO "Intern Preparatory Fact Sheet" provided by the TD.
- ☐ Complete end-of-year self-assessment; meet with Training Director to review.
- ☐ Complete all clinical documentation, including scanned documents, and close out files w/ supervisor sign-off.
- ☐ Review your spring semester supervisor's evaluation of your work/training.
- ☐ Complete and review with your spring semester supervisor your evaluation of them.
- ☐ Delete all client recordings from your computer/device.
- ☐ Make any needed updates to your PnC schedule to accurately reflect your hours.
- ☐ Remove all your belongings as well as other papers, files, etc. from your office. Leave heaters, fans, lamps, staplers, Ethics Desk Reference, DSM-5, and CPT book in your office.
- ☐ Clean your offices (dust, wipe, vacuum); cleaning supplies are available.
- ☐ Submit hours on Workday; complete any other Workday off-boarding tasks indicated.
- ☐ Clear personal files from your computer/device and u-drive.
- ☐ Stop any automatic payroll deductions (With CHS Administrative Manager).
- ☐ Return CHS badge and all keys to CAPS Office Manager (including keys to office desk for file cabinet).
- ☐ Return any WSU devices you may have borrowed during the year.
- ☐ Sign the Departure Checklist and return to CAPS Office Manager.
- ☐ Fill out the forwarding address information and give it to CAPS Office Manager.
- ☐ Check and clear Zoom voice mailbox.
- ☐ Prepare card and/or small welcome gift for incoming interns, if desired.

Forwarding Address

Name	
Street Address	
Phone Number	
Email Address	

CHAPTER 5 | EVALUATION PROCEDURES AND FORMS

Doctoral Psychology Intern Evaluation and Due Process

This document serves to delineate the procedures used by the Washington State University (WSU) Counseling and Psychological Services (CAPS) Doctoral Internship Program to evaluate intern performance, respond to inadequate or problematic intern performance, and ensure that due process is accorded all parties during the evaluation and review process. The document is divided into the following sections:

- I. Rationale and Overview
- II. Intern Rights
- III. Intern Responsibilities
- IV. Training Program Responsibilities
- V. Due Process: General Guidelines
- VI. Evaluation Process
- VII. Definition of Inadequate Performance
- VIII. Procedures to Address Inadequate Performance
- IX. Definition of Problematic Behaviors, Attitudes or Characteristics
- X. Procedures to Address Problematic Behaviors, Attitudes or Characteristics
- XI. Grievance Procedures

I. RATIONALE AND OVERVIEW

Psychology trainees are expected to develop clinical skills and ethical practices, and to examine their own intra- and interpersonal processes that are integral to competent practice. At all stages of training, it is the responsibility of the professionals in the academic and training programs to assess trainee performance and provide ongoing feedback to improve skills, encourage growth, and remediate problem areas. In addition to providing feedback to trainees, these professionals have a monitoring/gatekeeping responsibility to the profession and the public.

The process of trainee evaluation is particularly important during the doctoral internship, as the culminating clinical experience of one's doctoral psychology training. Ongoing feedback and evaluation are vital, so interns can maximize and measure their growth while having the opportunity to address any areas of inadequate performance or problematic behaviors, attitudes, or characteristics in a timely manner. It is also important that interns receive training and feedback that is respectful, fair, and relevant. As such, it benefits both the intern and the internship program to be clear about rights, expectations, responsibilities, policies, and procedures from the outset of the internship year.

In this spirit, the American Psychological Association (APA) Commission on Accreditation (CoA) requires that training programs have clearly articulated policies and mechanisms for handling conflictual situations and concerns related to unmet expectations, problematic interpersonal relations, and trainee impairment. This document addresses policies and procedures in four specific areas:

- 1. Rights and Responsibilities of interns
- 2. Responsibilities of the WSU CAPS Doctoral Internship Training Program
- 3. Procedures for evaluation of interns and for dealing with inadequate performance and/or problematic behaviors, attitudes, or characteristics.
- 4. Due process procedures and systems for interns and the Training Program to address concerns and grievances.

II. INTERN RIGHTS

Interns will have the opportunity to work in a setting conducive to the acquisition of the knowledge and skills necessary for competent professional practice as Health Service Psychologists. They will have the opportunity to achieve the goals of the training program and to promote the welfare of clients, the center, the public and the profession.

The Training Program will protect the following intern rights:

- A. The right to a clear statement of general rights and responsibilities upon entry into the internship, including goals of the internship, expectations related to professional functioning, procedures for evaluation, and due process policies and guidelines;
 1. Skills, competencies, and expectations of time commitments are described in this document, in evaluation forms, and in training and agency contract and agreement forms.
 2. Professional standards are described in the APA Ethics Code and will be provided and discussed with trainees at the beginning of the internship.
 3. CAPS' statements of policies and procedures will be made available to interns.
 4. Interns are classified by the university as "Temporary Administrative/Professional Employees." Guidelines for this classification may be found at www.hrs.wsu.edu. A copy of the formal Position Description for Administrative and Professional Resident-in-Counseling classification is included in the Intern Handbook.
 5. Due process policies and guidelines are outlined here within.
- B. The right to have one's personal and cultural worldview respected;
- C. The right to be trained by professionals who behave in accordance with the APA ethical guidelines and the laws and regulations of the State of Washington Board of Psychology;
- D. The right to receive two hours weekly of individual clinical supervision during which verbal feedback about performance will be provided throughout the year and formal written feedback will be provided quarterly;
- E. The right to at least two hours weekly of additional, relevant training that may include didactics or supervision (individual or group);
- F. The right to meet individually with the Training Director at the outset of each semester and, as relevant throughout the year, to plan a schedule of appropriate service and training activities;
- G. The right to receive assistance with the job search and application process, including for postdoctoral residency positions;
- H. The right to receive ongoing evaluation that is specific, respectful, and relevant;
- I. The right to engage in ongoing evaluation of the training experience and internship program;
- J. The right to ask for reasonable accommodations that will enable performance of essential job functions, in accordance with the American Disabilities Act; and
- K. The right to activate a formal review if intern believes their rights have been infringed upon. A review may be activated if an intern experiences harassment, exploitative behavior, or other behaviors that infringe upon their rights, or denial of due process granted in the evaluation procedure.

III. INTERN RESPONSIBILITIES

Skills and Competencies:

To help interns plan goals and structure training activities, information regarding expected tasks, anticipated competency levels, and optional experiences will be provided. Given the diversity and breadth of this information, the CAPS Director, the Training Director, and clinical supervisors will be responsible for sharing this information with the intern at the onset of training and throughout the orientation. Interns will be asked to assess their skill level and determine cooperatively with the training staff their training goals. Over the course of the internship, interns have the following responsibilities:

- A. Practice within the bounds of the APA Ethical Principles of Psychologists and Code of Conduct (2016);
- B. Practice within the bounds of the laws and regulations of the State of Washington;
- C. Practice in a manner that conforms to the professional standards of Washington State University and CAPS;
- D. Adhere to Washington State University and CAPS policies and procedures, such as:
 - 1. maintaining professional records as required.
 - 2. being punctual, accounting for absences, and meeting obligations to clients and staff members.
 - 3. assuming appropriate responsibility for the smooth functioning of the agency (i.e., notifying the relevant staff about any program commitment or any change in schedule well in advance).
- E. Maintain appropriate professional deportment:
 - 1. Balance agency needs with own needs. Manage personal stress and monitor potential over-commitments to maintain an effective level of personal and professional functioning;
 - 2. Participate in training and staff development activities to gain competence in service provision comparable to that of a staff member at a comprehensive counseling center;
 - 3. Use appropriate channels of communication when conflicts or issues arise with staff, trainees, or members of the university community.
- F. Make appropriate use of supervision (i.e., be on time, take full advantage of learning opportunities, maintain openness to learning, and accept and use constructive feedback);
- G. Participate in the creation of a multiculturally sensitive workplace, which includes respecting and working to understand others' worldviews.
- H. Be aware of own impact on and maintain appropriate interactions with clients, peers, staff, and practicum counselors; and
- I. Be sensitive to the possibility of professional interference due to potential adjustment problems and/or emotional responses. Accept feedback regarding this situation and seek professional help if necessary.

IV. TRAINING PROGRAM RESPONSIBILITIES

The CAPS senior clinical staff, with the exception of psychiatric providers, comprise the Training Committee. Their responsibilities include but are not limited to the following:

- A. Behave in accordance with the APA ethical guidelines and the laws and regulations of the State of Washington Board of Psychology;
- B. Provide two hours weekly of individual clinical supervision during which verbal feedback about performance will be provided throughout the year and formal written feedback will be provided quarterly;
- C. Provide at least two hours weekly of additional, relevant training that may include didactics or supervision (individual or group);
- D. Provide ongoing evaluation that is specific, respectful, and relevant;
- E. Provide assistance with the job search and application process, including for postdoctoral residency positions;
- F. Receive ongoing evaluation of the training experience and internship program; and
- G. Advocate for reasonable accommodations that will enable performance of essential job functions, in accordance with the American Disabilities Act.

The Training Committee typically meets multiple times a year to review training and intern selection issues. It meets as a group at least quarterly to specifically review interns' progress. Information collected from such meetings is incorporated into the 3-Month, 6-Month, 9-Month, and 12-Month doctoral intern evaluations. Evaluation information is communicated with the sponsoring academic program mid-year and at the end of the internship year.

In the event there is ambiguity or dissatisfaction with evaluation feedback for the intern, the intern may discuss concerns or questions with the supervisor, Training Director, or CAPS Director. If this does not provide resolution, the intern may initiate a written, formal challenge. The remainder of this document provides further details regarding the Training Program's evaluation processes and interns' options for addressing grievances.

V. DUE PROCESS: GENERAL GUIDELINES

Due process ensures that decisions made by the Training Committee about interns are not arbitrary or personally based. This requires that the program identify specific appropriate appeal procedures available to the intern, so the intern may challenge the program's action. General due process guidelines include:

- A. Presenting interns, in writing, with the Training Program's expectations related to professional functioning;
- B. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals;
- C. Articulating the various procedures and actions involved in making decisions regarding inadequate performance or problematic behavior;
- D. Communicating, early and often, with sponsoring academic programs about any suspected difficulties with interns and seeking input from these academic programs about how to address such difficulties;
- E. Instituting, with the input and knowledge of the sponsoring academic program, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies;

- F. Providing a written procedure to the intern which describes how the intern may appeal the Training Program's action. Such procedures should be included in the evaluation and review guidelines and made available to the intern at the beginning of the internship;
- G. Ensuring that interns have adequate time to respond to any action taken by the Training Program;
- H. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance; and
- I. Documenting, in writing and to all relevant parties, the action taken by the Training Program and its rationale.

VI. EVALUATION PROCESS

Each intern is assigned a CAPS psychologist as supervisor for their direct service activities. Individual supervision is two hours per week. The interns (unless special arrangements are made) also meet for an hour and a half, twice monthly for group therapy seminar and assessment seminar; one hour weekly for group supervision and supervision of supervision; and 30 minutes – 1 hour weekly for: assessment supervision, diversity liaison supervision, and minor rotation supervision. Interns are encouraged to review the 3-month and 9-month Doctoral Intern Evaluation and the 6-month and 12-month Doctoral Intern Evaluation with their individual clinical supervisors at the start of each semester.

Interns receive ongoing feedback regarding their professional strengths and areas/skills in need of improvement across the following profession-wide competencies outlined in the APA Standards of Accreditation:

1. Research
2. Ethical and Legal Standards
3. Diversity – Individual and Cultural Differences
4. Professional Values and Attitudes
5. Communication and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and Interprofessional/Interdisciplinary Skills

The Training Committee meets near the 3-month and 9-month points of the internship to discuss and provide verbal feedback to the individual clinical supervisor and Training Director about each intern's performance. The individual clinical supervisor will complete the 3-Month and 9-Month Doctoral Intern Evaluation and discuss it with the intern. Assuming that there are no "below expected level of competence" ratings based on the rating scale and instructions of the 3-Month and 9-Month Evaluation, the supervisor and intern sign the completed form indicating that it has been reviewed by both parties. The 3-Month and 9-Month Doctoral Intern Evaluation is forwarded to the Training Director.

The Training Committee also meets near the 6-month and 12-month points of the internship to discuss and provide feedback to the supervisor about interns' performance in areas that the supervisor may have had less oversight (e.g., testing, outreach, minor rotation, groups.) The supervisor will review and discuss the written evaluation with the intern. This process is designed to provide evaluative feedback and recommendations for improvement. Interns also use this session to provide verbal and written evaluation and feedback to the supervisor. Perceptual or factual differences between the supervisor's evaluation and that of the intern are expected to be resolved during this evaluation meeting. Assuming that there are no "below expected level of competence" ratings based on the rating scale and instructions of the 6-

Month and 12-Month Doctoral Intern Evaluation, the supervisor and intern sign the completed Intern Evaluation indicating that it has been reviewed by both parties. The Intern Evaluation is then forwarded to the Training Director.

The Training Director meets with each intern individually on at least a quarterly basis. This allows both parties the opportunity to discuss how the internship experience is progressing and for the intern to give feedback about supervisors and the training experience. It may be in the context of this meeting that a modification of the intern's training to address their training needs is initiated and/or the interns makes suggestions for modification of the internship training program.

It is important that, over the course of the internship, the sponsoring academic program is kept apprised of the intern's training experience. The Training Director communicates with the Director of Clinical Training of the sponsoring academic program at the end of each 6-month evaluation period, or more often if needed.

VII. DEFINITION OF INADEQUATE PERFORMANCE

For purposes of this document and the doctoral internship, inadequate performance is defined as any "below expected level of competence" rating in any of the competency areas of the internship program. Evaluative criteria which link this definition of inadequate performance to specific professional behaviors are incorporated in the 3-Month and 9-Month Doctoral Intern Evaluation and the 6-Month and 12-Month Doctoral Intern Evaluation, which are completed by supervisors during the training year. Specifically, these evaluative criteria read as follows: "At the onset of internship, a doctoral intern is expected to demonstrate approximately a 3.0 within and across competency areas. This rating is expected to steadily increase across the internship year, reaching a 3.5 average within and across competency areas at the 6-month evaluation. At the 12-month (end of internship) evaluation, a doctoral intern must receive a minimum rating of 3.75 in each competency area, an overall average of 4.0 across competency areas, and no specific item ratings below 3.0 in order to pass the internship, demonstrating they have sufficiently developed broad and general preparation for independent practice at the entry level."

Inadequate performance is also defined as any specific item rating below a 2.75 at the 6-month evaluation. This is considered "below expected level of competence" for that point in the internship given that an intern must have at least a 3.0 rating on every specific item on the 12-month evaluation to pass the internship. In addition, if a staff member has significant concerns about an intern's behavior (e.g., ethical/legal violation, professional competence), such behavior may be considered as "below expected level of competence" and inadequate performance on the part of the intern.

VIII. PROCEDURES TO ADDRESS INADEQUATE PERFORMANCE

If an intern's performance is defined as inadequate based on the definition above, the following procedures will be initiated:

- A. The Training Committee will meet to discuss the rating and determine what action needs to be taken to address the issues reflected by the rating;
- B. The intern will be notified, in writing, that such a review is occurring, and the Training Committee will receive any information or statement from the intern related to their response to the rating; and
- C. In discussing the "below expected level of competence" rating and the intern's response, the Training Committee may adopt any one or more of the following methods or may take any other appropriate action. It may:
 1. Issue an "Acknowledgment Notice" which formally acknowledges that:

- a. the Training Committee is aware of and concerned about the rating;
 - b. the rating has been brought to the attention of the intern;
 - c. the Training Committee will work with the intern to rectify the problem or skill deficit addressed by the rating; and
 - d. behaviors associated with the rating are not significant enough to warrant more serious action.
2. Place the intern on "Probation." This defines a relationship such that the Training Committee, through the supervisor and Training Director, actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. Probationary status prompts the development of a Remediation Plan, which is a written statement to the intern that includes:
- a. the actual behaviors associated with the inadequate rating;
 - b. the specific recommendations for rectifying the problem;
 - c. the time frame for the probation during which the problem is expected to be ameliorated; and
 - d. the procedures designed to ascertain whether the problem has been appropriately rectified.

The Training Director will meet with the intern and the intern's clinical supervisor to review the Remediation Plan. The intern may choose to accept the conditions of the plan or may challenge the action. The procedures for challenging the action are presented in Section XI, Grievance Procedures.

3. Take no further action.
- D. If either the Acknowledgment Notice or the Probation/Remediation Plan occurs, the Training Director will inform the Director of Clinical Training of the intern's sponsoring academic program, indicating the nature of the "below expected level of competence" rating or inadequate performance, the rationale for the Training Committee action, and the action taken by the Training Committee. The intern shall be informed of this correspondence with the sponsoring university.
- E. Once the Acknowledgment Notice or the Probation/Remediation Plan is issued by the Training Committee, it is expected that the status of the rating will be reviewed no later than the next formal evaluation period or, in the case of a Remediation Plan, no later than the time limits identified in the plan.
- F. If, at the time of the Probation/Remediation Plan review, the rating has been rectified to the satisfaction of the Training Committee, the intern, sponsoring university and other appropriate individuals will be informed, and no further action will be taken.

IX. DEFINITION OF PROBLEMATIC BEHAVIOR, ATTITUDES OR CHARACTERISTICS

This section defines those situations in which an intern has a problem that is serious enough to interfere with their professional functioning. If an intern demonstrates one or more of the following behaviors, attitudes or characteristics, the behavior will be considered a serious problem requiring intervention.

- A. an inability to unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- B. an inability to acquire professional skills needed to reach an acceptable level of competency; and/or
- C. an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction, such that they interfere with professional functioning.

Problematic intern behavior, attitudes or characteristics typically include one or more of the following:

1. The intern does not acknowledge, understand, or address the problem when it is identified;
2. The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training;
3. The quality of services delivered by the intern is clearly negatively affected;
4. The problem is not restricted to one area of professional functioning;
5. The problematic behavior could have ramifications for ethical and legal concerns if not addressed;
6. A disproportionate amount of attention by training personnel is required to deal with the inadequate performance; and/or
7. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

X. PROCEDURES TO ADDRESS PROBLEMATIC BEHAVIOR, ATTITUDES OR CHARACTERISTICS

It is important to have meaningful ways to address problematic behavior, attitudes, or characteristics once they have been identified. When implementing a remediation plan or carrying out sanctioned interventions, the training staff must be mindful and balance the needs of the intern, the clients involved, other members of the intern cohort, the training staff, and other agency personnel. Possible interventions may include all those previously mentioned in relation to inadequate performance. Additional courses of action designed to remediate related behaviors include but are not limited to:

- A. increasing supervision, either with the same or other supervisors;
- B. changing the format, emphasis, and/or focus of supervision;
- C. recommending personal therapy in a way that all parties involved have clarified the manner in which therapy contacts will be used in the intern evaluation process;
- D. reducing the intern's clinical or other workload and/or requiring specific academic coursework; and/or
- E. recommending a leave of absence.

When a combination of intervention strategies does not resolve the identified problem(s) after a reasonable time, or when an intern seems unable or unwilling to alter their problematic behavior, attitudes or characteristics, the Training Committee may take additional action, such as:

- F. putting the intern on temporary suspension;
- G. giving the intern a limited endorsement, including the specification of those settings in which they could function adequately;
- H. recommending and/or assisting the intern in implementing a career shift; and/or
- I. dismissing the intern from the training program.

As with the procedures for addressing inadequate performance, the above steps to address problematic behaviors, attitudes or characteristics need to be appropriately documented and implemented in ways that are consistent with due process procedures.

XI. GRIEVANCE PROCEDURES

There are two general domains in which grievance procedures may be relevant. The first involves the intern initiating an action based on their belief that their rights have been infringed upon. An example of

this would be an intern believing that a CAPS provider or staff member had harassed them. The second involves situations related to the intern's performance.

In the event an intern believes that their rights have been infringed upon, they may pursue any of several courses of action. These include procedures within CAPS, the University, and external offices or agencies.

The intern should be encouraged initially to approach the individual(s) involved in the situation to explore the possibility of resolving it informally through discussion. If this process is not reasonable or satisfactory to the intern, they are encouraged to discuss the situation with their supervisor, the Training Director, and/or the CAPS Director. It would be expected that the intern would discuss the situation with the individual(s) who has direct, programmatic, or administrative responsibility regarding the concern. For example, a difficulty involving treatment of the intern by a CAPS provider could be discussed with the intern's supervisor and the Director. An issue regarding supervision policy would be discussed with the Training Director.

The intern has recourse beyond CAPS as well. As a member of the University community, they have access to the University Ombuds Office and the Office of Civil Rights Compliance and Investigation. Either or both could be consulted if the intern wanted support, assistance with problem solving, or an externally-based intervention. Additionally, the intern could consult with Executive Director of Cougar Health Services, who has administrative responsibility over CAPS.

Outside of the University, an intern could elect to consult the Chair of the APPIC Standards and Review Committee. Finally, the intern could consult APA's Office of Accreditation. It would be expected that these offices would offer guidance to the intern if the intern were not able to obtain a satisfactory response from any of the above sources.

There are three situations in which grievance procedures related to intern performance or behavior can be initiated:

- When the intern challenges the action taken by the Training committee (Intern Challenge);
- When the Training Committee is not satisfied with the intern's response to the Training Committee action (Continuation of "Below Expected Level of Competence" Rating); or
- When a CAPS provider or staff member initiates action against an intern (Intern Violation).

Each of these situations, and the course of action accompanying it, is described below.

A. Intern Challenge. If an intern challenges the action taken by the Training Committee, as described above, they must, within 10 days of receipt of the Training Committee's decision, inform the Training Director, in writing, of such a challenge.

1. The Training Director will then convene a Review Panel consisting of two CAPS senior providers selected by the Training Director and two CAPS providers selected by the intern. The intern may select one member of the panel to be another intern.
2. A review hearing will be conducted, chaired by the Training Director, in which the challenge is heard, and the relevant material presented. Within 5 days of completion of the review hearing, the Review Panel will submit a report to the CAPS Director, including any recommendations for further action. Decisions made by the Review Panel will be made by majority vote. The intern will be informed in writing of the recommendations at the same time the Director is informed.
3. Within 5 days of receipt of the recommendation, the Director will either accept the Review Panel's action, reject the Review Panel's action, and provide an alternative, or refer the matter back to the

Review Panel for further deliberation. The Panel will then report back to the Director within 10 days of the receipt of the Director's request for further deliberation. The Director will then make a final decision regarding what action is to be taken.

4. Once a decision has been made, the intern, sponsoring academic program, and other appropriate individuals will be informed, in writing, of the action taken.

B. Continuation of "Below Expected Level of Competence" Rating. If the Training Committee determines that there has not been sufficient improvement in the intern's behavior to remove the "below expected level of competence" rating under the conditions stipulated in the Remediation Plan, then further formal review will occur.

1. The Training Committee will communicate to the intern in writing that the conditions for revoking the probation/remediation have not been met. The Committee may then adopt any one of the following methods or take any other appropriate action. It may issue:
 - a. a continuation of the probation/remediation for a specified time;
 - b. a suspension whereby the intern is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has improved;
 - c. communication informing the intern that the Training Committee is recommending to the Director that the intern will not successfully complete the internship if the behavior does not change; and/or
 - d. communication informing the intern that the Training Committee is recommending to the Director that the intern be terminated immediately from the internship program.
2. Within 5 working days of receipt of the Training Committee's determination, the intern may respond to the Training Committee's action by:
 - a. accepting the action, or
 - b. challenging the action.
3. If a challenge is made, the intern must provide the Training Director, within 10 days, reasons for which the intern believes the Training Committee's action is unwarranted. A lack of reasons by the intern will be interpreted as accepting the Training Committee's action.
4. If the intern challenges the Training Committee's action, a Review Panel will be formed consisting of the Training Director, two permanent CAPS providers selected by the Training Director, and two CAPS providers selected by the intern. The intern may select an intern to serve on the panel. The Review Panel will proceed in the same manner described in section A, paragraphs 2, 3, and 4 above.

C. Intern Violations. Any CAPS provider or staff member may file, in writing, a grievance against an intern for any of the following reasons:

- ethical or legal violations of professional standards or laws;
 - professional incompetence; and/or
 - infringement on the rights, privileges, or responsibilities of others.
1. The Training Director will review the grievance with two members of the Training Committee and determine if there is reason to proceed and/or if the behavior in question is in the process of being rectified.

2. If the Training Director and the two Training Committee members determine that the alleged behavior in the complaint, if proven, would not constitute a serious violation, the Training Director shall inform the staff member, who may be allowed to renew the complaint if additional information is provided.
3. When a decision has been made by the Training Director and the other two Training Committee members that there is probable cause for deliberation by the Review Panel, the Training Director shall notify the provider/staff member and request permission to inform the intern. The provider/staff member will have 5 days to respond to the request and will be informed that failure to grant permission may preclude further action. If no response is received within 5 days, or permission to inform the intern is denied, the Training Director and the two Training Committee members shall decide whether to proceed with the matter.
4. If the intern is informed, a Review Panel is convened consisting of the Training Director, two permanent providers which are selected by the Training Director, and two members selected by the intern (one of whom may be another intern). The Review Panel will receive any relevant information from both the intern and/or provider/staff member as it bears on its deliberations. The Review Panel will proceed in the same manner described in Section A, paragraphs 2, 3 and 4, above.

Initial Self-Assessment and Goals

INTERN: _____

DATE: _____

Clinical strengths and areas of growth:

ADHD and Learning Disability assessment:

Theoretical orientation/supervision interests (for supervision received):

Training/experience in providing supervision:

Experience co-facilitating/facilitating groups:

Outreach/consultation experience and goals for internship:

Diversity interests and goals for internship:

Experience providing crisis services, including sexual assault response:

Training/experience in providing alcohol and other substance assessments and interventions:

Training/experience in providing tele-mental health therapy (TMH):

Training/experience providing psychological services in a primary care setting:

Potential minor rotation interests, if known:

Post-internship Professional Goals/Settings of Interest:

Dissertation Status:

Any other relevant information:

WSU Cougar Health Services Counseling and Psychological Services (CAPS)

3-Month and 9-Month Doctoral Intern Evaluation

Intern Name:
Supervisor Name:

Date of Evaluation:
Supervision Dates: From **to**

This evaluation form is consistent with the aim and competencies of the doctoral internship training at CAPS and the 2015 American Psychological Association (APA) Standards of Accreditation (SoA) for the training of doctoral psychology interns, including April 2021 Implementing Regulation updates. The evaluation items reflect the profession-wide competencies identified within the SoA as critical areas of knowledge, awareness, and skills relevant to “broad and general preparation for the practice of health service psychology at the entry level.” Per the SoA, health service psychology is defined as “the integration of psychological science and practice in order to facilitate human development and functioning.”

At the onset of internship, a doctoral intern is expected to demonstrate approximately a 3.0 within and across competency areas. This rating is expected to steadily increase across the internship year, reaching a 3.5 average within and across competency areas at the 6-month evaluation. *At the 12-month (end of internship) evaluation, a doctoral intern must receive a minimum rating of 3.75 in each competency area, an overall average of 4.0 across competency areas, and no specific item ratings below 3.0 in order to pass the internship, demonstrating they have sufficiently developed broad and general preparation for independent practice at the entry level.*

In completing the evaluation, supervisors should include input from other staff involved in the intern’s training. Supervisors must explain any “below expected level of competence” ratings and may describe any strengths and growth edges in the comments sections.

Please use the following scale to rate your supervisee on the items below:

- | | |
|----------|--|
| 5 | Advanced Level: Trainee shows strong evidence of advanced knowledge, awareness, and/or skill, and advanced ability to generalize these to new situations. Performance is routinely consistent. Trainee functioning is highly independent across a broad range of clinical and professional activities. Trainee accurately assesses when further supervision or consultation is needed for continued refinement of complex skills or management of new situations. |
| 4 | High Intermediate Level: Trainee shows considerable evidence of knowledge, awareness, and/or skill and considerable ability to generalize these to new situations. Performance is mostly consistent. Functioning is independent across a broad range of clinical and professional activities in all but non-routine cases, and trainee accurately assesses when additional training, supervision or consultation is needed. Supervisor or Consultant provides guidance for non-routine or complex situations. <i>On the 12-month evaluation, a doctoral intern must receive a minimum rating of 3.75 in each competency area (with an overall average of 4.0 across competency areas, and no specific item ratings below 3.0) to pass internship.</i> |
| 3 | Intermediate Level: Trainee shows good evidence of knowledge, awareness, and/or skill, and some ability to generalize these to new situations. Performance is fairly consistent. Trainee exhibits moderate ability to accurately assess when additional training, supervision or consultation is needed. Trainee requires ongoing guidance, training, education and supervision for developing awareness, knowledge, and/or skills necessary for eventual independent practice. |
| 2 | Emerging Level: Trainee shows <u>emerging</u> knowledge, awareness, and/or skill. Performance may be inconsistent. Trainee demonstrates limited ability to perform skills independently and to generalize skills and knowledge to new situations. A significant degree of supervision is required as trainee accumulates awareness, knowledge and/or skill, and begins to develop their ability to accurately assess when further |

training, supervision or consultation is needed. Remedial work may be required.

- 1 Novice Level:** Trainee is at the earliest stage of development, showing minimal knowledge, awareness, and/or skill OR demonstrates problematic or harmful behavior requiring immediate attention. Intensive supervision and, or remedial work is required given trainee's inability to function independently across a broad range of clinical and professional activities and their limited ability to accurately assess when further training, supervision or consultation is needed.

N/O No observable experience during internship in this area at the time of the evaluation.

I. Research: Demonstrates ability to critically evaluate and disseminate research or other scholarly activities at the local, regional or national level

1. Critically evaluates research or other scholarly activities according to scientific methods, procedures, and practices.
2. Applies existing knowledge to clinical practice and other professional activities.
3. Engages in scholarly inquiry and applies findings to different agency roles.
4. Disseminates research or other scholarly activities (e.g., case presentations, research presentations, outreach presentations, training) at the agency, university, local, regional or national level.
5. Attends to diversity and contextual variables within research and scholarly activities.
6. Applies ethical practices when conducting and disseminating research within or related to the agency.
7. Articulates understanding of principles relevant to evaluation of a program or intervention.

OVERALL RATING FOR RESEARCH:

Comments:

II. Ethical and Legal Standards: Demonstrates knowledge of and competence in applying ethical and legal standards across internship activities

1. Exhibits knowledge and application of the APA Ethics Code.
2. Exhibits knowledge and application of APA Guidelines for working with diverse populations.
3. Exhibits knowledge and application of relevant Washington State and federal laws governing the practice of psychology.
4. Understands and follows institutional and agency policies and procedures.
5. Recognizes ethical dilemmas as they arise across all internship activities and applies ethical decision-making processes in order to resolve the dilemmas.
6. Recognizes legal dilemmas as they arise across all internship activities and applies appropriate decision-making processes in order to resolve the dilemmas.
7. Seeks appropriate information and consultation in addressing ethical or legal dilemmas.
8. Conducts self in an ethical and legal manner across all professional activities.

OVERALL RATING FOR ETHICAL AND LEGAL STANDARDS:

Comments:

III. Diversity – Individual and Cultural Differences: demonstrates knowledge and competence in addressing diversity across internship activities

1. Is familiar with multicultural theory and research as it relates to health service psychology.
2. Integrates multicultural theory and research across internship activities.
3. Demonstrates an understanding of how their own personal/cultural history, attitudes, identities, and biases affect how they understand and interact with others.
4. Identifies and addresses relevant diversity factors across internship roles and activities.

5. Demonstrates an understanding of the manner in which people of diverse cultures and belief systems perceive mental health issues and interventions.
6. Demonstrates self-reflection and sensitivity around issues of culture, diversity, power, and privilege.
7. Applies cultural and diversity knowledge to work effectively with the range of individuals and populations encountered during internship.
8. Makes efforts to learn about and work effectively with areas of individual and cultural diversity previously unfamiliar to them.
9. Makes efforts to work effectively with individuals whose group membership, demographic characteristics, or worldviews differ from and may create conflict with their own.
OVERALL RATING FOR DIVERSITY:
Comments:

IV. Professional Values and Attitudes: Demonstrates effective use of supervision and the development of a professional identity congruent with health service psychology
1. Behaves in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, professional identity, accountability, lifelong learning, and concern for the welfare of others.
2. Exhibits professional deportment (i.e., communication and physical conduct, including attire, is professionally appropriate across settings).
3. Consistently, professionally, and actively engages in seminars and meetings.
4. Explores and discusses scholarly readings and evidence-based interventions relevant to internship roles and activities.
5. Is punctual and reliable across all internship activities, including record-keeping.
6. Takes responsibility for own learning and behaviors.
7. Monitors and accurately assesses own strengths and areas of growth.
8. Engages in activities to maintain and improve performance and professional effectiveness.
9. Identifies and effectively addresses personal needs and any professional interference due to own challenges.
10. Actively seeks and demonstrates openness to feedback and supervision.
11. Applies feedback from supervisor(s) to clinical practice.
12. Actively seeks consultation.
13. Responds professionally in increasingly complex situations with a greater degree of independence over the internship year.
14. Exhibits ability to work both independently and collaboratively.
15. Is willing to acknowledge growth edges, take risks, and make mistakes.
OVERALL RATING FOR PROFESSIONAL VALUES AND ATTITUDES:
Comments:

V. Communication and Interpersonal Skills: Demonstrates effective communication and relational skills across health service psychology activities
1. Develops and maintains effective relationships with service recipients.
2. Develops and maintains effective relationships with trainees, peers, supervisors, and agency administrative personnel.
3. Develops and maintains effective relationships with university personnel and other health care providers.
4. Comprehends oral and written communication related to health service psychology.
5. Produces oral and non-verbal communication that is clear, professional, and informative.
6. Produces written communication that is clear, professional, well-integrated, and informative.
7. Demonstrates effective interpersonal skills.
8. Manages difficult communication well.

OVERALL RATING FOR COMMUNICATION AND INTERPERSONAL SKILLS:**Comments:****VI. Assessment: Demonstrates competence in conducting evidence-based assessment consistent with the scope of health service psychology**

1. Demonstrates knowledge of relevant empirical research on diagnoses and assessment, including an understanding of human behavior within its context (e.g., family social, societal, and cultural).
2. Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics.
3. Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
4. Conceptualizes cases in a theoretically appropriate and practically relevant manner.
5. Formulates coherent and meaningful case conceptualizations and hypotheses regarding client behavior and dynamics, incorporating diversity considerations.
6. Demonstrates knowledge of and competence applying diagnostic criteria (DSM) and identification of functional and dysfunctional behaviors, with consideration of client context, to the assessment process.
7. Interprets assessment results, following current research and professional standards, to inform case conceptualization, diagnosis, and recommendations.
8. Guards against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
9. Accurately, effectively, and sensitively communicates assessment findings and implications orally and in writing.
10. Develops appropriate recommendations and referrals based on assessment findings and conclusions.

OVERALL RATING FOR ASSESSMENT:**Comments:****VII. Intervention: Demonstrates knowledge and skill in implementing interventions for prevention and treatment within the scope of health service psychology****A. INDIVIDUAL THERAPY: Demonstrates the ability to provide effective therapy to a wide range of individual clients with diverse presenting concerns**

1. Establishes and maintains effective relationships with a broad range of clients.
2. Demonstrates accurate empathy and non-judgment of clients.
3. Develops evidence-based intervention plans specific to case conceptualization, diagnostic impression, and treatment goals.
4. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables, applying relevant research literature to clinical decision making.
5. Is appropriately flexible with interventions, modifying and adapting evidence-based approaches effectively when a clear evidence-base is lacking.
6. Evaluates intervention effectiveness, adapting treatment goals and methods consistent with ongoing evaluation.
7. Addresses client affect, cognition, and behavior.
8. Demonstrates appropriate use of immediacy and timing in therapy.
9. Demonstrates countertransference awareness and understanding.
10. Demonstrates awareness of the impact of self on client.
11. Deals with therapeutic ruptures effectively and negotiates differences with clients.
12. Makes appropriate referrals to other CAPS services as well as campus and community resources.
13. Provides case management (e.g., client follow-up, consultation with other providers), when appropriate.
14. Adequately manages treatment termination.

OVERALL RATING FOR INTERVENTION (A) - INDIVIDUAL THERAPY:**Comments:****B. GROUPS AND WORKSHOPS: Demonstrates knowledge and skill in facilitating group therapy and workshops**

1. Collaborates in the development and promotion of groups and workshops.
2. Screens potential group members effectively, discerning which clients are appropriate for group.
3. Establishes and maintains effective relationships with group and workshop participants.
4. Develops evidence-based intervention plans specific to group or workshop goals.
5. Implements interventions that are informed by the current scientific literature, assessment findings, diversity factors and contextual variables, applying relevant theory and research to group and workshop facilitation.
6. Modifies and adapts evidence-based approaches effectively for specific populations and client needs.
7. Demonstrates knowledge of the stages of group development.
8. Engages with the group in ways that are congruent to the group's stage of development.
9. Takes on appropriate leadership roles as a group or workshop co-facilitator
10. Handles group terminations effectively.
11. Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.

OVERALL RATING FOR INTERVENTION (B) - GROUPS AND WORKSHOPS:**Comments:****C. CRISIS INTERVENTION: Demonstrates the ability to assess crisis situations and provide effective interventions**

1. Develops evidence-based intervention plans for effectively managing crises.
2. Establishes an effective therapeutic relationship with clients in crisis.
3. Demonstrates an ability to function calmly during crisis situations.
4. Implements crisis interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables, applying relevant research and appropriate standards of care when assessing and treating high risk clients.
5. Modifies and adapts evidence-based crisis intervention approaches effectively when a clear evidence-base is lacking given the specific circumstances.
6. Evaluates crisis intervention effectiveness, adapting intervention goals and methods consistent with ongoing evaluation.
7. Responds and consults appropriately when managing on-call or crisis situations.
8. Provides appropriate client follow-up, coordination of care, and referrals for clients seen in crisis.

OVERALL RATING FOR INTERVENTION (C) - CRISIS INTERVENTION:**Comments:****D. AOD INTERVENTIONS: Demonstrates knowledge and skill in providing AOD assessments and interventions**

1. Establishes and maintains effective relationships with clients receiving AOD assessments and interventions.
2. Demonstrates understanding of theory and research related to AOD assessment and intervention, including motivational interviewing.
3. Develops evidence-based AOD intervention plans.
4. Implements AOD interventions and clinical decision-making informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
5. Appropriately employs motivational interviewing techniques tailored to client's readiness for change.

6. Modifies and adapts evidence-based AOD approaches effectively when a clear evidence-base is lacking given the specific clinical circumstances.
7. Evaluates AOD intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.
8. Consults appropriately regarding AOD interventions and treatment referrals.
OVERALL RATING FOR INTERVENTION (D) - AOD INTERVENTIONS:
Comments:
E. OUTREACH (Program-Defined Element): Demonstrates the ability to plan and conduct outreach programs that are culturally and developmentally appropriate
1. Establishes effective relationships with outreach recipients, with consideration of context and diversity.
2. Consults with Outreach Coordinator and CAPS colleagues in addressing requested services.
3. Develops and/or delivers evidence-based intervention plans specific to outreach programming.
4. Adequately prepares outreach presentations that are informed by scholarly research.
5. Facilitates outreaches informed by the current scientific literature, assessment findings, diversity characteristics and contextual variables.
6. Modifies and adapts outreach approaches effectively given the specific circumstance.
7. Evaluates outreach effectiveness and adapts outreach development and delivery consistent with ongoing evaluation.
OVERALL RATING FOR INTERVENTION (E) – OUTREACH:
AVERAGE OVERALL RATING FOR INTERVENTION (A – E):

VIII. Supervision: Applies knowledge of supervision models and practices to mentor and monitor trainees or other health professionals in the development of professional skills within health service psychology
1. Demonstrates knowledge of supervision models and practices.
2. Applies knowledge of supervision models and practices with psychology trainees or other health professionals.
3. Maintains responsibility for supervised activities.
4. Acts as a role model to supervisees.
5. Is aware of and responsive to supervisees' developmental needs.
6. Observes supervisee work and assesses it relative to evaluative norms and standards.
7. Provides consistency and appropriate amount of structure in supervision.
8. Clarifies supervisory role and acknowledges the impact of power differentials and hierarchy.
9. Provides constructive and evaluative feedback sensitively and promptly.
10. Considers diversity factors when discussing and providing supervision.
11. Guides supervisees in researching and utilizing evidence-based interventions.
12. Attends to ethical and legal issues within supervision.
OVERALL RATING FOR SUPERVISION:
Comments:

IX. Consultation and Interprofessional/Interdisciplinary Skills: Collaborates with others to address a problem, seek or share knowledge, or promote effectiveness in professional activities
1. Demonstrates knowledge of consultation models and practices.
2. Applies knowledge of consultation models and practices.
3. Demonstrates knowledge of and respect for the roles and perspectives of campus and community partners.
4. Collaborates effectively with campus and community partners to provide services to students.

- | | |
|----|---|
| 5. | Appropriately consults with peers, postdoctoral residents, and faculty. |
| 6. | Provides effective consultation to others expressing concern about a student. |
| 7. | Attends to diversity factors within consultation activities. |
| 8. | Attends to confidentiality and other ethical and legal issues when consulting or collaborating with others. |

OVERALL RATING FOR CONSULTATION AND INTERPEROFESIONAL/INTERDISCIPLINARY SKILLS:

Comments:	
------------------	--

SUMMARY OF OVERALL RATINGS

- | | |
|--|--|
| I. Research | |
| II. Ethical and Legal Standards | |
| III. Diversity | |
| IV. Professional Values and Attitudes | |
| V. Communication and Interpersonal Skills | |
| VI. Assessment | |
| VII. Intervention (A-E) | |
| VIII. Supervision | |
| IX. Consultation and Interprofessional/Interdisciplinary Skills | |

AVERAGE OVERALL RATING	
-------------------------------	--

Supervisor's Comments on Overall Evaluation:

Trainee's Response:

I attest that this evaluation is based in part on my direct observation of the student's performance. The type of direct observation was (initial one or both):

Direct observation

Videotape review

Trainee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Reference

APA Office of Program Consultation & Accreditation (2015). *Standards of accreditation in health service psychology*. Washington DC: American Psychological Association.

Washington State University Counseling and Psychological Services (CAPS) 6-Month and 12-Month Doctoral Intern Evaluation

Washington State University Counseling and Psychological Services (CAPS) 6-Month and 12-Month Doctoral Intern Evaluation

Intern Name:

Date of Evaluation:

Supervisor Name:

Supervision Dates: From **to**

This evaluation form is consistent with the aim and competencies of the doctoral internship training at CAPS, and the 2015 American Psychological Association (APA) Standards of Accreditation (SoA) for the training of doctoral psychology interns, including April 2021 Implementing Regulation updates. The evaluation items reflect the profession-wide competencies identified within the SoA as critical areas of knowledge, awareness, and skills relevant to “broad and general preparation for the practice of health service psychology at the entry level.” Per the SoA, health service psychology is defined as “the integration of psychological science and practice in order to facilitate human development and functioning.”

At the onset of internship, a doctoral intern is expected to demonstrate approximately a 3.0 within and across competency areas. This rating is expected to steadily increase across the internship year, reaching a 3.5 average within and across competency areas at the 6-month evaluation. *At the 12-month (end of internship) evaluation, a doctoral intern must receive a minimum rating of 3.75 in each competency area, an overall average of 4.0 across competency areas, and no specific item ratings below 3.0 in order to pass the internship, demonstrating they have sufficiently developed broad and general preparation for independent practice at the entry level.*

In completing the evaluation, supervisors should include input from other staff involved in the intern’s training. Supervisors must explain any “below expected level of competence” ratings and may describe any strengths and growth edges in the comments sections.

Please use the following scale to rate your supervisee on the items below:

- | | |
|----------|---|
| 5 | Advanced Level: Trainee shows strong evidence of advanced knowledge, awareness, and/or skill, and advanced ability to generalize these to new situations. Performance is routinely consistent. Trainee functioning is highly independent across a broad range of clinical and professional activities. Trainee accurately assesses when further supervision or consultation is needed for continued refinement of complex skills or management of new situations. |
| 4 | High Intermediate Level: Trainee shows considerable evidence of knowledge, awareness, and/or skill, and considerable ability to generalize these to new situations. Performance is mostly consistent. Functioning is independent across a broad range of clinical and professional activities in all but non-routine cases, and trainee accurately assesses when additional training, supervision or consultation is needed. Supervisor or Consultant provides guidance for non-routine or complex situations. <i>On the 12-month evaluation, a doctoral intern must receive a minimum rating of 3.75 in each competency area (with an overall average of 4.0 across competency areas, and no specific item ratings below 3.0) to pass internship.</i> |
| 3 | Intermediate Level: Trainee shows good evidence of knowledge, awareness, and/or skill, and some ability to generalize these to new situations. Performance is fairly consistent. Trainee exhibits moderate ability to accurately assess when additional training, supervision or consultation is needed. Trainee |

requires ongoing guidance, training, education and supervision for developing awareness, knowledge, and/or skills necessary for eventual independent practice.

- 2 Emerging Level:** Trainee shows emerging knowledge, awareness, and/or skill. Performance may be inconsistent. Trainee demonstrates limited ability to perform skills independently and to generalize skills and knowledge to new situations. A significant degree of supervision is required as trainee accumulates awareness, knowledge and/or skill, and begins to develop their ability to accurately assess when further training, supervision or consultation is needed. Remedial work may be required.
- 1 Novice Level:** Trainee is at the earliest stage of development, showing minimal knowledge, awareness, and/or skill OR demonstrates problematic or harmful behavior requiring immediate attention. Intensive supervision and, or remedial work is required given trainee's inability to function independently across a broad range of clinical and professional activities and their limited ability to accurately assess when further training, supervision or consultation is needed.
- N/O** No observable experience during internship in this area at the time of the evaluation.

I. Research: Demonstrates ability to critically evaluate and disseminate research or other scholarly activities at the local, regional or national level	Rating
3. Critically evaluates research or other scholarly activities according to scientific methods, procedures, and practices.	
4. Applies existing knowledge to clinical practice and other professional activities.	
3. Engages in scholarly inquiry and applies findings to different agency roles.	
8. Disseminates research or other scholarly activities (e.g., case presentations, research presentations, outreach presentations, training) at the agency, local, regional or national level.	
9. Attends to diversity and contextual variables within research and scholarly activities.	
10. Applies ethical practices when conducting and disseminating research within or related to the agency.	
11. Articulates understanding of principles relevant to evaluation of a program or intervention.	
AVERAGE RATING FOR RESEARCH	
Comments:	

II. Ethical and Legal Standards: Demonstrates knowledge of and competence in applying ethical and legal standards across internship activities	Rating
9. Exhibits knowledge and application of the APA Ethics Code.	
10. Exhibits knowledge and application of APA Guidelines for working with diverse populations.	
11. Exhibits knowledge and application of relevant Washington State and federal laws governing the practice of psychology.	
12. Understands and follows institutional and agency policies and procedures.	

13. Recognizes <u>ethical</u> dilemmas as they arise across all internship activities and applies ethical decision-making processes in order to resolve the dilemmas.	
14. Recognizes <u>legal</u> dilemmas as they arise across all internship activities and applies appropriate decision-making processes in order to resolve the dilemmas.	
15. Seeks appropriate information and consultation in addressing ethical or legal dilemmas.	
16. Conducts self in an ethical and legal manner across all professional activities.	
AVERAGE RATING FOR ETHICAL AND LEGAL STANDARDS	
Comments:	

III. Diversity – Individual and Cultural Differences: demonstrates knowledge and competence in addressing diversity across internship activities		Rating
10. Is familiar with multicultural theory and research as it relates to health service psychology.		
11. Integrates multicultural theory and research across internship activities.		
12. Demonstrates an understanding of how their own personal/cultural history, attitudes, identities, and biases affect how they understand and interact with others.		
13. Identifies and addresses relevant diversity factors across internship roles and activities.		
14. Demonstrates an understanding of the manner in which people of diverse cultures and belief systems perceive mental health issues and interventions.		
15. Demonstrates self-reflection and sensitivity around issues of culture, diversity, power, and privilege.		
16. Applies cultural and diversity knowledge to work effectively with the range of individuals and populations encountered during internship.		
17. Makes efforts to learn about and work effectively with areas of individual and cultural diversity previously unfamiliar to them.		
18. Makes efforts to work effectively with individuals whose group membership, demographic characteristics, or worldviews differ from and may create conflict with their own.		
AVERAGE RATING FOR DIVERSITY		
Comments:		

IV. Professional Values and Attitudes: Demonstrates effective use of supervision and the development of a professional identity congruent with health service psychology		Rating
16. Behaves in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, professional identity, accountability, lifelong learning, and concern for the welfare of others.		
17. Exhibits professional deportment (i.e., communication and physical conduct, including attire, is professionally appropriate across settings).		
18. Consistently, professionally, and actively engages in seminars and meetings.		

19. Explores and discusses scholarly readings and evidence-based interventions relevant to internship roles and activities.	
20. Is punctual and reliable across all internship activities, including record-keeping.	
21. Takes responsibility for own learning and behaviors.	
22. Monitors and accurately assesses own strengths and areas of growth.	
23. Engages in activities to maintain and improve performance and professional effectiveness.	
24. Identifies and effectively addresses personal needs and any professional interference due to own challenges.	
25. Actively seeks and demonstrates openness to feedback and supervision.	
26. Applies feedback from supervisor(s) to clinical practice.	
27. Actively seeks consultation.	
28. Responds professionally in increasingly complex situations with a greater degree of independence over the internship year.	
29. Exhibits ability to work both independently and collaboratively.	
30. Is willing to acknowledge growth edges, take risks, and make mistakes.	
AVERAGE RATING FOR PROFESSIONAL VALUES AND ATTITUDES	
Comments:	

V. Communication and Interpersonal Skills: Demonstrates effective communication and relational skills across health service psychology activities	Rating
9. Develops and maintains effective relationships with service recipients.	
10. Develops and maintains effective relationships with trainees, peers, supervisors, and agency administrative personnel.	
11. Develops and maintains effective relationships with university personnel and other health care providers.	
12. Comprehends oral and written communication related to health service psychology.	
13. Produces oral and non-verbal communication that is clear, professional, and informative.	
14. Produces written communication that is clear, professional, well-integrated, and informative.	
15. Demonstrates effective interpersonal skills.	
16. Manages difficult communication well.	
AVERAGE RATING FOR COMMUNICATION AND INTERPERSONAL SKILLS	
Comments:	

VI. Assessment: Demonstrates competence in conducting evidence-based assessment consistent with the scope of health service psychology	Rating
11. Demonstrates knowledge of relevant empirical research on diagnoses and assessment, including understanding of human behavior within its context (e.g., family, social, societal, and cultural).	
12. Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics.	
13. Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.	
14. Conceptualizes cases in a theoretically appropriate and practically relevant manner.	
15. Formulates coherent and meaningful case conceptualizations and hypotheses regarding client behavior and dynamics, incorporating diversity considerations.	
16. Demonstrates knowledge of and competence applying diagnostic criteria (DSM) and identification of functional and dysfunctional behaviors, with consideration of client context, to the assessment process.	
17. Interprets assessment results, following current research and professional standards, to inform case conceptualization, diagnosis, and recommendations.	
18. Guards against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	
19. Accurately, effectively, and sensitively communicates assessment findings and implications orally and in writing.	
20. Develops appropriate recommendations and referrals based on assessment findings and conclusions.	
AVERAGE RATING FOR ASSESSMENT	
Comments:	

VII. Intervention: Demonstrates knowledge and skill in implementing interventions for prevention and treatment within the scope of health service psychology	Rating
F. INDIVIDUAL THERAPY: Demonstrates the ability to provide effective therapy to a wide range of individual clients with diverse presenting concerns	
15. Establishes and maintains effective relationships with a broad range of clients.	
16. Demonstrates accurate empathy and non-judgment of clients.	
17. Develops evidence-based intervention plans specific to case conceptualization, diagnostic impression, and treatment goals.	
18. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables, applying relevant research literature to clinical decision-making.	
19. Is appropriately flexible with interventions, modifying and adapting evidence-based approaches effectively when a clear evidence-base is lacking.	
20. Evaluates intervention effectiveness, adapting treatment goals and methods consistent with ongoing evaluation.	
21. Addresses client affect, cognition, and behavior.	

22. Demonstrates appropriate use of immediacy and timing in therapy.	
23. Demonstrates countertransference awareness and understanding.	
24. Demonstrates awareness of the impact of self on client.	
25. Deals with therapeutic ruptures effectively and negotiates differences with clients.	
26. Makes appropriate referrals to other CAPS services as well as campus and community resources.	
27. Provides case management (e.g., client follow-up, consultation with other providers), when appropriate.	
28. Adequately manages treatment termination.	
AVERAGE RATING FOR INTERVENTION (A): INDIVIDUAL THERAPY	
Comments:	
G. GROUPS AND WORKSHOPS: Demonstrates knowledge and skill in facilitating group therapy and workshops	
12. Collaborates in the development and promotion of groups and workshops.	
13. Screens potential group members effectively, discerning which clients are appropriate for group.	
14. Establishes and maintains effective relationships with group and workshop participants.	
15. Develops evidence-based intervention plans specific to group or workshop goals.	
16. Implements interventions that are informed by the current scientific literature, assessment findings, diversity factors and contextual variables, applying relevant theory and research to group and workshop facilitation.	
17. Modifies and adapts evidence-based approaches effectively for specific populations and client needs.	
18. Demonstrates knowledge of the stages of group development.	
19. Engages with the group in ways that are congruent to the group's stage of development.	
20. Takes on appropriate leadership roles as a group or workshop co-facilitator	
21. Handles group terminations effectively.	
22. Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.	
AVERAGE RATING FOR INTERVENTION (B): GROUPS AND WORKSHOPS	
Comments:	
H. CRISIS INTERVENTION: Demonstrates the ability to assess crisis situations and provide effective interventions	

9. Develops evidence-based intervention plans for effectively managing crises.	
10. Establishes an effective therapeutic relationship with clients in crisis.	
11. Demonstrates an ability to function calmly during crisis situations.	
12. Implements crisis interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables, applying relevant research and appropriate standards of care when assessing and treating high risk clients.	
13. Modifies and adapts evidence-based crisis intervention approaches effectively when a clear evidence-base is lacking given the specific circumstances.	
14. Evaluates crisis intervention effectiveness, adapting intervention goals and methods consistent with ongoing evaluation.	
15. Responds and consults appropriately when managing on-call or crisis situations.	
16. Provides appropriate client follow-up, coordination of care, and referrals for clients seen in crisis.	
AVERAGE RATING FOR INTERVENTION (C): CRISIS INTERVENTION	
Comments:	
I. AOD INTERVENTIONS: Demonstrates knowledge and skill in providing AOD assessments and interventions	
9. Establishes and maintains effective relationships with clients receiving AOD assessments and interventions.	
10. Demonstrates understanding of theory and research related to AOD assessment and intervention, including motivational interviewing.	
11. Develops evidence-based AOD intervention plans.	
12. Implements AOD interventions and clinical decision-making informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	
13. Appropriately employs motivational interviewing techniques tailored to client's readiness for change.	
14. Modifies and adapts evidence-based AOD approaches effectively when a clear evidence-base is lacking given the specific clinical circumstances.	
15. Evaluates AOD intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.	
16. Consults appropriately regarding AOD interventions and treatment referrals.	
AVERAGE RATING FOR INTERVENTION (D): AOD INTERVENTIONS	
Comments:	
J. OUTREACH (Program-Defined Element): Demonstrates the ability to plan and conduct outreach programs that are culturally and developmentally appropriate	
8. Establishes effective relationships with outreach recipients, with consideration of context and diversity.	

9. Consults with Outreach Coordinator and CAPS colleagues in addressing requested services.	
10. Develops and/or delivers evidence-based intervention plans specific to outreach programming.	
11. Adequately prepares outreach presentations that are informed by scholarly research.	
12. Facilitates outreaches informed by the current scientific literature, assessment findings, diversity characteristics and contextual variables.	
13. Modifies and adapts outreach approaches effectively given the specific circumstance.	
14. Evaluates outreach effectiveness and adapts outreach development and delivery consistent with ongoing evaluation.	
AVERAGE RATING FOR INTERVENTION (E): OUTREACH	
Comments:	
AVERAGE RATING FOR INTERVENTION (A – E)	
Overall Comments:	

VIII. Supervision: Applies knowledge of supervision models and practices to mentor and monitor trainees or other health professionals in the development of professional skills within health service psychology	Rating
13. Demonstrates knowledge of supervision models and practices.	
14. Applies knowledge of supervision models and practices with psychology trainees or other health professionals.	
15. Maintains responsibility for supervised activities.	
16. Acts as a role model to supervisees.	
17. Is aware of and responsive to supervisees' developmental needs.	
18. Observes supervisee work and assesses it relative to evaluative norms and standards.	
19. Provides consistency and appropriate amount of structure in supervision.	
20. Clarifies supervisory role and acknowledges the impact of power differentials and hierarchy.	
21. Provides constructive and evaluative feedback sensitively and promptly.	
22. Considers diversity factors when discussing and providing supervision.	
23. Guides supervisees in researching and utilizing evidence-based interventions.	
24. Attends to ethical and legal issues within supervision.	
AVERAGE RATING FOR SUPERVISION	
Comments:	

IX. Consultation and Interprofessional/Interdisciplinary Skills: Collaborates with others to address a problem, seek or share knowledge, or promote effectiveness in professional activities		Rating
9. Demonstrates knowledge of consultation models and practices.		
10. Applies knowledge of consultation models and practices.		
11. Demonstrates knowledge of and respect for the roles and perspectives of campus and community partners.		
12. Collaborates effectively with campus and community partners to provide services to students.		
13. Appropriately consults with peers, postdoctoral residents, and faculty.		
14. Provides effective consultation to others expressing concern about a student.		
15. Attends to diversity factors within consultation activities.		
16. Attends to confidentiality and other ethical and legal issues when consulting or collaborating with others.		
AVERAGE RATING FOR CONSULTATION AND INTERPEROFESIONAL/INTERDISCIPLINARY SKILLS		
Comments:		

SUMMARY OF AVERAGE RATINGS AND OVERALL AVERAGE RATING	
J. Research	
III. Ethical and Legal Standards	
III. Diversity	
IV. Professional Values and Attitudes	
V. Communication and Interpersonal Skills	
VI. Assessment	
VII. Intervention (A-E)	
VIII. Supervision	
IX. Consultation and Interprofessional/Interdisciplinary Skills	
OVERALL AVERAGE RATING	
Supervisor's Comments on Overall Evaluation:	

Trainee's Response:

I attest that this evaluation is based in part on my direct observation of the student's performance. The type of direct observation was (initial one or both):

____ **Direct observation**

____ **Videotape review**

Trainee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Reference

APA Office of Program Consultation & Accreditation (2015). *Standards of accreditation in health service psychology*. Washington DC: American Psychological Association.

Case Presentation Feedback Form

Intern: _____ Evaluator: _____ Please provide feedback on the intern's case presentation based on the following outline and submit it to the Training Director electronically. The intern will review de-identified feedback. They may also schedule a time to discuss the feedback with the Training Director if desired.

1. Demographic Information:
2. Presenting Problem(s) and History of Concerns
3. Relevant History:
4. Medical and Psychiatric History:
5. Clinical Impressions and Conceptualization:
6. Diagnosis:
7. Treatment Goals and Plan:
8. Interventions/Course of Therapy:
9. Diversity Issues relevant to case conceptualization, treatment planning, and intervention:
10. Ethical Considerations and Relevant APA Guidelines and State Laws:
11. Recommendations/Direction for Future Counseling:
12. References:
13. Feedback and Questions:

Additional Comments

1. Overall impression:
2. Particular strengths:
3. Suggested areas for further development:
4. Suggestions if case were to be presented for a job talk:

Doctoral Intern Diversity Training Feedback Form

1. This training was informative and added to my knowledge base.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

2. This training was sensitive to issues of diversity and/or the needs of diverse communities.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

3. The facilitators were responsive to feedback and questions.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

4. Please comment on specific strengths of the training.

5. Please share any recommendations for improving the training.

Washington State University—Cougar Health Services

CAPS Supervision Rating Form for Supervisors

Supervisee: Click or tap here to enter text.

Supervisor: Click or tap here to enter text.

Semester: Click or tap here to enter text.

Instructions: Please complete this form and review it with your supervisor.

Rating Scale:

NA = Not Applicable (not observed, etc.)

SD = Strongly Disagree

D = Disagree

A = Agree

SA = Strongly Agree

Structure

NA	SD	D	A	SA	
☐	☐	☐	☐	☐	Adequate time was allowed for supervision. <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	The supervisor was available and on time for the supervisory <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	I made a sincere effort to get everything I could out of supervision (I brought tapes, did not miss sessions, stated my needs and expectations clearly.) <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	My supervisor was available and willing to give help when needed outside of our regular supervision time. <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	We were able to establish and periodically renegotiate goals that were mutually satisfying. <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	The supervisor gave adequate and concrete feedback. <i>Comments: Click or tap here to enter text.</i>

Content

NA	SD	D	A	SA	
☐	☐	☐	☐	☐	The supervisor's evaluation and feedback were based on adequate observation of my counseling (tapes, video, co-counseling, etc.) <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	The supervisor was helpful in conceptualizing cases and developing treatment plans. <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	In supervision we dealt with my feelings generated by the case. <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	We talked about how my personal characteristics or concerns might aid or interfere with my effectiveness as a counselor/therapist. <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	My supervisor helped me identify my strengths and weaknesses. <i>Comments: Click or tap here to enter text.</i>

My supervisor helped me appropriately with:

NA	SD	D	A	SA	
☐	☐	☐	☐	☐	doing intakes <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	helping clients set goals <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	selecting interventions <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	utilizing interventions <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	using diagnostics <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	making referrals <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	doing terminations <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	selecting relevant readings <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	being sensitive to cultural issues <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	being sensitive to gender issues <i>Comments: Click or tap here to enter text.</i>

Process

NA	SD	D	A	SA	
☐	☐	☐	☐	☐	The supervisor was supportive while pointing out better ways to handle specific client situations. <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	I could comfortably use alternative therapeutic models and approaches. My supervisor did not force me into his/her model. <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	I feel that the supervisor had an honest concern for me as a person. <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	My supervisor treated me with respect. <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	I felt I could disagree with my supervisor. <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	The supervisor acknowledged his/her limitations. <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	I sometimes felt my supervisor discounted my concerns. <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	I felt defensive discussing topics with my supervisor. <i>Comments: Click or tap here to enter text.</i>

Ethics

NA	SD	D	A	SA	
☐	☐	☐	☐	☐	My supervisor demonstrated concern for clients' welfare. <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	My supervisor helped me interpret and apply ethical guidelines. <i>Comments: Click or tap here to enter text.</i>
☐	☐	☐	☐	☐	My supervisor modeled ethical behavior with me. <i>Comments: Click or tap here to enter text.</i>

Summary

How would you rate your overall experience with this supervisor?

- ☐ Very positive
- ☐ Positive
- ☐ Somewhat positive
- ☐ Somewhat negative
- ☐ Negative
- ☐ Very negative

Comments: Click or tap here to enter text.

Three ways in which my supervisor was most helpful to me:

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

Three ways in which my supervisor could have been more helpful:

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

This form was reviewed by the following:

Supervisee Signature

Date

Supervisor Signature

Date

Outreach Program Evaluation Form

Outreach Topic: _____ Date: _____

Facilitator(s): _____

Organization/Class: _____

Please circle the number that best describes your experience.	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1. The outreach was well organized.	1	2	3	4	5	6
2. The outreach was interesting/engaging.	1	2	3	4	5	6
3. The facilitators were knowledgeable about the topic.	1	2	3	4	5	6
4. The content of the outreach was easy to understand.	1	2	3	4	5	6
5. The outreach provided me with information, skills, or an experience that I believe will be useful for me.	1	2	3	4	5	6
6. The facilitator(s) listened to and addressed the audience's questions and comments.	1	2	3	4	5	6
7. The outreach was sensitive to individual/cultural differences.	1	2	3	4	5	6
8. The handouts and reference/resource materials provided were useful.	1	2	3	4	5	6
9. The outreach motivated me to use this information/experience and/or further explore this topic.	1	2	3	4	5	6
10. I would choose to participate in other outreaches and/or request an outreach by Counseling Services in the future.	1	2	3	4	5	6

What about the outreach was most useful to you?

How would you change or improve this outreach?

Group & Workshop Satisfaction Survey

Title of Group or Workshop: _____ Year/Semester: _____

Day/Time: _____

Approximately how many sessions did you attend? _____

Have you been in a group or workshop previously? (circle one): Yes No

Please help us evaluate the effectiveness of our group counseling and workshop services by taking a few moments to complete this survey. Your answers will be anonymous and will be kept confidential.

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree	N/A
1. As a result of participating in this group/workshop, I have been able to make progress toward my therapy goals.	1	2	3	4	5	N/A
2. The facilitators set and maintained clear guidelines for this group/workshop (e.g., attendance, appropriate feedback, confidentiality).	1	2	3	4	5	N/A
3. I was able to use this group/workshop to address issues that were important to me.	1	2	3	4	5	N/A
4. As a result of my participation, I developed additional skills or coping strategies, or insight related to the concerns that brought me to CAPS.	1	2	3	4	5	N/A
5. My participation provided opportunities to learn and practice new skills or new behaviors or new coping strategies.	1	2	3	4	5	N/A
6. Overall, I am satisfied with the quality of my group/workshop experience.	1	2	3	4	5	N/A
7. I would recommend this group/workshop to a friend.	1	2	3	4	5	N/A

1. What about the group/workshop (or the leader's facilitation) did you find most helpful and why?

2. What about the group/workshop (or the leader's facilitation) did you find least helpful and why?

End-of-Internship Intern Self-Assessment

INTERN: _____

DATE: _____

Clinical strengths and areas of growth:

ADHD and Learning Disability assessment:

Theoretical orientation/supervision interests:

Growth or competence in providing supervision:

Growth or competence in co-facilitating/facilitating groups:

Growth or competence in providing outreach/consultation:

Growth in development of cultural humility:

Growth or competence in providing crisis services, including sexual assault response:

Growth or competence in providing alcohol and other substance assessments and interventions:

Growth or competence providing psychological services in a primary care setting:

Growth through minor rotations:

Post-internship Professional Goals/Settings of Interest:

Dissertation Status:

Any other relevant information:

Review and Evaluation of the Internship Program

CAPS engages in ongoing self-review and evaluation of the internship program to ensure that it is accomplishing its stated goals and serving its interns well. As a central part of this process, interns have multiple opportunities to provide formal and informal feedback regarding various aspects of the internship program, which the Training Director considers when making changes to the program. For example, interns complete brief evaluations of training seminars, and provide written evaluations of their individual supervisors each semester. Mid-year, they are invited to offer anonymous written feedback about the internship program. Similarly, toward the end of the internship year, interns are asked to complete an anonymous comprehensive survey that evaluates the entire internship program.

Over the course of the year, interns also provide verbal feedback to the Training Director, supervisors, and other staff/providers regarding their experience of the internship program. This occurs through brief check-ins during weekly group supervision meetings, quarterly or more frequent one-on-one check-ins with the Training Director, discussions during individual supervision meetings, encouragement by the Training Director to raise any concerns throughout the internship, and an end-of-year intern cohort discussion with the Training Director.

The Training Director shares de-identified intern feedback with the Training Committee and collaborates with the Committee to review the functioning of the internship program and assess whether any changes are needed. At times this occurs among small groups of staff (e.g., Training Team, Diversity Committee, Leadership Team), and at times it is through broader staff discussions.

CHAPTER 6 | WSU INFORMATION

Facts About WSU

<https://wsu.edu/about/facts/>

QUICK FACTS

- Founded in 1890
- **6** Campuses (Pullman, Spokane, Tri-Cities, Everett, Vancouver, Global)
- **200+** Undergraduate major, minors, certificates, and specializations
- **\$403**million Annual research expenditures (FY2024)
- **72** Countries offering study abroad opportunities
- **10407** WSU student and WSU Extension volunteers (24-25)
- **21400 Undergraduate students** enrolled systemwide (fall 2025)
- **4077** Graduate and professional students (2023)
- **16:1** Student/Faculty ratio
- **25,477** Total enrollment (2025)
- **37.7%** Students of color (2025)
- **35%** First-generation students (2025)
- **4.8%** International students (2025)
- **2349** Faculty
- **11** National Academy members
- **5** Top 1% of world's most-cited researchers
- **40** Washington counties (all) with a WSU Extension office
- **281,000** Alumni worldwide
- **\$154.3 M** Private giving to WSU, FY 2024
- **\$95,500** Avg. mid-career salary for a WSU graduate with a bachelor's degree and 10+ years of experience (Payscale.com, 2025)
- **25,477** Total enrollment, FY 2025
 - **21,400** Undergraduate
 - **2797** Graduate
 - **1280** Professional

Life Changing Student Opportunities

WSU's top student scholars annually receive some of the most distinguished national scholarships and awards granted to college students in the U.S. During the past 5 years, students have earned:

Gilman International Scholarships	37
Barry M. Goldwater Scholarships	16
Fullbright Scholarships	14
Udall Undergraduate Scholarships	5
Truman Scholarships	1
Rhodes Scholarship finalist designations	1



Helping Washington and the World

Annual Student Volunteer Hours (76,545 FY2024-2025)

Each year thousands of WSU students serve the greater good as volunteers, leaders in student organizations, peer tutors, and stellar role models.

Education to serve your needs

Our award-winning faculty is here to guide you through research opportunities, fieldwork, internships, and in-depth labs that inspire you to explore and innovate in your field. Small class sizes, undergraduate research programs, and an alumni network that spans all 50 states and 146 countries provide the hands-on knowledge and connections you need to advance your career.

- **16:1 student to faculty ratio**
- **80% classes have fewer than 50 students**
- **60% classes have fewer than 30 students**

Academic program offerings

With 11 academic colleges, WSU offers more than 200 undergraduate and graduate fields of study. No matter what major you decide to pursue, we can help you build a successful future. [Explore majors and degree programs](#)

Mentoring, tutoring, and support services

No matter what your academic goals are, WSU offers the support you need to reach them. Our student centers offer tutoring and mentoring programs from peers with a range of backgrounds, including international, multicultural, LBGTQ+, first generation college students, undocumented, military affiliation, and more. You will receive the culturally relevant support you need to transition to and succeed at WSU.



Academic support

For students needing support with academics, WSU offers services through the [Academic Success and Career Center](#). Students with physical, sensory, and psychological disabilities are also supported with accommodations through the [Student Accommodations and Disability Resources](#). [Learn more about communities at WSU](#)

Internships, jobs, and career readiness (14 among public US universities for student internships)

Whether you are looking for a part-time job or a summer internship to further your studies, you can find a position that fits you. Browse hundreds of opportunities both in Pullman and throughout the U.S. on our student job board, Handshake.

Get career advice and coaching, explore internship opportunities and student employment, and even have your cover letters and resumes reviewed at the Academic Success and Career Center. [Learn about career preparation at WSU](#)



Research Opportunities

Research is not just lab coats and gloves. It is about making new contributions and advancing knowledge in your field. At WSU, undergraduate research opportunities are available in all majors and disciplines, guided by mentors who are experts in their fields. Most importantly, it helps students like you gain professional experience and communication skills while testing out a career.

In Humanities, Arts, and Social Sciences, you could:

- Compose music with an instrument built from a vacuum cleaner
- Write dialogue for a VR video game script
- Fire pottery in a kiln modified to amplify solar power
- Investigate historical records to see how intercultural communities evolve

In Science, Technology, Engineering and Mathematics, you could:

- Develop new spacesuits that keep out moon dust
- Design new catalysts that burn renewable biodiesel instead of conventional diesel
- Engineer wheat to better handle drought conditions
- Study coronavirus and other infectious diseases to predict potential outbreaks

\$368 Million Total research and development expenditures in 2022

Study abroad

Choose from 560+ study abroad programs across all 7 continents, learn about course preapproval and credit prerequisites, and research scholarship and financial aid opportunities to help you with the cost of travel. [Learn more about study abroad](#)

The Honors College

Through an enriched curriculum, mentoring by expert faculty, undergraduate research, and study abroad programs, the Honors College provides students the opportunity to challenge themselves in an engaged academic community. [Learn more and apply for the Honors College](#)

Community Life

Discover a special campus experience where our community will help you grow personally, expand your network of friends, and pursue your passions.

WSU Pullman embraces students from 50 states, more than 100 countries, and many cultures and backgrounds. Many students consider Pullman their home away from home—even years after they graduate—because of the memories they create here.

- **35% of students are first generation.**
- **31% of students come from multicultural backgrounds.**
- **300+ student organizations (75+ intramural/sports, 40+ culturally based, 20+ faith based)**
- **4 student cultural centers.**

A Community for Everyone

From identity-based and multicultural groups to faith-based organizations and academic clubs, you will meet students from all backgrounds and experiences. [Learn more about our communities](#)

Find your place

With hundreds of clubs, volunteer opportunities, cultural centers, and non-stop activities ranging from concerts by big-name entertainers to sporting events featuring world-class athletes, you will make new friends and a lifetime of memories all your own. [Learn more about student organizations](#)

Explore Greek life

About 22% of students participate in our Greek system, which is made up of 50+ Greek-letter organizations with nearly 3,500 members. Ranging from men's and women's social chapters to professional and multicultural organizations, our students come together to celebrate culture and support our campus community. [Learn more about going Greek](#)



[students](#)

Support for first-generation students

Discover our full lineup of resources that support the academic journey of about 5,000 WSU Pullman students who are first in their families to attend college.

Our services focus on access and connections, expertise and guidance, and strengths and skills development. We have been recognized nationally as a First-gen Forward institution due to those efforts, one of 80 higher education institutions so designated, as well as being named a First Scholars institution in 2021.

[Learn more about services for first-generation](#)

Support for students of color

Ensuring equitable and just educational opportunities for all students is a top priority here. A suite of services ensures students of color feel supported on their educational and personal journey. [Learn more about services for students of color](#)

LGBTQ-friendly

Among the [top 25 universities nationally](#) for policies and practices supportive of lesbian, gay, bisexual, transgender, and queer students and allies (Campus Pride Index, 2025) **5 out of 5-star rating**

Living In Pullman | College town life at its best

Pullman offers a mix of on- and off-campus activities, including WCC athletics, a strong music scene, and free movies at the CUB, plus a charming sense of small-town friendliness. Dine at a locally owned pub or a restaurant with classically trained chefs and menus filled with local delicacies.

- **172 sunny days** | Average high temps: August 85°, October 60°, January 37°, April 57°
- **7 mountains** | Surrounded by beautiful hiking and biking trails, rivers, and forests
- **3 airports** | All within a 90-minute drive, located in Pullman, Lewiston, and Spokane

Explore Pullman | Take a [virtual tour](#) of the beautiful WSU Pullman campus.



University Recreation

Find options for all skill levels at our on-campus recreation centers and outdoor playfields. Choose from group classes and personal training as well as some old-fashioned pick-up games on our indoor/outdoor courts. urec.wsu.edu

- Intramurals | Choose from 80+ activities from wiffleball to esports urec.wsu.edu/imsports
- University Recreation Center | Work out in our award-winning facility. Personal trainers can help you start an exercise program and stay on track.

Spectacular shows

See chart-topping entertainers at Beasley Coliseum. Encounter creativity and innovation at the Jordan Schnitzer Museum of Art. Celebrate culture at the Elson S. Floyd Cultural Center. The options are almost limitless—and all without leaving campus. <https://seb.wsu.edu/>

Exhibits, lectures, and workshops

With several specialty museums, 2 herbariums, an observatory, a bear center, and numerous guest lectures throughout the year by experts in their fields, the opportunities to deepen your understanding of the world around us never ends. <https://magazine.wsu.edu/2025/08/01/get-real-at-the-campus-museums/>

PAC12 athletics

Cheer on the Cougs in 11 sports: football, basketball, baseball, soccer, track and field, golf, volleyball, swimming, cross country, rowing, and tennis. <https://wsucougars.com>

Campus dining options

From a full-service restaurant overlooking our golf course to campus dining halls, food to go options, and convenience markets, you will not have to travel far on campus to satisfy your hunger or thirst. And do not worry, coffee lovers. There are 5 espresso bars conveniently located for that quick energy boost between classes. Find on-campus options at <https://dining.wsu.edu/dining-options/>

Campus shopping

You can take care of many of your basic shopping needs just steps from your classrooms. Buy books, school supplies and gifts, take care of your printing and copying needs, and do your banking—all conveniently located in the center of campus at the Compton Union Building. The facility is also a great spot to grab lunch or watch that late night soccer match on the big screen. cub.wsu.edu

Cougar Health Services

WSU Pullman offers health and wellness services right on campus. Whether you are getting your eyes checked, seeing a primary care physician, or seeking mental health counseling, Cougar Health Services is here for you. cougarhealth.wsu.edu/services

Vast library system

28 million+ items accessible through a library consortium, Find locations and spaces [WSU Libraries](#)



Unstoppable school spirit

WSU colors: Crimson and gray

WSU mascot: [Butch T. Cougar](#)

WSU fight song: [Fight, Fight, Fight for Washington State](#)

Fight, fight, fight for Washington State! Win the victory!

Win the day for Crimson and Gray!

Best in the West, we know you'll all do your best, so
On, on, on, on! Fight to the end!

Honor and Glory you must win! So
Fight, fight, fight for Washington State and victory!

W-A-S-H-I-N-G-T-O-N-S-T-A-T-E-C-O-U-G-S! GO COUGS!!

System that serves citizens statewide and worldwide.

Statewide enrollment at campuses and online*

Pullman	16248 students
Spokane	1218
Tri-Cities	1609
Vancouver	2694
Everett	253
Online (Global Campus)	3455
Total enrollment	25477*

*2025 headcount enrollment reporting is based on the federal Integrated Postsecondary Education Data System (IPEDS) definition, which excludes students enrolled exclusively in Education Abroad (E_A 300 class), Cooperative Agreement, and for audit only.

Accreditation

Washington State University is a member institution with the Northwest Commission on Colleges and Universities (NWCCU). Washington State University's accreditation status is Accreditation Reaffirmed. The NWCCU's most recent action on the institution's accreditation status on June, 2021, was to reaffirm accreditation. Washington State University's next institutional review is scheduled for Spring 2025.

NWCCU is an institutional accrediting agency recognized by the US Secretary of Education and the Council for Higher Education Accreditation (CHEA).

Academic Calendar: Fall 2026

Campus	Description	Date
All	The first day of instruction for the term.	Monday, August 24, 2026
All	Accepting Faculty/Staff tuition fee waiver forms.	Monday, August 24, 2026
All	Late registration begins. (\$25.00 Late Registration Fee Charged).	Monday, August 24, 2026
All	Last day students may add a course on-line. (Classes added after this date require appropriate signatures.)	Sunday, August 30, 2026
All	Deadline to withdraw from current term with full refund (less term withdrawal fee)	Sunday, August 30, 2026
All	Deadline for enrollment prior to \$100 late registration fee.	Friday, September 4, 2026
All	Last day to accept Faculty/Staff tuition fee waiver forms to add courses for faculty, staff, and state employees under the tuition waiver.	Friday, September 4, 2026
All	Last day a student may receive a refund for special course fees.	Friday, September 4, 2026
All	Labor Day--ALL UNIVERSITY HOLIDAY.	Monday, September 7, 2026
All	Deadline to pay unpaid tuition and mandatory fees or a 3% late fee will be assessed.	Thursday, September 10, 2026
All	Last day to change enrollment from letter graded to pass/fail.	Friday, September 11, 2026
All	Last day to change enrollment from credit to audit and audit to credit.	Friday, September 11, 2026
All	Deadline for dropping a course without record. (Course withdrawals after this date are recorded on the student's transcript).	Tuesday, September 22, 2026
All	Deadline to pay unpaid tuition and mandatory fees or a 5% late fee will be assessed.	Tuesday, September 22, 2026
All	Last day to file residency application.	Tuesday, September 22, 2026
All	Deadline to pay unpaid tuition and mandatory fees or a 7% late fee will be assessed.	Wednesday, October 7, 2026

All	Last day to apply for Fall 2026 undergraduate, professional degree or certificate without incurring a late fee. After this date an additional fee of \$75 is assessed.	Friday, October 2, 2026
All	Deadline to apply for a Graduate Degree. Late fees are applied after this date. Please see Graduate School Deadlines for more information.	Friday, October 2, 2026
All	Mid-term grade submission ends. Required for students enrolled in undergraduate courses See Rule 88.	Wednesday, October 14, 2026
All	Last day for graduate students to submit completed Exam Scheduling form (via portal by department).	Thursday, November 5, 2026
All	Priority Registration Begins For Spring	Monday, November 9, 2026
All	Veterans Day--ALL UNIVERSITY HOLIDAY	Wednesday, November 11, 2026
All	Deadline for undergraduate and professional students to withdraw from a course (see Rule 68). Withdrawals do not reduce tuition charges.	Friday, November 20, 2026
All	Last day to apply for a Graduate Certificate/Degree. No extensions, no late fees.	Friday, November 20, 2026
All	Last day to take final examination for an advanced degree.	Friday, November 20, 2026
All	Thanksgiving vacation begins.	Monday, November 23, 2026
All	Thanksgiving vacation ends.	Friday, November 27, 2026
All	Last day to apply for a Fall 2026 undergraduate or professional degree or certificate with \$75 late fee. After this date fee increases to \$150.	Friday, December 11, 2026
All	Last day to add a course for this term with appropriate signatures.	Friday, December 11, 2026
All	Deadline to withdraw from current term (see Rule 70b)	Friday, December 11, 2026
All	Deadline to change from pass/fail to letter graded.	Friday, December 11, 2026
All	The last day of instruction for the term.	Friday, December 11, 2026

Pullman	Commencement.	Saturday, December 12, 2026
All	Final examinations begin.	Monday, December 14, 2026
All	Final examinations end.	Friday, December 18, 2026
All	Final grade submission ends.	Tuesday, December 22, 2026
All	Final Grades available. Students may select "Grades" under the academics tab via myWSU. Students may also order an official transcript at www.transcripts.wsu.edu .	Wednesday, December 23, 2026
All	Last day to apply for a Fall 2026 undergraduate or professional degree or certificate with a \$150 late fee.	Wednesday, January 27, 2027
All	Last day for undergraduate or professional students to have all requirements completed to be considered a candidate for the Fall 2025 class. If requirements are not complete by this date the graduation application will become inactive.	Friday, February 5, 2027

Academic Calendar: Spring 2026

Campus	Description	Date
All	The first day of instruction for the term.	Monday, January 11, 2027
All	Accepting Faculty/Staff tuition fee waiver forms.	Monday, January 11, 2027
All	Late registration begins. (\$25.00 Late Registration Fee Charged).	Monday, January 11, 2027
All	Deadline to withdraw from current term with full refund (less term withdrawal fee)	Sunday, January 17, 2027
All	Last day students may add a course on-line. (Classes added after this date require appropriate signatures.)	Sunday, January 17, 2027
All	Martin Luther King Jr Day--ALL UNIVERSITY HOLIDAY	Monday, January 18, 2027
All	Last day a student may receive a refund for special course fees.	Friday, January 22, 2027
All	Deadline for enrollment prior to \$100 late registration fee.	Friday, January 22, 2027
All	Last day to accept Faculty/Staff tuition fee waiver forms to add courses for faculty, staff, and state employees under the tuition waiver.	Friday, January 22, 2027
All	Last day to change enrollment from letter graded to pass/fail.	Friday, January 22, 2027
All	Deadline to pay unpaid tuition and mandatory fees or a 3% late fee will be assessed.	Thursday, January 28, 2027
All	Last day to change enrollment from credit to audit and audit to credit.	Friday, January 29, 2027
All	Deadline for dropping a course without record. (Course withdrawals after this date are recorded on the student's transcript).	Tuesday, February 9, 2027
All	Deadline to pay unpaid tuition and mandatory fees or a 5% late fee will be assessed.	Tuesday, February 9, 2027
All	Last day to file residency application.	Tuesday, February 9, 2027
All	President's Day--CLASS HOLIDAY All University Offices will remain open.	Monday, February 15, 2027

All	Deadline to pay unpaid tuition and mandatory fees or a 7% late fee will be assessed.	Wednesday, February 24, 2027
All	Mid-term grade submission ends. Required for students enrolled in undergraduate courses See Rule 88.	Wednesday, March 3, 2027
All	Deadline to apply for a Graduate Degree. Late fees are applied after this date. Please see Graduate School Deadlines for more information.	Friday, March 5, 2027
All	Priority Registration Begins For Summer	Monday, March 8, 2027
All	Spring vacation begins.	Monday, March 15, 2027
All	Spring vacation ends.	Friday, March 19, 2027
All	Priority Registration Begins For Fall	Monday, April 12, 2027
All	Last day for graduate students to submit completed Exam Scheduling form (via portal by department).Deadline for undergraduate and professional students to withdraw from a course (see Rule 68). Withdrawals do not reduce tuition charges.	Friday, April 9, 2027
All	Deadline for undergraduate and professional students to withdraw from a course (see Rule 68). Withdrawals do not reduce tuition charges.	Friday, April 16, 2027
All	The last day of instruction for the term.	Friday, April 30, 2027
All	Last day to apply for a Graduate Certificate/Degree. No extensions, no late fees.	Friday, April 30, 2027
All	Last day to take final examination for an advanced degree.	Friday, April 30, 2027
All	Last day to add a course for this term with appropriate signatures.	Friday, April 30, 2027
All	Deadline to withdraw from current term (see Rule 70b)	Friday, April 30, 2027
All	Deadline to change from pass/fail to letter graded.	Friday, April 30, 2027
All	Final examinations begin.	Monday, May 3, 2027
All	Final examinations end.	Friday, May 7, 2027
Pullman	Commencement.	Saturday, May 8, 2027

All	Final grade submission ends.	Tuesday, May 11, 2027
All	Final Grades available. Students may select "Grades" under the academics tab via myWSU. Students may also order an official transcript at www.transcripts.wsu.edu .	Wednesday, May 12, 2027

Campus Safety & Alert System

WSU Pullman Campus Safety Plan

The university has prepared a Campus Safety Plan, containing a listing of university policies, procedures, statistics, and information. www.safetyplan.wsu.edu/

ALERT Warning System

This is the warning system in place to notify faculty, staff, students, and interested family members of campus emergencies. For more information, and to request receipt of notifications, go to:

<https://alert.wsu.edu/>

Campus Outdoor Warning System

NOTE Even if you cannot understand the voice instructions, your default action should be to always take shelter and seek further information from other WSU Alert resources!

WSU has installed five outdoor warning siren/public address units on the Pullman campus. The University may sound these sirens in the event of an emergency that may threaten the safety of those outdoors. These sirens are designed to be heard OUTDOORS ONLY. The siren tones are prone to echoing among the buildings on campus; however, all possible adjustments have been made to improve the intelligibility of the voice messages.

Law enforcement actions, such as the response to an active shooter, may or may not necessitate the sounding of the sirens. Emergency Management will follow the instructions of the WSU Police Department regarding emergency warning and notification of any law enforcement activity.

I heard the Siren/PA system on campus. What should I do?

- Pay attention. The sirens will always be followed by a voice message.
- Follow the voice instructions. Be alert and pay attention to what is happening around you.
- If you cannot hear or understand the voice instructions from the PA system, the default is always to seek shelter first, and then get more information from the WSU Alert website, WSU Informational hotline, or other official sources.
- Follow the instructions of emergency personnel and comply with your unit's emergency procedures as appropriate

For more information, go to: [Alert | Washington State University](#)



Washington State University- Cougar Health Services

Counseling and Psychological Services

Washington Building, Room 302

PO Box 642333

Pullman, WA 99164-233

cougarhealth.wsu.edu/mental-health/ | 509-335-4511

Counseling and Psychological Services (CAPS)
COUGAR HEALTH SERVICES | WASHINGTON STATE UNIVERSITY