



Doctoral Internship in Health Service Psychology

2023-2024 Intern Handbook

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

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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 as CAPS continues to navigate our public health trajectory and related workplace practices. 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 2023-2024 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 2023-2024 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 the CAPS Student-Staff server.

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 2023-2024 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 August 2016, and we expect our next accreditation site visit to be in 2025.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kayla Zeal MD". The signature is fluid and cursive, with the letters "MD" clearly visible at the end.

Kayla Zeal,

Training Director

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
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
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Other Access Requirements

Job Duties *A minimum of 1 entry is required

Essential Duty	Yes
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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 and 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, department, 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 manage effectively 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.
- The following WSU Human Resource Services (HRS) website has the most up to date information regarding COVID-19 related leave <https://hrs.wsu.edu/covid-19/>. HRS personnel may also be able to provide additional information.

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

Telephones:

- Dial 7 to get off campus
- On-campus dialing 5+****
- Long distance: 7+1 (area code) (**-****) beep (authorization number needed)
- Voice mail – will be set up on new employees’ phones within a few days of their employment start date.

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 BizHub photo copier in the work room (361) is to be used.
- Unless necessary, black/white or grayscale printing should be used instead of color printing.

FAX

The BizHub photo 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. Employees should use their long-distance

authorization number, issued by our IT staff, to dial long distance. 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. 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.

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 the Office Support Supervisor.
- Practicum Counselors: Please do not put any holes in the walls or doors (e.g. with tacks/nails).
- Graduate Assistants/Interns/Post-docs/Senior Clinical Staff: You may hang decor on your office walls, using the picture hanging nails available in the workroom (#361) 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 Support Supervisor.
- 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 type of appliances need to be ordered through the CHS Building Coordinator. If you would like to request an appliance, please contact the Office Support Supervisor.
- 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 Support Supervisor.
- If something is missing from your office (e.g. a clock, floor lamp, end table), please notify the Office Support Supervisor 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, behavioral health 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 success 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 (typically 4; occasionally 3)
- Complete 3-4 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
Same Day Mental Health Coverage	.5 - 1.0 hr/wk
Testing and Report Writing Block (report writing not considered direct service)	4.0 hrs/wk (3-4 cases/year)
Provision of Supervision	2.0 hrs/wk (1.0 sup, 1.0 tape and note review)
Outreach/Workshops	.5 hrs/wk (3-4 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
Minor Rotation Supervision	.5 – 1.0 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. On the first or second day 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 late July or early August)
- 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 21, 2023 – May 3, 2024)

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 2023-2024

Monday	Special Topics 9:30 – 11:00 (weekly)
Tuesday	Testing Seminar 8:30 – 10:00 (alternate weeks) Ethics/Diversity Seminars 8:30 – 10:00 (alternate weeks)
Wednesday	Provider Meeting 9:10 – 10:00 (weekly) Sup of Sup 11:10 – 12:00 (weekly)
Thursday	Diversity Committee (optional) 9:10 – 10:00 (weekly) Group Sup 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. 19). 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 (Debbie Senter) 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 who met their 500 direct service hours by the 12-month point, excluding those whose final number of direct service hours exceeded 560.

3-months: mean = 105; range 88-115

6-months: mean = 255; range 214 – 287

9-months: mean = 390; range 360 – 420

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 2023-2024 internship year.

Independence Day:	July 4, 2023
Labor Day:	September 4, 2023
Veterans Day:	November 10, 2023
Thanksgiving Day:	November 23, 2023
Native American Heritage Day:	November 24, 2023
Christmas Day:	December 25, 2023
Christmas Holiday:	December 26, 2023
New Year's Day:	January 1, 2024
Martin Luther King Jr. Day:	January 15, 2024
Memorial Day:	May 27, 2024
Juneteenth:	June 19, 2024

The university has reduced operations on **December 27, 28 and 29**. 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, 2024, 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 21, 2024, and the five business days of **June 24, 25, 26, 27 and 28** 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 21. In order not to lose annual leave, interns must use their annual leave, including hours accrued in June 2024, by June 30.

Doctoral Intern Training Schedule (sample) – Fall 2022

[Does Not Include Individual or Group Supervision]

Special Topics (ST) and Ethics Seminars: Mondays 9:30 – 11:00 a.m. unless otherwise indicated*

Diversity and Testing Seminars: Tuesdays 8:30 – 10:00 a.m. unless otherwise indicated*

Group Therapy Seminar: Fridays 8:30 – 10:00 a.m. unless otherwise indicated*

Intern Process Meeting: Fridays 8:00 – 9:30 a.m. unless otherwise indicated*

Mon, Aug 22	*8:30 – 10:00	ST – Shame	Marybeth Hallett, Ph.D.
Tues, Aug 23	8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Aug 26	8:30 – 10:00	Group Therapy Seminar	Amie Smith, Ph.D.; Marybeth Hallett, Ph.D.
Mon, Aug 29	9:30 – 10:30	ST – Models of Counseling Liaison Relationships	Jane Barga, Ph.D.
Tues, Aug 30	8:30 – 10:00	ST – Spirituality	Nathan Roberts, Psy.D.
Fri, Sept 2	8:00 – 9:30	Intern Process Meeting	Interns
Mon, Sept 5		LABOR DAY HOLIDAY	
Tues, Sept 6	8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Sept 9	8:30 – 10:00	Group Therapy Seminar	Amie Smith, Ph.D.; Marybeth Hallett, Ph.D.
Mon, Sept 12	9:30 – 11:00	Ethic Seminar – Ethics of Supervision	Michele Larrow, Ph.D.
Tues, Sept 13	8:30 – 10:00	Diversity – Working with International Students	Laiyan Bawadeen, LMHC
Fri, Sept 16	8:00 – 9:30	Intern Process Meeting	Interns
Mon, Sep 19	9:30 – 11:00	ST – Same Day Mental Health Q/A	Liz McSpadden, Ph.D.
Tues, Sept 20	8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Sep 23	8:30 – 10:00	Group Therapy Seminar	Amie Smith, Ph.D.; Marybeth Hallett, Ph.D.
Mon, Sept 26	9:30 – 11:00	Ethics – Boundaries and Small Communities	Michele Larrow, Ph.D.
Tues, Sept 27	8:30 – 10:00	ST – MI for AOD Treatment 1	Liz McSpadden, Ph.D.
Fri, Sept 30	8:00 – 9:30	Intern Process Meeting	Interns
Mon, Oct 3	9:30 – 11:00	ST – Single Session Therapy	Loren Brown, Ph.D.
Tues, Oct 4	8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Oct 7	8:30 – 10:00	Group Therapy Seminar	Amie Smith, Ph.D.; Marybeth Hallett, Ph.D.
Mon, Oct 10	9:10 – 10:00	ST – Job Search 1: Applying for Jobs and Postdoc Positions	Loren Brown, Ph.D.

Tues, Oct 11	8:30 – 10:00	Diversity – Acculturation Model	Kendra Williby, Psy.D.
Fri, Oct 14	8:30 – 10:00	Intern Process Meeting	Interns
Mon, Oct 17	9:30 – 11:00	ST – Self- Care: interns use time as needed	On your own
Tues, Oct 18	8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Oct 21	8:30 – 10:00	Group Therapy Seminar	Amie Smith, Ph.D.; Marybeth Hallett, Ph.D.
Mon, Oct 24	9:30 – 11:00	Ethics Seminar – Risk Mgt 1: Suicide and Self-Harm	Michele Larrow, Ph.D.
Tues, Oct 25	8:30 – 10:00	ST – MI for AOD Treatment 2	Liz McSpadden, Ph.D.
Fri, Oct 28	8:00 – 9:30	Intern Process Meeting	Interns
Mon, Oct 31	*8:30 – 10:00	ST – Eating Disorder Treatment	Jane Barga, Ph.D.
Tues, Nov 1	8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Nov 4	8:30 – 10:00	Group Therapy Seminar	Amie Smith, Ph.D.; Marybeth Hallett, Ph.D.
Mon, Nov 7	9:30 – 11:00	ST – Military Culture and Therapy Implications	Charice DeGuzman, M.S.
Tues, Nov 8	8:30 – 10:00	Diversity – Trans* and Non-Binary Affirming Therapy	Kayla Zeal, Ph.D.
*Thurs, Nov 10	8:00 – 9:30	Intern Process Meeting	Interns
Mon, Nov 14	9:30 – 11:00	ST – Men and Masculinity	Loren Brown, Ph.D.
Tues, Nov 15	8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Nov 18	8:30 – 10:00	Group Therapy Seminar	Amie Smith, Ph.D.; Marybeth Hallett, Ph.D.
11/21 – 11/25		FALL BREAK	
Mon, Nov 28	9:30 – 11:00	ST – Job Search 2: Interviewing and Job Talk	Loren Brown, Ph.D.
*Tues, Nov 2	9:00 – 10:00	Diversity – Working with Native students at WSU	Joelle Berg, M.Ed., Native American Retention Specialist
Fri, Dec 2	8:30 – 10:00	Intern Process Meeting	Interns
*Mon, Dec 5	8:30 – 11:00	Intern Selection Process/Meeting	Jane Barga, Ph.D., and Staff
Tues, Dec 6	8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Dec 9	8:00 – 9:30	Group Therapy Seminar	Amie Smith, Ph.D.; Marybeth Hallett, Ph.D.
Mon, Dec 12	9:30 – 11:00	Supervision Evaluations – Complete for Supervisees	On your own
Tues, Dec 13		ST – Anti-fat Stigma and Fatphobia in Healthcare Settings	Kendra Williby, Psy.D.

Doctoral Intern Training Schedule (sample) - Spring 2023

[Does Not Include Individual or Group Supervision]

Special Topics (ST) and Ethics Seminars: Mondays 9:30 – 11:00 a.m. unless otherwise indicated*

Diversity and Testing Seminars: Tuesdays 8:30 – 10:00 a.m. unless otherwise indicated*

Group Therapy Seminar: Fridays 8:30 – 10:00 a.m. unless otherwise indicated*

Intern Process Meeting: Fridays 8:00 – 9:30 a.m. unless otherwise indicated*

*Fri, Jan 6	9:00 – 4:00	Mandatory Reporting and Suicide Risk Assessment & Management (w/ other CAPS clinicians)	Dr. Eric Strom
Mon, Jan 9	9:30 – 11:00	ST – Consultation and Interdisciplinary Skills	Jennifer Ellsworth, Ph.D.
Tues, Jan 10	8:10 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Jan 13	8:30 – 10:00	Group Therapy Seminar	Amie Smith, Ph.D.; Marybeth Hallett, Ph.D.
Mon, Jan 16	9:30 – 11:00	MLK Holiday	
*Tues, Jan 17	(flexible timeframe)	Diversity - International Day of Racial Healing	Interns – each choose a way of engaging
*Fri, Jan 20	8:30 – 10:30	Administration - Virtual Open House for Intern Applicants	CAPS staff; interns; TD
*Mon, Jan 23	9:30 – 11:00	Intern Process Meeting	Interns
Tues, Jan 24	8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Friday, Jan 27	8:30 – 10:00	Group Therapy Seminar	Amie Smith, Ph.D.; Marybeth Hallett, Ph.D.
Mon, Jan 30	9:30 – 11:00	ST – Object Relations	Dan Schaffer, Ph.D.
Tues, Jan 31	8:30 – 10:00	ST – MI for AOD Treatment 3	Liz McSpadden
Fri, Feb 3	8:30 – 10:00	Intern Process Meeting	Interns
Mon, Feb 6	9:30 – 11:00	Ethics – Risk Mgt 2: Harm to Others	Michele Larrow, Ph.D.
Tues, Feb 7	8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Feb 10	8:30 – 10:00	Group Therapy Seminar	Amie Smith, Ph.D.; Marybeth Hallett, Ph.D.
Mon, Feb 13	9:30 – 11:00	ST – Self-Care	Interns use time as needed
Tues, Feb 14	8:30 – 10:00	Diversity – Anti Fat Stigma and Fatphobia 2	Kendra Williby, Psy.D.
Fri, Feb 17	8:30 – 10:00	Intern Process Meeting	Interns
Mon, Feb 20		Ethics – Self-Disclosure – RESCHEDULED FOR 2/28	Michele Larrow, Ph.D.
Tues, Feb 21	8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, Feb 24	8:30 – 10:00	Group Therapy Seminar	Amie Smith, Ph.D.; Marybeth Hallett, Ph.D.
Mon, Feb 27	9:30 – 11:00	ST – OCD/ERP (sexual fears)	Loren Brown, Ph.D.

*Tues, Feb 28	9:10 – 10:00	Ethics – Self-Disclosure	Michele Larrow, Ph.D.
Fri, March 3	8:30 – 10:00	Intern Process Meeting	Interns
Mon, March 6	9:30 – 11:00	ST – Treating and De-stigmatizing Psychosis	Nathan Roberts, Psy.D.
Tues, March 7	8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, March 10	8:30 – 10:00	Group Therapy Seminar	Amie Smith, Ph.D.; Marybeth Hallett, Ph.D.
March 13-17		SPRING BREAK	
Mon, March 20	9:30 -11:00	ST – MI for AOD Treatment 4	Liz McSpadden, Ph.D.
Tues, March 21	8:30 – 10:00	ST – Working with Student Athletes	Connor Hartley, Athletics Mental Health Counselor
Fri, March 24	8:30 – 10:00	Intern Process Meeting	Interns
Mon, Mar 27	9:30 – 11:00	Ethics – Working with Girls/Women; Feminist Ethics	Michele Larrow, Ph.D.
Tues, March 28	8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
*Wed, March 29	9:10 – 10:00	Diversity - Intellectual and Developmental Disabilities	WSU ROAR Staff (CAPS staff attended)
Fri, March 31	8:30 – 10:00	Group Therapy Seminar	Amie Smith, Ph.D.; Marybeth Hallett, Ph.D.
Mon, April 3	9:30 – 11:00	ST – Pornography Addiction	Loren Brown, Ph.D.
Tues, April 4	8:30 – 10:00	Diversity – Gender ID & Expression-related Coping Differences in Child Loss & Grief	Kendra Williby, Psy.D.
Fri, April 7	8:00 – 9:30	Intern Process Meeting	Interns
Mon, April 10	9:30 – 11:00	ST – Licensure	Liz McSpadden, Ph.D. and Dan Schaffer, Ph.D.
Tues, April 11	8:30 – 10:00	Testing Seminar	Nikki Stypa, Psy.D.
Fri, April 14	8:30 – 10:00	Group Therapy Seminar	Amie Smith, Ph.D.; Marybeth Hallett, Ph.D.
*Mon, April 17	8:10 – 10:00	ST – Self-Care and Professional Socializing: breakfast w/ TD	Jane Barga, Ph.D.
Tues, April 18	8:10 – 10:00	ST – Relational and Sexual Health	Kendra Williby, Psy.D.
Fri, April 21	8:10 -9:30	Intern Process Meeting	Interns
Mon, April 24	9:30 – 11:00	ST – Private Practice	Nikki Stypa, Psy.D.
Tues, April 25		Testing Seminar	Nikki Stypa, Psy.D.
Fri, April 28	8:30 – 10:00	Group Therapy Seminar RESCHEDULED FOR 5/2 due to interns' graduation travels	N/A
Mon, May 1	9:30 – 11:00	Administration – interns complete supervision evaluations	Interns
Tues, May 2	8:30 – 10:00	Group Therapy Seminar (rescheduled from 04/28)	Amie Smith, Ph.D.; Marybeth Hallett, Ph.D.
Fri, May 5	8:30 – 10:00	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 retreat 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. Summer clinical supervisors are assigned by the Training Director.

Over the summer, interns get to know the available intern supervisors and indicate to the Training Director their supervisor preferences for the fall semester, including the possibility of remaining with their summer supervisor over the fall semester. If their first choice is not possible or advisable for some reason, the Training Director will discuss other options with the intern.

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.

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

CAPS maintains an open-door consultation policy, so 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 sexual trauma response. 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; same-day mental health coverage; 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 in-person services, while keeping some TMH options. 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.

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. For students referred to individual counseling, most meet their treatment goals in 1-6 sessions, and are allowed up to 12 sessions per academic year (with a limit of 25 sessions per degree pursued through the WSU-Pullman campus).

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 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 present 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. After-hours crises are handled through a contracted crisis intervention service (Protocol), 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, Getting Unstuck (ACT-based) and Increasing Motivation 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. 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, 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 the 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 common for clinicians to address substance concerns with their therapy clients.

SAME DAY MENTAL HEALTH (SDMH) COVERAGE

The SDMH program is overseen by the CAPS Behavioral Health Psychologist. SDMH coverage involves being available to CHS medical providers for "warm handoffs" of patients who may be exhibiting notable emotional distress or mental health concerns associated with a medical condition. SDMH appointments are brief and solution-focused, and each intern is scheduled a one-hour shift of SDMH coverage weekly.

During the summer orientation and through periodic special topics seminars over the academic year, interns receive training from the Behavioral Health Psychologist on practice in primary/integrated care settings and SDMH processes. They also may have the opportunity to meet and shadow CHS medical providers in a few appointments. Interns receive supervision on their SDMH cases and notes from their primary supervisor, in collaboration with the Behavioral Health Psychologist, as needed. The Behavioral Health Psychologist is also available on-site in the medical clinic for consultation.

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 four during the fall semester, and two to four 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. During the 2020-2021 academic year, the CAPS Outreach Coordinator and a doctoral intern developed the "Real Talk Thursday" program covering wellness topics in 30-minute workshops each week. These are recorded and added to YouTube for easy student access.

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' 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. Additional options being explored include liaising with the **Office of Undocumented Initiatives** to work with students who themselves are undocumented or who have family members who are undocumented; and **Student Support Services**, which provides programming for individuals who are first-generation college students, low income, or have a documented disability.

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. Descriptions of minor rotation options follow.

ADHD and LD Assessment

The ADHD and LD Assessment rotation is supervised by Nikki Stypa, Psy.D., CAPS Testing Director, who determines whether the rotation is appropriate for a given intern during the fall and, or the spring semester. The rotation involves conducting ADHD and LD screens and assessments apart from those required of all interns, in addition to writing integrated assessment reports. Weekly to bi-weekly supervision is provided.

Alcohol and Other Drugs (AOD)

The AOD rotation is supervised by Jane Barga, Ph.D., the CAPS AOD Services 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 AOD violations). Given broader policy changes at the university, the number of IMPACT appointments seen by CAPS clinicians has decreased over the past two 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.

Behavioral Health

The behavioral health rotation is supervised by the CAPS Behavioral Health Psychologist, Liz McSpadden, Ph.D. Participants in this rotation take on an additional SDMH (same day mental health) shift at the CHS medical clinic during which they are available when a medical provider would like a patient to meet with a mental health professional immediately. Interns may also provide brief therapy for clients whose psychological concerns manifest in a physical manner, or whose medical concerns create psychological distress. This rotation requires some assigned readings and weekly to bi-weekly supervision.

Biofeedback

The biofeedback rotation is supervised by Loren Brown, Ph.D., who is the CAPS Biofeedback Coordinator and is Board Certified in Biofeedback (BCB). 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 Dr. Brown on a weekly to bi-weekly basis for supervision and discussion of readings.

Graduate Training – Beginning Practicum

The graduate training – beginning practicum rotation is supervised by Dan Schaffer, Ph.D., 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 4:15 – 5:45pm. 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 and supervision rotation are supervised by a designated CAPS senior staff member. 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 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, Laiyan Bawadeen, M.Ed. 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 Michele Larrow, Ph.D. 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 other 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 who are participating in beginning practicum at CAPS. While these practicum counselors receive individual supervision from a departmental supervisor or other CAPS clinical staff for their therapy cases, interns provide training and supervision for the practicum counselors' initial consultations (IC's), co-facilitation of skills-based groups/workshops offered through CAPS, and outreaches (one per semester).

Early in the fall semester, beginning practicum counselors learn to conduct IC's via instruction from their practicum class and their intern supervisor. They engage in role-plays, shadow advanced providers' ICs, write up mock IC reports, and are observed as they conduct their own IC's. As their IC supervisors, interns are involved in reviewing and providing feedback on this clinical work and associated written reports.

Over the year, interns also supervise practicum counselors as they learn about and co-facilitate (with the intern) skills-based groups or workshop series. 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 one outreach each semester. Practicum counselors sign up for these outreaches through the CAPS Outreach Coordinator.

Interns complete mid- and end-of-semester evaluations of their supervisees. These are shared verbally with other CAPS supervisors and Clinical Psychology faculty representatives in summary form at two "supervision conference" meetings each semester. 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, bi-weekly group therapy seminars, 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 seminar, 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 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, international student experiences, and neurodiversity.

To develop and implement these trainings, a small diversity training planning group is established each semester. The planning group typically includes a CAPS senior staff member (coordinator), two interns, a counseling assistant (advanced trainee), and a 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 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.

Following the diversity trainings each semester, interns and others who organized and implemented the trainings receive feedback by means of a Qualtrics survey.

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.

In 2020, the diversity committee also published a statement of support on CAPS' website for WSU's Black students and staff. Since then, the committee has solicited input from campus partners to publish a broader statement describing support of diverse students and work toward equity and inclusion.

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 to whatever degree fits their schedule.

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 feedback is a summary of anonymous written comments from clinical staff. 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 can take the form of a presentation, web-based handouts for clients, or training/resource materials for practicum students, subsequent interns, or staff.

Interns who fulfill this requirement through a presentation are provided time to present their research to CAPS providers and trainees. Interns who choose another form of research contribution should work with the Training Director to determine the parameters of it. 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, 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 groups and 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 and Affirmative Action Policy

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

Revision Approved February 17, 2010

Washington State University (WSU or the University) is an equal opportunity employer committed to providing equal opportunity in education, employment, membership and contracts without regard to race, sex, sexual orientation, gender identity/expression, religion, age, color, creed, national or ethnic origin, physical, mental or sensory disability, marital status, genetic information, and/or status as a veteran. WSU has made, and will continue to make, every effort to eliminate barriers to equal opportunity encountered by these protected group members and to improve opportunities available to underrepresented groups, in compliance with state and federal law. The following are specific goals of this policy:

WSU does not discriminate based on race, sex, sexual orientation, gender identity/expression, religion, age, color, creed, national or ethnic origin, physical or mental or sensory disability, marital status, genetic information, and/or status as a veteran in its administration of educational policies, programs or activities, or other University administered programs of employment.

WSU recruits, hires, trains, promotes, and compensates persons in all job titles, without regard to race, sex, sexual orientation, gender identity/expression, religion, age, color, creed, national or ethnic origin, physical, mental or sensory disability, marital status, genetic information, and/or status as a veteran.

WSU is committed to take affirmative action consistent with federal and state law to increase the employment of American Indians/Alaskan Natives, Asians/Pacific Islanders, Blacks/African Americans, Hispanics/Latinos, women, persons age 40 and over, persons with disabilities, specially disabled veterans, veterans of the Vietnam era, recently separated veterans, and other protected veterans where there is underrepresentation. The University will make good faith effort for outreach consistent with federal and state law to decrease underrepresentation. The University will review progress on an annual basis.

WSU will ensure that personnel actions such as progressive discipline, transfers, layoffs, return from layoffs, and University sponsored training, educational, social, and recreational programs, will be administered without regard to race, sex, sexual orientation, gender identity/expression, religion, age, color, creed, national or ethnic origin, physical, mental or sensory disability, marital status, genetic information, and/or status as a veteran.

The President of WSU is responsible for ensuring that the Equal Employment Opportunity/Affirmative Action (EEO/AA) Policy is administered effectively on the WSU Pullman, Tri-Cities, Vancouver, and Spokane campuses and all other WSU facilities. The President of WSU has charged the Office of Civil Rights Compliance & Investigation (CRCI) with the responsibility of monitoring the University's EEO/AA program and policies. College and division managers are responsible for ensuring that the respective college/division meets its EEO/AA obligations. Each college and division will be evaluated annually on progress toward goal achievement. The Office of Civil Rights Compliance & Investigation is responsible for overseeing the daily activities of the University's EEO/AA programs and developing the University's Affirmative Action Plan. The Office of Civil Rights Compliance & Investigation Director may be contacted at French Administration Building, Room 225, Pullman, Washington 99164-1022. The telephone number is (509)335-8288.

Policy Prohibiting Discrimination, Sexual Harassment, and Sexual Misconduct

Washington State University Executive Policy Manual | [Executive Policy #15](#)
Revision Approved January 16, 2014

Policy

Purpose

Washington State University (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. WSU is committed to creating and maintaining a diverse, inclusive, accessible, and equitable community.

WSU encourages reporting and questions, even anonymous questions, to Compliance and Civil Rights (CCR) under this policy. WSU offers support even if reporting parties choose to limit the information they disclose. 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 [Employee-Related Responsibilities](#)).

Furthermore, WSU also recognizes and is committed to the principles of free inquiry and free expression, and understands that discussion and debate are fundamental to the University.

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.

NON-DISCRIMINATION STATEMENT

In matters of admissions, employment, housing or services, 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:

- Race
- Sex and/or gender
- Sexual orientation
- Gender identity or expression
- Religion
- Age
- Color
- Creed
- National or ethnic origin
- Marital status
- Genetic information
- Status as 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

Inquiries about WSU's policies relating to sex discrimination, sexual harassment, and sex and gender-based violence, as well as complaints of discrimination or harassment based on other protected classes, may be made to the Title IX Coordinator and/or Compliance and Civil Rights (CCR) at:

Compliance and Civil Rights	
Physical location:	French Administration Bldg. Room 225 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
Telephone:	509-335-8288
Fax:	509-335-5483
Website:	ccr.wsu.edu/file-a-complaint
E-mail:	ccr@wsu.edu

Violations

Conduct which is subject to informal resolutions, investigations, and/or disciplinary and resolution processes is defined in:

- [15.A. Discrimination and Discriminatory Harassment](#)
- [15.B. Sexual Harassment](#)

Limitations on Violations

WSU 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. (See also [Appendix 2: Examples of Protected Speech](#).)

WSU recognizes that conduct which does not violate this policy may still have the potential to harm individuals. Where conduct does not violate this policy, WSU may still 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 or professional code.

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.

Reporting Options

Reports of conduct implicating this policy may be made to:

- The Title IX Coordinator;
- The ADA (Americans with Disabilities Act) Coordinator;
- CCR;
- External agencies (including the Department of Education's Office of Civil Rights, and law enforcement);
or
- A confidential resource.

Additional information on reporting to law enforcement, confidential options, or external agencies is available in [Confidential Reporting](#) and [External Reporting](#).

Reports to the Title IX Coordinator/Director of CCR or the ADA Coordinator may be made at:

Compliance and Civil Rights	
Physical location:	French Administration Bldg. Room 225 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
Telephone:	509-335-8288
Fax:	509-335-5483
Website:	ccr.wsu.edu/file-a-complaint
E-mail:	ccr@wsu.edu

Reports 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 complaint form, via e-mail, or by leaving a voicemail on the office telephone. Reports are typically responded to within one business day.

A report is different than a formal complaint (see [Formal Complaint Process](#)). Reports to the Title IX Coordinator, ADA Coordinator, or CCR initiate a response from CCR to the reporting party, as described in the [CCR Procedural Guidelines](#).

The CCR response to the reporting party includes information on:

- Supportive measures (including that supportive measures are available with or without filing a complaint);
- Grievance processes;
- How to file a complaint; and
- A statement that the reporting party/complainant's wishes, with respect to supportive measures, are considered.

Reporting parties may share information with CCR for the purpose of:

- Documenting their concerns;
- Facilitating supportive measures or resources;
- Requesting a consultation;
- Filing a formal complaint for the purpose of:
- Requesting an informal resolution; and/or
- Requesting a University investigation.

CCR accepts requests for consultations, including anonymous consultations. During a consultation, a reporting party may report as much, or as little, information as the reporting party is comfortable sharing. University administrators may have limited actions available when incomplete information is provided. CCR also accepts requests for consultations that involve compliance-related questions and that do not involve a complaint.

CCR accepts anonymous reports. Some CCR processes may not be available for anonymous reports if:

- The complainant's credibility cannot be assessed;
- Supporting documentation is not provided;
- Details are insufficient to support an investigation; and/or
- The due process rights of the respondent are in jeopardy.

If an individual is interested in making an anonymous report, CCR encourages the individual to provide as much information as is available, including descriptions of specific incidents, witness names, and any available documentary evidence.

Supportive Measures

Supportive measures are non-disciplinary, non-punitive individualized services offered as appropriate and as reasonably available, without fee or charge to a reporting party/complainant or respondent. Supportive measures may be offered before and/or after a formal complaint is filed, or where no formal complaint is filed. Supportive measures are provided through consultation with:

- The Title IX Coordinator,
- CCR,
- The Office of the Dean of Students (DOS) or campus Student Affairs leadership,
- Human Resource Services (HRS), and/or
- The department/college.

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

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
- Access Center/reasonable accommodations
- Enrollment in Global Campus

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 & Incest National Network (RAINN)
- Washington State Coalition Against Domestic Violence (WSCADV)
- Washington Coalition of Sexual Assault Programs (WCSAP)

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.

SAFETY

- Report 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
- Cougar Safe Rides (Pullman only)
- Local taxi/bus information
- Local domestic violence shelter information
- Blue phones
- Emergency residence life room on campus (Pullman only)

MISCELLANEOUS

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

LEGAL RESOURCES

- [ASWSU Student Legal Services](#)
- [Northwest Justice Project](#)
- [CLEAR Hotline](#) for counties outside King County
- [211 Legal Referral and Information Hotline](#) (King County)
- [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](#)
- [Clark County Attorney Referral](#)
- [King County Attorney Referral](#)
- [Spokane County Attorney Referral](#)
- [Thurston County Attorney Referral](#)
- [Snohomish County Attorney Referral](#)

Formal Complaint Process

As described above, individuals may report concerns to the Title IX Coordinator, CCR, or the ADA Coordinator and receive information on supportive measures and how to file a formal complaint. To initiate an informal resolution or formal investigation, a formal complaint must be filed by a complainant.

Formal complaints may be filed with CCR, the Title IX Coordinator, or ADA Coordinator. Consistent with [Executive Policy Manual EP26: Internal Investigations Training and Policy](#), CCR or its designee is responsible for University investigations under this policy. CCR provides reporting options and investigative processes to address allegations of violations of this policy. The Title IX Coordinator is housed in CCR. Complaints to the Title IX Coordinator or CCR may be made for the purpose of requesting an informal resolution or investigation.

EXCEPTION: Grievances under this policy 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 [Patient Protection and Affordable Care Act](#).) 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	
Mailing address:	P.O. Box 642302 Washington State University Pullman, WA 99164-2302
E-mail:	CHS.civilrightscoord@wsu.edu

Complaints involving criminal activity may also be made to local law enforcement. WSU's process related to this policy is separate and distinct from the criminal process and may be pursued simultaneously. In cases where a criminal conviction is made, CCR may rely on that finding, in whole or in part. Furthermore, in cases involving a criminal investigation, CCR may rely on the police investigation in making determinations under this policy, regardless of whether or not that criminal investigation results in a criminal charge, prosecution, or conviction. The failure to charge, prosecute, and/or convict a respondent does not preclude the CCR investigation of a complaint.

To file a formal complaint under this policy with CCR and/or the Title IX Coordinator, a complainant must fill out the [formal complaint form](#). A physical copy of the formal complaint form is available at CCR, or by request through postal mail. See [CCR contact information](#).

The complaint form may be submitted 24 hours per day, 7 days per week. The complaint form must be:

- Filled out by the Director/Title IX Coordinator, the complainant, or the complainant's legal guardian/parent where they would otherwise have a legal right to do so; and
- Signed either physically or electronically by the complainant or otherwise indicate that the complainant is the person filing the complaint.

Complaints may be submitted for the purpose of requesting an informal resolution or a formal investigation. NOTE: Both informal resolutions and formal investigations require notice of the allegations and the process to be provided to both the complainant and the respondent; in most cases, this notice includes the identities of the complainant and the respondent. CCR engages in these processes where the alleged conduct meets one of the definitions in this policy, and where CCR has appropriate jurisdiction. To make this assessment, CCR assesses whether the conduct meets the jurisdiction and definitions described in [EP15.A](#) or [EP15.B](#).

If the conduct falls under EP15.A, CCR assesses whether the conduct meets the definitions and jurisdiction outlined in the EP15.A [Violation of Policy](#) section.

If the conduct falls under EP15.B, CCR assesses whether the complaint meets the definitions and jurisdiction in the EP15.B [Title IX Sexual Harassment](#) section. If not, CCR dismisses the complaint under Title IX (an appeal of this dismissal is available), and then reviews the complaint under the definitions and jurisdiction described in the EP15.B [Other Sexual Harassment Violations](#) section.

CCR may dismiss a complaint where specific circumstances prevent an investigator from gathering evidence sufficient to make a determination. For example, for complaints of conduct occurring more than two years in the past, the CCR determination on whether to proceed with an investigation may be limited by the passage of time and availability of evidence. In making determinations on older matters, CCR considers, at a minimum:

- The support options available to the participants;
- The likelihood of any continuing effects on WSU activities, programs, or events;
- Available resources;
- The amount of time that has passed;
- The existence of available records;
- The availability of witnesses; and
- The impact of time on witnesses' ability to recall accurate information.

CCR may dismiss complaints which are received when the respondent is no longer enrolled or employed, and WSU does not have authority over them. However, CCR does not dismiss a complaint where the respondent chooses to disenroll or end their employment after learning of a complaint or investigation. Complaints dismissed by CCR, including complaints which do not implicate EP15, may be referred to another university department, such as HRS, the Office of the Provost, the Center for Community Standards, or Internal Audit.

Confidentiality

WSU is not a confidential resource. However, WSU keeps information regarding parties and witnesses in discrimination matters confidential, except as permitted by FERPA statute or regulations ([34 CFR 99](#)), as required by law, or as needed to fairly conduct an investigation, hearing, or adjudication procedures, including as required by [34 CFR 106](#) for matters involving Title IX allegations.

CCR may report findings or the cause for an administrative leave to other agencies, where required by a granting agency (e.g., the National Science Foundation (NSF) requires awardee institutions to report sexual harassment findings). As described under the Formal Complaint Process section, for matters involving a formal investigation or informal resolution, the complainant's and respondent's identity is included in the notice of investigation or informal resolution.

WSU does not enter into nondisclosure agreements involving sexual harassment and sexual misconduct that are prohibited by [RCW 49.44.210](#) and [RCW Chapter 28B.112](#).

Confidential Reporting

As described above, CCR is not a confidential resource, and confidentiality is not guaranteed. However, CCR takes reasonable steps to protect the privacy of individuals participating in matters under this policy, to the extent allowable by University policy and state and federal regulations and law.

CCR files are subject to public records requests; however, WSU redacts records to protect the privacy of individuals to the extent allowed by law. Responses to public records requests are in accordance with [RCW 42.56.660](#), [42.56.665](#), and [42.56.675](#). Individuals may request to consult with CCR anonymously before deciding whether to disclose their identity.

Reports may be shared confidentially with:

For students:

- WSU counseling or medical providers;
- Local victim advocacy agencies;
- Local counseling or medical providers; and/or
- Other University personnel designated as confidential.

For employees:

- Employee Assistance Program;
- Local victim advocacy agencies;
- Local counseling or medical providers; and/or
- Other University personnel designated as confidential.

Information on how to access these confidential reporting options are listed at [CCR – Resources](#).

External Reporting

Employees and students have the right to file complaints to external agencies including, but not limited to:

- The Washington State Human Rights Commission
- The Federal Equal Employment Opportunity Commission
- The Department of Education's Office for Civil Rights
- Law enforcement agencies

Resources

Access to confidential and nonconfidential resources is available to all participants in CCR's processes, which may include University administrative resources, counseling, medical services, advocacy, and safety options. Information about resources, including resources specific to each campus location, as well as state and federal compliance offices, is available and marked as confidential or nonconfidential at [CCR – Resources](#).

Some WSU employees may be required to report information under this policy. For more information, see Employee Reporting Requirements.

Participant Rights and Responsibilities

During a CCR investigative process, the complainant and the respondent have the right to all the following:

- Individualized and appropriate supportive measures, in consultation with CCR, HRS, DOS, law enforcement, court order (including protection orders), and/or other University administrators;
- Confidential and nonconfidential resources;
- Neutral investigative process;
- Receive information about University policies and procedures, including information that retaliation is prohibited for all investigation participants;
- Notification of allegations;
- Opportunity to respond to allegations and/or witness statements;
- Opportunity to present evidence;
- Opportunity to provide relevant witnesses;
- Opportunity to present and have considered their preferred resolution path;
- Opportunity to have a support person or advisor, which may be an attorney;
- Opportunity to review evidence and provide an additional written statement to be considered prior to publication of an investigative report;
- Opportunity to be informed of the status and the outcome of an investigation; and
- Opportunity to review investigative findings and conclusions in writing, which may be redacted as necessary to protect privacy.

Additional rights and information about CCR's investigative procedures may be found in the [CCR Procedural Guidelines](#).

Additional rights and responsibilities for the sanctioning process may be found in the [WSU Faculty Manual](#), the [Administrative Professional Handbook](#), [WAC 357-40](#) (civil service employees), applicable collective bargaining agreements, or the WSU Standards of Conduct for Students ([WAC 504-26](#)).

The reporting and responding parties in an investigation are responsible for:

- Providing verbal or written statements, if desired;
- Presenting the names of witnesses, if desired;
- Reviewing and responding to University communications provided to their WSU e-mail account; and
- Participating in adjudicative or disciplinary proceedings.

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 where 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.

University Response to a Formal Complaint

CCR RESPONSIBILITIES

CCR is the central intake office for formal complaints under this policy and serves as a neutral consultation and investigation resource. CCR acts in an impartial manner following its Procedural Guidelines, which include information on reporting, supportive measures, determination to proceed, investigative procedures, informal resolutions, and appeals.

Reports to CCR may also involve other University policies or procedures within the purview of the Center for Community Standards, HRS, or the Office of Internal Audit, among others.

Information on student conduct policies and procedures is available through the [Center for Community Standards](#).

Information on employment policies and procedures is available through [HRS](#).

Information on policies and procedures under the purview of the [Office of Internal Audit](#) are available online.

INFORMAL RESOLUTIONS

After receiving a formal complaint, CCR may engage in an informal resolution process. An informal resolution process is not commenced until written notice is provided to both parties disclosing the allegations and the requirements of the informal resolution process, as described in the CCR Procedural Guidelines, and until WSU has received voluntary, written consent to proceed with the informal resolution process from both parties.

WSU does not offer an informal resolution to resolve allegations that an employee sexually harassed a student, as defined by the EP15.B [Title IX Sexual Harassment](#) section, but may offer it for other circumstances.

Informal resolutions may include, but are not limited to:

- Conduct management plans or resolution agreements;
- Verbal or written counseling;
- Departmental resolutions;

- Alternative dispute resolutions;
- Mediation, if available; and/or
- Additional required training.

INVESTIGATIONS

CCR may conduct an investigation after receiving a formal complaint, which meets the requirements of EP15.A or EP15.B. CCR conducts a neutral and unbiased investigation, with investigators who do not have a conflict of interest or bias towards either party specifically or generally. CCR investigations are conducted pursuant to the Procedural Guidelines and are initiated with a presumption that the respondent is not responsible for the alleged conduct. CCR provides notice of the allegations in writing to both parties. Both parties have the right to present witnesses and evidence. The evidentiary burden is on WSU, 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. Throughout the investigative process, the parties have the right to have an advisor of their choice with them. The parties also have an opportunity to review the evidence collected and provide a written response, prior to the publication of an investigative report.

For more information about the investigative process, see the [Procedural Guidelines](#).

RESOLUTION AND DISCIPLINARY PROCESSES

CCR functions as a neutral investigator only and does not participate in discipline or sanction decision-making following an investigation, but may participate in informal resolution processes, as appropriate. Upon receipt of CCR investigation findings, discipline and sanctions may be imposed by appropriate decision-makers, as outlined in the applicable University policy or handbook, including:

- [WSU Faculty Manual](#),
- [Administrative Professional Handbook](#),
- [WAC 357-40](#) (civil service employees),
- Applicable collective bargaining agreements, and
- WSU Standards of Conduct for Students ([WAC 504-26](#)), including any appeal procedures provided under the applicable standard.

Any sanction imposed, or other actions taken, must be reported to CCR by the administrator or supervisor who imposes the sanction or takes action.

Matters involving alleged Title IX sexual harassment, as defined in EP15.B, have specific hearing and appeals requirements, pursuant to federal regulations. Additional information about these requirements may be found in the applicable University policy or handbook.

In addition, where a violation is found to have occurred, the decision-maker may also provide remedies to the complainant that are designed to restore or preserve equal access to educational programs or activities. Remedies may include, but are not limited to:

- Extension of academic timelines
- Additional academic support or tutoring
- Retroactive withdrawals without penalty
- Transfer assistance
- Residence hall changes
- Work schedule, duties, or compensation changes

- Change of employee reporting lines
- Items described in the Supportive Measures section of this policy

The Title IX Coordinator is responsible for effective implementation of any remedies where a Title IX violation is found to have occurred.

Employee-Related Responsibilities

DEPARTMENT RESPONSIBILITIES

All University departments are expected to promote a work and academic environment which is free of discrimination and harassment. This may include 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; and
- Ensure policies and procedures comply with this policy.

Managers and supervisors are required to:

- 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 [Employee Training Requirements](#));
- Engage in preventative activities and create a culture of compliance with this policy;
- Promptly report possible violations of this policy as required (see [Employee Reporting Requirements](#));
- Participate in investigations or other resolution processes under this policy, as appropriate;
- Maintain records as required by the state and University retention policies;
- Execute resolutions or sanctioning, if appropriate; and
- Not engage in conduct prohibited under this policy.

WSU employees are required to:

- Contribute to a culture of compliance with this policy;
- Not engage in conduct prohibited under this policy;
- Promptly report possible violations of this policy as required (see [Employee Reporting Requirements](#));
- Participate in an investigation or other resolution process under this policy, as appropriate;
- Not engage in retaliation or interference as prohibited by this policy; and
- Complete the required discrimination and harassment prevention employee training (see [Employee Training Requirements](#)).

EMPLOYEE TRAINING REQUIREMENTS

This section applies to employees, which includes all WSU employees, student employees, and authorized volunteers.

In accordance with the goals of this policy, all WSU employees, including student employees and authorized volunteers, are required to take the Discrimination, Sexual Harassment, and Sexual Misconduct Awareness, Prevention, and Response Training at regular intervals determined by the WSU Office of the President.

Individual units may require employees to complete additional training and may submit requests to CCR for specific training needs.

EMPLOYEE REPORTING REQUIREMENTS

Incidents Involving Sexual Harassment

Employees who have information regarding an incident or situation involving sexual harassment (including, but not limited to, quid pro quo harassment, sexual misconduct, intimate partner violence, or stalking) are required to promptly report the information to:

- CCR,
- The Lead Title IX Coordinator, or
- A designated area Title IX Deputy Coordinator.

The list of [Lead and Deputy Title IX Coordinators](#) is available online.

There are limited exceptions to this requirement. The exceptions are:

- Employees who are statutorily barred from reporting (for example, 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 WSU's Cougar Health Services, Athletic Medicine, or WSU Psychology Clinic, or while otherwise designated by WSU to provide medical or mental health services;
- 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 sexual harassment (including, but not limited to quid pro quo harassment, sexual misconduct, intimate partner violence, or stalking);
- Employees who have no authority to take action to redress sexual harassment (including, but not limited to quid pro quo harassment, sexual misconduct, intimate partner violence, or stalking) and who may not reasonably be viewed by students or other employees as having such authority (for example, certain nonsupervisory custodial or dining services staff). Such employees are nonetheless strongly encouraged to report all instances of sexual harassment (including, but not limited to, quid pro quo harassment, sexual misconduct, intimate partner violence, or stalking) to CCR; and
- Employees engaged in research and climate surveys which include gathering information on discrimination and harassment, during which a research participant discloses, for the purpose of the research, having experienced discrimination and harassment, unless the Institutional Review Board requires otherwise.

Other Incidents of Discrimination

Employees with supervisory responsibility must report all incidents of discrimination that may violate this policy to CCR. All other WSU employees are advised to report such incidents.

Campus Security Authority Reporting

Employees designated as a Campus Security Authority are required to report Clery Act identified crimes to the appropriate Clery administrator. Each campus has its own [Campus Security Authorities](#).

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 State Department of Social and Health Services. 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](#).

Patient Protection and Affordable Care Act

Grievances under this policy (e.g., a patient alleging a denial of service due to a protected class status) arising out of WSU health care programs or activities which receive funding from the U.S. Department of Health and Human Services, must be filed with the Section 1557 Civil Rights Coordinator. (See [Formal Complaint Process](#).)

WSU health care programs or activities post a Notice of Nondiscrimination and Accessibility (Notice) within each health care program/activity (i.e., Cougar Health Services), as required by Section 1557 of the Patient Protection and Affordable Care Act (ACA). This Notice formally designates the 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.

Questions

Questions about this policy may be directed to CCR. See [CCR contact information](#).

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 expectation 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 anonymous 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 high 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 provide 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:

Employees and volunteers are expected to dress appropriately for the job they are performing. Clothing and appearance should be neat, clean, in good business taste, and should not be a safety hazard. Name badges or name tags should always be worn. Unit managers or directors are responsible for advising employees on workplace attire and appearance. Unit-specific guidelines are outlined below. Employees should consult their supervisor for additional guidance.

No policy can cover all contingencies; as such, specific work areas may need to look at additional standards. Cougar Health Services supervisors and leadership, in consultation with Human Resources Services, will make the final decision on additional standards and questions regarding professional attire and appearance.

WSU Cougar Health Services employees not in compliance with this policy will be addressed on an individual basis. Depending on the area of non-compliance, the staff member may be required to go home, change into conforming 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.

Medical Clinic & Pharmacy

Providers are expected to wear business casual attire or CHS-branded scrubs. Business Casual attire can include suits, pants, slacks, skirts, dresses, jackets, shirts, sweaters, and polo/collared shirts. Khaki and corduroy pants are appropriate for a business environment. Nurses and medical assistants may wear top and bottom scrubs, or they may pair scrub bottoms with long sleeve polo shirts, polo shirts, crew neck shirts, and vests when performing patient care. WSU branded clothing may be worn on Fridays.

Examples of unprofessional attire that is either unsafe or impacts the image of CHS include but are not limited to:

- Leggings worn as pants, yoga pants, sweatpants, jeans with rips, holes, tears, or patches.
- Graphic t-shirts
- Flip-Flops
- Clothing should not be alluring, (e.g. short skirts, low cut/revealing tops, see through fabric, or tight-fitting garments).

Shoes: For those 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. Heels should be 2” or less.

Identification Badge: Name badges are always required to be worn above the waist for safety and security.

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 used 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.

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.

Tattoos: A healing tattoo increases the risk of infection to the staff member and any person who may come in direct contact with the tattoo. Therefore, any employee with a new tattoo that has the possibility to come into direct contact with any other person (i.e. a hand or forearm tattoo) must keep it covered with a clean dressing and/or the appropriate covering for a minimum of three weeks. For example, if an employee has a new hand tattoo, it must have a clean dressing and the employee should wear protective gloves over the dressing when in contact with others.

Fingernails, Jewelry, and Hand Hygiene: [WSU](#) Cougar Health Services complies with AAAHC Standard 7.I.B regarding infection prevention, as well as the [CDC Hand Hygiene Guidelines](#), which include guidance on fingernails. Artificial fingernails have been implicated in many cases of infectious outbreaks. As such, fingernails should be clean, groomed, and short (no more than ¼”) in length. Acrylics, tips, extensions, overlays, decals, and any other form of artificial nails or other nail applications are prohibited. Any nail polish must be well maintained, cover the entire nail, and not be chipped.

Any jewelry worn should not come in contact with patients or pose a danger of becoming caught in clothing or equipment. Rings, watches, and bracelets are permitted, but 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.

Counseling and Psychological Services

CAPS employees and volunteers should dress appropriately for the work being performed. Appropriate dress may vary depending on daily activities. Please check with your supervisor if you have questions.

Examples of professional attire and appearance include, but are not limited to:

- Footwear appropriate to the work being performed and professional in appearance.

- 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 present a professional appearance and do not obstruct eye contact.
- Good hygiene.

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.
- 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.

Business Office

Business office employees should wear business casual attire. This can include suits, pants, slacks, skirts, dresses, jackets, sweaters, and polo/collared shirts. Khaki and corduroy pants, while not formal, are appropriate for a business environment.

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.

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 2023-2024 (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 assure 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 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 method 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 2023/2024

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 (www.apa.org/ethics/code/index.asp). 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 Univeristy policy. CAPS clinical work will need to be done on a univeristy 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 don't 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 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 30-minute “CAPS Work From Home” appointment on their PnC schedule at 7:30 am 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 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.
- 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. Some 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. The one exception is that interns may not meet supervisors who have 9-month or 10-month contracts in-person until shortly before the start of the Fall semester, although they do have an opportunity to meet them via videoconference. 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, the CAPS Training Director, and the CAPS 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 service; 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 Fall Semester 2024

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 during the Fall 2023 semester.

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, 2023. 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) during the Fall 2023 semester (August 21 – December 31, 2023) 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, 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. 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. Doctoral Intern Supervisor will review these evaluations with 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, Doctoral Intern should then raise it with 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

Loren Brown, Ph.D., CAPS Interim Director

Date

Washington State University Counseling and Psychological Services

Doctoral Psychology Intern Supervision Agreement Tele-Supervision Addendum- Fall 2023

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 is allowing 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 that was signed at the beginning of the Fall 2022 semester 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

Loren Brown, Ph.D., Interim CAPS Director

Date

Retention of Records

The WSU CAPS Internship Program uses both a paper system and an electronic 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. Electronic records/files, which have been utilized since the 2016-2017 internship year, 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. Interns from cohorts dating 2016-2017 to present have both paper and electronic records/files.

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 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 (2024)

Dear Interns,

As your internship comes to a close, 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 pagers, 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 Payroll Department).
- Return CHS badge and all keys to Office Support Supervisor (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 Office Support Supervisor.
- Fill out the forwarding address information and give to Office Support Supervisor.
- Check and clear 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 believe 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 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 semester, 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 weekly for each of the following: 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 they had been harassed by a CAPS provider or staff member. The second involves situations related to intern 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: _____ **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. *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.*
- 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

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:
Comments:
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:	

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

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. *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.*
- 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
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, 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.	
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
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 <u>ethical</u> dilemmas as they arise across all internship activities and applies ethical decision-making processes in order to resolve the dilemmas.	
6. Recognizes <u>legal</u> 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.	
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
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.	
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
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.	
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
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.	
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
1. 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).	
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.	
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
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.	
AVERAGE 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 an 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.	
AVERAGE 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.	
AVERAGE 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.	
AVERAGE 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.	
AVERAGE RATING FOR INTERVENTION (E): OUTREACH	
AVERAGE RATING FOR INTERVENTION (A – E)	
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
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.	
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
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.	
AVERAGE RATING FOR CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS	
Comments:	

SUMMARY OF AVERAGE RATINGS AND OVERALL AVERAGE RATING	
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	

OVERALL AVERAGE RATING	
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Supervisor's Comments on Overall Evaluation:

Trainee's Response:

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: _____

Date: _____

Please provide feedback on the intern's case presentation based on the following outline. Submit to the Training Director when completed. The intern will receive a de-identified written summary of all feedback. They may also schedule a time to discuss the feedback summary 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

(Qualtrics Survey)

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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate time was allowed for supervision <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The supervisor was available and on time for the supervisory <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	We were able to establish and periodically renegotiate goals that were mutually satisfying. <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The supervisor gave adequate and concrete feedback. <i>Comments: Click or tap here to enter text.</i>

Content

NA	SD	D	A	SA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The supervisor was helpful in conceptualizing cases and developing treatment plans. <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In supervision we dealt with my feelings generated by the case. <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	doing intakes <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	helping clients set goals <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	selecting interventions <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	utilizing interventions <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	using diagnostics <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	making referrals <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	doing terminations <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	selecting relevant readings <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	being sensitive to cultural issues <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	being sensitive to gender issues <i>Comments: Click or tap here to enter text.</i>

Process

NA	SD	D	A	SA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The supervisor was supportive while pointing out better ways to handle specific client situations. <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel that the supervisor had an honest concern for me as a person. <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My supervisor treated me with respect. <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I felt I could disagree with my supervisor. <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The supervisor acknowledged his/her limitations. <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I sometimes felt my supervisor discounted my concerns. <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I felt defensive discussing topics with my supervisor. <i>Comments: Click or tap here to enter text.</i>

Ethics

NA	SD	D	A	SA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My supervisor demonstrated concern for clients' welfare. <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My supervisor helped me interpret and apply ethical guidelines. <i>Comments: Click or tap here to enter text.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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
- **140+** Graduate programs and certificates
- **\$421.8 million** Financial aid and scholarships awarded to undergrads in 2019-20
- **75%** Undergraduate students receive some form of financial aid or scholarships
- **24,278 Undergraduate students** enrolled systemwide (fall 2021)
- **5,565 Graduate students** enrolled systemwide (fall 2021)
- **9,571** Students of color
- **9,510** First-generation students
- **2,313** Faculty
- **15:1** Student/Faculty ratio
- **148** Countries and states represented by student body
- **3.46** Average high school GPA of entering first-year students
- **\$335.2 million** Annual research expenditures (FY2020)
- **200,000+** Alumni worldwide
- **15** NCAA Division 1 sports

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	33
Barry M. Goldwater Scholarships	11
Fullbright Scholarships	7
Udall Undergraduate Scholarships	5
Truman Scholarships	2
Rhodes Scholarship finalist designations	2



Helping Washington and the World

Annual Student Volunteer Hours (66,558)

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

Inspiring entrepreneurial ideas (5,471 Participants (2019-2020))

About 150 students annually compete as venture teams for nearly \$75,000 in cash and in-kind prizes while presenting their ideas for new businesses.

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, LGBTQ+, first generation college students, undocumented, military affiliation, and more. You'll 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 [WSU Access Center](#). [Learn more about communities at WSU](#)

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

Whether you're 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 isn't just lab coats and gloves. It's 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

\$335.2 Million Total research and development expenditures in 2020

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.

- **28.8% 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'll 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'll make new friends and a lifetime of memories all your own. [Learn more about student organizations](#)

Explore Greek life

About 24% 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](#)



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've 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 students](#)

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 39 universities nationally](#) for policies and practices supportive of lesbian, gay, bisexual, transgender, and queer students and allies (Campus Pride Index, 2021)

Living In Pullman | College town life at its best

Pullman offers a mix of on- and off-campus activities, including Pac-12 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 84°, 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://wsu.edu/life/things-to-do/entertainment/>

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://wsu.edu/life/things-to-do/entertainment/>

Pac-12 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 won't have to travel far on campus to satisfy your hunger or thirst. And don't 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're 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 <https://libraries.wsu.edu/spaces/>



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	19,900 students
Spokane	1,727
Tri-Cities	1,716
Vancouver	3,504
Everett	291
Online (Global Campus)	4,021
Total enrollment	31,159*

*2020 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 July 27, 2018, 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 2023

Campus	Description	Date
All	The first day of instruction for the term.	Monday, August 21, 2023
All	Accepting Faculty/Staff tuition fee waiver forms.	Monday, August 21, 2023
All	Late registration begins. (\$25.00 Late Registration Fee Charged).	Monday, August 21, 2023
All	Deadline for term withdrawal from WSU with full refund (less term withdrawal fee)	Sunday, August 27, 2023
All	Last day students may add a course on-line. (Classes added after this date require appropriate signatures.)	Sunday, August 27, 2023
All	Deadline for enrollment prior to \$100 late registration fee.	Sunday, August 27, 2023
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 1, 2023
All	Last day a student may receive a refund for special course fees.	Friday, September 1, 2023
All	Labor Day--ALL UNIVERSITY HOLIDAY.	Monday, September 4, 2023
All	Deadline to pay unpaid tuition and mandatory fees or a 3% late fee will be assessed.	Thursday, September 7, 2023
All	Last day to change enrollment from letter graded to pass/fail.	Friday, September 8, 2023
All	Last day to change enrollment from credit to audit and audit to credit.	Friday, September 8, 2023
All	Deadline for dropping a course without record. (Course withdrawals after this date are recorded on the student's transcript).	Tuesday, September 19, 2023
All	Deadline to pay unpaid tuition and mandatory fees or a 5% late fee will be assessed.	Tuesday, September 19, 2023
All	Last day to file residency application.	Tuesday, September 19, 2023
All	Deadline to pay unpaid tuition and mandatory fees or a 7% late fee will be assessed.	Wednesday, October 4, 2023
All	Last day to apply for Fall 2023 undergraduate, professional degree or certificate without incurring a late fee. After this date an additional fee of \$75 is assessed.	Friday, October 6, 2023
All	Last day to apply for a Graduate Certificate/Degree. No extensions, no late fees.	Friday, October 6, 2023
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 6, 2023
All	Mid-term grade submission ends. Required for students enrolled in undergraduate courses See Rule 88.	Wednesday, October 11, 2023
All	Last day for graduate students to submit completed Exam Scheduling form (via portal by department).	Thursday, November 2, 2023

All	Priority Registration Begins For Spring	Monday, November 6, 2023
All	Veteran's Day--ALL UNIVERSITY HOLIDAY	Friday, November 10, 2023
All	Deadline for undergraduate and professional students to withdraw from a course (see Rule 68). Withdrawals do not reduce tuition charges.	Friday, November 17, 2023
All	Last day to take final examination for an advanced degree.	Friday, November 17, 2023
All	Thanksgiving vacation begins.	Monday, November 20, 2023
All	Thanksgiving vacation ends.	Friday, November 24, 2023
All	Deadline to change from pass/fail to letter graded.	Friday, December 8, 2023
All	Last day to add a course for this term with appropriate signatures.	Friday, December 8, 2023
All	Deadline for term withdrawal from WSU (see Rule 70b)	Friday, December 8, 2023
All	Last day to apply for a Fall 2023 undergraduate or professional degree or certificate with \$75 late fee. After this date fee increases to \$150.	Friday, December 8, 2023
All	The last day of instruction for the term.	Friday, December 8, 2023
Pullman	Commencement.	Saturday, December 9, 2023
All	Final examinations begin.	Monday, December 11, 2023
All	Final examinations end.	Friday, December 15, 2023
All	Final grade submission ends.	Tuesday, December 19, 2023
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 20, 2023

Academic Calendar: Spring 2024

Campus	Description	Date
All	The first day of instruction for the term.	Monday, January 8, 2024
All	Accepting Faculty/Staff tuition fee waiver forms.	Monday, January 8, 2024
All	Late registration begins. (\$25.00 Late Registration Fee Charged).	Monday, January 8, 2024
All	Deadline for term withdrawal from WSU with full refund (less term withdrawal fee)	Sunday, January 14, 2024
All	Last day students may add a course on-line. (Classes added after this date require appropriate signatures.)	Sunday, January 14, 2024
All	Martin Luther King Jr Day--ALL UNIVERSITY HOLIDAY	Monday, January 15, 2024
All	Last day a student may receive a refund for special course fees.	Friday, January 19, 2024
All	Deadline for enrollment prior to \$100 late registration fee.	Friday, January 19, 2024
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 19, 2024
All	Deadline to pay unpaid tuition and mandatory fees or a 3% late fee will be assessed.	Thursday, January 25, 2024
All	Last day to change enrollment from letter graded to pass/fail.	Friday, January 26, 2024
All	Last day to change enrollment from credit to audit and audit to credit.	Friday, January 26, 2024
All	Deadline for dropping a course without record. (Course withdrawals after this date are recorded on the student's transcript).	Tuesday, February 6, 2024
All	Deadline to pay unpaid tuition and mandatory fees or a 5% late fee will be assessed.	Tuesday, February 6, 2024
All	Last day to file residency application.	Tuesday, February 6, 2024
All	President's Day--CLASS HOLIDAY All University Offices will remain open.	Monday, February 19, 2024
All	Deadline to pay unpaid tuition and mandatory fees or a 7% late fee will be assessed.	Wednesday, February 21, 2024
All	Mid-term grade submission ends. Required for students enrolled in undergraduate courses See Rule 88.	Wednesday, February 28, 2024
All	Last day to apply for a Graduate Certificate/Degree. No extensions, no late fees.	Friday, March 1, 2024
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 1, 2024

All	Last day to apply for May 2024 undergraduate or professional degree or certificate without incurring a late fee. After this date an additional fee of \$75 is assessed.	Friday, March 1, 2024
All	Priority Registration Begins For Summer	Monday, March 4, 2024
All	Spring vacation begins.	Monday, March 11, 2024
All	Spring vacation ends.	Friday, March 15, 2024
All	Last day for graduate students to submit completed Exam Scheduling form (via portal by department).	Friday, April 5, 2024
All	Priority Registration Begins For Fall	Monday, April 8, 2024
All	Deadline for undergraduate and professional students to withdraw from a course (see Rule 68). Withdrawals do not reduce tuition charges.	Friday, April 12, 2024
All	Last day to take final examination for an advanced degree.	Friday, April 19, 2024
All	Last day to add a course for this term with appropriate signatures.	Friday, April 26, 2024
All	Deadline for term withdrawal from WSU (see Rule 70b)	Friday, April 26, 2024
All	Deadline to change from pass/fail to letter graded.	Friday, April 26, 2024
All	Last day to apply for a May 2024 undergraduate or professional degree or certificate with \$75 late fee. After this date the late fee increases to \$150.	Friday, April 26, 2024
All	The last day of instruction for the term.	Friday, April 26, 2024
All	Final examinations begin.	Monday, April 29, 2024
All	Final examinations end.	Friday, May 3, 2024
Pullman	Commencement.	Saturday, May 4, 2024
All	Final grade submission ends.	Tuesday, May 7, 2024
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 8, 2024
All	Last day to apply for a May 2024 undergraduate or professional degree or certificate with \$150 late fee.	Friday, June 7, 2024
All	Last day for undergraduate or professional students to have all requirements completed to be considered a candidate for the May 2024 class. If requirements are not complete by this date the graduation application will become inactive.	Friday, June 14, 2024

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:

www.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: www.alert.wsu.edu



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