

2025-2026

Counseling and Consultation Service

The Ohio State University

CCS TRAINING MANUAL

The Counseling and Consultation Service training program is designed to build upon the academic foundation trainees have, to enhance existing skills, and to develop new areas of competence. One of the goals of the training program is to prepare the next generation of competent mental health professionals.

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I. INTRODUCTION

GOALS AND PHILOSOPHY OF THE TRAINING PROGRAM

Participants in The Ohio State University's Counseling and Consultation Service (CCS) training programs are considered to be an integral part of the staff and are included in all functions of the agency. The mission of the CCS training program is to develop clinicians to provide the highest quality care for OSU students. The CCS staff is an energetic, innovative, and inclusive group of people who sustain a level of activity necessary to meet the demands of a large university. Clinical Services, Outreach and Training are given high priorities with room for trainees to pursue projects of particular interest to them. Each training cohort is housed within a larger, comprehensive interdisciplinary mental health training program, committed to the preparation of emerging clinicians for practice within a variety of mental health disciplines.

The primary educational model of the training program at CCS can best be described as a Practitioner/Scholar model of training. This model is based on a program of supervised, sequential, and experiential mental health practices. The foundation of the training program is a belief in the necessity of integrating theory, practice, and research into a supervised experience. The training program is based on a philosophy of ***experiential learning through supervised professional practice***—an experiential "learning by doing" process. Trainees are able to expand and deepen existing skills and develop new therapeutic intervention skills while providing clinical services to clients. In addition to individual counseling, trainees have the opportunity to provide crisis and triage services, co-lead groups and workshops, and present outreach programming to the campus community. Supervision of this work allows interns to examine themselves and to reflect and grow from their clinical experiences.

Another philosophical theme woven throughout the training program is an ***awareness of and appreciation for the rich diversity of humanity***. Within the context of personal/professional growth and integration, our training program provides a major emphasis on increasing awareness of the rich multicultural tapestry of human beings comprising our clientele and our staff. Multiple training experiences as well as the day-to-day interaction amongst the diversity of our staff and clients provide opportunities for trainees to examine individual and cultural differences that influence the counseling process. We believe that broadening self-awareness and understanding across these dimensions is vital to expanding professional expertise. While recognizing and respecting appropriate limits to personal self-disclosure, we encourage trainees to increase their understanding of themselves and their clients in the counseling interaction. We also adhere to a commitment of supporting interns in a developmental process of competency acquisition. Self-reflection is an essential ingredient in competency development and is supported in the various training sessions and during supervision.

We hold genuine ***respect for our trainees***. This belief promotes our emphasis on ongoing formal and informal feedback and evaluation which is reciprocal in nature. We utilize the input from trainees on a regular basis to make improvements and modifications to the program.

Please note that Counseling Intern, Psychology Intern, Social Work II Intern, Psychiatric Resident, Clinical Resident, and Practicum (Psychology, Social Work I, and Counseling) Training Program Descriptions are not the same, but are geared to the needs and experiences of multidisciplinary trainees at varying stages in their education and training process.

TRAINING OUTCOME AREAS

The following table delineates areas to which we expect trainees to have exposure over the course of their traineeship:

	Clinical Residents	Counseling Interns	Practicum Students	Psychology Interns	Social Work Interns
Triage/Urgent	X	X	(X Psychology, Social Work I)	X	X
Case Conference	X	X	X	X	X
One-to-One Counseling (incl. career counseling)	X	X	X (Counseling, Psychology)	X	X
Consultation (primarily case consultation)	X	X	X	X	X
Program design, implementation, evaluation				X	
Supervisory experience	(X Second year)			X	
Multicultural Training	X	X	X	X	X
Adaptive skills for working in an agency	X	X	X	X	X
Outreach/Workshops	X	X	Optional	X	X
Groups	Optional	X	(X Psychology)	X	X
Research	Optional	Optional		X	Optional
Assessment				X	

Percentage of time regarding exposure in areas will vary dependent on time commitment to agency. ***The Psychiatry Program is not listed on this chart, given the distinctly different activities in which residents and residents are involved.***

TRAINING ACTIVITIES

The following is a brief description of the training activities in which interns, residents, and residents are involved. *Involvement in training activities varies for each training cohort.* Time expectations are delineated under specific program descriptions to follow.

Orientation – The training year begins with a three-week orientation in August. Members of each training cohort attend the same orientation to build cohesiveness of the cohort and to promote multidisciplinary awareness. The three weeks are designed to acclimate trainees to the counseling center and to provide foundational training for clinical procedures such as conducting initial assessments, triages, and crisis intervention. Our training model follows the progression of starting with didactic training, then shadowing/observation, moving into “doing.”

A summary of the content of orientation is below. The timing of trainings may vary from year to year.

Week one focuses on an introduction to CCS policy and procedures. The first day consists of meeting with Human Resources and getting acquainted with OSU, CCS, and staff members. Training during the first week includes overviews of Training, Clinical Services and Outreach, and CCS procedures.

During week two, we start focusing on clinical training. Clinical training addresses procedures/expectations for clinical writing, overview, and assignments of group therapy facilitation, becoming acquainted with campus partners, and introduction to triage and urgent/crisis procedures. Trainees also begin their focus on identity work with an introduction to cultural dialogues.

Week three becomes more experiential with trainees shadowing and facilitating triage and urgent/crisis appointments. They continue with exposure to campus resources and CCS policy and procedures.

Each year during orientation, trainees also participate in CCS staff professional development. This is an all-day training for CCS clinical staff that provides Continuing Education Units for licensed staff members. Topics vary each year based on the training needs of the CCS staff.

(A sample orientation schedule is located at the end of this document.)

Triage and Urgent – Counseling interns, Psychology interns, Social Work interns, Clinical Residents, and Senior Staff members provide phone triage screening and urgent counseling to students seeking services at CCS. Each phone triage appointment is expected to be approximately 15-20 minutes in length, with the goals of screening the student's concerns and then arranging the appropriate services or crisis intervention, if necessary. Urgent Counseling appointments are in-person appointments with a focus on crisis intervention and referrals. (See the Clinical Services manual for a more thorough discussion.) Training in diagnostic interviewing/assessment takes place during supervision, case conference, and orientation training. Trainees are required to observe and do conjoint interviewing with a Senior Staff person during the beginning of the traineeship. This opportunity continues throughout the year as needed/requested.

Individual Counseling – Caseloads may include clients dealing with psychological concerns, as well as vocational and academic issues. Training in different psychotherapeutic models occurs in individual supervision and in case conference. Psychology, Social Work, and Counseling interns also participate in the Practice Issues Seminar. One to two hours per week (depending on cohort) are spent in individual supervision to address the trainee's caseload and related issues. Trainees are encouraged to seek out senior staff with varying perspectives.

Career Counseling – Career Counseling, required of Psychology and optional for Social Work and Counseling interns, focuses on strategies and techniques to assist students in learning more about their skills, interests, and values and to identify career alternatives that are consistent with their individual needs. Career information, assessment techniques, decision-making, and goal setting skills may be included in this area of training.

Crisis Intervention – Trainees will be involved in managing crisis situations in a variety of activities, including the provision of urgent counseling, managing their own caseloads and serving on one of CCS's crisis teams. The crisis team is comprised of senior staff, interns, and residents. Crisis teams respond to campus crisis events such as a student death, etc. Training in crisis intervention is provided during orientation, in ongoing supervision, and during debriefing following involvement in crisis situations.

Assessment – The Assessment Training Series (for Psychology Interns) primarily focuses on standardized assessment, with some limited attention to projective assessment.

Seminars. Psychology Interns meet with members of the assessment committee (and several guest speakers) for Assessment Seminars held throughout the academic year. Seminars vary in topics and intend to be an educational resource for trainees to learn about dynamic assessment considerations. The beginning of seminars will be dedicated to check-in to determine levels of experience and questions regarding the content presented. Participation is encouraged/expected.

Integrative Reports. Psychology interns are required to complete **two** comprehensive batteries with integrative reports during their internship year. Comprehensive batteries typically evaluate concerns related to ADHD and Specific Learning Disabilities (SLD). ADHD assessments will minimally include clinical interview, WAIS-IV, TOVA, self-report measures, and a symptom validity test. SLD assessments will minimally include clinical interview, WAIS-IV, WJ- IV Achievement, and a symptom validity test. Additional tests will be guided by the referral question(s) and clinical interview but can include personality measures and projective instruments. Psychology interns can also complete comprehensive personality assessments to assist with diagnostic clarification, although such assessments are less often referred by clinical staff. Regarding scheduling, interns are encouraged to schedule assessment administration in blocks that foster time for scoring, interpretation, and report-writing. It is a requirement set by our accrediting bodies that interns must submit a draft of their assessment reports **within 7 days following the clinical interview**. Interview/history sections of the report should be completed prior to assessment administration to ensure that history sections are not impacted by bias from data obtained from measures used. Interns work with their assessment supervisors to work out appropriate scheduling for the assessment client in a manner that is conducive to ways in which interns feel most productive and supported.

Clinically-driven Assessments. Additionally, Psychology interns are expected to complete at least **eight** "clinically-driven" assessments with ongoing therapy clients. Clinically-driven assessments can include measures of mood, personality, symptom inventories, career measures, therapeutic instruments (such as the Values Card Sort Test), and projective measures. They are intended to assist individual clinicians in clinical decision-making, treatment planning, or insight development for the client. They may also be utilized to track therapeutic progress (pre- and post-test measures). Interns will work with assessment supervisors and the assessment committee to determine which clients may benefit from the use of brief, clinically-driven assessment administration. While most interns administer therapeutic assessments to clients from their own caseloads, you may also find some opportunity to administer clinically-driven assessments for other Senior Staff members in a consultative role. ***At least one of the clinically-driven assessments completed by interns should be a projective measure. Additionally, at least one will need to be an objective personality measure (see inventory for comprehensive list, but inclusive of MMPI-2RF/3, PAI, MCMI, 16PF, etc.). You may also elect to administer a career assessment measure in lieu of the personality measure requirement.** The other 6 clinically-driven assessments should be selected using clinical-judgment and consultation with your assessment supervisor.

Assessment Supervision. Interns also receive individual supervision from an assessment supervisor, approximately 3-6 hours per comprehensive battery. Total number of assessment supervision hours will be determined by the supervisor and supervisee and will vary based on intern experience and complexity of referral question(s).

Case Conference. Interns also participate in assessment Case Conferences during the training year – a chance to present an ongoing assessment case and receive informal feedback from your intern peers. Case Conference will take the place of that week's Assessment Seminar. It is expected that intern presenters upload their working report and data to their "MyShares" drive at least three days prior to Case Conference so that other interns and facilitators have ample opportunity to review the existing data prior to the presentation. Interns who are NOT presenting that week are required to prepare written questions (3-5) or observations prior to the presentation.

Documentation. Final, signed, and dated assessment reports (integrated batteries only) are stored in .PDF format in the client's file in Titanium in a "Client Information" note. Trainees will never share or upload a Word (.doc) file in the chart or with the client. Please ensure appropriate Release of Information (ROI) forms are also stored in the client's file for report release to 3rd parties. Additionally, all interns are required to select and de-identify one of their integrative reports for storage in their intern file with the Training Director before their departure from internship.

Interns with interests in assessment have previously requested to complete more than the two required batteries. Typically, these can be accommodated (contingent on referrals to assessment committee); however, interns seeking more assessment experience may be limited to the summer term due to clinical service requirements in the Fall/Spring.

Outreach and Consultation – A minimum of four workshops and/or outreach programs are expected each semester for Psychology interns, three for Social Work II interns, and three for Counseling interns. Outreach is primarily defined as presentations, workshops or seminars that are designed to reach populations not routinely served by CCS activities, and/or delivered outside of the confines of CCS. Outreach primarily is requested by an academic department, university

agency, student organization, or are initiated by CCS staff. In addition, CCS offers structured in-house psychoeducational workshops. Skill building workshops have specific agendas dealing with skill attainment and may have specified number of sessions. An experiential model and an apprenticeship model (when working conjointly with a Senior Staff member or a resident trainee) are the basis of outreach training. An introduction to Outreach is presented during orientation.

Consultation opportunities primarily involve consulting about a clinical case. Training is typically provided during orientation and via an apprentice model wherein trainees pair with the senior staff or resident trainees or via supervision.

Program Design, Implementation and Evaluation – Each trainee has the option to complete a program of relevance to CCS. A trainee could develop, implement, evaluate, and then describe in detail a program they provide during the year. The description should include the types of services delivered, target populations, duration of program, and specifics of interventions. Consultation with CCS committees is encouraged concerning viable projects. Training may take place with the support of the trainee's supervisor, conjointly with a Senior Staff person, or conjointly with another trainee. Program design and evaluation are also elements of outreach programming, clinical outcome assessment, and part of the seminar series.

Supervisory Experience – Psychology interns have the opportunity to provide clinical supervision. Supervision typically involves practicum students (First-year practicum students from OSU's Counselor Education program or from regional psychology programs.) in a one-on-one setting. Occasionally, co-facilitation of the group supervision of practicum students (Practicum Seminar) or of other training functions is available. Fall Semester focuses on didactic training during Supervision of Supervision Seminar. During Spring Semester, interns provide direct supervision. Interns meet with their practicum student for 1 hour per week. Training and supervision of this experience is done in a group training session co-facilitated by Senior Staff members (Supervision of Supervision, 1-2 hours weekly). If the provision of supervision is not available, other activities designed to enhance the intern's supervision competency will be provided. Social Work and Counseling clinical residents may be given the opportunity to supervision if they chose to continue their placement for a second year. Clinical residents may supervisor during their residency as needed.

Professional Identity Development – Training sessions vary in focus with respect to population, self-awareness, cultural identity development, and clinical implications of multiculturalism. Our approach is to help our trainees and staff gain an understanding of how our identities, worldviews, and cultural background may influence our experience of each other as well as the students we serve. Training modalities include multicultural professional development for all staff/trainees, multiculturally infused supervision, adaptation of mental health services to meet the needs of diverse populations, experiential learning, and opportunities to develop outreach programming that is grounded in social justice and advocacy.

Groups – Trainees have varying opportunities for involvement in group counseling, as noted in their program description. CCS offers a number of therapy groups. Counseling and psychotherapy groups deal with broadly defined psychological issues and/or client populations. During orientation, trainees receive an introduction to group strategies and training specific to

group facilitation at CCS. Additional training occurs in the supervision sessions spent with senior staff co-leaders. Clinical Residents will be matched with a therapy group if they do not have any prior group experience, based on availability. Spring semester, Psychology interns pair with another trainee to gain group therapy experience without a Staff co-facilitator and they also participate in group supervision.

Eating Concerns Consultation Team (ECCT) is a multidisciplinary team consisting of mental health professionals, psychiatrists, physicians, and nutritionists from Counseling and Consultation Service (CCS), Wilce Student Health Center, and the Student Wellness Center. Together, this team collaborates to provide appropriate assessment, intervention, and support to Ohio State students who are struggling with eating and body image concerns. For students who remain under the care of one of more departments included in the ECCT, the team will continue to assess the student's progress towards treatment goals and make updated recommendations based on the student's needs.

Research – CCS is supportive of trainees' interest in research projects, although the emphasis of the Center is on clinical service delivery. Trainees may initiate research ideas, especially those that relate to the counseling services we provide, work on their dissertations, or join a committee or task force group on any research agenda they may have. Trainees may also elect to join the CCS Research Committee. Psychology interns are required to present an intern project (described in their program overview.)

Ethics – One of the cornerstones of a competent training program is to continue to assist trainees in the examination of ethical issues and dilemmas. In fitting with our supervised practice model, Ethics training primarily focuses on case related ethical issues. Ethics-based seminars provide formal training in this area, as well as ongoing training in case conference and individual supervision.

Professional Issues – A series of training sessions focusing on professional issues, such as professional identity, job search, self-care, self-reflective practice and involvement in professional organizations, are provided for Counseling interns, Psychology interns, and Social Work II interns within each professional group. One professional issues seminar concentrates on preparing interns for their own job searches.

Professionalism in the Agency – This content area refers to a variety of skills, and training comes from several sources. A major skill focus is learning to negotiate the overall system to maximize personal and professional effectiveness and self-care. A second focus includes team building within trainee groups, co-counseling experiences, and being a contributing member of the Center as a whole.

All trainees are encouraged to gain broad committee experience: as a learning opportunity; to serve as a trainee representative, both to present trainee perspectives and to take issues and decisions back to their trainee group; and to ensure adequate person power for effective committee function. CCS committees fall under the three branches of service, comprised of Clinical, Outreach, and Training.

Telehealth Training – During orientation, trainees will be educated on the use of incorporating

the use of technology in providing clinical services. This training will address the limitations of telehealth services, including legality of providing services as it pertains to state licensure laws. It will focus on beginning the therapeutic relationship and provide needed services for the client using telehealth services. The training will address the proper equipment, settings, and space to ensure limits of confidentiality while providing telehealth services. The training will also discuss multicultural considerations when using of telehealth services in the college counseling setting. Documentation will also be addressed using DocuSign to process needed paperwork with clients. The training will also explore relevant ethical and professional issues if they arise in the use of telehealth services.

STATEMENT ON SELF-DISCLOSURE

In accordance with the 2003 APA Ethical Guidelines including the 2010 and 2017 Amendments, CCS does not require the disclosure of personal information. We do believe it is useful to share information about how **CCS** views self-disclosure in the supervisory experience, so trainees are fully informed about the **CCS** supervision model:

- With awareness that professional activities may be impacted by personal experiences, beliefs, and values, interns may choose to disclose and are encouraged to do so as long as the trainee feels the information has a bearing on their professional functioning.
- Supervisors may notice significant incidents and patterns in trainee professional behaviors that suggest behaviors may be influenced by personal experiences, beliefs, and values. Supervisors may ask interns to reflect on this in the defined context of encouraging professional growth.
- Trainees choose how much and what to disclose. Trainees are not penalized for the choice not to share personal information. Supervision is never viewed as psychotherapy.

RETENTION OF TRAINEE RECORDS

Counseling and Consultation Service stores all trainee records electronically. Access to these records are restricted to the CCS leadership team and the training administrators. All records are kept indefinitely.

Trainee records include: (if applicable)

- Onboarding materials
 - Application Materials (APPI)
 - Offer letter
 - Preboarding self-assessments
 - University onboarding trainings—Buckeye Learns
- Signed onboarding documents
 - Due process
 - Grievance Policy
 - Trainee Expectations
 - Release of Publication (permission to list on website, website bio)
- Correspondence with home program
- Clinical examples (de-identified)
 - Semester Case Presentations
 - Supervision Presentations
- Evaluations (Fall, Spring, and Summer performance evaluations)

- Projects
 - Supervision Model
 - Psychology Intern Project
 - Fred Talks
- Supervision
 - Supervision Agreements for each semester
 - Telesupervision Expectations Form
- Completion Documents
 - Completion Certificate
 - Documentation of hours
 - Exit Questionnaire
 - Curriculum Vitae

POLICY FOR USE OF ARTIFICIAL INTELLIGENCE

The use of artificial intelligence is not permitted while in training at CCS. The focus of the training program is developing competence in clinical writing.

II. DESCRIPTIONS OF TRAINING PROGRAMS

COUNSELING INTERNSHIP

This is a program offering advanced clinical training experiences for students completing graduate studies in the Ohio State University's Counselor Education program. Two positions are filled each academic year. Counseling Interns are contracted to work 24 hours per week throughout their training period.

The major emphasis of this training program is in the area of clinical service. The program is, therefore, designed to meet the needs of those students seeking training in counseling individual students with diverse concerns. The Counseling Intern also receives training in case consultation, group process, and in various psychotherapy modalities. Individual and group supervision are also provided. Balancing an academic coursework and internship schedule is challenging. Interns are responsible for communicating needs to their supervisors and training coordinator. Contracts are flexible based on multiple factors and will be approved by your training coordinator in consultation with the training director as needed.

Priority during internship is to Clinical Service. Interns are permitted to engage in additional projects/initiatives as their schedules allow. However, these efforts will not supersede clinical service or training. Please consult with your supervisor and training coordinator to tailor your experience.

The following delineates the Counseling Internship training program and is provided to serve as a guideline to help in schedule planning. The following is NOT always accurate down to the specific hour but is to be used as a guideline.

• Clinical Service	Weekly Hours
a. Triage/Urgent*	2
b. Individual Client Hours	8-9
c. Group**	1.5
• Structured Training***	
a. Training Seminars	2
b. Outreach	3 outreaches/semester
• Supervision	
a. Individual supervision	1-2
b. Training Coordinator	0-1
c. Case Conference (Group Supervision with GTA cohort)	2
d. Group Therapy Supervision	0.5
• Administration	
a. Full Staff Meeting	0.5-1
b. Committee**** (Fall Disposition)	0-1
c. Paperwork and Case Management Duties	3-4

* If triage or urgent times are reduced, an appropriate increase in individual clients is expected.

** Each intern is required to give a two-semester commitment to one group.

- *** Counseling Interns will participate in the majority of the following training series: Counseling and Social Work Orientation Trainings and Counseling Interns are required to attend the Practice Issues Seminar. If time allows, Counseling Interns can elect to attend additional trainings.
- **** Counseling Interns may serve on one CCS committee or task groups each semester, thus they will have potential exposure to two of the working committees of the agency. During Fall Semester, Interns will serve on Disposition Committee. A second committee is optional each semester but involvement in committee work should be done with workload in mind and in consultation with individual supervisor and training coordinator.

ROOM ASSIGNMENTS

Counseling interns are assigned rooms for individual therapy and share a common workspace for administrative tasks. Room reservations are made via "SharePoint," an intranet resource that will be presented during orientation. Room assignments are coordinated with the administrative staff.

DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

The Doctoral Internship in Health Service Psychology at Counseling and Consultation Service emphasizes the provision of psychological services to a university community. Therefore, as delineated in our goals and philosophy, interns are trained in administration, assessment, consultation, outreach, supervision, crisis intervention, individual and group psychotherapy, career counseling, research, and program design. In keeping with the competency movement in Health Service Psychology, the doctoral internship program is designed to assist interns in developing both foundational and functional competencies.

The ultimate goal of a doctoral internship in Health Service Psychology is to prepare interns to serve a diverse public, which requires interns to develop the professional competencies to do so. Our psychology internship adheres to the document, "Preparing Professional Psychologists to serve a Diverse Public: A Core Requirement in Doctoral Education and Training" (<https://psycnet.apa.org/fulltext/2015-49661-002.pdf>) which was developed by the Education Directorate of the American Psychological Association.

The overall aim of the doctoral internship in health service psychology at The Ohio State University is to prepare interns for postdoctoral or entry level positions in a clinical setting serving a late adolescent or adult population. More narrowly, the internship prepares interns for an entry level position in a college or university counseling center with a developing expertise in college student mental health.

The expectation for successful completion of the internship is to acquire at least 2000 overall internship hours and 500 direct clinical hours (25 percent of total hours). CCS defines direct clinical hours as contact with clients (individual, group, couples, consultation, triage and urgent counseling, outreach programming).

The **Professional-Wide Competencies** that the intern will develop or further throughout the internship are:

The Commission on Accreditation (CoA) requires that all interns who complete accredited training programs, regardless of substantive practice area, degree type, or level of training, develop certain competencies as part of their preparation for practice in health service psychology (HSP).

- Consistency with the professional value of individual and cultural diversity. Although Individual and Cultural Diversity is a profession-wide competency, the CoA expects that appropriate training and attention to diversity will also be incorporated into each of the other profession-wide competencies, consistent.
- Evaluation of intern competence. The CoA expects that evaluation of interns' competence in each required profession-wide competency area will be an integral part of the curriculum, (e.g., for clinical competencies, evaluations are based at least in part on direct observation; evaluations are consistent with best practices in student competency evaluation).

I. Research

This competency is required at the doctoral and internship levels. Demonstration of the integration of science and practice, but not the demonstration of research competency per se, is required at the postdoctoral level. The CoA recognizes science as the foundation of HSP. Individuals who successfully complete programs accredited in HSP must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires

substantial knowledge of scientific methods, procedures, and practices.

Interns are expected to:

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

II. Ethical and legal standards

Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Interns are expected to demonstrate competency in each of the following areas:

- Be knowledgeable of and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct; <https://www.apa.org/ethics/code>
 - relevant laws, regulations, rules, and policies governing health service psychology at the
 - organizational, local, state, regional, and federal levels; and
 - relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

III. Individual and cultural diversity

Effectiveness in health service psychology requires that interns develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, interns must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.

Interns are expected to demonstrate:

- an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;
- the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics or worldviews create conflict with their own.

Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

IV. Professional values and attitudes

This competency is required at the doctoral and internship levels. Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Interns are expected to:

- behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

V. Communication and interpersonal skills

Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

The CoA views communication and interpersonal skills as foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction, and are evident across the program's expected competencies.

Interns are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

VI. Assessment

Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Interns demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.

Interns are expected to:

- demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

- communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

VII. Intervention

Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. Interns demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, an organization, a community, a population or other systems.

Interns are expected to demonstrate the ability to:

- establish and maintain effective relationships with the recipients of psychological services.
- develop evidence-based intervention plans specific to the service delivery goals.
- implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- demonstrate the ability to apply the relevant research literature to clinical decision making.
- modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking,
- evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

VIII. Supervision

The CoA views supervision as grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of interns and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee.

Interns are expected to:

- apply this knowledge in direct or simulated practice with psychology interns, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other interns.

IX. Consultation and interprofessional/interdisciplinary skills

The CoA views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Interns are expected to:

- demonstrate knowledge and respect for the roles and perspectives of other professions.
- demonstrates knowledge of consultation models and practices.
- apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:

- role-played consultation with others.
- peer consultation, provision of consultation to other interns.

More about the internship:

In a one-year internship, it is easy to attempt to do too much, become overwhelmed and burnt out.

Therefore, we have clearly delineated our expectations for your involvement in the agency, and the Training Director will oversee your progress throughout the year. We are more interested in quality, not quantity. Our expectation is that you operate on the equivalent of approximately a 40-hour work week. There are certain times of the academic year that are very busy, and an intern's workload will reflect this; however, there are other times of the year in which the pace is much slower, which is also reflected in an intern's workload. An overall guide to the total number of hours expected is reflected in our statement that we provide a 2000-hour internship experience. Minimally 25% or 500 hours of this time should be spent in direct clinical services, which we define as direct contact with clients (individual, group, couples, consultation, triage and urgent counseling). The Ohio State Board of Psychology defines direct clinical service more narrowly by excluding supervision and outreach. Interns who successfully complete an APA accredited internship meet the internship requirement for the State Board of Psychology's requirement.

The following time delineation will be helpful in your future planning. It is a guideline, and individual interests can be negotiated with your supervisor and the Training Director, especially during the Spring and May/Summer terms.

Sample Schedule

(Note: This sample is not always accurate down to the specific hour but is to be used as a guideline for your schedule planning.)

Psychology Internship Program

	<u>Fall</u>	<u>Spring</u>	<u>Summer</u>
I. Administration			
Full Staff Meeting	1	1	1
Agency Committee	1-2	1-2	1
Administrative paperwork, etc.	2	2	2
Client preparation/ paperwork	3	3	3
II. Clinical Service*			
Triage and Urgent	2	2	On Duty
Individual Clients	12	8-10	12
Groups**	1.5	2-3	Optional
Assessment	.5	.5	Optional
Workshops/Outreach —4 programs Fall/Spring, summer based on need			
	<u>Fall</u>	<u>Spring</u>	<u>Summer</u>
III. Supervision and Training			
Individual Supervision	2	2	2
Supervision of Group	.5	1.5	0-.5
Training Series	4***	4	2
Individual Practicum Supervision	0	1	0
Supervision of Supervision	1	1.5	0
Case Conference/group supervision	2	2	2
Weekly meeting with Training Director	1	0-1	0-1
Supervision of Assessment scheduled as needed			
IV. Additional Training Activities Interns make these arrangements and agency involvements and commitments individually.			

Psychology interns are expected to serve on an agency committee each semester. They may choose to serve on an additional committee or join a committee to work on a special project based on client interest and workload.

- * As part of the Clinical Service responsibility, each intern will serve on one of the Crisis Teams that are described in the Clinical Services Manual.
- ** Psychology interns co-lead two groups during spring semester. Individual client hours are reduced by two due to co-leading a second group.
- *** Psychology interns are required to attend all training seminars and case conference; however, some weeks there will be no sessions.

Psychology Intern Project:

The purpose of the psychology intern project is to be the “capstone” of the intern’s educational experience. Over the course of the internship, interns will identify a clinical issue that they would like to explore. The intent of the intern project is to combine the intern’s educational/research experience with their clinical experience, moving from the role of student to professional. In June, the interns will present a 45-minute professional development presentation to staff. They may also present on past research/clinical experiences (thesis/dissertation) if applicable.

We also adhere to a commitment of supporting interns in a developmental process of competency acquisition. Self-reflection is an essential ingredient in competency development and is supported in the various training sessions and during supervision. For more information, please see <http://www.apa.org/ed/graduate/diversity-preparation.aspx?tab=1> and <http://www.apa.org/ed/graduate/diversity-preparation.aspx?tab=2>. While these statements were created by the psychological education and training community, these principles also provide a foundation for the training of all of the mental health disciplines which comprise our staff and trainees.

SOCIAL WORK MSW II INTERNSHIP

This is a program offering advanced clinical training for Ohio State University's MSW II students pursuing their final field placement experience. Two positions are filled each academic year. Social Work MSW II Interns are contracted to work 24 hours per week throughout their training period.

The major emphasis of the Social Work MSW II Internship is in the area of clinical service. The placement is, therefore, designed to meet the needs of those students seeking training in counseling individual students with diverse concerns. Social Work Interns will also receive training in case consultation, group process, and a variety of psychotherapy modalities. Individual and group supervision will be provided.

Balancing academic coursework and internship schedule is challenging. Interns are responsible for communicating needs to their supervisors and training coordinator. Contracts are flexible based on multiple factors and will be approved by your training coordinator in consultation with the training director as needed. Priority during internship is Clinical Service. Interns are permitted to engage in additional projects/initiatives as their schedules allow. However, these efforts will not supersede clinical service or training. Please consult with your supervisor and training coordinator to tailor your experience.

Priority during internship is Clinical Service. Interns are permitted to engage in additional projects/initiatives as their schedules allow. However, these efforts will not supersede clinical service or training. Please consult with your supervisor and training coordinator to tailor your experience.

The following delineates the Social Work MSW II training program and is provided to serve as a general guideline to help in schedule planning. The following is NOT always accurate down to the specific hour but to be used as a guideline.

Fall/Spring semester

• Clinical Service	Weekly Hours
a. Triage/Urgent*	2
b. Individual Client Hours	8-9
c. Group**	1.5
• Structured Training***	
a. Training Seminars	2
b. Outreach	3 outreaches per semester
• Supervision	
a. Individual supervision	1-2
b. Training Coordinator	0-1
c. Case Conference (Group Supervision with GTA cohort)	2
d. Group Therapy Supervision	0.5
• Administration	
a. Full Staff Meeting	.5-1
b. Committee**** (Fall Disposition)	0-1
c. Paperwork and Case Management Duties	3-4

* If triage or urgent times are reduced, an appropriate increase in individual clients is expected.

** Each intern is required to give a two-semester commitment to one group.

*** Social Work MSW II Interns will participate in the majority of the following training series: Counseling and Social Work Orientation Trainings and Social Work MSW II Interns are required to attend the Practice Issues Seminar. If time allows, Social Work Interns can elect to attend additional trainings.

**** Social Work MSW II Interns may serve on one CCS committee or task groups each semester, thus they will have potential exposure to two of the working committees of the agency. During Fall Semester, Interns will serve on Disposition Committee. A second committee is optional each semester but involvement in committee work should be done with workload in mind and in consultation with individual supervisor and training coordinator.

ROOM ASSIGNMENTS

Social Work MSW II Interns are assigned rooms for individual therapy and share a common workspace for administrative tasks. Room reservations are made via "SharePoint," an intranet resource that will be presented during orientation. Room assignments are coordinated with the administrative staff.

PSYCHIATRY RESIDENT PROGRAM

I. Introduction

A. Welcome to CCS

We are a multidisciplinary staff of psychiatrists, psychologists, social workers, and counselors providing mental health services to students at The Ohio State University. In addition to our direct clinical services and outreach to the campus community, training of student mental health professionals is a significant component of our mission. CCS offers education and training for psychiatry residents, post internship clinical residents, counseling interns, psychology interns, social work interns, and practicum students. We hope your experience is useful and enjoyable.

You are invited/expected to act quite independently as suits your level of training while at CCS. We operate in a respectful, humane, professional environment. We look forward to sharing our experience and ask that you do the same.

B. Referrals

Patients will be referred to you by other clinicians at CCS, giving you the opportunity to collaborate closely with other professionals treating them. Some screening is done prior to your contact, but ultimately you will decide if psychiatric service through CCS is appropriate to their needs. A smaller number of referrals come from providers at Student Health Services. Given our brief therapy and multi-modal services model, some students are better served in the community. This will be discussed with your supervisor during orientation. You should expect a diverse patient population. Please refer to the Clinical Services Manual under Psychiatry Services Eligibility Policies and Procedures.

C. Scheduling

Diagnostic Evaluations for psychiatry are scheduled via front desk staff after the patient has been referred by their clinician. All referrals are reviewed by the Chief of Psychiatry or a senior staff psychiatrist before approval for scheduling. New patients will be scheduled for you, by your arrangements with the support staff. You are able to schedule follow-up appointments directly through Titanium.

II. Duties/Responsibilities

A. General

1. Of your total hours here, you can expect 60% of your time to be in direct clinical service to student patients. Because of the limited time here, you will be assigned a caseload with the assistance of your supervisor. You will follow these patients throughout your rotation. As we operate generally on a model of brief therapy, you will be expected to terminate or transfer patients, as appropriate, by the end of your rotation. Arrangements with your supervisor will need to be made for those that need transfer or referral.
 - a. You will be given 90 minutes to see new patients. Ongoing patients can be scheduled at your discretion, but typically are 30 minute medication evaluation appointments. In addition to your scheduled supervision time during the week, staff psychiatrists will be available for consultation on an informal basis. Care during the pandemic has shifted to allow for both telehealth and in person appointment availability. The determination of appropriateness for telehealth versus in person provision of services will be discussed for each patient with your supervisor with consideration for the clinical needs and desires of the patient/clinician and the relative risk of both levels of care.
 - b. You may have an opportunity to provide psychiatric case consults to primary care physicians at the Student Health Service. Obtain "Authorization to

Release Information" from the patient to discuss cases with referring physician. The report will be discussed with your supervisor prior to sending it out.

2. Of your remaining hours here, you can expect 20% available for case management/paperwork functions. These include records management, responding to phone calls, writing letters for students, etc.
3. Finally, 20% of your time may be spent in a variety of training and supervision experiences.

B. Supervision

1. You will meet weekly individually with your immediate supervisor throughout the rotation. Format will involve case presentation, with discussion of both biological and psychotherapeutic interventions.
2. You may have a structured opportunity to learn from the Senior Staff Psychiatrists other than your ongoing supervisor.
3. You may participate in Clinical Case Conference with all CCS trainees. Case Conference is facilitated by CCS Senior Staff. You will be expected to present a case during this time, which will include presenting a digital recording or video of a session.
4. We are a multi-disciplinary staff, rich with variety in our theoretical orientations and expertise. You will have informal opportunities to meet with staff of your choosing. A list of their areas of interest/expertise will be made available to you during your orientation. You may arrange a meeting time with that individual directly.

C. Record Management

1. All records for patients are maintained electronically through use of Titanium. Any records received from other entities will be scanned into the electronic record.
2. You are expected to complete a full psychiatric evaluation on new patients. The standard format with identifying data, present concerns (illness), brief social and medical history, substance use history, mental status, diagnoses and treatment plan should be used.
3. You are expected to document a progress note after each patient contact. This usually follows, formally or informally, S-O-A-P criteria. Each progress note must include an assessment of risk including but not limited to suicidality/homicidality. Phone/email contacts should also be documented.
4. The electronic medication log is to be updated anytime a prescription is written or medications are adjusted. This should also be documented in the corresponding progress note. Psychiatry residents will be calling in prescriptions. Electronic Rx's are not available for residents. In the event you need to write a Rx for a C-II medication, your supervisor will electronically transmit it.
5. The client security tab shall be updated to reflect that you are providing care for the patient.
6. Quality Assurance/Peer Review will be conducted on selected charts. Findings will be discussed with your supervisor. Your supervisor will review all documentation for each patient's care.
7. All documentation should be completed and forwarded to your supervisor on the day of patient contact.
8. Diagnosis should be placed under the DMS-5 tab after the initial consultation, termination/transfer encounter, and updated as needed.

9. The Ohio Automated Rx Reporting System (OARRS) should be checked and documented as required by current Ohio law.
10. ALL email communication to patients must be blind copied to minimize the risk of inadvertent errors in sending PHI to the wrong email. ALL emails to patients must have OSUSECURE in the subject. Whenever possible, documents should be transmitted through docusign for obtaining signatures. Should an email come to you from a patient that you wish to share with another CCS clinician do not forward it in outlook, but add it to the medical record in Ti and forward it within the medical record.

D. Professional Interaction

1. For those patients who have had prior psychiatric treatment, previous psychiatric records from other sites should be routinely requested with patient's written consent.
2. Consultations to other physicians: Please refer students to the Wilce Student Health Service for medical assessments you feel are appropriate, with a signed release of information. List diagnoses and symptoms of concern, but do not request a "physical examination". Labs, EKGs, etc., can also be done at the Student Health Service but require a separate appointment than the consultation with the PCP.
3. Discuss consultations outside the Student Health Service with your supervisor. Obtain "Authorization to Release Information" on all patients in order to discuss findings with or refer to Health Service providers.
4. Student request for letters: Periodically, students will request letters to support medical withdrawal from classes, semesters, requests for emotional support animals etc. You can decide if this is appropriate and discuss the format with your supervisor. All letters must be reviewed by your supervisor, prior to sending and appropriate releases of information must be obtained.
5. Consultations to other university offices: At times, it may be clinically appropriate to refer students to additional resources such as Student Life Disability Services, Student Advocacy, etc. Obtain "Authorization to Release Information" on all patients before any discussion of a patient with other university offices and discuss referral with your supervisor.
6. Should you be contemplating a pink slip or well check from the police, please consult first with your supervisor, another member of the psychiatry team or the Care Team prior to proceeding.
7. All residents must explain to each patient that they are seeking supervision and complete the Supervisory Disclosure Form with the student.

E. Fees

1. At this time, there are no fees to obtain psychiatry services. Counseling and Consultation Service provides psychiatric services to enrolled students with and without OSU Comprehensive Health Insurance.
2. Missing two appointments or failure to cancel two appointments without 24 hours notice may jeopardize overall eligibility for this service and there will be a fee of \$15 per missed appointment.
3. Fees may be incurred for filling prescriptions and getting lab work or other diagnostic studies and patients are encouraged to refer to their insurance information for coverage.

III. Procedures

A. Offices

Depending on overall space needs, you may not have the same office each time you are here.
Records and any PHI must be returned by the end of the day to the mailbox room.

B. Hours

Will be discussed with your supervisor during orientation. You are expected to be onsite at the Counseling Center for all your assigned hours. Coverage for your patients when you are not on site will also be discussed. Providing your pager/contact number to the front desk staff will be expected.

C. Prescriptions

Use your own prescription pads. You will need to have your DEA and NPI available as well.

D. Medical Records

Pertinent records of the Student Health Service will be made available to you at the time of a patient's first appointment only. You may request updated records afterwards on a case-by-case basis through the support staff.

E. In-House Resources

1. Our website and Sharepoint are go to places for resources for your patients.
2. A wide variety of groups and workshops are offered at CCS for students (available on SharePoint and our website, ccs.osu.edu). Groups especially may be a resource for students with needs for further intervention beyond individual therapy. Talk to the appropriate clinical staff to discuss referral. A group referral form is located in Titanium and is to be completed for each patient you refer.

F. Referrals Outside of CCS

A list of resources is kept to give students who are not eligible/appropriate for service at CCS.

G. Keys

Location of master keys to office and chart room will be shown to you at the time of orientation.

H. Hospitalization

Should you determine with your supervisors, or the Clinical Director or Director that one of your patients requires hospitalization from the office, they should be transported to the Emergency Department via campus police escort, (614)-292-2121. If possible, obtain releases of information for OSUED/Psychiatric Emergency Services and call to give information about the case. See hospitalization folder at front desk for step-by-step procedures for hospitalizing a student. If you want to request a Wellcheck for a patient who is not in the office during the time of your interaction with them, staff this with your supervisor first. Members of the care team are available to assist with this process.

IV. Evaluation

1. Evaluation during this rotation will be mutual. We will use the forms provided by your department to provide feedback to one another. We value your input concerning the rotation for ongoing adjustments and improvements to this experience.
2. Part of your evaluation will be based upon Quality Assurance Review of one or more of your charts.
3. You may have an evaluation after 4-8 weeks of the rotation. Again, feedback can be mutual with your supervisor at this time.

PRACTICUM PROGRAM – OSU COUNSELOR EDUCATION PROGRAM

OVERVIEW

The Counseling and Consultation Service (CCS) provides practicum experiences for first year students seeking master's degrees in the Counselor Education Program. In alignment with the degree timeline, the CCS Practicum will be offered each Spring semester. Students must have completed all prerequisite coursework as outlined in the OSU Counselor Education Practicum and Internship Manual, as well as have approval by the Counselor Education faculty member in charge of practicum.

Practicum students make a commitment of approximately 10 hours per week for the semester. Approximately five hours per week will be in direct face-to-face contact with clients.

The following delineates mandatory activities of the practicum:

- **5 hours per week providing or shadowing clinical services**
- **1 hour of weekly individual supervision (with a doctoral psychology intern at CCS)**
- **Individual supervision sessions as needed with the intern's supervisor**
- **1-2 hours of group supervision/didactic trainings per week (Practicum Seminar), facilitated by a licensed Counselor or the Counseling Practicum Coordinator**
- **1-2 hours of paperwork/session preparation/administration**
- **Orientation and "check-in" meetings with Practicum Coordinator as needed**

The following are activities that may be available for practicum students (optional if available):

- **1.5 hours per week process-observing group therapy**
 - **0.5 hour per week in supervision with group therapy facilitators**
- **Observing CCS Drop-In Workshops (offered daily Monday-Friday)**
- **Observing CCS outreach programs presented by CCS staff and/or advanced trainees**

The practicum training at CCS adopts a sequential and graded model of training. Thus, the earlier weeks of the practicum will focus on orienting to CCS, shadowing, and skill development.

Individual counseling will focus on the development of generalist therapy skills. Clients are assigned to practicum students in accordance with "goodness-of-fit" between clients' presenting concerns, complexity of treatment needs, and practicum students' readiness and development.

Evaluation of practicum students involves completion of the OSU Counselor Education Program evaluation form. CCS may require an additional evaluation form. The doctoral psychology intern supervisor (with final approval and signature by their senior staff supervisor) completes the evaluation forms. The CCS evaluation form and a copy of the department form will be placed in the practicum student's file at CCS.

INDIVIDUAL (AND GROUP) COUNSELING

Practicum students are required to spend 50% of their practicum hours in direct face-to-face contact with clients (i.e., 5 hours per week). It is your responsibility to check your appointments and make certain that they are at the times you want them to be, and to ensure your CCS schedule in Titanium is always kept up to date. You are responsible for confirming your schedule on Titanium (i.e., whether a client came for the appointment or not). In addition, there may be an option to process-observe a group that is co-facilitated by a senior staff and an intern for 2 hours per week (1.5 hours group therapy and 0.5 hours supervision). If this opportunity is available to you, it is your responsibility to attend all group sessions and supervision (any absences should be communicated to the group facilitators ahead of time).

ROOM ASSIGNMENTS

Counseling interns are assigned rooms for individual therapy and share a common workspace for administrative tasks. Room reservations are made via “SharePoint,” an intranet resource that will be presented during orientation. Room assignments are coordinated with the administrative staff. Please remove any room reservations that are no longer needed.

SUPERVISION

Individual

You will receive at least 1 hour of supervision each week with a doctoral psychology intern at CCS. This doctoral psychology intern is supervised by a licensed psychologist at CCS, with whom you will also meet as needed. A supervision match is made based on a number of factors including your training needs and your intern supervisor's training needs for supervision. You are guaranteed that you will not be matched with someone with whom there is a conflict of interest. Please express any concerns you may have regarding individual supervision to the Practicum Coordinator or the Director of Training.

You will also spend time shadowing your supervisor(s), particularly for Diagnostic Evaluation appointments with clients, to whom you may then be assigned to provide ongoing individual therapy. Other clients will be assigned as appropriate. You will also have the opportunity to shadow ongoing client therapy sessions, urgent appointments, or other types of clinical appointments provided by your supervisor(s) or other staff.

Your doctoral psychology intern supervisors will spend 2 hours per week in a Supervision of Supervision seminar as part of their training and development as supervisors. Supervision of Supervision seminar will be co-facilitated by the Psychology Practicum Coordinator and the Director of Training.

Practicum Seminar/Group Supervision

You will also receive 1-2 hours of group supervision (Practicum Seminar) per week. Practicum Seminar will be facilitated by a senior staff licensed Counselor. *This satisfies the CSWMFT Board requirement of one hour per week with a licensed Counselor.*

You will be provided with an agenda for the Practicum Seminar at the beginning of the semester. Practicum Seminar includes a combination of orientation to CCS, didactic training, and case presentations. The focus of didactic training will be coordinated to support your transition to CCS and readiness to begin seeing clients. During group supervision, you can expect that time will also be devoted to your questions, comments, and concerns in reference to your involvement at CCS. In the later weeks of the Practicum Seminar, each practicum student will give a case presentation, including a write-up and video clip of a portion of a therapy session. The goal of the Practicum Seminar is to provide a safe and supportive atmosphere to engage in curiosity, collaborative discussion, exploration of clinical experiences, skill building, and development of professional growth.

DIGITAL RECORDING

Each office at CCS is equipped with a webcam for recording client sessions. Each trainee will be provided with web-based storage on a secure drive at CCS to save client session videos. These drives can be accessed through any networked computer at CCS once you login into the computer. It is expected that supervision will include regular video review.

WHEN AUDIO OR VIDEORECORDING, A CONSENT TO RECORD MUST BE SIGNED PRIOR TO TURNING ON THE RECORDING DEVICE.

PSYCHOLOGY PRACTICUM PROGRAM OVERVIEW

Counseling and Consultation Service provides advanced practicum experiences for doctoral level students in departments of Psychology (Clinical and Counseling). CCS accepts applications from qualified students from OSU and graduate programs at other institutions. Students must have completed two recent terms of supervised practicum in order to apply.

Practicum students make a commitment of approximately 12-16 hours per week. A two-semester commitment is expected to provide an extensive training experience. A three-week orientation prior to the beginning of the semester is also required. Continuation of clinical activities over Winter break is optional and contingent on supervisor permission.

The following delineates activities of the practicum:

- Approximately 5 individual clients scheduled weekly (more or less in consultation with supervisors; dependent on developmental trajectory)
 - 2 hours of weekly supervision (one hour individual supervision by a licensed psychologist and 1 hour group supervision/case conference with the practicum coordinator, who is a licensed psychologist. Spring semester you will receive 1 hour additional individual supervision with a doctoral psychology intern and meet monthly for group supervision.)
 - 1 outreach presentation per semester
 - Up to 1 hour of triage and/or Urgent coverage during the second semester
 - 1.5 hours of group therapy and 0.5 hours of supervision (optional, based on availability)
 - Additional time for clinical administration as needed
 - Crisis and assessment hours may be offered depending on trainee experience and availability
-

Approximately 12 – 16 hours per week

The practicum training at CCS adopts a sequential and graded model of training. Thus, the first semester is mostly focused on individual ongoing therapy. During the second semester, other training opportunities may be arranged (e.g. group, triage and urgent coverage).

The exact number of clinical hours can be negotiated with the practicum coordinator depending on the practicum student's training needs and agency service needs. Individual counseling may take a particular clinical focus, such as multicultural counseling or working with clients with certain presenting concerns or identities. The requirements for the practicum may be modified somewhat, on a case-by-case basis, to accommodate the needs and program requirements of students from these programs.

Evaluation of practicum students involves completion of the evaluation form utilized by their academic program. A CCS evaluation will be utilized if the home program does not provide one. The evaluation will be placed in the practicum student's file at CCS. A mid-semester check-in is conducted halfway through both semesters and feedback regarding performance is given to the trainee at this time to provide an opportunity for the trainee to address any areas of growth prior to the end-of-semester evaluation.

INDIVIDUAL AND GROUP COUNSELING

Practicum students are encouraged to schedule a minimum of 5 client hours per week, consistent with developmental trajectory. It is their responsibility to check appointments and ensure that they are at desired times. There may be an opportunity to co-facilitate a group with a senior staff for 2 hours per week (1.5 group therapy and 0.5 supervision). Students are responsible for confirming and updating their schedules on Titanium; however, clear communication between the trainee and the administrative staff is essential to maintain efficiency.

ROOM ASSIGNMENTS

Practicum students are provided with rooms for individual therapy and share a common workspace for administrative tasks. Room reservations are made via “SharePoint,” an intranet resource that will be presented during orientation. Room assignments are coordinated with the administrative staff. Please remove any room reservations that are no longer needed.

SUPERVISION

You will receive 2 hours of weekly supervision: one hour of individual supervision by a licensed psychologist and one hour of group supervision/case conference with the practicum coordinator (licensed psychologist). Spring semester you will receive one hour additional individual supervision with a doctoral psychology intern and meet monthly for group supervision.

The approach of supervision will vary from supervisor to supervisor. A supervision match is made on the basis of a number of factors including individual training interests, needs, and goals for the academic year. Group supervision will be a balance of clinical work and professional issues, and include formal case presentations. Please express any concerns regarding supervision to the Practicum Coordinator or the Director of Training.

In the spring you will be supervised by a psychology doctoral intern; per APA requirements this will be recorded and reviewed periodically in supervision of supervision with facilitators and other psychology interns.

DIGITAL RECORDING

Each office at CCS is equipped with a webcam for recording client sessions. Each trainee will be provided web-based storage on a secure drive to save client session videos. These drives can be accessed through any networked computer at CCS once they login into the computer. It is expected that supervision will include weekly video review.

WHEN AUDIO OR VIDEO RECORDING, A CONSENT TO RECORD MUST BE SIGNED PRIOR TO TURNING ON THE RECORDING DEVICE.

FULL STAFF MEETINGS

Full staff meetings are typically held weekly on Wednesday mornings; attendance is not a requirement.

STRUCTURED WORKSHOP OR OUTREACH

Practicum students are expected to provide 1 outreach program or workshop (e.g., perfectionism, self-esteem, anxiety management) each semester. Outreach opportunities are announced at the Full Staff meetings and via email. In most instances, trainees are required to facilitate outreach programs with other staff. An overview of outreach is provided during our fall orientation program.

CLINICAL RESIDENCY TRAINING PROGRAM

The focus of the clinical residency is to provide individuals with supervised clinical practice opportunities to refine clinical skills in preparation for functioning as an independent practitioner in a university mental health setting. Clinical Residents experience an environment that encourages greater professional autonomy balanced with support and numerous opportunities for consultation with seasoned senior staff throughout the year. Clinical Residents are valued as colleagues within a broader multidisciplinary mental health training program and human service agency housed within a university community.

OVERVIEW OF PROGRAM

The Clinical Residency program at CCS is a distinct program in our comprehensive, multidisciplinary training program. The primary role of the Clinical Resident is to provide clinical services utilizing the experiences gleaned from completion of an internship program or other relevant experience. A “learning by doing” philosophy of training is the foundation of the Clinical Resident program, in part, based on the assumption that a more structured/didactic approach to training was provided in prior training experiences. Access to formal training activities, including a weekly case conference, assists individuals with the integration and augmentation of former training and clinical practice experiences.

Clinical Residents maintain a flexible work schedule that includes working five days a week with two of these days including evening hours until 8 p.m.

The Clinical Residency is a multidisciplinary training program that includes representatives from psychology, counseling & social work fields.

RESIDENCY COMPONENTS

Direct Clinical Service

Approximately 65% of residency time is focused on the provision of direct clinical service and receiving supervision. This translates to approximately 26 direct service hours with 14 hours for other activities such as clinical writing, case management, staff meetings and committee involvement.

- **Individual Therapy** – Opportunities are afforded to work with diverse undergraduate and graduate/professional clients. Clients are diverse both in clinical presentation and identities. CCS provides primarily brief, time-limited counseling.
- **Triage/Urgent Counseling** – Typically a client’s first point of access to services at CCS is through a telephone triage appointment. For urgent situations, clients may be seen in person in a timely manner for an urgent appointment or for a diagnostic evaluation appointment (CCS’s label for initial counseling appointments). Clinical Residents provide 2.0 hours of triage/urgent coverage each week.
- **Group Therapy/Workshops** – CCS offers an average of 20-30 groups and drop-in workshops each semester, which have both topical and general emphases. Clinical Residents may co-facilitate a group or workshop.
- **Career Counseling** – Some students initially present at CCS with career concerns. Often career themes are interwoven throughout psychotherapy work. CCS staff work closely with the adjunctive office of Career Counseling and Support Services to assist students with career concerns and needs.
- **Crisis Intervention** – Clinical Residents serve on an agency crisis team, which responds to campus mental health emergencies. Each team typically will be involved in response once or

twice during an academic year.

- **Individual Supervision** – Weekly two-hour supervision with a licensed senior staff member focuses on clinical case management, therapy dynamics, and professional/personal development issues. Clinical Residents provide input each term about supervisor preferences.

Training (Indirect clinical service)

Required

- **Case Conference (Group Supervision)** – Weekly two-hour forum for the discussion of issues surrounding the provision of clinical care in the university setting. Case Conference presentations focus on a multicultural clinical analysis of cases, with attention to conceptualization, diagnosis, case management, ethical considerations, and intervention strategies. Case conference is facilitated by senior staff clinicians.
- **Professional Development Programs** – CCS offers 3-6 professional development programs each year for agency staff. Often these are clinically focused presentations by practitioners and researchers familiar with the mental health needs of university populations.
- **Orientation Training** – This is an intensive training period of three – four weeks duration prior to the start of fall semester. Clinical Residents are oriented to the university and CCS while becoming acquainted with one another. Agency policies and practices are addressed, as well as topical content pertinent to service delivery and client care.

Optional

- **Summer Professional Training Seminars** – Optional seminars focusing on topics pertaining to clinical issues, multicultural issues, and research are available to Residents. Typical topics have included: counseling intersecting identities, compassion fatigue, effective rapport building, group therapy, ethics and social media, and diversity issues in assessment.
- **Committee Work** – All Clinical Residents have the option to select an agency committee or task group on which to serve. Committees include: Clinical Services, Training, Outreach, Research and Stigma Reduction, Eating Concerns Consult Team (ECCT). This affiliation assists Clinical Residents in connecting with staff across the agency. ***Disposition committee is required for one semester.***

Agency Administration (Indirect Clinical Service)

Required

- **Staff Meetings** – All Clinical Residents participate in weekly full staff meetings. In addition, regular meetings with the coordinator of the Residency Program are held to discuss training and professional development issues on a weekly basis.

Typical Weekly Schedule (may vary week to week, please use as a guide)

*** Clinical Residents are required to work 2 evenings per week until 8pm.**

I. Administration	Weekly Hours
Full Staff	1
Agency Committee Meeting (One Semester: Disposition)	1 - 2
Paperwork, Case Management, Treatment Planning	9-10

II. Clinical Service

Triage / Urgent	2
Individual Clients	19
Groups/Workshops	1-1.5
Outreach (Optional)	

III. Supervision

Individual Supervision	2
Coordinator Meeting	1
Group Supervision	.5

IV. Structured Training

Case Conference (Group Supervision)	2
Training Seminars (Optional)	2

Approximate Total: 40 hours*

TRAINING COMMITTEE

The Training Committee oversees the foregoing programs, as well as specific training goals and objectives. The committee is composed of the Director of Training, Assistant Director of Training, Coordinators of all the training programs, Senior Staff persons, and trainees. Senior Staff make semester-long commitments to the committee. Trainees may choose varying commitments, which range from a year to a shorter-term project. Senior Staff members are responsible for specific training areas including the Counselor, Psychology, and Social Work Intern Programs, as well as the Practicum Program, Psychiatry Residency Program, and Clinical Residency Program. Senior staff members also serve on task groups generated by the various training projects.

Separate Selection Committees are established for each training program. The Psychology Internship Selection Committee usually consists of the Assistant Director and Director of Training, Senior Staff members, and Psychology Interns. The Social Work Internship, Counselor Internship, Clinical Resident and Practicum Selection Committees contain the area Coordinator and 2-3 Senior Staff members.

III. POLICIES, PROCEDURES, AND FORMS

CASE CONFERENCE

Case Conference is a weekly 2-hour group supervision led by a team of senior staff members. The format of meetings typically involves 3 small groups of trainees that meet on a weekly basis with trainees rotating case presentations of one of their clinical cases. Case conference will also focus on cultural dialogues. Trainees may rotate small groups each term. All trainees are required to attend and to make case presentations. The following is intended as a guide in writing your Case Conference report.

CULTURAL DIALOGUES

Goal: This series will provide a space for trainees to develop awareness and explore the impact of their life experiences on their clinical work. Each trainee will share how their life experiences have shaped who they are. The perspectives gained through this experience will enhance the understanding of how our life experiences influence how we interact with others. This will improve reflection skills, support systems and counseling skills. Experiencing these dialogues will foster awareness of transference and counter-transference issues in clinical work.

At the end of the seminar, participants will be able to:

- Reflect on the impact of life experiences with colleagues and clinical practice setting.
- Provide and receive feedback regarding the impact that personal experiences can have on clinical work and seek consultation and support as needed.
- Case conceptualize utilizing a person-centered perspective.
- Demonstrate an ability to provide feedback/consultation to colleagues.

Case Conference Write-Up Format/Guidelines/Check List

Diagnostic Evaluation write-up (including diagnosis(es), including therapist's name and supervisor

Additions:

- I. Updates: number of sessions, summary of progression of therapy, themes, interpersonal style, changes, outcomes, significant incidents (life events and/or therapeutic events), strengths, assessments, and referrals made.
- II. Case Conceptualization: Current conceptualization of clinical issues
- III. Cultural Considerations: Provide a person-centered analysis of the case
- IV. Theoretical Orientation: Explanation of clinical content from a theoretical orientation
- V. Therapist/Client Relationship Dynamics: Interpersonal dynamics experienced in therapy relationship
- VI. Focus of Case Conference:
 - Questions
 - Feedback
 - Stuck points/dilemmas
 - Therapy successes

(Psychology Interns will also present assessment cases during their assessment seminar.)

OUTLINE FOR GROUP THERAPY PRESENTATION CASE CONFERENCE

- I. Brief Description of Group - name, focus, co-leader, # of sessions
- II. Group Membership - 1-2 lines on each group member, including identifying data, presenting concerns, history in group and CCS, and role(s) played in group (e.g., mediator, caretaker, problem-solver, advice-giver, quiet one, "mascot," nurturer, rescuer)
- III. Developmental Stage of Group - e.g., norming, storming, forming, working stage, termination
- IV. Salient Group Dynamics - seating patterns, alliances, sub-groupings, conflicts, attachments, attractions, avoidances, other interpersonal patterns
- V. Salient Co-leadership Dynamics - Who does what (e.g., individual vs. group-as-whole interventions)? Who plays what role (e.g., rule setter, nurturer, "the heavy," interpreter)? Does gender or culture affect what role(s) you and your co-leader play? Does the CCS position you and your co-leader hold affect the roles you and your co-leader play? How are your roles changing, expanding, contracting? What direction would you like your development as a co-leader to take?
- VI. Your Theoretical Orientation/Leadership Style - 1-2 lines
- VII. Questions or Requests for Feedback from Case Conference Participants

Note: The above is a suggested format. It is designed as a tool for structuring your presentation. Some parts of the outline or some terminology used may seem irrelevant to your orientation or leadership style. Therefore, you may want to emphasize or de-emphasize some parts of the outline, depending on your needs for your presentation.

For help in addressing some of the issues suggested in this outline, refer to Irvin Yalom's The Theory and Practice of Group Psychotherapy, Roller and Nelson's The Art of Co-Therapy: How Therapists Work Together, or Leland Bradford's Group Development.

TRAINEE FILE CHECKLIST

Name: _____

Date Reviewed: _____

Must-Have	
	Application
	Signed Offer Letter / Appointment documents
	Prior Experience Questionnaire, if applicable
	Orientation Welcome Letter
	Post-traineeship Contact Information (email required)
	Onboarding Certificates of Completion (BuckeyeLearn)
	Triage Training Overview Sign-Off Form, if applicable
	Signed Due Process Policy
	Signed Policies Employed to Advise and Assist in Addressing Grievances
	Signed Trainee Expectations and Responsibilities
	Signed Supervision Agreements (with all supervisors/supervisees) - Fall - Spring - Summer, if applicable
	Signed Evals Fall - Eval of Trainee (from supervisor)
	Signed Evals Spring - Eval of Trainee (from supervisor)
	Signed Evals Summer, if applicable - Eval of Trainee (from supervisor)
	Case Presentations (all)
	Titanium Hours Report
	Termination letter (Clinical Residents, if applicable)
	License Verification (Social Work and Counseling)
	Exit Interview with Cohort Coordinator
Can-Have	
	Trainee Schedule
	Misc. presentations
	Items discussed with Coordinator/Training Director
	Updated CV/resume at end of year
	Program Evals (external to CCS)
Can NOT Have	
	Client names or identification (must be redacted)
	Evaluations of Trainee's Supervisor

PSYCHOLOGY INTERN FILE CHECKLIST

Name: _____ Date Reviewed: _____

Must-Have	
	APPI
	CCS Signed Offer Letter
	Prior Experience Questionnaire
	Orientation Welcome Letter
	Director of Training (home institution) contact information
	Post-traineeship contact information (email required)
	Onboarding Certificates of Completion (BuckeyeLearn)
	Trainee Triage Training Overview Sign-Off Form
	Intern Goal Worksheet
	Signed Due Process Policy
	Signed Policies Employed to Advise and Assist in Addressing Grievances
	Signed Trainee Expectations and Responsibilities
	Supervision Model – Sup of Sup presentation from Fall Semester
	Letters to Director of Training at home institution - Match/Selection Letter (Sent Feb.) - Intro Letter (Sent at the end of orientation/Aug.) - Mid-Year Update (Sent Feb/beginning Sp. Semester) - Successful Completion of Internship (if applicable) - End-Year Summary/Closing (Sent post-traineeship July 31-Aug. 8)
	Supervision Agreements (with all supervisors/supervisees) - Fall - Spring - Summer
	Signed Evals Fall - Eval of Group (from co-facilitator) - Eval of Supervisor (from prac student, if applicable) - Eval of Trainee (from supervisor)
	Signed Evals Spring - Eval of Group (from co-facilitator) - Eval of Supervisor (from prac student, if applicable) - Eval of Trainee (from supervisor)
	Signed Evals Summer - Eval of Group (from co-facilitator) - Eval of Trainee (from supervisor)
	Titanium Hours Report
	Supervision Notes for practicum students
	Case Conference Presentations (all)
	Updated CV at end of year
	Completion of Internship Certificate copy

	Exit Interview
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Can-Have	
	Trainee Schedule
	Misc. presentations
	Items discussed with Coordinator/Training Director

Can NOT Have	
	Client names or identification (must be deidentified)
	Evaluations of Trainee's Supervisor or Supervisee

Rev. 6.18.20

CCS TRAINEE EXIT CHECKLIST

WHEN COMPLETE, PLEASE TURN THIS IN TO THE TRAINING PROGRAM ASSISTANT

NAME:

LAST DATE AT CCS:

FORWARDING EMAIL:

OFFICE CHECKLIST

- ☐ DSM – return to Program Assistant.
- ☐ Keys – return and must sign form.
- ☐ Empty ALL office drawers.
- ☐ Return any empty binder given at orientation and any other borrowed binders.
- ☐ Report any work orders to Office Staff Coordinator.
- ☐ Return all remaining office supplies neatly to the file room.
- ☐ Place all bulk trash in dumpster outside of building.
- ☐ Mailbox in file room needs to be empty.
- ☐ If you have a parking pass, you must physically go to CampusParc office to de-activate.

COMPUTER CHECKLIST

- ☐ Delete all W drive videos.
- ☐ Submit all “to be scanned” paperwork 24-48 hours prior to departure date.
- ☐ Task List must be empty.
- ☐ All terminations complete.
- ☐ 0 clients in “My Client List.”
- ☐ Download/save all info and attachments needed from email account (de-activation happens at the end of the last day at CCS).

TRAINEE FILE ITEMS

- ☐ Evaluations completed.
- ☐ All items turned in for file; see Trainee File Checklist.

ADMINISTRATIVE ITEMS – TRAINEE DOES NOT COMPLETE

- ☐ Removed from Titanium.
- ☐ Email deactivated.
- ☐ Profile removed from website.
- ☐ Removed from listserves.
- ☐ BuckID swipe access deactivated.
- ☐ SL OSU account deactivated.

**POLICY FOR RELEASE OF CLINICAL WRITING SAMPLES AND/OR CLINICAL
RECORDINGS FROM CCS RELATED TO TRAINEE JOB APPLICATIONS AND/OR SENIOR
STAFF PROFESSIONAL CERTIFICATION**

Some institutions are requiring samples of clinical work as part of a job application process or as part of a professional certification process. In order to preserve client confidentiality and to facilitate a CCS trainee or staff member completing the requirements of their application or certification, the following guidelines have been developed:

1. All information in the clinical writing sample related to demographics or personal names must be deleted. This information includes, but is not limited to: client's name, date seen, age, race, country of origin, names of other persons, cities, zip codes, positions/jobs, major, year in school, and titles of workshops or groups in which the client participated. The information sent will be a copy of the original after deletions have been made.
2. If possible, information in an audiovisual sample related to demographics shall be deleted. This recording is preferred to be obtained in a manner that does not include the client's face; however, the client's face may be included if deemed necessary.
3. Such deletions must be made on-site at the Counseling and Consultation Service.
4. The trainee's supervisor and the Clinical Director shall review the corrected clinical writing sample(s) and/or recording(s) prior to its release from the Counseling and Consultation Service. Should the clinician be a senior staff member, the Clinical Director shall designate an additional senior staff member to review the material.
5. "Not for Re-Release" will be marked or stamped on the clinical writing sample.
6. The institution requesting clinical samples will be asked to destroy the samples sent with the application or certification process after the application or certification process is completed. This request will be labeled on the sample or included as part of the electronic file.
7. If applicable, a Release of Information may be requested from the client to allow the release of clinical writing or recording sample(s).

POLICY REGARDING CCS SERVICES

CCS service is not available for any current CCS trainee. If a newly selected trainee has been a CCS client, the clinical relationship will be terminated. The electronic clinical file is protected.

Release of Information for Educational, Job Application, and Professional Development Purposes

I authorize my mental health provider, _____ of The Ohio State University Counseling and Consultation Service, to use information that they obtain for my treatment for the following purposes (check all that apply):

- ☐ Educational only at (full name of institution) _____
- ☐ Job Application only at (full name of institution) _____
- ☐ Professional Development only at (full name of institution/professional entity) _____

I understand that all identifying information will be removed from the information I have authorized for release. I am also aware that this information is requested because my mental health provider must present how s/he works with clients for educational, job application, or professional development purposes to the entity or institution named above.

I grant my permission for the information to be shared with the above institution or professional entity in the following format(s) (check all that apply):

- ☐ Written summaries
- ☐ Transcript of session/s
- ☐ Video, audio, digital recording (circle)
- ☐ Other (describe _____)

I understand that I also may review this information upon request to the Counseling and Consultation Service.

This consent is valid from the signature date of this document through _____.
I acknowledge that I may revoke this consent at any time in writing to Counseling and Consultation Service and the revocation of this consent will not interfere with my rights to receive treatment.

PRINT NAME

Client Signature

Date

Witness

{00273352-1}

POLICY FOR USE OF AV EQUIPMENT

Policy for use of AV Equipment

CCS AV equipment is used for training purposes. This equipment includes large portable TV monitors and laptop computers. This equipment is available for trainee and senior staff use. This equipment is housed in the training program assistant's office and needs to be checked out prior to use. There are instructions for all equipment on set-up and usage procedures. If additional assistance is required, the training program assistant may be available to help.

Etiquette Information

1. Check with training program assistant on who has the equipment signed out before and after requested use so that transport can happen in a timely manner.
2. Be flexible about sign up. Be sure to sign up well in advance and check with the training program assistant.
3. Once usage is complete, return all equipment in a timely manner. This would mean within 24-hours of use or sooner if requested by another user.
4. Be sure all items are never left unattended.
5. Check in and check out of equipment must go through the training program assistant. Do not remove equipment without going through the training program assistant first.

COUNSELING AND CONSULTATION SERVICE SUPERVISION POLICIES AND PROCEDURES

All CCS trainees have a Senior Staff supervisor with whom they will meet on a weekly basis for 1-2 hours (depending on cohort). Initial supervision pairings will be assigned by the Director of Training and area coordinators. This initial match will be based on information provided by trainees prior to starting their traineeship. Following the first match, trainees will have input on their supervision matches. These matches will be based on trainee and staff input and availability of supervisors.

Titanium Supervision Assignment

If you have not changed your setting for forwarding your notes, see below.

Go to Settings> user settings:

The screenshot shows the 'User Settings for Sampson, Mark' window. The 'Defaults' tab is selected. The settings are as follows:

- Default report Users and Schedules group:** Report users
- Default report Users and Schedules:** (empty dropdown)
- Default user forward notes to:** (empty dropdown)
- Automatically save notes every:** 5 minutes (0 turns off this feature)
- ☐ Show task count screen after login if any tasks pending
- ☐ Show prompt to also add the appointment to your schedule when adding an appointment to someone else's restricted schedule
- Login account status and Change password...** (button)
- Reset your spell check dictionary to default** (button)
- Notify user upon particular events (example: appointment attendance changes)**
 - ☒ Changes to "Attended" Sound file: ARRIVE.WAV Volume: Default Test
 - ☒ Changes to "Canceled" or "Rescheduled" Sound file: CANCEL.WAV Volume: Default Test
 - ☐ New Incoming Data from Web Component Sound file: INCOMING.WAV Volume: Default Test

Buttons at the bottom: OK, Cancel, Apply.

SUPERVISION AGREEMENT

The Ohio State University Counseling and Consultation Service

Each supervisee will have unique goals in supervision based on their past experiences as well as areas of growth and strengths. It is important that these unique goals are also discussed and agreed upon in the early phase of supervision.

Purpose of Supervision

1. To protect the welfare of clients receiving services and to structure activities of supervisees to ensure that they provide ethical and competent services.
2. To assist the supervisee in the acquisition of new skills and to provide professional consultation in their clinical and professional development.
3. To ensure that the unlicensed provider functions within their level of competence in order to promote accountability under the licensed supervisor.
4. To facilitate self-reflection, understanding, and implementation of cultural competency.
5. To facilitate the successful completion of the traineeship.

Expectations of Supervisor

Your clinical supervisor is **legally** and **ethically** responsible for all of the services you provide and the manner in which you conduct yourself.

1. To provide a regularly scheduled and punctual time to meet for supervision; to be available and accessible to the supervisee at times other than the scheduled supervision sessions. Your supervisor will provide contact information in case of emergency. As an agency, CCS will provide a list of staff members and their contact information in case you are unable to reach your supervisor.
2. To arrange for supervision coverage when they plan to be out of the office and to inform their supervisees of such arrangements.
3. To provide support, education, and training regarding the professional activities in which the supervisee will engage during the traineeship.
4. To provide the supervisee with feedback about their performance. This feedback will be timely, clear, and specific. Feedback is based on specific performance criteria.
5. To consult with CCS Training Director, trainee group coordinator, relevant senior staff, and assigned liaisons from academic programs when necessary to best support supervisees.

6. To help the supervisee engage in self-reflection to explore and clarify thoughts and feelings which underlie their practice.
7. To share experience, information, and clinical skills.
8. To review, provide feedback, and sign off on all clinical documentation in a timely manner.
9. To identify and modify clinical practice which the supervisor judges to be unethical, unwise, or incompetent.
10. To challenge supervisee's personal or professional blind spots, particularly related to multicultural development.
11. To identify personal difficulties of the supervisee that directly influence the supervisee's clinical work and to recommend a course of action to address these difficulties. While the supervisor can recommend that a supervisee seek consultation with relevant professionals, the clinical supervisor will not render such treatment.
12. To keep records of supervision, including dates of supervision, clients and issues discussed, and recommendations made.
13. To acknowledge cultural similarities and differences as well as the power differential within the supervisory dyad. Along with this, the supervisor will demonstrate respect for trainees' cultural diversity, values, and experiences.
14. To assist the supervisee in balancing agency demand and maintaining self-care.

Expectations of the Supervisee

1. Supervisees are expected to provide supervisors with digital recordings of clinical sessions with clients. Before recording, a signed informed consent form must be completed. The recording is confidential, and its privacy should be strictly guarded. Supervisees are responsible for obtaining a new and signed informed consent form when supervisor changes.
2. The supervisor may observe the trainee's sessions by *in-vivo* observation and/or via co-therapy to assess the level and progress of their skills.
3. Punctuality, both for sessions with clients and for supervision. In the event that they will be delayed or are unable to attend a supervision session, it is the supervisee's responsibility to notify their supervisor in advance and make alternative arrangements.
4. Supervisees will be responsible for implementing and following all CCS policies and procedures.
5. Absences from CCS will be phoned in by the supervisee to administrative staff, with an additional request that the supervisor and other relevant personnel be notified of supervisee's absence.
6. Preparedness, both for sessions with clients as well as for supervision. Supervisees should attend supervision with an agenda of cases and/or issues that they need to address.

7. To discuss with the supervisor the goals and skills the trainee would like to attain.
8. To be receptive to guidance and instructions from their supervisor; to be attentive to feedback and suggestions from their supervisor and follow through by implementing the feedback.
9. To inform their supervisor of any difficulties they are having in the areas of delivering services to clients, completing clinical writing, or coordinating with other agencies or providers.
10. Individual supervision is a minimum of one-two hours per week (depending on cohort) at a regularly scheduled time. The supervisee may request extra supervision time as needed.
11. Supervision will occur in a secure and private environment. While privacy of supervisee is valued, supervisors may consult with one another about supervisees when relevant, for example, to discuss the supervisee's work and progress with other staff members for training and evaluation purposes.
12. As supervisee establishes a working relationship with their supervisor, it is expected that they will be able to share personal issues and concerns that may impact clinical work, e.g. processing reactions to training activities, current events, work relationship dynamics, personal events, etc.
13. Supervisees are expected to actively engage in training activities (e.g., case conference, group supervision, and supervision of supervision) that can help them develop clinical skills. It is the supervisee's responsibility to contribute to the supervision group and be respectful to peers.
14. Supervisees will not engage in dual relationships with clients. In the event that someone they know is being seen at CCS, consult with their supervisor and avoid any involvement in the clinical treatment of someone they know.
15. Both supervisor and supervisee will adhere to the Code of Ethics and Ohio State governing boards in their corresponding discipline.
16. A supervisee is responsible for ensuring that all clients are informed of the supervised nature of the work of the supervisee, and of the ultimate professional responsibility of the supervisor. In the case of clients who are adolescents, this information can be shared with the appropriate guardian.
17. The supervisee is responsible for efficient and timely record keeping.
 - Notes for triage and urgent appointments should be completed and presented to the supervisor within 24 hours of the appointment.
 - Notes for new ongoing and ongoing individual and group session notes should be completed within seven days of the scheduled appointment.
18. The supervisee is responsible for ensuring that all communications regarding client's consultations (e.g. evaluative letters, consultations, and reports) are co-signed by the clinical supervisor or other licensed clinicians **before** they are sent from the CCS. It is also the responsibility of the supervisee to determine that an active Release of Information form is present in the client's record before presenting the letter/report for signature. Your supervisor should be informed of all communication.

19. The supervisee is responsible for updating supervision disclosure forms for each client, each time they change supervisors.
20. To reflect and process one's biases, prejudices, world views, and experiences as they relate to multicultural competence.
21. To demonstrate respect for clients, supervisors, and all staff, acknowledging diversity in values, culture, background, and experience.

Supervisee's Responsibility to Notify a Licensed Supervisor immediately when:

- Legal issues, such as possible reporting obligations related to suspected abuse of a child or vulnerable adult.
- Mental health emergencies requiring immediate action (e.g., imminent risks such as harm to self or others, wellness check by campus/local police, mandatory reporting, clients under the influence of substances during session, and active psychosis).
- Allegations of unethical behavior, including threats of an ethics complaint or lawsuit.
- Requests for immediate documentation or immediate referrals.

My signature on this form indicates my understanding and acceptance of the roles, expectations and responsibilities described for supervisees and clinical supervisors.

Signature of Supervisee

Date

Printed Name of Supervisee

Signature of Clinical Supervisor

Date

Printed Name of Clinical Supervisor

Counseling and Consultation Service: TeleSupervisory Expectations Contract

Rationale for Telesupervision

There are unique benefits to in-person supervision, including, but not limited to: professional socialization, assessment of supervisee 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 event that in-person supervision is not possible, telesupervision may be used to ensure supervisees continue to receive the support and training required as part of an accredited internship program, and that all clients are appropriately cared for.

Expectations of Telesupervisors

Establishing the Telesupervisory Relationship

1. *Telesupervisors are expected to practice within the bounds of the laws and regulations of the State of Ohio, the policies and professional standards of Counseling and Consultation Services (CCS), and the 2003 Ethical Principles of Psychologists and Code of Conduct set forth by the American Psychological Association, the National Association of Social Work Code of Ethics, or the 2014 American Counseling Association Code of Ethics.*

2. *Within the first three telesupervisory sessions, telesupervisors are expected to establish an understanding of the expectations and responsibilities of each party, including procedures specific to the use of technology for telesupervision and telemental health services. These include the format, frequency, and content of telesupervision; the roles played by each party; the goals of telesupervision; due process procedures and the limits of confidentiality within the telesupervisory relationship; the handling of emergency situations; and the availability of supervision and telesupervision at unscheduled times.*

A note about limits to confidentiality in supervision and telesupervision: *We recognize that supervisees are vulnerable given their standing in CCS and the profession. Supervisors are expected to regard personal information shared by supervisees with utmost respect. Information provided to supervisors is to be used to help supervisees in their professional and personal development. It is important to note that unlike in therapy, confidentiality does not apply to information shared by supervisees in supervision because supervision is a function shared by all senior staff at CCS. Senior staff members do consult each other about their supervisees in order to support the supervisor's responsibility to provide appropriate support, direction, and evaluation. If supervisees choose to share particularly sensitive material with their supervisors, they and the supervisor should discuss what aspects of that information might be pertinent for a supervisor to share with other supervisors or senior staff members. We hope this policy will not dissuade supervisees from sharing important information as we recognize the value of appropriate disclosure in promoting personal and professional growth.*

This "Telesupervisory Expectations Contract Form" outlining these conditions must be signed by both parties, and approved by the Training Director before the fourth telesupervisory meeting. The contract should be reviewed periodically in the telesupervisory sessions to ensure compliance and/or to re-negotiate the conditions. If changes are made, these must be approved by the Training Director as well.

Promptness & Availability of Telesupervisors

Telesupervisors are expected to be on time for their sessions. Cancelled telesupervision sessions should be re-scheduled within the same week if at all possible. If a telesupervisor plans to be absent, it is the telesupervisor's responsibility to arrange back-up supervision or telesupervision as needed.

Briefing on Policies & Procedures

Telesupervisors are also expected to monitor the telesupervisee's understanding of, and compliance with, policies on such matters as crisis management, confidentiality, external communications, release of information, record keeping, etc.

Intakes and disposition planning

The telesupervisor is responsible for providing intake training to the telesupervisee by having them sit in on intake sessions conducted by the telesupervisor and other staff members. The telesupervisor has the responsibility of deciding when the telesupervisee is ready to perform their own intakes and for approving the disposition of clients seen by the telesupervisee.

Case Review & Documentation

1. Telesupervisors must maintain an ongoing awareness of all clients who comprise a telesupervisee's caseload. While it is the telesupervisee's primary responsibility to brief the telesupervisor about each client, the telesupervisor is also expected to take the initiative in reviewing all cases on a regular basis. Each telesupervisor must decide the actual frequency and depth of such case briefings taking into account the telesupervisee's degree of competence and the level of liability risk acceptable to the telesupervisor.

2. Telesupervisors are expected to review audio/video tapes on a regular basis when audio/video tapes are available. If telesupervisees are providing telemental health services only and are unable to conduct audio/video recording of session, review of audio/video tapes may be suspended temporarily. At the discretion of the telesupervisor, the number of tapes reviewed each week may vary depending on the telesupervisee's degree of competence and the level of liability risk acceptable to the telesupervisor.

3. Telesupervisors (including senior group co-leaders) should read and co-sign each progress note written by the telesupervisee. This includes entries regarding cancellations, no-shows, critical incidents, actions taken, etc. Telesupervisors are expected to provide evaluative feedback about the quality of progress notes and may require any editing which will improve the notes as written by the telesupervisee.

Evaluative Feedback Processes

1. Telesupervisors are responsible for providing ongoing, timely, and accurate feedback to the telesupervisee regarding their progress, including strengths and areas needing improvement. Telesupervisors are expected to attend formal feedback sessions scheduled by the Training Director. Also, written evaluations as requested by the Training Director must be provided in a timely manner.

2. As the need arises, the telesupervisor and/or group co-leader are expected to contact the Training Director in a timely manner to discuss questions or concerns about a telesupervisee. Telesupervisees need to be informed that problems or weaknesses in performance may be reported to the Training Director. Such reporting must be done in accordance with due process procedures, particularly in instances of problematic performance.

Transfer of Supervisory and Telesupervisory Responsibilities

Whenever there is a supervisory re-assignment (such as that which occurs at the end of the first semester), the previous telesupervisor will continue to be responsible for case management until the first supervisory meeting occurs with the new telesupervisor. The official transfer of cases will

occur at that first meeting.

Expectations of Telesupervisees

Ethical & Legal Practice

Telesupervisees are expected to practice within the bounds of the laws and regulations of the State of Ohio, the policies and professional standards of Counseling and Consultation Service, and the 2003 Ethical Principles of Psychologists and Code of Conduct set forth by the American Psychological Association, National Association of Social Work Code of Ethics, or 2014 American Counseling Association Code of Ethics.

Professional Functioning

1. *Telesupervisees are expected to make appropriate use of telesupervision.* This includes being on time and prepared to take full advantage of learning opportunities, maintaining an openness to learning, openly and directly communicating with the telesupervisor; and being able to accept and use constructive feedback.

2. *Telesupervisees are expected to function in a professional manner.* This includes balancing agency needs with personal needs, managing personal stress and monitoring commitments, maintaining appropriate interaction with peers, colleagues, and staff, using appropriate channels of communication; participating in meetings and staff development activities, and being alert and responsive to adjustment problems or emotional responses that may interfere with professional functioning.

Expectations of Supervisors and Supervisees Specific to Telesupervision

Telesupervision will be conducted and documented in a confidential manner according to applicable laws in similar ways as in-person supervision. In order to minimize risks, telesupervisors and telesupervisees will use secure video conferencing software, and follow established telesupervision requirements and procedures:

- Telesupervisors and telesupervisees will engage in sessions only from a private location where you will not be overheard or interrupted.
- Telesupervisors and telesupervisees must use their own computer or device, or CCS computers or devices; do not use a computer or device that is publicly accessible.
- You will ensure that the computer or device you use has updated operating and anti-virus software.
- Telesupervisors and telesupervisees will endeavor to minimize technical failures that might disrupt, delay, or distort communications.
- Telesupervisors and telesupervisees may be anywhere during a telesupervision meeting; however, all clinical work that is being telesupervised must take place in Ohio.

Should there be technical problems with video conferencing, the most reliable backup plan is contact by phone. Telesupervisors and telesupervisees should have access to a correct phone number at which to reach one another, and have access to your phones at session times. If you are unable to connect to a video conference, or get disconnected, please try to connect again. Email is not a confidential method of communication, and should not be used to discuss confidential client information.

Signatures

By our signatures, we affirm that we both understand the telesupervisory expectations noted in this document and that we both agree to the specific contracted goals and activities cited above.

Telesupervisor Signature

Date

Telesupervisee Signature

Date

PARAMETERS FOR TRAINEE INVOLVEMENT IN COUPLE/RELATIONSHIP COUNSELING

The training committee recommendations are delineated below:

Psychology Interns, Counseling Interns, and Social Work Interns: On the occasion that a trainee has the opportunity to engage in relationship therapy, trainees may partner with a Senior Staff co-therapist if needed. Exceptions can be accommodated upon discussion with the trainee's supervisor. If appropriate, the trainee can see relationship therapy clients on their own or with another trainee.

CLINICAL WRITING ISSUES

Trainee File

A de-identified copy of each Case Conference report, Supervision of Supervision report, and Assessment reports, with all identifying information removed, will be submitted to the Director of Training to be scanned into each trainee's training file. Assessment reports become part of the client's file. Case Conference write-ups are not included in the client file.

Supervisor Signature

All clinical writing and correspondence external to CCS must be co-signed by a licensed supervisor, and in the case of practicum students, by the intern's supervisor as well. Signatures on correspondence between client and trainee are based on supervisor discretion and should be discussed. No supervisor signature is needed on announcement type correspondence (e.g., informing a client of an upcoming workshop), however, all such correspondence will be documented in the clinical record, and they will be signed by the supervisor in Titanium. If supervisor is not available, another licensed clinician may sign the document.

CONFERENCE ATTENDANCE/VACATION/JOB SEARCH POLICY FOR PSYCHOLOGY INTERNS AND CLINICAL RESIDENTS

In order to meet the needs of our agency, we expect you to be here for the number of hours you are hired or contracted. However, we also want you to be able to go to professional conferences and secure the best possible jobs. Therefore, you will have 5 days as professional development to go to conventions and conferences, job interviews, dissertation defense, and graduation, as negotiated with the Director of Training.

Psychology interns and clinical residents **accrue** approximately twelve days of **paid** vacation. One of these 12 days is earned during the last month of appointment. Thus, cannot be taken during the course of the internship. These 8 hours of vacation will be paid out at the end of the appointment. The remaining days can be taken during the year or saved up to use as needed; however, you must work at least 2 weeks during July.

Occasionally, trainees accept positions which start before their appointment is completed. We expect you to negotiate your start date so you can complete the entire year. Typically, trainees

are able to negotiate a start date and then utilize the 11 vacation days to accommodate an ending date prior to July 31.

In any case, this must be negotiated with the Director of Training.

For all time out of the Center, (conventions, vacations, job search, sick leave) a leave request form must be submitted via the OSU electronic leave system, OSU Workday. For planned time away (conferences, vacation, job interviews) leave can be entered prior IF the leave balances allow it. For unplanned time away (sick, unexpected family events) leave must be submitted immediately upon return to the Center. The Director of Training will review and approve or deny leave requests.

BENEFITS PACKAGE FOR THE APA ACCREDITED DOCTORAL PSYCHOLOGY INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

The following is a list of benefits provided for the persons with whom we select for our twelve-month psychology internship in our APA-accredited internship in Health Service Psychology at the Counseling and Consultation Service at The Ohio State University. Benefits will be discussed during the orientation training at the beginning of the internship.

1. Stipend: twelve months, full time; starting August 1.
2. Stipend includes access to individual health insurance coverage if participation in OSU health insurance program is selected.
3. Private furnished office, web cam and computer. OSU email account and Wi-Fi access is also be provided.
4. Ten paid holidays, twelve accrued paid vacation days (one vacation day is paid out at the end of the internship.)
5. Professional development: five paid professional development/conference days and negotiated time for dissertation work, job search, and graduation.
6. Access to excellent on campus facilities, such as library system, recreation facilities and computer labs.
7. Opportunity to purchase faculty/A&P parking privileges.

For more information on benefits, see the following resources:

- FMLA policy: <https://hr.osu.edu/wp-content/uploads/policy605.pdf>
- Sick/Vacation accrual: <https://hr.osu.edu/benefits/leave/accrual/>

- Short-Term Disability: <https://hr.osu.edu/benefits/short-term-disability/>
- Health and Welfare Benefits Webinar via BuckeyeLearn

BENEFITS PACKAGE FOR THE CLINICAL RESIDENCY AT COUNSELING AND CONSULTATION SERVICE

The following is a list of benefits provided for our clinical residency at the Counseling and Consultation Service at The Ohio State University. Benefits will be discussed during the orientation training at the beginning of the residency.

1. Income (hourly), twelve months, full-time; starting August 1.
2. Income includes access to individual health insurance coverage if participation in OSU health insurance program is selected.
3. Private furnished office with telephone, web cam and computer. OSU email account and Wi-Fi access is also provided.
4. Ten paid holidays, 12 paid vacation days with the approval of the Director of Training.
5. Professional development: 5 paid professional development/conference days and negotiated time for dissertation work, job search and graduation.
6. Flexibility in scheduling during academic breaks.
7. Option to access excellent on-campus facilities such as library system, recreation facilities and computer labs.
8. Opportunity to purchase faculty/A&P parking privileges.

For more information on benefits, see the following resources:

- FMLA policy: <https://hr.osu.edu/wp-content/uploads/policy605.pdf>
- Sick/Vacation accrual: <https://hr.osu.edu/benefits/leave/accrual/>
- Short-Term Disability: <https://hr.osu.edu/benefits/short-term-disability/>
- Health and Welfare Benefits Webinar via BuckeyeLearn

BENEFITS PACKAGE FOR THE GRADUATE ASSOCIATES AT COUNSELING AND CONSULTATION SERVICE

The following is a list of benefits provided for the persons with whom we select as our Graduate Teaching Associates (GTAs) at Counseling and Consultation Service at The Ohio State University. Counseling and Social Work II interns are also considered GTAs. Benefits will be discussed during the orientation training at the beginning of the internship.

1. Full University Tuition Fee Waivers and monthly Stipend: ten months, part-time; starting August 1.
2. Access to shared office with telephone, web cam and computer. OSU email account and Wi-Fi access is also be provided.
3. Contracts are written from 8/1 to 5/31 each year, 24 hours per week. With the exception of orientation, we strongly discourage GTAs to work more than 24 hours per week. If so, GTAs may comp these hours.
4. GTAs are not required to work legal holidays
5. GTAs DO NOT accrue sick and vacation hours and are not eligible for FMLA.
6. Personal Leave: a period of up to 10 business days per year (two weeks per year) for vacation and/or personal reasons may be taken.
7. Sick/Bereavement: a period of one to three consecutive days at a time for up to a maximum of three times for personal and/or family illness each spring or autumn semester may be taken. Sick days do not accrue beyond a semester.
8. Professional development: 5 business days per year be allotted for professional development activities such as attending workshops or attending and presenting scholarly work at national and international meetings.
9. Parental Leave: Up to 3 weeks of leave may be granted for childbirth or adoption. Up to 3 additional weeks for health recovery of the birth mother is recommended. One suggested allocation would be to use remaining sick-leave, personal leave, and professional leave followed by paid leave for up to 3 or 6 weeks as applicable. Parental leave should be discussed and planned with the supervisors and Training Director.

For more information on benefits, see the following resources:

- OSU Graduate Associates: [Graduate Associate Appointments | Graduate School \(osu.edu\)](https://graduate.osu.edu/graduate-associate-appointments)
- OSU Integrated Absence Management and Vocational Services for Short Term Leave: <https://hr.osu.edu/services/disability-benefits-leave-services/>

AUDIO/VIDEO/DIGITAL RECORDING & SUPERVISION POLICY

Audio/Video and/or digital recording of both individual and group sessions is encouraged and expected. Recording allows you to observe yourself, focus on the client/counselor relationship and process dynamics, observe non-verbal behavior, and provides a data base for supervisors. **All sessions which are recorded must first be authorized by the written permission of the client being recorded. (Permission is included in the informed consent portion of CCS intake paperwork.)**

The State Board of Psychology requires certain supervisory procedures to ensure protection of client welfare. They require that supervision involve "direct knowledge of all clients served by the supervisee." "This direct knowledge may be acquired through direct client contact or through other appropriate means such as tape recordings, videotapes, test protocols, or other client-generated material" (Ohio Rules 4732-13-04). CCS suggests utilizing either a formal assessment (i.e., objectives or projective test protocol) or live or recorded observation of all clients. The CCS policy is:

1. MSW (first semester), Practicum, pre-M.A. Counseling Interns must provide audio, video, and/or digital recordings or live observation of all clients at least once in supervision.
2. MSW (2nd semester), Psychology Interns, M.A. Counseling Interns (2nd semester), and unlicensed staff are encouraged to provide taping or direct observation, and must provide clinical assessment data on all clients who were not recorded or observed in supervision.

Additional recording is at supervisor's discretion and may be required or encouraged for particular clients or client content or by particular supervisors.

Additionally, the State Board of Psychology stipulates that all clients are informed of the fact that the counselor they are seeing is being supervised. A Supervisory Disclosure Form is to be signed by each client seen in treatment at CCS by a counselor who is under supervision. See Supervision Disclosure Form in this manual for a review of this form. This form must be re-signed by all parties if the supervisor changes during the treatment process.

RECORDING CONSENT FORM
Counseling and Consultation Service in coordination with Counselor Education in the
College of Human Ecology at
The Ohio State University

I realize that _____ is a graduate student in the Counselor Education program being trained in counseling skills and is receiving supervision from the following persons:

Counseling and Consultation Service Supervisor:

 Signature

 Printed Name

Doctoral Supervisor in Counselor Education:

 Signature

 Printed Name

Counselor Education Faculty Members:

I also realize that my counselor will be recording our sessions for educational purposes. I give my permission for sessions to be recorded. All recordings will be destroyed at the end of the training period.

Recordings will be reviewed only at Counseling and Consultation Service at The Ohio State University and will not be permitted to leave the center. Recordings will be viewed by the student with their on-site supervisors and will also be reviewed by the doctoral supervisor from the Counselor Education Program.

Any questions regarding this consent can be directed to the counselor during session or by contacting, or at 614-688-4931. Both faculty are located at 305 Annie & John Glenn Ave.

Client: _____

Date: _____

Parent or Guardian (if client is under 18 years of age) _____

Counselor: _____

Date: _____

SUPERVISORY DISCLOSURE FORM

State of Ohio Rules Governing Psychologists and State of Ohio Rules Governing Social Workers and Counselors, require that you be informed, in writing, that the work of your therapist is being supervised by a Psychologist/Social Worker/Counselor/Senior Staff Clinician. Psychiatric services may also be provided by a Psychiatry Resident-in-Training, who will be supervised by a Board Eligible/Board Certified Psychiatrist. This supervisor has full responsibility for the supervised work of his/her/their supervisees. In order to ensure the highest standard of care, supervisors meet with supervised therapists weekly and review the progress of your work with your therapist. The limits of confidentiality delineated in the Counseling and Consultation Service's "Informed Consent for Therapy Services and CCS Office Practices" apply to this supervised practice. The supervisor working with your therapist is listed below and is available for consultation upon request. This form will be scanned into your CCS electronic file. If you have any questions about this supervisory relationship, we encourage you to talk to your therapist. Signing this form acknowledges your informed consent for treatment by a therapist under supervision and your understanding of the content of the CCS form.

Client Name (Please print)

Titanium ID #

Therapist Date

Supervisor Date

Supervisor Date

License # _____

Client Signature

Date

A copy of this letter is available upon request.

_____ Copy Declined Client Initials _____

_____ Copy Accepted Client Initials _____

Rev.
12/27/18

Policies for Recording of Clinical Content for Educational and Training Purposes

- 1.) Recordings of clients are only to be saved on a secure and encrypted drive as established by Counseling and Consultation Service.
 - a. When they are recorded, recordings must be deleted from the temporary folder and the recycling bin must be emptied.
 - b. File name should not include client name.
- 2.) Should client recordings be used for an educational presentation, the audience must be CCS clinicians/CCS trainees or CCS approved supervisors only.
 - a. Videos are not to be embedded in any presentations or saved onto a thumb drive. They will be accessed only from the approved secure location.
 - b. The presenter will assure that the room where the presentation is can be adequately shielded from outside observers.
 - c. Any paper materials related to the case at the end of the presentation will be collected and appropriately disposed of according to CCS policy.
 - d. It is the responsibility of the presenter to request that any member of the CCS audience that may have knowledge of the patient outside of clinical contact to make this clear immediately during the presentation. It is the responsibility of the CCS audience to disclose this.
- 3.) Only the clinician who generated the recording shall present the recording as part of an educational presentation.
 - a. Should this clinician leave CCS, all client recordings will be erased.
 - b. Recordings are not to leave CCS.
- 4.) Should the recorded student revoke permission to record after the fact, their recordings will no longer be used for educational presentations beyond direct supervision.
 - a. Trainees and supervisors shall work together to erase videos that are no longer needed (thirty days maximum).

BEST PRACTICES FOR RECORDING SESSIONS VIA ZOOM

Enabling Password Settings for Your Own Meetings and Webinars

1. Sign into the Zoom web portal and navigate to **Settings**.
2. Navigate to the Meeting tab and verify that the password settings that you would like to use for your meetings and webinars are enabled.

Require a password when scheduling new meetings

A password will be generated when scheduling a meeting and participants require the password to join the meeting. The Personal Meeting ID (PMI) meetings are not included.

Require a password for instant meetings

A random password will be generated when starting an instant meeting

Require a password for Personal Meeting ID (PMI)

☒ Only meetings with Join Before Host enabled

☐ All meetings using PMI

Embed password in meeting link for one-click join

Meeting password will be encrypted and included in the join meeting link to allow participants to join with just one click without having to enter the password.

Require password for participants joining by phone

A numeric password will be required for participants joining by phone if your meeting has a password. For meeting with an alphanumeric password, a numeric version will be generated.

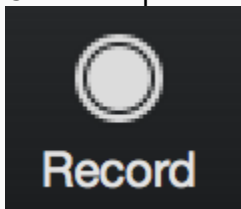
If the setting is disabled, click the Status toggle to enable it. If a verification dialog displays, choose **Turn On** to verify the change.

Note: If the option is grayed out, it has been locked at either the Group or Account level, and you will need to contact your Zoom administrator.

RECORDING INSTRUCTIONS FOR ZOOM

The host must record the meeting or grant the ability to record to a participant.

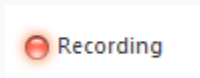
1. Start a Zoom meeting as the host.
2. Click the option at the bottom of screen to **Record**.



3. If there is a menu, select **Record on this Computer**.
Hosts will see the following recording indicator in the top-left corner while recording is active.



Participants will see the following indicator in the top-left corner while the recording is active.



4. Click **Participants** to see which participants are currently recording.

Note: Dial-in participants will hear a message informing them that the meeting is now being recorded unless disabled by the host.
5. After the meeting has ended, Zoom will convert the recording so you can access the files.
6. Once the conversion process is complete, the folder containing the recording files will open.
Note: By default, the audio/video file (MP4) will be named **Zoom_0.mp4**. The audio only file (M4A) is named **audio_only.m4a**.

Note:

- If the meeting unexpectedly shuts down or if the conversion process is interrupted, the recording files could become corrupted and non-recoverable. Restarting or shutting down your computer, putting the hard disk to sleep, or closing your laptop will interrupt the conversion process.
- If the conversion process is not successful after the meeting has ended, you can try to convert the files again by navigating to the recording location and double clicking the recording files.
- You can record the meeting in different layouts including active speaker, gallery view, and shared screen. [Learn more about recording layouts.](#)

POLICIES FOR VIDEOTAPING OF CLINICAL CONTENT FOR EDUCATIONAL AND TRAINING PURPOSES DURING REMOTE SESSIONS AND TELEWORK

- Recordings of patients are only to be saved on the Clinician's personal and secure device. No recordings may be saved on a device that is not personally owned and administered by the clinician unless it is a laptop provided by CCS
 - When recordings are created, they must be deleted from the temporary folder and the recycling bin must be emptied.
 - File name should not include client/patient name.
- Should patient recordings be used for an educational presentation, the audience must be CCS clinicians/CCS trainees or CCS approved supervisors only.
 - Videos are not to be embedded in any presentations or saved onto a thumb drive. They will be accessed only from the approved secure location.
 - The presenter will assure that the room where the presentation is can be adequately shielded from outside observers.
 - Recordings being presented via the screen share function on Zoom must be within a Zoom meeting that is password protected. This password must be secure (follow standard length and complexity parameters for creating passwords to ensure security.)
 - Any paper materials related to the case at the end of the presentation will be collected and appropriately disposed of according to CCS policy.
 - It is the responsibility of the presenter to request that any member of the CCS audience that may have knowledge of the patient outside of clinical contact to make this clear immediately during the presentation. It is the responsibility of the CCS audience to disclose this.
- Only the clinician who generated the recording shall present the recording as part of an educational presentation.
 - Should this clinician leave CCS, all patient recordings will be erased.
 - Recordings are not to follow a clinician ending their work at CCS.
- Should the recorded student revoke permission to record after the fact, their recordings will no longer be used for educational presentations beyond direct supervision.
 - Trainees and supervisors shall work together to erase videos that are no longer needed.
 - All videos must be erased before the clinician ends their time at CCS, including any videos that were saved on a device within the CCS office before the implementation of telework.

SECURITY REMINDERS FOR VIDEO TELEHEALTH

- Conduct the sessions in a private location where others cannot hear you.
- Use Private OSU's Carmen Zoom at office and at Home-ONLY

- Password protect your computer, tablet, phone, and any other device with a password that is unique.
- Always log out of your sessions.
- Do not have any software remember your password. Sign in every time.
- Do not share your passwords with anyone.
- Do not share your computer when you are logged on to any counseling software.
- Have all of your devices set to time out requiring you to sign back in after a set idle time.
- Keep your computer updated.
- Use a firewall and antivirus program.
- Only use a secure network for internet access using a VPN Connection when accessing client records
- Limit the range of your Wi-Fi by positioning it near the center of your home.
- Notify your supervisor if you suspect any breach in your security.

NATURE OF SUPERVISION AND LIMITATIONS

Clinical Residents receive at a minimum:

- (a) Two hours of individual supervision per week utilizing audio, video, and/or digital recording, role play and/or live observation.
- (b) Two hours per week of group supervision which focuses on case conceptualization and treatment issues.

Additional supervision is provided for trainee involvement in agency sponsored research, group leadership, administration, and outreach activities.

Supervision is not provided for activities not directly sponsored by OSU Counseling and Consultation Service.

Counseling Interns, Psychology Interns, and Social Work Interns receive at a minimum:

- (a) 1-2 hours of individual case supervision per week utilizing audio, video, and/or digital recording(s), role play and live observation.
- (b) 2-4 hours per week of professional updating on topics related to refinement of specific skills and professional issues during Fall and Spring semesters.

- (c) 2 hours per week of group supervision which focuses on case conceptualization and treatment issues.

Additional supervision is provided for trainee involvement in agency sponsored research, group leadership, administration, and outreach activities.

Supervision is not provided for activities not directly sponsored by OSU Counseling and Consultation Service.

Revision Effective: 11/25/2019

OHIO STATE BOARD OF PSYCHOLOGY

The State Board of Psychology was established in 1972 to oversee and conduct licensure of all psychologists and school psychologists in the state of Ohio. The Board has prepared successive versions of "Ohio Psychology Laws and Rules Governing Psychologists and School Psychologists." Copies of the "Rules" are available from:

Ohio Board of Psychology
77 S. High Street Suite 1830
Columbus, OH 43215-6108
phone (614) 466-8808 | fax (614) 728-7081
Toll Free (877) 779-7446

Below are brief excerpts from the "Rules" and CCS policies relevant to the State Board. You are expected to review the "Rules" document if you have further questions or are preparing for licensure.

Chapter 4732-15 Titles for Unlicensed Persons

4732-15-01 Titles to be used by unlicensed persons.

(A) A person who does not hold a current valid license as a psychologist granted by this board shall not hold himself/herself out to the public by any title or description of services incorporating the words "psychologic," "psychological," "psychologist," "psychology," or any other terms that imply training, experience, or expertise in any field of psychology; provided, however, that a person supervised by a licensed psychologist shall, while carrying out specific tasks under the licensee's supervision and as an extension of the licensee's legal and ethical authority, use an appropriate title that clearly implies supervised or training status.

(B) A person who does not hold a current valid license as a school psychologist granted by this board shall not hold himself/herself out to the public by any title or description of services incorporating the words "school psychologic," "school psychological," "school psychologist," "school psychology," or any other terms that imply training, experience, or expertise in any field of school psychology; provided, however, that a person supervised by a licensed psychologist or school psychologist shall, while carrying out specific tasks under the licensee's supervision and as an extension of the licensee's legal and ethical authority, use an appropriate title that clearly implies supervised or training status.

Effective: 11/25/2019

Five Year Review (FYR) Dates: 9/4/2019 and 09/01/2024

Promulgated Under: 119.03

Statutory Authority: 4732.06

Rule Amplifies: 4732.06, 4732.22

Prior Effective Dates: 5/17/1976, 9/1/1981, 10/1/1990, 9/30/1996, 6/8/2015

This means only Ohio Licensed Psychologists may call themselves a Psychologist in the State of Ohio. All other persons must use another title.

All CCS Senior Staff are licensed or in the process of licensure. All unlicensed Senior Staff, Psychology Interns, Psychology Clinical Residents, Psychology Practicum Students, and Faculty Associates are registered with the Board as supervised by a licensed Psychologist. In most cases, trainees are registered with their coordinating supervisor for the academic year. Please read the specific "Rules" relevant to supervision that is listed on this and the following pages. The form registering you with the Board asks for your signature stating you have read them.

Chapter 4732-13 Supervision

Rule 4732-13-01 Psychologist and school psychologist scope of supervision.

This chapter applies to supervision of:

(A) Unlicensed persons who are working toward licensure as psychologists or school psychologists according to rules [4732-9-01](#) and [4732-9-02](#) of the Administrative Code; and/or

(B) Other persons, not licensed in psychology or school psychology, providing psychological or school psychological services under the professional supervision of a licensed psychologist or a licensed school psychologist, as identified in division (A)(3) of section [4732.22](#) of the Revised Code; and/or

(C) Licensed psychologists or licensed school psychologists who are functioning as supervisors; and/or

(D) Mental health workers delivering services under Chapter 1739. or 3923. of the Revised Code, or under other similarly legally established arrangements, as provided in and limited to the provisions of paragraph (C) of rule [4732-13-03](#) and paragraph (A) of rule [4732-13-04](#) of the Administrative Code.

Last updated May 3, 2023 at 11:13 AM

Supplemental Information

Authorized By: [4732.06](#)

Amplifies: [4732.06](#), [4732.10](#), [4732.22](#)

Five Year Review Date: 9/1/2024

Prior Effective Dates: 4/14/1975, 9/1/1981, 10/1/1990

Rule 4732-13-02 Purposes of supervision.

Supervision by a licensed psychologist or a licensed school psychologist of an unlicensed or licensed person as described in rule [4732-13-01](#) of the Administrative Code shall have the following purposes:

- (A) To protect the welfare of clients receiving psychological services from a supervisee of a licensed psychologist or a licensed school psychologist;
- (B) To protect the welfare of persons who serve as training subjects for students learning psychological procedures, or as psychology subjects for classroom demonstrations or research;
- (C) To structure the activities of the supervisee so that competent services of a psychological nature by an unlicensed person can safely be made available to clients;
- (D) To assure that the unlicensed person functions within the limits of his/her competence;
- (E) To assure that training of an unlicensed person who intends to apply to the board for licensure occurs in a variety of activities relevant to the profession and to his/her academic background;
- (F) To assure that the training of a licensed person who seeks supervised experience will:
 - (1) Expand competence in a recognized subspecialty for which the licensed person has inadequate training but does have the appropriate academic background; or
 - (2) Satisfy retraining requirements according to recognized standards of the "American Psychological Association";
- (G) To assure that supervisees have non-exploitative employment or training experiences; and,
- (H) To make available the general administrative, supervisory, and mental health expertise of licensed psychologists providing mental health worker supervision, as that term is defined in paragraph (C) of rule [4732-13-03](#) of the Administrative Code.

Last updated May 3, 2023 at 11:13 AM

Supplemental Information

Authorized By: [4732.06](#)

Amplifies: [4732.01](#), [4732.06](#), [4732.10](#), [4732.22](#)

Five Year Review Date: 9/1/2024

Prior Effective Dates: 4/14/1975, 9/1/1981, 10/1/1990, 1/8/2010

Rule 4732-013-03 Supervision definitions.

- (A) Professional supervision in psychology:
 - (1) "Psychological work supervision" means the professional oversight of persons who work under the licensing authority of the licensed psychologist. The psychological work shall be consistent with previous academic and professional training, both didactic and practica, of the supervisor and the supervisee. Telepsychology, as that term is defined in paragraph (S) of rule [4732-3-01](#) of the Administrative Code, may be used in the provision of psychological work supervision if conducted in accord with requirements set forth in paragraph (B)(20) of rule [4732-13-04](#) of the Administrative Code.

(2) "Psychological training supervision" means the formal provision by licensed psychologists or licensed school psychologists of systematic education and training that is primarily case-focused and evaluative. Telepsychology, as that term is defined in paragraph (S) of rule [4732-3-01](#) of the Administrative Code, may be used in the provision of psychological training supervision to meet the requirements set forth in paragraph (A) and paragraph (B) of rule [4732-9-01](#) of the Administrative Code only if using synchronous audiovisual communication and supervision is conducted in accord with requirements set forth in paragraph (B)(20) of rule [4732-13-04](#) of the Administrative Code. The supervisory relationship supports and directs the work and professional development of graduate students (including predoctoral interns), postdoctoral trainees or other qualified individuals to help them gain experience for the purposes of licensure as psychologists.

(3) "Psychological umbrella supervision" means the supervision of a candidate for licensure to help him/her develop supervisory skills. It exists when a psychological training supervisee supervises other psychological training supervisees in hazardous practices as defined in rule [4732-5-01](#) of the Administrative Code under the umbrella authority of a psychologist. Supervision under umbrella supervision may be performed only by psychological training supervisees at the pre-doctoral and post-doctoral levels deemed prepared by the supervisor to enter into an umbrella supervisory relationship.

(B) Professional supervision in school psychology:

(1) "School psychological work supervision" means the supervision of persons who work under the licensing authority of a licensed psychologist or a licensed school psychologist. Any work done under the authority of a licensed school psychologist shall not exceed the scope of practice described in division (E) of section [4732.01](#) of the Revised Code and shall be consistent with the previous academic and professional training of the supervisor and the supervisee. Telepsychology, as that term is defined in paragraph (S) of rule [4732-3-01](#) of the Administrative Code, may be used in the provision of school psychological work supervision if conducted in accord with requirements set forth in paragraph (B)(20) of rule [4732-13-04](#) of the Administrative Code.

(2) "School psychological training supervision" means the formal provision by licensed psychologists or licensed school psychologists of systematic education and training that is primarily case-focused and evaluative. Telepsychology, as that term is defined in paragraph (S) of rule [4732-3-01](#) of the Administrative Code, may be used in the provision of school psychological training supervision to meet the requirements set forth in paragraph (C)(3)(b) of rule [4732-9-02](#) of the Administrative Code only if using synchronous audiovisual communication and supervision is conducted in accord with requirements set forth in paragraph (B)(20) of rule [4732-13-04](#) of the Administrative Code. The supervisory relationship supports and directs the work and professional development of graduate students (including pre-doctoral interns), postdoctoral trainees or other qualified individuals to help them gain experience for purposes of licensure as a school psychologist or as a psychologist.

(C) "Mental health worker supervision" means the professional oversight of another licensed, certified, or registered mental health professional delivering services under Chapter 1739. or 3923. of the Revised Code, or other similarly legally established arrangements, in which the psychologist provides "clinical supervision" as that term is used in Chapter 1739. or 3923. of the Revised Code.

(D) "Administrative supervision" means responsibility for office or agency organizational procedures, practices or policies, and does not involve professional supervision. The administrative supervisor may or may not be qualified to provide professional supervision as described in paragraph (A) or (B) of this rule.

(E) "Psychology Intern," "Psychology Doctoral Intern," "Psychology Predoctoral Intern," "Psychology Resident," "Psychology Resident," "Psychology Postdoctoral Intern," "Psychology Postdoctoral Resident," "Psychology Postdoctoral Resident," "Psychology Trainee," or "Psychology Postdoctoral Trainee" mean persons under appropriate supervision, working toward licensure in psychology.

(F) "School Psychology Intern," "School Psychology Assistant," or "School Psychology Trainee" mean persons doing school psychological work under appropriate supervision, while they may or may not be working toward licensure in school psychology or psychology.

(G) "Psychology Assistant" means a person with a master's degree in psychology who may or may not be working toward licensure in psychology.

(H) "Assistant" means a person with a master's degree in a field other than psychology, working under "psychological work supervision."

(I) "Psychology Aide" means a person with a bachelor's degree in psychology, working under "psychological work supervision."

(J) "Aide" means a person with a bachelor's degree in a field other than psychology or two or more years of college course work, such as a mental health technology degree, working under "psychological work supervision."

(K) "Telepsychology," as used herein, has the same meaning as that term is defined in paragraph (S) of rule [4732-3-01](#) of the Administrative Code.

Last updated March 21, 2022 at 8:43 AM

Supplemental Information

Authorized By: [4732.06](#)

Amplifies: [4732.01](#), [4732.06](#), [4732.10](#), [4732.22](#)

Five Year Review Date: 9/1/2024

Prior Effective Dates: 4/14/1975, 9/1/1981, 10/1/1990, 9/30/1996, 1/8/2010, 11/7/2011, 6/8/2015, 8/27/2018, 11/29/2019

Rule 4732-13-04 Requirements pertaining to supervision.

(A) Requirements for mental health worker supervision.

- (1) Work done under mental health worker supervision shall not be represented to any party or included in any report or official form as the practice of psychology.
- (2) A treatment plan shall be prepared for each recipient of services as part of the initial evaluation and shall be signed by the mental health worker delivering the services and the recipient or his/her legal guardian.
- (3) Within a reasonable time period thereafter, the supervising licensed psychologist shall review the plan and shall either:
 - (a) Sign it as submitted;
 - (b) Require modifications prior to signing it; or
 - (c) Refuse to sign it if in his/her professional judgment in conformance with the standards of the profession of psychology it is unsatisfactory or unnecessary.
- (4) A licensed psychologist shall exercise reasonable professional judgment, consistent with the standards of the profession of psychology, when providing mental health worker supervision.

(B) Requirements for psychological work supervision and psychological training supervision.

- (1) A supervisee is subject to all relevant statutes and rules of the board.
- (2) A supervisor is responsible for the psychological diagnosis, psychological prescription, and psychological client supervision of all clients; these functions may be delegated to a psychological work supervisee or psychological training supervisee in accord with paragraph (B)(7) and paragraph (B)(8) of this rule.
- (3) A supervisor has responsibility for the school psychological diagnosis, school psychological prescription, and school psychological client supervision of all clients; these functions may be delegated to a school psychological work supervisee or school psychological training supervisee in accord with paragraph (B)(7) and paragraph (B)(8) of this rule.
- (4) A supervisee shall carry out his/her psychological or school psychological activities in a suitable professional setting over which the supervisor has organizational responsibility for assignment and management of the supervisee's professional activities. All psychological activities of the supervisee shall be performed pursuant to the licensed supervisor's directives. Reasonable efforts shall be taken to ensure that the supervisee provides services in compliance with the provisions of Chapter 4732. of the Revised Code and associated administrative rules.
- (5) A supervisor shall document the type of psychological supervision being provided, and select and assign an appropriate title to the supervisee from the titles found in paragraphs (E), (F), (G), or (H), (I), and (J) in rule [4732-13-03](#) of the Administrative Code, and shall so inform the supervisee and, when applicable, the work setting administrator.
- (6) A supervisor shall register with the board, in a manner prescribed by the board, all supervisees who will perform psychological or school psychological work under his/her authority, that is restricted under rule [4732-5-01](#) of the Administrative Code, including a license holder of this board who is:

- (a) Completely retraining for a general specialty of psychology pursuant to paragraph (F) of rule [4372-13-02](#) of the Administrative Code; or
 - (b) Being trained for the purpose of earning a different license pursuant to paragraph (F) of rule [4732-13-02](#) of the Administrative Code.
- (7) A supervisor shall deactivate supervisory relationships, in a manner prescribed by the board, upon termination of psychological or school psychological work under his/her authority
- (8) A supervisor shall keep records of supervision. These records shall include any training supervision plans and co-supervision agreements, dates of supervision meetings, and notes regarding supervision, including specific clients/cases reviewed. For persons under psychological training supervision, these records shall also provide evidence of training activities. These records shall be maintained for a period of five years following the termination of supervision and shall be available for inspection by the board.
- (9) A supervisor has responsibility to make reasonable efforts to ensure that the work of the supervisee is conducted only for clients for whom the supervisee is competent to provide services and that such services are performed in compliance with the provisions of Chapter 4732. of the Revised Code and associated administrative rules.
- (10) A supervisor shall base the intensity of the supervision on his/her professional judgment of the supervisee's credentials, years of experience, and the complexity of the cases under supervision and shall have direct knowledge of all clients served by his/her supervisee. This knowledge may be acquired through direct client contact or through other appropriate means such as audio or video recordings, test protocols, or other client-generated material.
- (11) A supervisor shall make reasonable efforts to plan for continuity of client care in the event that his/her supervision is interrupted by factors such as illness, vacation, or other unavailability as listed in paragraph (C)(11) of rule [4732-17-01](#) of the Administrative Code. When a supervisor arranges such back-up supervision for a period of more than thirty working days, he/she shall notify the board in advance.
- (12) A supervisor has responsibility to assure that each client is clearly informed of the relationship between the supervisor and the supervisee, and their respective legal and professional responsibilities for the services rendered to or received by the client. All clients shall be informed of the supervised nature of the work of the supervisee, and of the ultimate professional responsibility of the supervisor. In the case of adult, legally competent clients receiving psychotherapy and other psychological interventions as described in rule [4732-5-01](#) of the Administrative Code, this information shall be provided in the form of a written statement explained and given to each client at the initial professional contact. In the case of other clients, this information may be provided in the form of a statement given to the guardian of the client. In terms of clients receiving services for psychological evaluations as described in rule [4732-5-01](#) of the Administrative Code and/or from individuals working in agencies and/or hospitals, such a statement may be modified or integrated into organizational informed consent documents to meet the circumstances unique to the facility and the client. The statement shall include, but not be limited to, the following:

- (a) Brief description of services to be provided, schedule of charges, and an indication that billing will come from the supervisor, agency, or institution under the supervisor's name;
 - (b) Name, license number, and professional address and telephone number of the supervisor;
 - (c) Statement on the limits of confidentiality, including the possible need to report certain information according to law, and the supervisor's review of the client's progress;
 - (d) Statement about the parameters of the professional relationship involving the supervisor, the supervisee, and the client;
 - (e) Statement about the availability of the supervisor to meet with the client, on request;
 - (f) Signatures of the supervisor, the supervisee, and the client(s) or guardian, with one copy being maintained by the supervisor.
- (13) Supervisee evaluative reports and letters dealing with client welfare shall be co-signed by the supervisor.
- (14) Supervisors who shares ongoing supervisory responsibility for the psychological or school psychological work of a supervisee with another license holder, including but not limited to those in academic and other training settings, shall prepare a written supervision plan, available to the board, that is agreed upon and signed by each supervisor and the supervisee.
- (15) License holders of this board who are receiving supervision/consultation to add a subspecialty skill pursuant to paragraph (F)(1) of rule [4732-13-02](#) of the Administrative Code need not be registered with the board, although the supervisor/consultant shall maintain a record of the supervision/consultation relationship. These records shall be maintained for a period of five years following the termination of supervision/consultation and shall be available for inspection by the board.
- (16) Supervisors in private practice settings may charge for individual supervision only, and shall limit their fee for an individual face-to-face supervision hour that does not exceed the supervisor's reasonable and standard hourly fee for professional services to clients. If the supervisor charges per individual face-to-face hour of supervision, the supervisee shall receive all fees from reimbursements, minus reasonable overhead expenses, for clients served by the supervisee.
- (17) A supervisor shall require the supervisee to have consultation with relevant professionals other than the supervisor when counseling or intervention is indicated concerning personal problems.
- (18) Supervisors are aware that the amount of supervision required for training supervisees is specified in rule [4732-9-01](#) of the Administrative Code.
- (19) A supervisor providing psychological training supervision to assist the supervisee toward licensure in psychology or school psychology shall comply with the following:
- (a) A supervisor shall accept for psychological training supervision only persons who have completed appropriate academic or professional preparation for that area or are at an appropriate level of progress toward such completion.

(b) A supervisor and supervisee shall have a co-signed, written agreement describing the goals and content of the training experience, including clearly stated expectations for:

- (i) The nature of the experiences offered through supervision;
- (ii) The expected working arrangements, quantity, and quality of the trainee's work; and
- (iii) The financial arrangements between the supervisee and his/her employer.

(c) A supervisor shall ensure that the training provides adequate breadth of experience to enhance: the supervisee's professional attitudes and identity as a professional psychologist or school psychologist; professional, ethical, and legal responsibility; communication skills; critical judgment; and technical skills and competencies in the broad areas of psychological and/or school psychological assessment, psychological and/or school psychological interventions, and ethical decision making. Training experiences shall not take place until the supervisee has initiated or completed appropriate educational preparation, including both didactic course work and practica.

(d) When appropriate to meet the training needs of the supervisee, the supervisor shall arrange for consultation with other appropriate professionals.

(20) In accord with paragraphs (A)(1), (A)(2), (B)(1) and (B)(2) of rule [4732-13-03](#) of the Administrative Code, licensees may conduct psychological supervision or school psychological supervision via telepsychology as follows:

(a) Supervisors recognize that the use of telepsychology is not appropriate for all cases and supervisees, and decisions regarding the appropriate use of telepsychology are made on a case-by-case basis. Licensees providing supervision via telepsychology are aware of additional risks incurred when providing supervision through the use of distance communication technologies and take special care to conduct their supervision in a manner that protects the welfare of the client and ensures that the client's welfare is paramount.

(b) Supervisors establish and maintain current competence in the conduct of psychological supervision via telepsychology through continuing education, consultation, or other procedures, in conformance with prevailing standards of scientific and professional knowledge. Licensees establish and maintain competence in the appropriate use of the information technologies utilized in the rendering of psychological supervision.

(c) Supervisors providing supervision via telepsychology shall:

(i) Consider and document findings specific to:

- (a) Whether a given client's presenting problems and apparent condition are consistent with the use of telepsychology in the supervisory process to the client's benefit; and
- (b) Whether the supervisee has sufficient knowledge and skills in the use of the technology involved in rendering the supervision.

(ii) Not provide supervision via telepsychology services to any supervisee when the outcome of the analysis required in paragraphs (B)(29)(c)(i)(a) and (B)(29)(c)(i)(b) of this rule is inconsistent with the delivery of

supervision via telepsychology, whether related to issues involving a given case or issues involving the technological knowledge and skills of the supervisee.

(iii) Upon initial and subsequent contacts with the supervisee, make reasonable efforts to verify the identity of the supervisee;

(iv) Obtain alternative means of contacting the supervisee;

(v) Provide to the supervisee alternative means of contacting the supervisor;

(vi) Supervisors, whenever feasible, use secure communications with supervisees, such as encrypted text messages via email or secure websites or secure real-time video;

(vii) Prior to providing supervision via telepsychology services, the supervisor and supervisee shall enter into a written agreement, in plain language consistent with accepted professional and legal requirements, relative to:

(a) Potential risks of sudden and unpredictable disruption of supervision dependent on telepsychology services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances;

(b) When and how the supervisor will respond to routine electronic messages from the supervisee;

(c) Under what circumstances the supervisor and supervisee will use alternative means of communications under emergency circumstances;

(viii) Ensure that confidential communications stored electronically cannot be recovered and/or accessed by unauthorized persons when the licensee disposes of electronic equipment and data.

(C) Prohibitions for psychological work supervision and psychological training supervision.

(1) A supervisor shall not provide supervision of psychological work to a person who has administrative or funding authority over him/her.

(2) A supervisor shall not provide work or training supervision to a person with whom he/she is associated in any business relationship except one where the psychologist or the school psychologist is an employer of the supervisee for the practice of psychology or school psychology.

(3) A supervisor shall not assume supervisory responsibility for psychological work that he/she is not personally competent to perform.

(4) A supervisor shall not supervise any person whom he/she knows is illegally providing psychological services to the public either within or outside of the supervisory relationship.

(5) Pursuant to paragraph (E) of rule [4732-17-01](#) of the Administrative Code:

(a) There shall be no direct family relationship between a supervisor and a supervisee.

(b) A supervisor shall not engage in sexual intercourse or other sexual intimacies with any supervisee.

- (c) A supervisor shall not engage in sexual harassment or any verbal or nonverbal conduct that is sexual in nature with any supervisee.
 - (d) A supervisor shall not enter into a supervisory relationship for psychological work as an employee of a supervisee.
 - (e) A supervisor shall not exploit the supervisee for financial gain or with excessive work demands.
- (6) A supervisor, emergency situations excepted, shall ensure that there are no more than two hundred forty work hours scheduled among all supervisees on a weekly basis, inclusive of both direct client contact hours and other non-clinical activities. This limitation on supervision does not apply to mental health worker supervision as described in paragraph (A) of this rule.
- (7) A supervisor shall not allow exploitation of a supervisee by an agency with which the supervisor and the supervisee are affiliated.
- (8) A supervisor shall not charge a supervisee for group supervision.
- (9) A supervisee shall not use the title "Psychologist"; a supervisee shall not use the title "School Psychologist," except when the supervisee holds an active certificate or license granted by the Ohio department of education (ODE) to render school psychological services under the authority of the ODE.
- (10) A supervisee shall not solicit clients or generate his/her own case load and shall not represent himself/herself as having independent choice of clients.
- (11) A supervisee shall not collect fees for psychological work in his/her own name.
- (12) A supervisee shall not independently advertise; use a business card or other listing that identifies any procedure or technique performed; announce the establishment of a practice; have his/her name included on business letterhead stationery, office building directory, office suite entrance door; or in any electronic or other directory under a title incorporating "Psychologist" or "Psychology"; or, otherwise hold himself/herself out to the public as being authorized to provide independent psychological services. Notwithstanding these prohibitions, the following shall be allowed:
- (a) A supervisee's degrees earned from accredited universities, credentials granted by the state of Ohio, and appropriate job titles may be published or posted so long as they do not confuse the client's understanding that the work is psychological in nature and that the supervising psychologist or school psychologist is professionally responsible for the work.
 - (b) A supervisee may use a printed business card on which the supervisee's name, appropriate title, supervisor's name and license number, and supervisory relationship are stated.
- (13) In accordance with section [4732.17](#) of the Revised Code, the board may refuse to issue a license to any supervisee who violates any provision of Chapter 4732. of the Revised Code or any rules adopted by the board.

Last updated May 3, 2023 at 11:13 AM

Supplemental Information

Authorized By: [4732.06](#)

Amplifies: [4732.10](#), [4732.17](#), [4732.22](#), [4732.24](#), [4732.99](#)

Five Year Review Date: 9/1/2024

Instructions for Activating/De-activating Supervisee Under a License on the Ohio Board of Psychology Website

Note: This process is for CCS Senior Staff Psychologist Supervisors of Psychology Interns, Practicum Students, and post-doctoral Clinical Residents.

Rev. 7.6.18

The following text is a statement on the Ohio Board of Psychology website: “Managing supervision (“affiliations” is the term used in the portal) is an online process through your eLicense Ohio user account. Please register and terminate (“deactivate” is the term used in the portal) your psychological work and training supervisees online.” To register or terminate a supervisory relationship, please visit (https://elicense.ohio.gov/OH_HomePage).”

Step 1: Go to the eLicense portal at https://elicense.ohio.gov/OH_HomePage.

Step 2: Click on “LOGIN/CREATE YOUR ACCOUNT. If you don’t have an account yet, please create one.

Step 3: Once you log in, you will be taken your eLicense Dashboard. Please click on the **“OPTIONS” button** at the lower right hand corner of your license box, and select **“Manage Supervisees”** from the drop-down menu. This will take you to manage your License Affiliations.

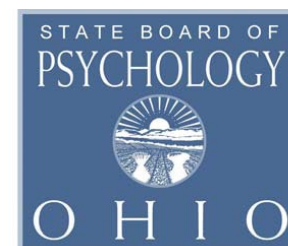
Step 4: Click “ADD NEW AFFILIATION.”

Step 5: Fill out their name, CCS address, and for dates: type in the first day of the semester as the start date and the day before the first day of the next semester as the end date (exact dates for each semester will be included in the reminder email). Click “ADD” once finished filling out the information.

Step 6: When you click on “ADD” button, you will get a page that shows you the **Service Request number** associated with you request. For example, “SR-XXXXXX (6 digit number)” will appear on the screen. **Please save the Service Request number for your record** by whatever method you’d like to use (printing out the page, screen shot the page, snipping the page, or simply jotting down the number)! It is **VERY IMPORTANT** that you save this number before you log out and close the web browser as this will be the only time that you will get this number.

Step 7: In a few days, you will receive a generic email from the Ohio State Board that confirms your action on your license. Please note that the Service Request number **WILL NOT** be included in the email. Once you receive this email, please forward it to the Training Program Assistant along with the Service Request number that you have kept for your record from step 6.

STATE BOARD OF PSYCHOLOGY OF OHIO **FORM D: VERIFICATION OF ACCREDITED OR APPIC-MEMBER POST- DOCTORAL TRAINING**



***To be completed by Director/Coordinator
of Training and submitted directly to the
Board***

To the Director of Post-Doctoral Training:

**State Board of Psychology
77 S. High St., 18th floor Columbus OH 43215-6108**

**Phone (614) 466-8808
Fax (614) 728-7081**

www.psychology.ohio.gov

Ohio law requires that applicants seeking licensure under the State Board's updated law In ORC 4732.10 (B) (4) must hold a doctoral degree in psychology or school psychology from a program accredited by the APA Commission on Accreditation or the CPA Accreditation Panel, designated by the ASPPB/NR Joint Designation Committee, or approved by NASP. Said applicants shall have at least two years (3,600 hours total) of supervised training in professional psychology or school psychology, including a pre-doctoral internship of between 1,500 and 2,000 hours. This form shall be completed as verification that the experience was completed in compliance with Ohio's regulations in OAC 4732-9-01 (I)(2)(a). Please complete this form in its entirety and submit it directly to the Ohio Board.

To assist in the completion of this form, please review the following rule language from OAC 4732-9-01 (I):

(2) In addition to the required pre-doctoral internship, a second sequence of supervised training experience(s) to complete the required thirty-six hundred hour sequence shall be met through: full-time or part-time post-internship (including post-doctoral) training; a combination of qualifying doctoral program training placements; or, a combination of doctoral program placements and post-internship experiences, as evidenced by compliance with the following:

(a) Successful completion of a postdoctoral psychology training program accredited by the APA commission on accreditation or holding membership in APPIC, as evidenced by documentation in a manner prescribed by the board;

For applicants complying with (a) above by completing an accredited or APPIC-member post-doctoral training experience

Name of Applicant for Ohio Licensure:

Name of Post-Doctoral Facility/Training Site:

Address:

Telephone:

Director of Training:

License Number/Jurisdiction:

Telephone number:

Email Address:

Training Dates: / / / through / / / Total Post-Doctoral Training Hours:

Post-Doctoral Director Attestation

I hereby attest that the Ohio licensure applicant named above successfully completed the goals and objectives of this post-doctoral training program, which was during the applicant's tenure:

☐ **Accredited by the APA Commission on Accreditation**

☐ **A Member of the Association of Psychology Postdoctoral and Internship Centers (APPIC)**

☐ **Accredited by the CPA Accreditation Panel**

Post-Doctoral Training Director Signature

Date

Page 2 of 2

FORM D: VERIFICATION OF ACCREDITED OR APPIC-MEMBER POST-DOCTORAL TRAINING

Name of Psychology Intern/Ohio Licensure Applicant:

Post-Doctoral Training Experiences and Competencies Attained

Pursuant to OAC 4732-9-01, psychological training supervision shall provide sequential and increasingly complex and independent experiences to assure an organized and planned development of: attitudes and identity as a professional psychologist; professional, ethical, and legal responsibilities; communication skills; critical judgment; and, competencies in the broad areas of interpersonal skills, psychological assessment, psychological interventions, and ethical decision making. Training experiences shall follow developmentally appropriate academic and technical preparation.

Final training evaluation and recommendations for areas of independent practice and needs for additional professional development: *(please feel free to attach an evaluation in lieu of completing this section)*

NOTARIZED STATEMENT

Name of Post-Doctoral Training Director/Designee: _____, being first duly sworn, according to law, deposes and confirms the statements herein and says the answers in the foregoing document are true. I attest that the described supervision, if occurring in Ohio, followed requirements of State Board of Psychology in Ohio, Ohio Administrative Code supervision rules 4732-13-01, 4732-13-02, 4732-13-03, 4732-13-04, effective January 8, 2010, or earlier rules applicable during supervision. For supervised experiences occurring outside of Ohio, I attest that the relevant jurisdictional laws and regulations governing psychological supervision were followed.

Training Director/Designee's Signature _____ License# _____ State/Province

Sworn to me and subscribed in my presence this _____ day of _____, 201__ .

May be notarized in any state or Canadian province.

Notary Public Commission Expires

SEAL

OHIO COUNSELOR, SOCIAL WORKER, AND MARRIAGE AND FAMILY THERAPY BOARD

The Ohio Counselor, Social Worker, & Marriage and Family Therapist Board have established Laws and Rules for the practice of counseling and social work and for the parameters for counseling and social work supervision. Rule 4757-17-01 applies to Counseling supervision. Rule 4757-23-01 applies to Social work supervision.

Rule 4757-17-01 Counseling supervision.

This rule applies to all licensed professional counselors who are working toward licensure as licensed professional clinical counselors and counselor trainees seeking licensure under rules [4757-13-01](#) and 4757-13-03 of the Administrative Code. This rule also applies to licensed professional counselors who are diagnosing and treating mental and emotional disorders under the work supervision of an independently licensed mental health professional.

(A) Definition of supervision:

(1) "Training supervision" is supervision of all individuals who are gaining the experience required for a license as a licensed professional clinical counselor, or a license as a licensed professional counselor under rule [4757-13-01](#) of the Administrative Code, or a counselor trainee registered with the board and enrolled in a practicum or internship class under paragraph (E) of this rule. This type of supervision requires extensive time and involvement on the part of the supervisor in order to help supervisees improve their skills and/or learn new skills. Supervision must start with an initial face to face meeting after which communication may be in person, via videoconferencing, or by phone. Training supervision shall include an average of one hour of contact between the supervisor and supervisee for every twenty hours of work by the supervisee.

(2) "Work supervision" is supervision required of licensed professional counselors who are engaging in the diagnosis and treatment of mental and emotional disorders. Work supervision may be provided by a professional clinical counselor, psychologist, psychiatrist, independent marriage and family therapist, or independent social worker. This supervision requires the evaluation of the supervisee's performance; professional guidance to the supervisee; approval of the supervisee's intervention plans and their implementation; the assumption of responsibility for the welfare of the supervisee's clients; and assurance that the supervisee functions within the limits of his/her license. The assessment, diagnosis, treatment plan, revisions to the treatment plan, correspondence and transfer or termination of the client(s) shall be approved by the supervisor and shall be made available to the board upon request. Licensed professional counselors shall disclose to their clients on all printed and electronic material that they are engaging in the diagnosis and treatment of mental and emotional disorders under the supervision of an appropriately licensed mental health professional. The supervisee shall also disclose to their clients on the disclosure statement or similar document the name(s) of the professional(s) providing supervision.

(3) "Group supervision" is supervision by one supervisor of a group of three to eight supervisees.

(4) "Triadic supervision" is comprised of a supervisor and two counselor trainees or two licensed professional counselors.

(B) Purposes of training supervision:

- (1) To provide for the protection of consumer and client welfare;
- (2) To provide that supervisees function within the limits of their competence; and
- (3) To provide training in activities relevant to the supervisee's position and academic background.

(C) Requirements pertaining to training supervision:

- (1) A licensed professional clinical counselor or licensed professional counselor providing supervision shall:
 - (a) Have demonstrated competence in the area in which they are supervising;
 - (b) Have training in supervision theory and practice;
 - (c) Have training in legal and ethical issues relevant to counseling;
 - (d) Have training in multicultural counseling competencies as defined by the board;
 - (e) Have a board issued supervision designation; and
 - (f) Complete and forward to the board all supervision evaluation forms required by the board within thirty days of completing supervision with a supervisee.
- (2) Training supervisees may not choose a supervisor who is a family member or who is related to them in any way.
- (3) When the training supervisor and licensed professional counselor are employed by the same agency, the licensed professional clinical counselor with supervision designation is responsible for all diagnoses, change in diagnoses, individualized services plans, and correspondence to any third party outside of the agency.
- (4) Licensed professional counselors who engage in the diagnosis and treatment of mental and emotional disorders shall do so under the work supervision of a licensed professional clinical counselor, a psychologist, a psychiatrist, an independent marriage and family therapist, or an independent social worker with a clinical area of competence. All licensed professional counselors engaging in training supervision for licensure as licensed professional clinical counselors shall be under the supervision of a licensed professional clinical counselor with supervision designation. All counselor trainees engaging in training supervision for licensure as licensed professional counselors shall be under the supervision of a licensed professional counselor with supervision designation or a licensed professional clinical counselor with supervision designation except that a licensed professional clinical counselor with supervision designation shall supervise the counselor trainee when diagnosing and treating mental and emotional disorders. Requests for exceptions to this rule for training supervision, due to hardship, shall be made in writing to the board.
- (5) Individuals in the process of completing the supervised experience required for licensure, which includes interns and trainees, may be employed on a paid basis as long as they are practicing within the scope of practice of the license for which they are applying, and are properly licensed or registered with the board.
- (6) Supervisees presenting supervision experience from another state shall provide the vita of their supervisors to demonstrate that their supervisors are licensed to supervise the

diagnosis and treatment of mental and emotional disorders and thus are acceptable to the board.

(D) Documentation of training supervision.

(1) Records of training supervision shall be maintained by the supervisee and made available to the board upon request. The supervision records shall contain information concerning the dates/times of supervision (e.g. "8-19-08 from 2:00-3:00 p.m."), content and goals of supervision and shall be signed by the supervisor at least quarterly.

(2) Licensed professional counselors and each of the supervisors who provided training supervision shall complete a evaluation form provided by the board to document hours accrued. The training supervisor shall complete the form and submit it to the board within thirty days of receipt from the supervisee.

(E) Requirements for applying for a training supervision designation.

(1) Licensed professional clinical counselors applying for training supervision designation shall meet the following minimum requirements. Licensed professional counselors who hold the supervision designation prior to January 1, 2013 may continue to hold that designation as long as they maintain it in good standing.

(a) Document a minimum of twenty-four hours of academic preparation or board approved continuing education coursework in counselor supervision training including training six hours in each area as follows:

(i) Assessment, evaluation and remediation which includes initial, formative and summative assessment of supervisee knowledge, skills and self-awareness; components of evaluation e.g. evaluation criteria and expectations, supervisory procedures, methods for monitoring (both direct and indirect observation) supervisee performance, formal and informal feedback mechanisms, and evaluation processes (both summative and formative), and processes and procedures for remediation of supervisee skills, knowledge, and personal effectiveness and self-awareness;

(ii) Counselor development which includes models of supervision, learning models, stages of development and transitions in supervisee/supervisor development, knowledge and skills related to supervision intervention options, awareness of individual differences and learning styles of supervisor and supervisee, awareness and acknowledgement of cultural differences and multicultural competencies needed by supervisors, recognition of relational dynamics in the supervisory relationship, and awareness of the developmental process of the supervisory relationship itself;

(iii) Management and administration which includes organizational processes and procedures for recordkeeping, reporting, monitoring of supervisee's cases, collaboration, research and evaluation; agency or institutional policies and procedures for handling emergencies, case assignment and case management, roles and responsibilities of supervisors and supervisees, and expectations of supervisory process within the institution or agency; institutional processes for managing

multiple roles of supervisors, and summative and formative evaluation processes; and

(iv) Professional responsibilities which includes ethical and legal issues in supervision includes dual relationships, competence, due process in evaluation, informed consent, types of supervisor liability, privileged communication, consultation, etc.; regulatory issues include Ohio laws governing the practice of counseling and counseling supervision, professional standards and credentialing processes in counseling, reimbursement eligibility and procedures, and related institutional or agency procedures.

(b) Each licensed professional clinical counselor shall obtain a minimum of one year and fifteen hundred hours of clinical experience, post licensed professional clinical counselor licensure, which shall include the diagnosis and treatment of mental and emotional disorders.

(c) The fifteen hundred hours shall include at least one supervision experience. The licensed professional clinical counselor in training shall observe five training supervision sessions conducted by a licensed professional clinical counselor with a supervisor designation. Following the observation of five training supervision sessions, the licensed professional clinical counselor in training and the supervisor shall conduct a minimum of a one hour review session to process and review the observed sessions. Supervision must start with an initial face to face meeting after which communication may be in person, via videoconferencing, or by phone.

(d) Comply with the American counseling association "ACA" ethical standards pertaining to the supervisory relationship.

(e) Document applicant's familiarity with significant legal, ethical, and clinical issues relevant to the supervisory relationship on a form prescribed by the board.

(2) All licensed professional counselors and licensed professional clinical counselors shall maintain the training supervision designation by obtaining three hours of counselor professional standards committee approved continuing professional education in supervision.

(3) Licensed professional clinical counselors engaged in training supervision shall be called "licensed professional clinical counselor with training supervision designation" per paragraph (Q)(9) of rule [4757-3-01](#) of the Administrative Code. They shall have adequate training, knowledge, and skill to render competent clinical supervision and shall meet the criteria for work and training supervision as defined in paragraphs (A)(1) and (A)(2) of this rule. Licensed professional counselors engaged in training supervision shall be called "licensed professional counselor with training supervision designation" per paragraph (Q)(8) of rule [4757-3-01](#) of the Administrative Code. They shall have adequate training, knowledge, and skill to render competent non-clinical supervision and shall not supervise the diagnosis and treatment of mental and emotional disorders.

Last updated May 28, 2024 at 8:31 AM

Effective: 3/21/2022

Supplemental Information

Authorized By: [4757.10](#), [4757.22](#), [4757.23](#)

Amplifies: [4757.22](#), [4757.23](#)

Five Year Review Date: 7/1/2029

Prior Effective Dates: 2/24/1986 (Emer.), 5/22/1986, 12/18/1988, 7/3/1997, 2/9/1998, 8/2/2001, 9/20/2002, 1/10/2008, 11/2/2008, 10/18/2009, 9/1/2011, 1/1/2013, 6/1/2014, 11/3/2014, 7/1/2016, 9/3/2018, 9/2/2019

Rule 4757-23-01 Social work supervision.

This rule applies to all social work assistants; to all social workers employed in a private practice, partnership, or group practice; to all social workers engaged in social psychotherapy; and to all social workers seeking licensure as independent social workers.

(A) Definitions of social work supervision:

(1) "Clinical supervision" of social workers performing social psychotherapy and social workers employed in a private practice, partnership, or group practice means the quantitative and qualitative evaluation of the supervisee's performance; professional guidance to the supervisee; approval of the supervisee's intervention plans and their implementation; the assumption of responsibility for the welfare of the supervisee's clients; and assurance that the supervisee functions within the limits of their license. The assessment, diagnosis, treatment plan, revisions to the treatment plan and transfer or termination shall be cosigned by the supervisor and shall be available to the board upon request.

(2) "Training supervision" means supervision for the purposes of obtaining a license and/or development of new areas of proficiency while providing services to clients. The training supervisor is responsible for providing direction to the supervisee, who applies social work theory, standardized knowledge, skills, competency, and applicable ethical content in the practice setting. The supervisor and the supervisee both share responsibility for carrying out their role in this collaborative processes of professional growth and development. Training supervision may be individual supervision or group supervision. Supervision must start with an initial face to face meeting after which communication may be in person, via videoconferencing, or by phone.

(a) "Individual supervision" means contact between a supervisor and an individual supervisee in a private session wherein the supervisor and supervisee deal with problems unique to the practice of that supervisee.

(b) "Group supervision" means contact between a supervisor and a small group (not to exceed six supervisees) in a private session wherein practice problems are dealt with that are similar in nature and complexity to all supervisees in the group.

(B) Clinical supervision requirements.

(1) A social worker engaged in social psychotherapy in an agency setting shall be supervised by an independent social worker, a licensed professional clinical counselor, an independent marriage and family therapist, a psychologist, a psychiatrist or a registered nurse with a master's degree with a specialty in psychiatric nursing.

(2) A social worker working as an employee of a partnership, group or private practice shall be supervised in all practice of social work by a supervisor listed in paragraph (B)(1) of this rule.

(C) Training supervision of licensed social workers by licensed independent social workers with a supervision designation requires the supervisor to:

- (1) Have demonstrated competence in the area in which they are supervising;
- (2) Have training in supervision theory and practice;
- (3) Have training in legal and ethical issues relevant to counseling, psychosocial interventions and social psychotherapy;
- (4) Complete and forward to the board all supervision evaluation forms required by the board within thirty days of receipt of the form from a supervisee.

(D) Requirements for social work professional training supervision to qualify for licensure as an independent social worker:

- (1) One hour of individual and/or group supervision for each twenty hours of work by the supervisee with no less than one hundred fifty hours total.
- (2) Employment experience obtained, that is required for licensure as an independent social worker, shall be supervised by an independent social worker. Employment experience obtained after September 1, 2008, that is required for licensure as an independent social worker, shall be supervised by an independent social worker with supervision designation.
- (3) Records of training supervision shall be maintained by the supervisee and made available to the board upon request. The supervision records shall contain information concerning the dates of supervision, content and goals of supervision. The supervisor shall sign the supervision records at least quarterly to document their review.
- (4) There shall be no direct family relationship between the supervisor and the supervisee if the experience is to be counted toward the fulfillment of the licensure requirement.
- (5) Certification that the requirements of this rule have been met shall be submitted by the applicant on a form designated by the board at time of licensure application.
- (6) If the training supervision is occurring in Ohio, the supervisee and the supervisor shall be licensed in Ohio.
- (7) Requests for exceptions to this rule, due to hardship, shall be made in writing to the committee.

(E) Requirements for social work professional training in supervision to qualify for a training supervision designation:

- (1) Only independent social workers who have obtained a training supervision designation shall provide training supervision. Applicants for training supervision designation shall apply on forms required by the board and shall document at least the following requirements.
 - (a) One year post licensure experience as an independent social worker; and
 - (b) Training in supervision of at least nine hours of continuing education in committee approved supervision programs or one master's level supervision

course, which shall be completed as follows: between the date the applicant received the independent social worker and the date the applicant is applying for the supervision designation using continuing education training; or complete a master's level supervision course from an accredited university within the last three years.

(2) All independent social workers with training supervision designation shall maintain supervisory status by obtaining three hours of social workers professional standards committee approved continuing professional education in supervision or a master's level course in supervision each renewal period.

(3) If the minimum of nine hours of academic preparation is continuing education coursework, it shall be board approved. The continuing education coursework in social work training supervision shall include each area as follows:

(a) The coursework shall total nine clock hours of didactic and interactional instruction; and

(b) The coursework shall contain content that satisfies the following learning objectives.

(i) The participant will become familiar with the major models of supervision for social work;

(ii) Gain skills to develop a personal model of supervision, drawn from existing models of supervision;

(iii) Understand the co-evolving dynamics of licensee-client and supervisor-licensee-client relationships;

(iv) Explore distinctive issues that arise in supervision;

(v) Address the contextual variables in practice such as culture, gender, ethnicity, power and economics;

(vi) Become familiar with the ethical, legal and regulatory issues of supervision; and

(vii) Understand the role of evaluation in supervision.

Last updated May 28, 2024 at 8:31 AM

Supplemental Information

Effective: 9/3/2018

Authorized By: [4757.27](#), [4757.28](#)

Amplifies: [4757.27](#), [4757.28](#)

Five Year Review Date: 7/1/2029

Prior Effective Dates: 2/24/1986 (Emer.), 5/22/1986, 7/3/1997, 9/20/2002, 9/20/2007, 11/2/2008, 10/18/2009, 9/1/2011, 11/3/2014



THE OHIO STATE UNIVERSITY

Counseling and Consultation Service

Office of Student Life

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DUE PROCESS POLICY

Policies Employed to Advise and Assist Trainees Not Performing to Expected Level of Competence

A. Evaluation and Feedback Procedures

1. The first formal evaluation takes place near the end of Fall semester. At that time, each supervisor provides a profile of each trainee according to their professional strengths (e.g., clinical skills, multicultural competency), and areas for continued development to the senior staff. All senior staff members who have had contact with that trainee as supervisor, trainer, group co-leader, co-consultant, etc., will be asked to give feedback. The supervisor then discusses that feedback with the trainee during individual supervision.
2. All trainees and supervisors complete written evaluations of each other at the end of each term—three times during the traineeship for psychology interns and clinical residents; two times for social work and counseling interns. These evaluations are mutually discussed, co-signed and scanned in the trainee's training file. If a trainee does not agree with the content of the evaluation, it is permissible to attach an addendum, stating the reasons for the disagreement.
3. Transitioning from Semester to Semester: The Training Coordinator responsible for the specific training group in which the trainee resides, is managing the transition from one term to the next and will meet with the trainee near the beginning of each term. Part of this meeting will include a focus on the trainee's growth, strengths, growth edges, and progress in their traineeship.

In the case that a change in supervisors occurs, in order to assure appropriate supervision and transition, the prior semester's Evaluation of Trainee will be distributed to the subsequent supervisor for review.

The Coordinators of the groups of trainees will also raise the issue of semester transitioning during regularly scheduled group meetings near the beginning of Fall, Spring, and Summer terms.

4. Any concerns with a particular trainee that develop before and/or between these formal steps are addressed to the Director of Training.
 - a. The Director of Training may initiate a discussion of the concerns with the senior staff members of the Training Committee, the supervisor, the trainee, or any other person relevant to the best understanding of the situation, to assess the concern and make suggestions for addressing it.

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- b. Issues and recommendations resulting from these discussions are first presented to the trainee's supervisor if not already involved, who addresses them as part of supervision.
- c. If the issues and/or concerns are not effectively addressed through supervision, a confidential staffing will be conducted under the direction of the Director of Training and may involve the entire senior staff or a relevant subset of such. The Director of Training and/or supervisor will implement the recommendations.
- d. Notwithstanding any other provision in this policy, CCS reserves the right to immediately terminate a trainee for serious unethical or illegal conduct that causes concern for clients' physical and/or emotional well-being. Such conduct would include, but not be limited to, romantic or sexual relationships with clients; exhibiting physically aggressive behavior toward a client or colleague; repeated violations of confidentiality; or being convicted of a felony.

B. Policy for Concerning Behavior

1. Definition of Concerning Behavior

In rare cases a trainee may demonstrate serious ineffective and concerning behaviors that cannot be addressed through the informal and formal processes referred to in Section A. **Concerning behaviors are here defined as those that cause or potentially cause a serious interference with a trainee's professional functioning.** Broadly stated, these behaviors may include one or more of the following:

- a. The trainee demonstrates an inability or unwillingness to acquire and integrate professional and ethical standards into his/her/their repertoire of professional behavior. This includes but is not limited to the ethical standards established by the professional organization of the trainee's discipline. It also includes violations of CCS Policies and Procedures.
- b. The trainee demonstrates an inability or unwillingness to acquire professional skills in order to reach an acceptable level of competency.
- c. The trainee demonstrates an inability or unwillingness to control personal stress, psychological dysfunction, or excessive emotional reactions.
- d. The trainee engages in illegal conduct.

C. Determination of Concerning Behavior

Determination of the above behaviors will generally be based on evaluations by trainee's supervisors, trainers, and/or co-consultants, or other credible information deemed relevant to the evaluation of the trainee, and by a consensus of those Senior Staff who have had direct observation of the behavior(s) in question. In making this judgment Senior Staff may consider, but are not be limited to, the following attitudes, characteristics, or behaviors exhibited by the trainee:

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- a. The trainee does not acknowledge, understand, or address the concerning behavior when it is identified.
- b. The concerning behavior is not merely a reflection of a skill deficit which can be rectified by academic or didactic training.

- c. The quality of services delivered by the trainee is negatively affected.
 - d. The concerning behavior is not restricted to one area of professional functioning.
 - e. A disproportionate amount of attention by training personnel is required.
 - f. The concerning behavior has potential for ethical or legal ramifications if not addressed.
 - g. The trainee's behavior negatively impacts the public view of the agency.
3. If a concerning behavior is determined to exist, except as provided in A.4.d. or B.1.d., a written statement of deficiencies and specific steps for correction is presented to the trainee. The trainee and Director of Training develop a specific contract and time line to address these deficiencies.
 4. If the contract is not satisfactorily met nor renegotiated, the trainee receives a second formal warning that discusses dismissal if specific actions are not taken. The trainee's home program receives a copy of this formal statement.
 5. If the deficiencies are not adequately addressed, the trainee is dismissed.

Imbedded in the above procedure are steps that include notice to the trainee and a process for hearing the concerns, as outlined in "Policies Employed to Advise and Assist Trainees in Addressing Grievances." In the event of a dismissal, a trainee can seek an appeal through the Director of the Counseling and Consultation Service.

C. Addressing Concerning Behavior

- 1.) **Verbal Warning** to the trainee that emphasizes the need to discontinue the concerning behavior under discussion. No record of this action is kept. If a trainee exhibits concerning behavior, the following procedures will be taken:

a.) The training staff member will verbally discuss their concerns about the behavior of the trainee and the need to discontinue the behavior or increase competency. b.) Specific improvements in performance that are required of the trainee will be communicated. No record of this action will be kept in the trainee's file.

- 2.) **Written Acknowledgement** to the trainee formally acknowledges that:

- a.) The Training Director (TD) is aware of and concerned with the behavior or performance rating.
- b.) The concern has been brought to the attention of the trainee.
- c.) The TD and supervisor(s) will work with the trainee to rectify the concerning behavior or skill deficits.
- d.) The behaviors are not significant enough to warrant more serious action.

The written acknowledgment will be removed from the trainee's file when the trainee responds to the concerns and successfully completes the traineeship.

3.) **Schedule Modification** is a time-limited, remediation-oriented closely supervised period of training designed to return the trainee to a more fully functioning state. Modifying an trainee's schedule is made to assist the trainee with the full expectation that the trainee will complete the traineeship. This period will include more closely scrutinized supervision conducted by the trainee's supervisor in consultation with the TD. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

- a.) Increasing the amount of supervision, either with the same or other supervisor(s)
- b.) Change in the format, emphasis, and/or focus of supervision
- c.) Recommending personal therapy
- d.) Reducing the trainee's clinical or other workload
- e.) Requiring specific academic coursework.

The length of a schedule modification period will be determined by the TD in consultation with the primary supervisor, training committee and the Clinical Director/Director. The termination of the schedule modification period will be determined, after discussions with the trainee, by the TD in consultation with the primary supervisor and the Director.

4.) **Written Warning** to the trainee indicates the need to discontinue the concerning behavior. The trainee will be asked to provide the Training Director with both verbal and written statements explaining the trainee's version of the situation (presenting copies of relevant evaluation forms, if available). The written document will be placed in the trainee's file and verbally shared with the home academic department; it will be removed from the CCS file when the trainee adequately responds to the concerns and successfully completes the traineeship. This letter will contain:

- a.) A description of the trainee's unsatisfactory performance;
- b.) Actions needed by the trainee to correct the unsatisfactory behavior;
- c.) The time line for correcting the issue;
- d.) What action will be taken if the issue is not corrected; and
- e.) Notification that the trainee has the right to request a review of this action.

A copy of this letter will be kept in the trainee's file. Consideration may be given to removing this letter at the end of the traineeship by the TD in consultation with the trainee's supervisor and Director. If the letter is to remain in the file, documentation should contain the position statements of all parties involved in the dispute.

5.) **Probation** is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the trainee to complete the traineeship and to return the trainee to a more fully functioning state. Probation defines a relationship in which the TD systematically monitors, for a specific length of time, the degree to which the trainee addresses, changes, and/or otherwise improves the behavior associated with the inadequate rating. The trainee is informed of the probation in a written statement, which includes:

- a.) The specific behaviors associated with the unacceptable rating;

- b.) The recommendations for rectifying the concerning behavior;
- c.) The time frame for the probation during which the concerning behavior is expected to be ameliorated, and
- d.) The procedures to ascertain whether the concerning behavior has been appropriately rectified.

If the TD determines that there has not been sufficient improvement in the trainee's behavior to remove the Probation or modified schedule, then the TD will discuss with the primary supervisor, and the Director possible courses of action to be taken. The TD will communicate in writing to the trainee that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the TD has decided to implement.

These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the TD will communicate to the Director and training committee that if the trainee's behavior does not change, the trainee will not successfully complete the traineeship.

- 6.) **Suspension of Direct Service Activities** requires a determination that the welfare of the trainee's client(s) or consultee(s) has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the TD in consultation with the Clinical Director and Director. At the end of the suspension period, the trainee's supervisor in consultation with the TD will assess the trainee's capacity for effective functioning and determine when direct service can be resumed.
- 7.) **Administrative Leave** involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the traineeship, this will be noted in the trainee's file and the trainee's academic program will be informed. The training committee will inform the trainee of the effects the administrative leave will have on the trainee's stipend and accrual of benefits.
- 8.) **Dismissal from the traineeship** involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the impairment and the trainee seems unable or unwilling to alter his/her/their behavior, the TD will discuss with the Director the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the traineeship due to physical, mental or emotional illness. When an trainee has been dismissed, the TD will

communicate to the trainee's academic department that the trainee has not successfully completed the traineeship.

D. Self-Disclosure of Criminal Convictions Post Employment Self-Disclosure of Criminal Convictions Post Employment

A. Current faculty, staff, graduate associates (GAs), student employees, appointees,

volunteers, and staff provided by third party staffing vendors are required to self-disclose post-employment criminal convictions within three business days of the conviction to the unit senior human resource professional (SHRP) or the OHR director of employee relations using the Self-Disclosure of Criminal Convictions form.

- B. Auxiliary faculty and GAs that have a break in service of less than 12 months must disclose any convictions that occurred during the break within three business days of returning to university employment.
- C. Staff that fail to disclose criminal convictions, fail to provide accurate details regarding criminal convictions, and/or fail to cooperate in the background check process will be subject to corrective action up to and including termination in accordance with the appropriate collective bargaining agreement, Classified Civil Service Rules, and/or university policy.
- D. Faculty that fail to disclose criminal convictions or fail to provide accurate details regarding criminal convictions will be subject to University Rule 3335-5-04.
- E. Graduate associates, student employees, and volunteers that fail to disclose criminal convictions or fail to provide accurate details regarding criminal convictions will be subject to corrective action, up to and including termination. The Ohio State University – Office of Human Resources hr.osu.edu Self-Disclosure of Criminal Convictions Policy 4.17 Office of Human Resources Applies to: Faculty, staff, appointees, volunteers, third party staffing vendors, graduate associates, student employees

PROCEDURE

Revised: 07/01/2019

I. Assessment of Disclosed Criminal Convictions

- A. A criminal conviction is not necessarily a bar to continued employment or volunteering with the university. The university will assess the circumstances surrounding the conviction, time frame, nature, gravity, and relevancy of the conviction to the job duties.
- B. The dean or vice president, Office of Academic Affairs, SHRP, Office of Legal Affairs and/or director of employee relations, as appropriate, will make a determination regarding suitability for continued employment or volunteering based on the information received and collected regarding the conviction.

II. Disclosed Criminal Convictions Records

- A. Individuals must complete the Self-Disclosure of Criminal Convictions form and submit it to their SHRP or the OHR director of employee relations for assessment.
- B. Individuals subject to termination due to information revealed via self-disclosure and confirmed by a background check conducted by a third party vendor must be provided with a copy of the results and a copy of the Summary of Your Rights Under the Fair Credit Reporting Act. The OHR director of employee relations or BCC is responsible for providing the results to the individual.
- C. Individuals who fail to self-disclose a criminal conviction in accordance with this policy

must be notified in writing regarding any decision about their continued employment or volunteering with the university and their future employability.

D. For information about the retention of records relating to self-disclosed criminal convictions by a current employee/volunteer, refer to the General University Records Retention Schedule.

E. Self-disclosed criminal convictions by a current employee must not be stored in an employee's personnel file.

F. All information received in connection with a current employee's or volunteer's self-disclosure of criminal convictions must be treated with discretion and only disclosed when necessary.

PRINT NAME

Signature of Trainee

Date

Revised July 2024



TRAINEE EXPECTATIONS AND RESPONSIBILITIES

1. Trainees should expect the following conditions in the training program:

- a. A clear statement of general expectations and responsibilities upon entry into the traineeship, including a clear statement of goals and parameters of the training experience.
- b. To be trained by professionals who behave in accordance with their respective discipline's ethical guidelines.
- c. To be treated with professional respect, with recognition of the training and experience the trainee brings with him/her.
- d. To experience ongoing evaluation that is specific, respectful, and pertinent.
- e. To engage in an ongoing evaluation of the training experience.
- f. To initiate an informal resolution of problems that might arise in the training experience through request to the individual(s) concerned and/or the Training Director.
- g. Access to procedures outlined in Due Process Policy to deal with problems after informal resolution, as applicable, has failed.
- h. Privacy and respect of one's personal life. Disclosure of personal information is voluntary "except when it is necessary to evaluate or obtain assistance for" [trainees] "whose personal problems could reasonably be judged to be preventing them from performing their training—or professionally related activities—in a competent manner or posing a threat to the students or others."*

*Source: American Psychological Association (2002, December). Section 7.04 Student disclosure of personal information: Ethical principles of psychologists and code of conduct, *American Psychologist*, 1068-1069, Washington, D.C.

2. Trainee Responsibilities include, but are not limited to, the following:

- a. The responsibility to read, understand, abide by, and seek clarification, if necessary, of this statement of expectations and responsibilities.
- b. The responsibility to maintain behavior within the scope of the trainee's respective discipline's ethical guidelines.
- c. The responsibility to be open to professionally appropriate feedback from immediate supervisors, professional staff, and agency personnel.
- d. The responsibility to behave in a manner that promotes professional interaction within Counseling and Consultation Service and is in accordance with the standards and expectations of the center.
- e. The responsibility to give professionally appropriate feedback regarding the training experience or center experience.
- f. The responsibility to actively participate in training, service, and overall activities of Counseling and Consultation Service.

Trainee Expectations and Responsibilities

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- g. The responsibility to meet training expectations by developing acceptable levels of competency and skill in: 1) assessment, 2) counseling/therapy, 3) crisis intervention, 4) consultation, 5) supervision, 6) administration, and all other areas as delineated in the program description.
- h. The responsibility to abide by directives of supervisors, the Director of Training, and other CCS administrative personnel.
- i. The responsibility to abide by all applicable university policies and procedures
- j. The responsibility to abide by professional ethical principles and federal and state laws and regulations.
- k. The responsibility to adhere to the policies and procedures of the Counseling and Consultation Service, including, but not limited to:
 - Maintaining appropriate professional behaviors to protect client confidentiality;
 - maintaining required professional records;
 - being punctual, accounting for absences, and meeting obligations to clients and staff members; and
 - assuming appropriate responsibility for the functioning of the center.
- l. The responsibility to function in a professional manner, including, but not limited to:
 - balancing center needs with personal needs;
 - managing personal stress and monitoring commitments;
 - making appropriate use of supervision; e.g., being on time and prepared to take full advantage of learning opportunities, as well as maintaining an openness to learning and being able to accept and use constructive feedback;
 - maintaining appropriate interaction with peers, colleagues, staff, and other trainees;
 - using appropriate channels of communication when participating in meetings and staff developmental activities; and
 - being alert to adjustment problems or emotional responses that may interfere with professional functioning.
- m. The responsibility to conduct oneself in a professionally appropriate manner should Due Process procedures be initiated.

Failure to live up to the above responsibilities may result in remedial action up to and including termination from the program.

PRINT NAME

Signature of Trainee

Date

Acknowledgements: *In writing the above Trainee Expectations and Responsibilities and Due Process sections, CCS is indebted to documents written by the staffs at Counseling and Career Services, Univ. of Calif., Santa Barbara and at Counseling and Psychological Services, Purdue University.*

Rev. July 2019, June 2014, August 2010



POLICIES EMPLOYED TO ADVISE AND ASSIST TRAINEES IN ADDRESSING GRIEVANCES

In the event that a trainee has a concern or grievance, a number of options exist for addressing the concern. Below is a detailed informal process a trainee can choose for addressing a concern. Following this discussion, the reader will be referred to additional sources of information if the trainee selects a more formal grievance procedure.

The first source of administrative response is the Director of Training, who will meet with the individual(s) expressing a concern at the earliest opportunity for all, preferably within a two week time period. An informal discussion of the issue(s) will be the first step in a process of working toward a resolution of the issue(s). Depending on the nature of this discussion, a number of next steps can occur, including but not limited to:

- 1) offering support for the trainee to have an informal discussion with the party(ies) involved;
- 2) facilitating a meeting between the trainee and the party(ies) involved;
- 3) making a request to the administrative team of the agency, proposing a change in policy or procedure; and/or
- 4) raising the concern at a Training Committee meeting.

In the event that the Training Director is involved in the trainee's concern, the first source of administrative response is the Director of CCS, who will meet with the individuals expressing a concern and follow the same procedure as outlined above.

The above procedure is not intended as an inclusive list of all the possible actions of recourse available to a trainee, but is intended to provide a flexible format to support a trainee to address issues of concern or grievance. If a trainee does not feel comfortable with the above outlined approach, s/he may initiate an initial conversation regarding his/her/their concerns with any other senior staff person--possibly his/her/their individual supervisor or a member of the Training Committee or a member of the Leadership team.

If the primary supervisor, Director of Training, or member of the training team cannot resolve the issue, the trainee can formally challenge any action or decision taken by the Director of Training, the supervisor, or any member of the training staff by following this procedure:

1. The trainee should file a formal complaint in writing, including all supporting documents, with the Director of Training. If the trainee is challenging a formal evaluation, the trainee must do so within 5 work days of receipt of the evaluation.

Polices Employed to Advise and Assist Trainees in Addressing Grievances

Page 2

2. As soon as practical and preferably within 3 working days of a formal complaint, the Director of Training should consult with the Director of CCS or the Director's designee and implement Review Panel procedures as described below.
3. If the formal complaint involves the Director of Training, the Director will appoint someone from the CCS senior staff to fulfill the Director of Training's function with regard to the complaint.

Review Panel and Process

1. When a trainee files a formal complaint, the Director or designee will convene a review panel. The panel will consist of three staff members selected by the Director or designee. The trainee will be granted the opportunity to hear all facts and to dispute or explain the behavior or concern.
2. As soon as is practical, and preferably within ten (10) working days, a hearing will be conducted in which the challenge is heard and relevant material presented. The Review Panel submits its recommendations for further action to the Director. Recommendations made by the Review Panel will be made by majority vote.
3. As soon as is practical, and preferably within five (5) working days of receipt of the recommendation, the Director will either accept or reject the Review Panel's recommendations. If the Review Panel's recommendations are rejected, due to an incomplete or inadequate evaluation of the dispute, the Director may refer the matter back to the Review Panel for further deliberation.
4. If referred back to the Panel, the Panel will report back to the Director within five (5) working days of the receipt of the request for further deliberation. The Director will then make a final decision regarding what action is to be taken.
5. The Director of Training informs the trainee, staff members involved, and, if necessary, members of the training staff of the decision and any action taken or to be taken.
6. If the trainee disputes the Director's final decision, the trainee may contact the Office of Human Resources to discuss any other recourse.

As stated above, this policy statement and procedure was developed to help insure that trainees at CCS are aware of the multiple processes available to them if they have concerns or issues regarding their training experiences and treatment while employed at CCS.

PRINT NAME

Signature of Trainee

Date

GRADUATE STUDENT GRIEVANCE REVIEW GUIDELINES

This information is located from OSU's Graduate Student Handbook Appendix D-Graduate Student Grievance Review Guidelines.

Overview - D.1

The Graduate School is specifically authorized by the graduate faculty and Graduate Council to review grievances related to graduate examinations and graduate associate appointments. The purpose of this document is to outline the process for the systematic review of grievances filed by graduate students related to graduate examinations and graduate associate appointments. The aim of the guidelines is to ensure that a graduate student who is unable to resolve a dispute over a graduate examination or a GA appointment locally has access to a review by a knowledgeable group of neutral faculty and graduate students who are not associated with the student's graduate program or appointing unit or who in any other way have a conflict of interest.

Graduate programs should have local procedures for resolving grievances, such as discussions with an advisor, supervisor, Graduate Studies Committee Chair, department chair, or college dean. Graduate associates should also consult their Recruit-to-Hire and Period Activity Pay documents.

The Graduate School is occasionally called upon to address a complaint by a graduate student related to other academic matters. The Graduate School becomes involved in such matters only after all reasonable local efforts to resolve the problem have failed. In accordance with university policy, complaints of harassment, sexual or otherwise, and allegations of scholarly misconduct are directed to the appropriate offices authorized to address them. Complaints involving discrimination, harassment or sexual misconduct are reported to the [Office of Institutional Equity](#), while allegations of scholarly misconduct are reported to the [Committee on Academic Misconduct](#) or the [Office of Research Compliance](#). Workplace complaints may be reported to [Employee and Labor Relations](#) or via the university's [Anonymous Reporting Line](#).

Interested graduate students are strongly encouraged to submit a Graduate School [grievance request form](#) as soon as possible to ensure a timely review and decision. The Graduate School reviews all grievance requests submitted for its consideration. Students will be notified by the Graduate School when their request has been received, and they should familiarize themselves with the grievance review process outlined in this Appendix. Please note that the review by the Graduate School does not guarantee that the request will be approved.

Procedures - D.2

When the dean or associate dean of the Graduate School receives a petition for the review of a grievance related either to a graduate examination or to a graduate associate appointment, the dean or associate dean will determine first that all viable options for resolution of the problem at the local graduate program or individual appointing unit level have been exhausted. If such a resolution is not achieved, the dean or associate dean will review the petition and determine if the matter should be referred to the chair of the Graduate School Grievance Committee.

Upon receipt of such a request from the dean, the Graduate School Grievance Committee will conduct, expeditiously, a hearing for the review of the grievance. The Graduate School grievance committee will consist of the following members:

- Three graduate faculty members of Graduate Council (voting).
- Two graduate student members of Graduate Council (voting).

- An associate or assistant dean of the Graduate School (nonvoting), who will serve as chair of the Grievance Committee. In the event of a tie vote, the chair casts the deciding vote.

In cases where any of the individuals serving in these roles have a conflict of interest or perceived conflict of interest, substitutions will be permitted with the permission of the dean of the Graduate School.

The chair of the Grievance Committee will convene the hearing. Faculty members or graduate students who are members of the graduate program(s) involved are disqualified from sitting on the grievance committee.

At least one week prior to the hearing, the chair of the Grievance Committee will provide the materials listed below to all members of the Grievance Committee and to all parties to the grievance, depending on the nature of the grievance:

- A letter detailing the nature of the grievance and establishing the time, location, and expected duration of the hearing.
- A copy of these guidelines.
- A copy of the complainant's letter to the dean.

Each party is expected to attend the hearing in person to present their case and may call witnesses on their behalf. A party unable to attend the hearing may submit a written statement. Additionally, parties to the hearing may submit a petition to the Graduate School requesting a remote participation option if they are unable to attend the hearing in person due to extenuating circumstances.

Parties are defined as follows:

- Graduate Examination Grievance: a) the student, and b) the members of the examination committee, including the graduate faculty representative (doctoral-level examinations only).
- Graduate Associate Grievance: a) the student, and b) the student's GA supervisor and/or head of the GA appointing unit.
- Additional persons who may attend the hearing include the Graduate Studies Committee Chair of the student's graduate program and resource personnel from the Graduate School.
- The parties may submit written statements related to the charges. Such documents must be received no later than three working days prior to the scheduled date of the hearing. All materials so submitted will be shared with all parties and the grievance committee members on a confidential basis.
- Notice must be given to the Graduate School at least one week prior to the hearing if any of the parties is to be accompanied by witnesses and/or legal counsel. The Graduate School will notify the parties, in advance, if any witnesses intend to attend the hearing.
-

Conduct of Hearing - D.3

At the beginning of the hearing, the chair will outline the procedures to be followed in the hearing:

- The chair shall allocate a specific amount of time to each party to state their case.
- Members of the Grievance Committee shall be present during the entire testimony portion of the hearing.
- Parties to the grievance are expected to be present to hear and participate in the entire testimony portion of the hearing.

- Legal counsel, if present, may not participate in the hearing. Involvement of legal counsel will be limited to consultation with the client, who answers all questions directed to the student.
- Witnesses, if called by either party, may attend only the portion of the hearing directly related to their testimony.
- The testimony presented at the hearing will be recorded on audiotape. A party to a grievance may request a copy of the tape.
- Committee members may ask questions to obtain a full understanding of the case.
-

At the conclusion of the testimony portion, all persons attending the hearing are excused except for the Grievance Committee members and the Graduate School personnel. The parties to the hearing will be asked to wait in a designated location outside the hearing room until freed to leave by the chair.

Hearing and Committee Decision - D.4

The decision of the Grievance Committee is reached in closed session, with only the hearing committee members and the Graduate School personnel present.

All members of the Grievance Committee vote on the outcome. The Graduate School personnel, including the associate dean who serves as the chair, may participate in the discussion and decision, but they do not vote (except when the chair votes to break a tie vote).

- The Grievance Committee will decide on the basis of a simple majority as follows:
- The Grievance Committee shall decide whether the master's examination, candidacy examination, final oral examination, or professional doctoral examination was conducted in conformity to Graduate School and/or local graduate program rules.
- The Grievance Committee shall decide whether actions taken with respect to a graduate associate appointment were conducted in conformity Graduate School and/or appointing unit rules. As stipulated in the Graduate School Handbook, the appointing unit is required to develop, publish, and make available its graduate associate rules.
- The chair of the Grievance Committee will report the committee's finding in writing to the Dean or Associate Dean of the Graduate School.
- If the Grievance Committee finds that a violation of Graduate School rules or other violation has occurred, the chair of the committee will also communicate a recommended resolution.
- The Dean of the Graduate School shall make the final decision regarding the grievance and the recommendation of the Grievance Committee and shall notify all the participants in the proceeding. There are no avenues to appeal the Dean of the Graduate School's final decision.

PARENTAL LEAVE POLICY

Doctoral interns are not eligible for FMLA as The Ohio State University requires 12 months of full-time employment and 1250 total working hours before eligibility. Given the uniqueness of the one-year appointment of the internship program, combined with requirements for a specific completed number of direct service and general working hours, every effort is made to assist interns wishing to take parental leave to still meet the requirements of the internship program without having to extend their time at OSU. A specific schedule will be agreed upon and arranged including alternatives such as the use of unpaid leave, part-time schedules, and/or extension of the internship. The schedule will be agreed upon by the intern, OSU staff, the intern's home program, and APPIC on a case-by-case basis. Specific arrangements will depend on the needs of the intern and the timing of the parental leave in the training year. Parental leave is inclusive of any primary caregiver who requires time off for a child newly in their care.

RELATIONSHIPS WITH TRAINEES

ALL staff are in a training capacity with trainee—are considered to be in a supervisory role within the training program and with all trainees.

It is perhaps inevitable that CCS staff members and trainees will engage in multiple role relationships and given the potential for beneficial aspects of multiple role relationships, this policy statement does not intend to prohibit all multiple role relationships. This statement is intended to provide guidelines and considerations for interactions between CCS staff members and trainees, with some prohibitions for egregious boundary violations.

As with client-therapist relationships, where it is clear that appropriate boundaries and avoidance of multiple roles are essential to promote therapeutic success, supervisor-supervisee relationships also necessitate close attention to maintaining boundaries and avoidance of multiple roles that could impact the training experience in negative or unforeseen ways. Multiple role relationships are defined as those situations in which an individual functions in two or more professional roles, or in a professional role and some other non-professional role, with another individual (e.g., supervisee-supervisor and also co-facilitators of a group). CCS staff members should review the relevant APA Ethical Principles of Psychologists and Code of Conduct (<https://www.apa.org/ethics/code>), NASW Code of Ethics (<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>), and/or 2014 ACA Code of Ethics (<https://www.counseling.org/resources/aca-code-of-ethics.pdf>). In line with the ethical principles related to multiple role relationships and trainees, CCS staff members should avoid multiple role relationships with trainees that could be detrimental, and when unavoidable, should make efforts to minimize any potential detrimental effects of the existence of multiple role relationships. CCS adheres to a team model of training, where all clinicians are directly or indirectly involved in training; thus, there are no neutral relationships that exist between staff members and trainees, and CCS staff members should be aware that all contact between staff members and trainees involves an inherent power differential and should behave with this in mind. All training program staff (i.e., all CCS staff members) are required to monitor the relationships that exist with trainees to ensure that these relationships stay within the bounds of appropriate trainee-staff relationships, further defined below. Consultation with the Director of Training and/or Assistant Director of Training should be sought when there is a question about a potentially problematic multiple relationship involving trainees. The following guidelines will be used to minimize/prevent problematic relationships between trainees and training program staff (i.e., all CCS staff members):

- Former clients of CCS are eligible to become CCS trainees. Chair of Search Committee should coordinate with Director of Training and Director of Clinical Services to ensure confidentiality of the potential trainee's mental health records at CCS.
- It is unethical and prohibited for a professional CCS staff member to engage in a sexual, romantic, or social (i.e., friendship) relationship with a CCS trainee.
- CCS staff members are prohibited from initiating any social media connections with trainees either during or after their time as a trainee. The purpose of this policy is to respect training relationship boundaries, protect rights to privacy, and to reduce the likelihood of a trainee feeling pressured to accept a request from someone with evaluative power, whether direct or indirect. If requests are made during the training year by a trainee, training program staff are prohibited from accepting these requests. **Upon completion of the training experience, trainees may choose to send social media requests to staff members, including former supervisors – in these cases, it is up to each staff member's personal discretion to choose whether or not to accept any offered request.** Staff members are encouraged to consider the impact of this inevitable shift in boundaries/relationship, particularly if it is feasible that the training relationship may continue in some capacity (e.g., future requests for letters of recommendation).
- CCS staff members should not seek out social contact with trainees simply for the purposes of fulfilling a staff member's social needs. Staff members who choose to socialize with trainees during working hours (e.g., lunch) should make efforts to include trainees as a group or provide equitable invitations across trainees in a given cohort. Staff members should make every effort to avoid "special relationships" with individual trainees that may be damaging to individual trainees or trainee cohorts. Staff members should consider the impact on the system as a whole when making choices to spend social time with trainees, and staff members should recognize the power differential inherent in staff-trainee relationships and acknowledge that trainees may find it difficult to say "no" to a seemingly innocuous social invitation. However, trainees are encouraged to say "no" to social invitations without fear of recourse. Staff members should not socialize with trainees outside of working hours except during formal CCS social events that may happen during evening hours, professional gatherings (e.g., meals while attending professional conference), or work engagements that extend after-hours (e.g., evening outreach programs).
- Trainees are welcome to invite staff members to have social contact (e.g., join for lunch), and it is a shared, but primarily the staff member's, responsibility to ensure appropriate boundaries during these contacts. Trainees should recognize that staff members have varying personal boundaries related to their time and may say "no" for a variety of reasons that have nothing to do with regard for a particular trainee.
- Staff members are encouraged to seek consultation when questions arise about issues related to staff-trainee relationships and perhaps to use willingness to share social interactions with trainees with colleagues as an indicator of their appropriateness. Trainees are similarly encouraged to consult with supervisors, Director of Training and/or Assistant Director of Training about any concerns related to this issue.

Below are questions to consider in discussions of anticipated multiple role relationships:

1. Could this situation jeopardize the staff member's ability to evaluate or supervise a trainee objectively? Conversely, could a trainee's ability to evaluate a supervisor or program objectively and without fear of retaliation be impaired?
2. Could this situation create a feeling (in the trainee) of being exploited by or overly indebted to another staff member?
3. Could this situation create the perception of favoritism, exclusion, or distrust in other staff members/trainees?
4. Could this situation disrupt other staff-trainee relationships?

5. Could this situation affect CCS in some other negative way (e.g. negative perceptions of CCS as a whole)?

Below are questions to consider in considering the types of social interactions that may take place between CCS staff members and trainees:

1. Is the proposed social activity public vs. private?
2. Is the proposed social activity a group activity or an individual activity?
3. Is the proposed social activity time-limited vs. open-ended?
4. Does the proposed social activity take place during the workday or after working hours?
5. Is the proposed social activity an occasional activity or a regular and expected activity?
6. Does the proposed social activity provide the trainee freedom of choice, or will they feel obligated to engage in the activity?
7. Whose needs are being met by the proposed social activity (i.e., the trainee's needs or the training staff member's needs)?

Roles inevitably shift when the trainee is done with the training experience, and it is appropriate, to some extent, for staff-trainee relationships to move in the direction of colleague-colleague relationships as the training year comes to a close if the trainee is nearing degree completion. Upon completion of the training experience, trainees may choose to initiate social relationships with staff members. Staff members are encouraged to consider the impact of this inevitable shift in boundaries/relationship, particularly if it is feasible that the training relationship may continue in some capacity (e.g., future requests for letters of recommendation). Romantic/sexual relationships which occur after a trainee has completed training at CCS should be initiated only after very careful and thoughtful consideration between all parties.

EVALUATION FORM SAMPLES



THE OHIO STATE UNIVERSITY

Clinical Resident: _____

Supervisor: _____

Date: Click or tap to enter a date.

Rating Scale for evaluating post-resident competencies:

N/A = not applicable or no opportunity to assess

1 = close supervision required (pre-intern level)

2 = regular supervision needed (intern level)

3 = consultation/occasional supervision needed (post-intern)

4 = primarily consultation (ready for independent practice)

5 = advanced practice level (supervision only as required by law)

(Midpoint scores are acceptable, e.g. 3.5)

Evaluation basis:

☐ Clinical Records

☐ Discussion

☐ Video

☐ Co-provider

☐ Observation

☐ Staff Input

☐ Other (list):

I.CLINICAL	
A. Assessment and diagnosis	Rating
1. Use agency intake assessment forms and questionnaires effectively	
2. Use the clinical interview as an assessment and diagnostic instrument	
3. Provide accurate DSM-V diagnoses	
4. Assess risk and clinical emergencies	
5. Conceptualize from multiple theoretical orientations & disciplinary	

perspectives	
6. Identify methods for assessing client change and client satisfaction	
7. Demonstrates knowledge and understanding of current theoretical and empirical knowledge regarding diversity as it relates to assessment/diagnostic evaluation	
Competency Rating:	
B. Individual counseling and psychotherapy	Rating
1. Clinical interview skills:	
a. Establish and maintain a strong working alliance	
b. Effectively explore content presented by clients	
c. Demonstrate understanding of client affect & appropriate responding	
d. Demonstrate sensitivity & responsiveness to individual/cultural differences	
2. Display collaborative treatment goals with clients	
3. Select effective intervention strategies based on research and conceptualizations	
4. Provide competent, multiculturally sensitive interventions	
5. Understand and manage personal emotional reactions to clients and client issues	
6. Understand the role of self in sessions	
7. Effectively manage clinical case load	
8. Make appropriate referrals	
9. Able to evaluate the effectiveness of treatment at the end of therapy	
Competency Rating:	

Comments:

	Name/co-facilitator	
Group:		
Workshop:		
C. Group counseling and psychotherapy		Rating
1. Demonstrate an understanding of group dynamics		
2. Plan and execute groups with consideration of diversity issues		
3. Group facilitation skills:		
a. Create a safe environment		
b. Encourage and support member interaction		
c. Manage problematic member behavior		
d. Collaborate with co-facilitators (when present)		
e. Bring the group to a conclusion		
4. Employ feedback from supervisors, colleagues, and group members		
Competency Rating:		

Comments:

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II. OUTREACH/CONSULTATION (as applicable)	
	Rating
1. Plan and provide presentations to students, faculty, staff	
2. Work collaboratively in outreach and consultation	
3. Appropriately assess and respond to crisis situations	
4. Represents CCS well to other campus departments, office, and off campus providers when they seek out consultation and/or provide outreach	
Competency Rating:	

Comments:

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III. PROFESSIONAL IDENTITY	
A. Multicultural/Multidisciplinary	Rating
1. Demonstrate multiculturally sensitive interactions with colleagues	
2. Demonstrate an understanding & appreciation of own professional discipline, as well as related professions	
3. Display self-awareness (of own identities/values, of their impact on others)	
4. Demonstrate an understanding & appreciation of cultural differences & diverse identities	
5. Provide multiculturally sensitive interventions	
6. Articulate personal style, theoretical approaches & intervention preferences	

B. Professionalism	Rating
1. Take responsibility for learning and ongoing professional development	
2. Establish professional networks and affiliations	
3. Articulate and apply CCS policies and procedures	
4. Articulate and apply ethical guidelines and legal regulations	
5. Form/sustain relationships that maintain confidentiality & standards of practice	
6. Seek appropriate guidance, supervision, and consultation	
7. Interact appropriately and effectively with a wide range of professionals	
8. Demonstrate awareness of strengths and growth edges	
9. Develop confidence in own competence	
10. Display an awareness of, and comfort with, personal and professional boundaries	
11. Manage personal stress/issues to limit impact on professional work	
12. Manage time effectively	
13. Maintain accurate, sufficient, and timely documentation	
14. Recognize strengths and use them to further the profession	
15. Actively seeks and demonstrates openness and responsiveness to feedback in supervision	
16. Independently recognizes ethical dilemmas as they arise and applies ethical decision-making process to resolve the dilemmas	
17. Manages difficulty communication and is able to engage in "difficult dialogues" when professionally relevant	
Competency Rating:	

Comments:

Overall impressions:

Click or tap to enter a date.
 Clinical Resident Signature Printed Name Date

Click or tap to enter a date.
 Supervisor Signature Printed Name Date

Click or tap to enter a date.
 Clinical Resident Coordinator Signature Printed Name Date

This signature acknowledges that I have read and discussed this evaluation; it does not imply complete agreement with the ratings given.



THE OHIO STATE UNIVERSITY

Counseling and Consultation Service

Intern Evaluation

Intern: _____

Date of Evaluation: _____

Individual Supervisor #1: _____

Individual Supervisor #2: _____

Group Supervisor: _____

Assessment Supervisor: _____

Case Conference Supervisor: _____

PROFESSION-WIDE COMPETENCIES (PWC) - FOUNDATIONAL

I. RESEARCH

Rated Elements - Intern must:

- A. demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publication) at the local (including the host institution), regional, or national level.

Clinical Supervisor #1	Clinical Supervisor #2	Case Conference Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- B. integrate scientific-mindedness, including consideration of body of literature and measures of effectiveness, into professional practice.

Clinical Supervisor #1	Clinical Supervisor #2	Case Conference Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

Exit criterion raters: Primary Clinical Supervisor #1, Primary Clinical Supervisor #2, Case Conference Supervisor.

Research Competency Rating**Primary Clinical Supervisor #1** Choose an item.**Comments****Primary Clinical Supervisor #2** Choose an item.**Comments****Case Conference Supervisor** Choose an item.**Comments**

II. ETHICAL AND LEGAL STANDARDS

Rated Elements - Interns must:

A. be knowledgeable of and act in accordance with:

1. the current version of the APA Ethical Principles of Psychologists and Code of Conduct;

Clinical Supervisor #1	Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

2. relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels;

Clinical Supervisor #1	Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

3. relevant professional standards and guidelines.

Clinical Supervisor #1	Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

B. recognize ethical dilemmas as they arise; and apply ethical decision-making processes in order to resolve the dilemmas.

Clinical Supervisor #1	Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

C. conduct self in an ethical manner in all professional settings.

Clinical Supervisor #1	Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

Exit criterion raters: Primary Clinical Supervisor #1, Primary Clinical Supervisor #2 (Spring/ Summer), and Case Conference Supervisor.

Ancillary rater: Group Therapy Supervisor (CS Emphasis Supervisor integrates any group observations into CS Emphasis ratings.). Ancillary ratings are for consideration by intern and by intern's exit criterion raters.

Ethical and Legal Standards

Primary Clinical Supervisor #1 Choose an item.
Comments

Primary Clinical Supervisor #2 (Spring/Summer) Choose an item.
Comments

Case Conference Supervisor Choose an item.
Comments

Group Therapy Supervisor Choose an item.
Comments

III. INDIVIDUAL AND CULTURAL DIVERSITY

Individual and Cultural Diversity (ICD): Effectiveness in health service psychology requires that trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate knowledge, awareness, and sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The CCS defines cultural diversity as personal or social identities based in cultural, individual, group, or role differences including, but not limited to, those based on race, ethnicity, age, sexual orientation, mental health status, relational and family status, religion, spirituality, language, nationality, citizenship status, social class, economic status, veteran status, disability and ability, gender identity and expression, body type and size, as well as diverse ideas, values, and lifestyles. Development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.

Rated Elements. Interns must demonstrate:

- A. an understanding of how their own personal/ cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

Clinical Supervisor #1	Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- B. knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/ consultation, and service.

Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- C. the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability (to) apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Clinical Supervisor #1	Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- D. the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Clinical Supervisor #1	Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

Exit criterion raters: Primary Clinical Supervisor #1, Primary Clinical Supervisor #2 (Spring/ Summer), and Case Conference Supervisor

Ancillary raters: Group Therapy Supervisor (CS Emphasis Supervisor integrates any group observations into CS Emphasis ratings.). Ancillary ratings are for consideration by intern and by intern's exit criterion raters.

Primary Clinical Supervisor #1 Choose an item.
Comments

Primary Clinical Supervisor #2 (Spring/ Summer) Choose an item.
Comments

Case Conference Supervisor Choose an item.
Comments

Group Therapy Supervisor Choose an item.
Comments

IV. PROFESSIONAL VALUES AND ATTITUDES:

Rated Elements. Intern must:

- A. behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- B. engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- C. actively seek and demonstrate openness and responsiveness to feedback and supervision.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- D. respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

Exit criterion raters: Primary Clinical Supervisor #1, Primary Clinical Supervisor #2 (Spring/ Summer), and Case Conference Supervisor.

Ancillary rater: Group Therapy Supervisor (CS Emphasis Supervisor integrates any group observations into CS Emphasis ratings.).. Ancillary ratings are for consideration by intern and by intern's exit criterion raters.

Primary Clinical Supervisor #1 Choose an item.
Comments

Primary Clinical Supervisor #2 (Spring/ Summer) Choose an item.
Comments

Case Conference Supervisor Choose an item.
Comments

Group Therapy Supervisor Choose an item.
Comments

V. COMMUNICATION AND INTERPERSONAL SKILLS

Rated Elements. Intern must:

- A. develop and maintain relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- B. produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- C. demonstrate effective interpersonal skills and the ability to manage difficult communications well.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

Exit criterion raters: Primary Clinical Supervisor #1, Primary Clinical Supervisor #2 (Spring/ Summer), and Case Conference Supervisor.

Ancillary raters: Group Therapy Supervisor (CS Emphasis Supervisor integrates any group observations into CS Emphasis ratings.). Ancillary ratings are for consideration by intern and by intern's exit criterion raters.

Primary Clinical Supervisor #1 Choose an item.
Comments

Primary Clinical Supervisor #2 (Spring/ Summer) Choose an item.
Comments

Case Conference Supervisor Choose an item.
Comments

Group Therapy Supervisor Choose an item.
Comments

PROFESSION-WIDE COMPETENCIES (PWC) – FUNCTIONAL

VI. ASSESSMENT

Rated Elements. Intern must:

- A. Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Assessment Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- B. Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Assessment Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- C. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Assessment Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- D. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Assessment Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- E. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases,

distinguishing the aspects of assessment that are subjective from those that are objective.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Assessment Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- F. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Assessment Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

Exit criterion raters: Primary Clinical Supervisor #1, Clinical Supervisor #2, and Case Conference Supervisor. **Ancillary rater:** Assessment Seminar Leader. Ancillary ratings are for consideration by intern and by intern's exit criterion raters.

Primary Clinical Supervisor #1 Choose an item.
Comments

Primary Clinical Supervisor #2 (Spring/ Summer) Choose an item.
Comments

Case Conference Supervisor Choose an item.
Comments

Assessment Supervisor (Fall): Choose an item.
Comments

VII. INTERVENTION

Trainees demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population or other system.

Rated Elements. Intern must:

- A. Establish and maintain effective relationships with recipients of psychological services.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- B. Develop evidence-based intervention plans specific to service delivery goals.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- C. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- D. Demonstrate the ability to apply relevant research literature to clinical decision-making.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor

- E. Modify and adapt the evidence-based approaches effectively when a clear evidence-base is lacking.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- F. Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

Exit criterion raters: Primary Clinical Supervisor #1, Primary Clinical Supervisor #2 (Spring/ Summer), and Case Conference Supervisor.

Ancillary raters: Group Therapy Supervisor (CS Emphasis Supervisor integrates any group observations into CS Emphasis ratings.) Ancillary ratings are for consideration by intern and by intern's exit criterion raters.

Primary Clinical Supervisor #1 Choose an item.
Comments

Primary Clinical Supervisor #2 (Spring/ Summer) Choose an item.
Comments

Case Conference Supervisor Choose an item.
Comments

Group Therapy Supervisor Choose an item.
Comments

VIII. SUPERVISION

Supervision is grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effectiveness of evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee.

Rated Elements. Intern must:

- A. demonstrate knowledge of supervision models and practices.

Supervisor of Supervision
Rating: Choose an item.

- B. provide effective feedback to peers, based on adequate development of all other PWCs.

Supervisor of Supervision
Rating: Choose an item.

- C. apply this knowledge in direct or simulated practice with psychology trainees. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision.

Supervisor of Supervision
Rating: Choose an item.

Exit criteria rater: Supervision of Supervision (Spring Semester only).

In the rare cases in which an intern does not provide clinical supervision for a practicum student (i.e., other prioritized competencies are in remediation during Spring Semester), they will participate in selected sessions of supervision seminar to learn about supervision models, develop a supervision contract, and describe own approach to supervision, strengths, and limitations. In these circumstances, in addition to supervision seminar leader, additional group supervision/ case conference facilitators will serve as ancillary supervisors and provide ratings about intern's ability to provide peer supervision, for consideration by intern and by exit criterion rater.

Supervisor of Supervision's Choose an item.

Comments:

IX. CONSULTATION AND INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS

Consultation and interprofessional / interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.

Rated Elements. Intern must:

- A. demonstrate knowledge and respect for the roles and perspectives of other professions.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- B. demonstrate knowledge of effective consultation practices.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

- C. apply this knowledge in conversations with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Primary Clinical Supervisor #1	Primary Clinical Supervisor #2	Case Conference Supervisor	Group Therapy Supervisor
Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.	Rating: Choose an item.

Exit criterion raters: Primary Clinical Supervisor #1, Primary Clinical Supervisor #2 and Case Conference Supervisor.

Primary Clinical Supervisor #1 Choose an item.
Comments

Primary Clinical Supervisor #2 Choose an item.
Comments

Case Conference Supervisor Choose an item.
Comments

Rating Scale

Evaluation Basis:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Clinical Records | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Video | <input type="checkbox"/> Co-provider |
| <input type="checkbox"/> Observation | <input type="checkbox"/> Staff Input |
| <input type="checkbox"/> Other (list): | |

Profession-wide Competencies (PWCs)

The nine PWCs, I through IX, are rated on the following scale:

- 1 - Concern about intern's path to meeting exit criterion for this competency.
- 2 – Intern is firmly on track to meet exit criterion for this competency.
- 3 – Intern meets qualitative exit criterion for this competency. Ready for independent practice.

35 Elements:

Elements are rated on the following scale:

- 1 – frequently below level expected for first-semester intern
- 2 – occasionally below level expected for first-semester intern
- 3 – at level expected for first-semester intern. Performance variability, if present, is within range expected during first semester of internship.
- 4 – at level expected for second-semester intern. Performance variability, if present, is within range expected during second semester of internship.
- 5 – consistently at level expected by end of internship or beyond. Ready for independent practice.

Intern Evaluation Procedures

I. Overarching Considerations

A. APA Commission on Accreditation General Considerations

1. The CoA expects that programs will require trainee demonstrations of profession-wide competencies that differ according to the level of training provided (i.e., doctoral, internship, post-doctoral). In general, **trainees are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity as they progress** across levels of training. (APA Commission on Accreditation (CoA) Standards of Accreditation (SoA) Implementing Regulations (p. 73).
2. **(T)he CoA expects that appropriate training and attention to diversity will also be incorporated into each of the other profession-wide competencies**, consistent with *SoA Introduction (p. 73).

American Psychological Association, Commission on Accreditation Implementing Regulations, 2017. Standards of Accreditation for Health Service Psychology. Retrieved from <http://www.apa.org/ed/accreditation/section-c-soa.pdf>

*The Commission on Accreditation is committed to a broad definition of cultural and individual differences and diversity that includes, but is not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. (p. 3, American Psychological Association Commission on Accreditation, 2015)

American Psychological Association, Commission on Accreditation Implementing Regulations, 2017. Standards of Accreditation for Health Service Psychology. Retrieved from <http://www.apa.org/ed/accreditation/section-c-soa.pdf>

CCS defines cultural diversity as personal or social identities based in cultural, individual, group, or role differences including, but not limited to, those based on race, ethnicity, age, sexual orientation, mental health status, relational and family status, religion, spirituality, language, nationality, citizenship status, social class, economic status, veteran status, disability and ability, gender identity and expression, body type and size, as well as diverse ideas, values, and lifestyles.

B. CCS General Expectations

Upon entry, CCS psychology interns are expected to demonstrate foundational development of the nine Profession-wide Competencies (PWCs). Interns are expected to incorporate awareness, knowledge, and skill related to individual and cultural diversity into each profession-wide competency.

After an initial period of instruction and induction for any given task or circumstance, it is expected that interns will need limited monitoring and assistance when presented with **routine, low complexity** situations. When **complex challenges** inherent to the professional work arise, interns are expected to identify their needs and to initiate consultation with supervisors or other trainers. First-semester interns may need assistance from supervisors to clarify their supervision needs, and they may need considerable assistance to develop and implement responses to more complex challenge. These needs are well within expectations. By the second

semester, when challenging situations arise, interns are expected to take a more active and independent role within supervision to propose, implement, and evaluate responses and/or solutions. CCS values consultation as a career-long practice necessary for maintaining competent practice; thus, the goal is not total independence.

C. Rating Process for PWCs

Supervisors who have legal and ethical responsibility for the intern's work rate all PWCs that are associated with the aspects of the intern's work over which the supervisor has responsibility. Supervisors consider their direct observations, interns' reports, other staff members' reports of behavioral observations, and other trainers' ratings of the elements associated with the given PWC as the basis for their ratings. Multiple supervisors, typically three, including the primary clinical supervisor(s), and the Case Conference supervisor, rate eight of the nine PWCs. Only the single supervisor-of-supervision has a sufficient basis for assessing the Supervision PWC. For an intern to complete the internship successfully, the majority of the supervisors who rate each of the nine PWCs must agree that the intern is "ready for independent practice" on that PWC.

PWCs are rated on the following scale:

- 1 - Concern about intern's path to meeting exit criterion for this competency.
- 2 – Intern is firmly on track to meet exit criterion for this competency.
- 3 – Intern meets qualitative exit criterion for this competency; ready for independent practice.

D. Rating Process for Elements

There are 35 evaluated elements, each associated with one of the nine PWCs. For the specific delineation of each PWC, its associated element(s), and the roles of the designated evaluators for each PWC and/or corresponding element, please see the chart below. Trainers with roles that enable them to observe and assess a specific PWC rate all elements associated with that PWC. In addition to the intern's primary clinical supervisor(s), and Case Conference supervisor, the Group Therapy co-facilitator and outreach mentor rate the elements associated with the majority of PWCs.

Elements are rated on the following scale:

- 1 – frequently below level expected for first-semester intern
- 2 – occasionally below level expected for first-semester intern
- 3 – at level expected for first-semester intern. Performance variability, if present, is within range expected during first semester of internship.
- 4 – at level expected for second-semester intern. Performance variability, if present, is within range expected during second semester of internship.
- 5 – consistently at level expected by end of internship or beyond; ready for independent practice

E. Required Documentation Triggered by Low Rating

If a PWC rater rates any element below the level expected for a given timeframe, they are required to take the following steps:

1. In the Comments Section following the PWC rating, describe the basis for the element rating, providing behavioral example(s) and/or references to product anchors (e.g., Titanium Reports, clinical documentation samples).
2. Consider whether to rate the associated PWC with a “1,” indicating that the rater is concerned about the intern’s path to meeting the exit criterion.
3. In the Comments Section following the PWC rating, describe the rationale for the PWC rating, accounting for its association with the low element rating. If the element rating is low, but the overall PWC is not, provide the rationale for why the element rating is not sufficiently weighted to bring down the PWC rating. Alternatively, if both ratings are low, note why the element rating’s weight sufficiently justifies the connection.

F. Rating Systems’ Link to Remediation Process

If the majority of exit criterion raters for any given PWC give a rating of “1,” a remediation process will be initiated, provided that the intern continues to have clinical privileges. A serious ethical breach could result in withdrawal of clinical privileges.

G. Exit Criteria

For all competencies, the exit criterion is “ready for independent practice.” The majority of the supervisors who rate each of the nine PWCs must agree that the intern is “ready for independent practice” for that PWC. “Ready for independent practice” indicates that interns have sufficient foundational and functional competencies that will enable them to assess their own learning needs and to seek out appropriate resources as they build on their entry-level PWCs. Trainers assume career-long development. Depending on how divergent the interns’ subsequent professional settings and primary roles are from those they encounter in the CCS internship, considerable additional learning beyond the internship may be required.

Trainee Signature _____ Date _____

Supervisor # 1 Signature _____ Date _____

Supervisor # 2 Signature _____ Date _____

Group Supervisor Signature _____ Date _____

Assessment Supervisor Signature _____ Date _____

Case Conference Supervisor Signature_____ Date_____

Director of Training Signature_____ Date_____

Counseling Intern Evaluation

SUBMITTED BY



ASSESSING

Internship I -
Counseling and Consultation Service

TIMESTAMP

Submitted

Delete Submission

Supervisor - Final Evaluation of Student

[Edit Responses](#)

Information

Intro

Please rate the student according to the following scale, being as fair and objective as possible.
Feel free to add any comments, in the spaces provided, or on the backs of these forms:

Person Completing Evaluation:

Total Hours Completed On Site to Date:

Select One: Midterm Evaluation or Final Evaluation

Role of Person Completing Evaluation

On-Site Supervisor

Student Ratings

Please rate the student according to the following scales, being as fair and objective as possible. Feel free to add any comments in the spaces provided.

Attitude Toward Work The student demonstrates:

	EXCELLENT	STRONG	AVERAGE	WEAK	POOR
Ability to take initiative and perform independently					
Promptness					
Dependability					
Daily Preparation					
Cooperativeness					
Professionalism (in behavior, dress, and attitude)					

Comments

Personal Characteristics The student demonstrates:

	EXCELLENT	STRONG	AVERAGE	WEAK	POOR
Self-awareness and self-understanding					
Emotional stability					
Self-control					
Honesty					
Sense of Fairness, Justice, and Client Advocacy					
Capacity to accept and act on constructive criticism					
Ability to communicate clearly and effectively					
Ability to be tactful					
Ability to grasp and successfully adapt to new situations					
Personal commitment to developing professional competencies					

EXCELLENT STRONG AVERAGE WEAK POOR

An ability to recognize own competencies					
An investment of time and energy in becoming a counselor					
Active work to recognize and overcome deficits					
An ability to use Standard English and grammar correctly					

Attitude Toward Clients The student demonstrates:**EXCELLENT STRONG AVERAGE WEAK POOR**

Genuine interest in and acceptance of clients					
Ability to understand client's point of view					
Ability to establish and maintain rapport					
Ability to successfully relate to diverse types of clients					
An awareness of and adherence to ethical standards					
An understanding of developmental stage(s) of tasks of clients					
Ability to accurately assess the psychological needs of clients					
Ability to match individual client needs to appropriate interventions					

Efforts to Become a Valuable Part of the Agency The student demonstrates:**EXCELLENT STRONG AVERAGE WEAK POOR****EXCELLENT STRONG AVERAGE WEAK POOR**

Effort to become knowledgeable about all aspects of agency functioning, including referral sources					
Ability to function as a team member					
Prompt and accurate completion of all paperwork					
Willingness to work within the theoretical and therapeutic framework of the agency					

Counseling Skills and Process The student demonstrates:

EXCELLENT STRONG AVERAGE WEAK POOR

Basic understanding of at least several theories of counseling and their application to clients in the field placement					
Knowledge of the population that is the focus of the student's caseload					
Evidence that, when needed, the student has done extra research and work to understand appropriate interventions					
Recognition and transmission of understanding of cognitive components (spoken & implied) of clients' messages					
Recognition and transmission of understanding of affective components (spoken & implied) of clients' messages					
Understanding of the dynamics of counseling sessions					
Ability and effort to identify client strengths, as well as limitations					

Final Observations

If you have knowledge (through tape or observation) of the student's counseling skills, please complete these questions. If not, please skip this section, and move to the end of the evaluation:

	EXCELLENT	STRONG	AVERAGE	WEAK	POOR
Overall Beginning Counseling Skills					
Active listening/attending					
Empathy					
Reflection of feelings					
Confrontation					
Silence					
Focusing/staying present with the client					
Use of prompts, probes, and open-ended questions					
Defining the problem					
Exploring alternatives					

OVERALL, please rate your experience of this student to date in these three areas:

	EXCELLENT	STRONG	AVERAGE	WEAK	POOR
Counseling Ability					
Personal Growth/Maturity					
Potential for overall success as a future counseling in a setting similar to the current field placement					

SITE SUPERVISORS: Thank you for your fair and objective feedback. The Ohio State University Counselor Education program is committed to graduating excellent counselors.

Would like the Faculty Member in charge of Practicum to contact you regarding any concerns with this student or to discuss any aspect of the program.

Signature of Person Completing this Evaluation



Narrative - for FINAL EVALUATION, ON-SITE SUPERVISORS only

Activities Supervised

Counselor Trainee's Strengths, in Counseling Skills, Personal, & Professional Development:

Counselor Trainee's Needs for Improvement, in Counseling Skills, Personal, & Professional Development:

Overall Impression of Counselor Trainee's Ability to Function as a Professional Counselor:

In Your Professional Opinion, is the Counselor Trainee Ready to Continue into the next Clinical Experience?

THANK YOU for providing supervision to this student.

Evaluation of Traineeship

Q7.2 Trainee's Position:

Q7.3 Semester:

Q7.4 Trainee's Name (optional)

Q7.5 In order to evaluate our training program, we would like you to rate your degree of satisfaction with your training experiences. Please respond to the comment section at the end of the questionnaire with specific comments and recommendations so we may continue to refine the Counseling and Consultation Service internship. If an item does not pertain to you or your trainee group, please mark N/A. If you have anonymous comments, please give them to the Training Director or Assistant Training Director via office mailbox

Q7.11 Please provide any comments you may have about the above "general training:"

Q7.12 IV. Overall Satisfaction/Experience of Climate

	Very Dissatisfied = 1	Dissatisfied = 2	Neutral = 3	Satisfied = 4	Very Satisfied = 5	N/A
Satisfaction with CCS social/wellness activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with multidisciplinary climate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with my relationships with resident trainees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with my relationships with Senior Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with overall CCS atmosphere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with the traineeship this past semester	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall satisfaction with the traineeship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7.13 Please provide any comments you may have about the above "overall satisfaction/experience of climate:"

Q7.14 High Points of traineeship experience:

Q7.15 Low Points of traineeship experience:

Q7.16 Additional Comments and/or changes you would like to recommend:

Evaluation of Supervisor

Name of your supervisor:

Your name:

Please indicate what role the above supervisor plays for you:

☐ Primary supervisor (meets 2 hours/week)

☐ Partial supervisor (meets 1 hour/week)

☐ Group supervisor (meets half hour/week after group)

Evaluation date (mm/dd/yyyy):

Confirm the semester for which this evaluation applies:

Methods used (please select all that apply by clicking the checkbox):

- ☐ Tape recording
☐ Video tape
☐ Live observation
☐ Co-therapy
☐ Role playing
☐ Discussion
☐ Reading
☐ Other:

Relationship Created by Supervisor

Please consider the ratings below as discrete categories, not a continuum. This form is designed to focus on growth dimensions.

Key: Needs improvement = 1, Satisfactory = 2, Neutral = 3, Effective = 4, Major Strength = 5

Utilizes effective listening skills	Choose an item.
Demonstrates empathy	Choose an item.
Expresses genuineness	Choose an item.
Demonstrates a willingness to confront	Choose an item.
Creates and maintains a learning environment that is supportive, safe, and understanding	Choose an item.
Conducts supervision at a comfortable place	Choose an item.
Demonstrates a balance of challenge and support	Choose an item.
Encourages independent thinking and action	Choose an item.
Provides positive reinforcement	Choose an item.

Focus on the Client:

Please consider the ratings below as discrete categories, not a continuum. This form is designed to focus on growth dimensions.

Key: Needs improvement = 1, Satisfactory = 2, Neutral = 3, Effective = 4, Major Strength = 5

Assists in case conceptualization	Choose an item.
Assists in clinical diagnosis	Choose an item.
Provides insight into client dynamics	Choose an item.
Offers general strategies for therapy	Choose an item.
Provides specific suggestions and responses	Choose an item.
Demonstrates or role-plays techniques or response alternatives	Choose an item.
Gives feedback on first session write-ups, case and process notes, and intake summaries	Choose an item.
Views or listens to session recordings	Choose an item.
Uses and encourages exploration of theoretical perspectives	Choose an item.
Encourages exploration of client affect as appropriate	Choose an item.
Facilitates focus on the <u>process</u> of therapy in addition to the content	Choose an item.

Focus on the Trainee:

Please consider the ratings below as discrete categories, not a continuum. This form is designed to focus on growth

dimensions.

Key: Needs improvement = 1, Satisfactory = 2, Neutral = 3, Effective = 4, Major Strength = 5

Assists in the ongoing development of trainee's therapeutic style	Choose an item.
Assists in the ongoing development of trainee's theoretical orientation	Choose an item.
Provides feedback on trainee's dynamics	Choose an item.
Encourages exploration of therapist's reactions	Choose an item.
Encourages awareness of interpersonal presentation	Choose an item.
Examines trainee/supervisor and trainee/client relationships	Choose an item.

Structure

Please consider the ratings below as discrete categories, not a continuum. This form is designed to focus on growth dimensions.

Key: Needs improvement = 1, Satisfactory = 2, Neutral = 3, Effective = 4, Major Strength = 5

Makes self available	Choose an item.
Offers structure when needed	Choose an item.
Pursues trainee needs and agenda	Choose an item.
Participates in planning the structure used during supervision	Choose an item.

Focus on Supervisor:

Please consider the ratings below as discrete categories, not a continuum. This form is designed to focus on growth dimensions.

Key: Needs improvement = 1, Satisfactory = 2, Neutral = 3, Effective = 4, Major Strength = 5

Actively elicits and incorporates ongoing feedback of supervision	Choose an item.
Shares personally and self-discloses appropriately	Choose an item.
Encourages trainee to observe or listen to their tapes of work	Choose an item.
Learns from trainee	Choose an item.
Acknowledges and shares own growth edges and professional challenges	Choose an item.

Multicultural/Diversity Issues:

Please consider the ratings below as discrete categories, not a continuum. This form is designed to focus on growth dimensions.

Key: Needs improvement = 1, Satisfactory = 2, Neutral = 3, Effective = 4, Major Strength = 5

Demonstrates awareness, knowledge, and skill regarding multicultural/diversity issues	Choose an item.
Encourages trainee to consider cultural/diversity issues in clinical work	Choose an item.
Explores cultural/diversity components of therapeutic and supervisory relationships	Choose an item.

Briefly summarize your impressions of the supervisor's strengths:

Briefly summarize your impressions of the supervisor's areas for improvement:

Please provide any other feedback for supervisor:

Signature

Click or tap to enter a date.

Date

Training Seminar Evaluation

Goal:

At the end of the seminar, participants will be able to:

1. **Required:** Your position (circle): PSYCH INTERN / SOCIAL WORK / COUNSELING
2. Have you received prior training on this topic? (Please circle one)
 - a. Yes
 - b. Somewhat
 - c. No
3. Content of training: Please rate the following on a scale of 1 to 5 with corresponding values below by circling the applicable response:

1 2 3 4 5

In general, how well did this training advance your current level of knowledge?	Not at all	A little	Somewhat	Mostly	Very Much
How applicable was this training to your clinical work?	Not at all	A little	Somewhat	Mostly	Very Much
Was the content of this training up-to-date?	Not at all	A little	Somewhat	Mostly	Very Much
How relevant is this training to your future work/career path?	Not at all	A little	Somewhat	Mostly	Very Much
How much did this training engage you in self-awareness/reflection?	Not at all	A little	Somewhat	Mostly	Very Much
Was the training appropriately geared toward your level of development?	Not at all	A little	Somewhat	Mostly	Very Much
Objective	Not at all	A little	Somewhat	Mostly	Very Much
Objective	Not at all	A little	Somewhat	Mostly	Very Much
Objective	Not at all	A little	Somewhat	Mostly	Very Much
Objective	Not at all	A little	Somewhat	Mostly	Very Much

4. Please provide any additional feedback you may have regarding the content of this training:

5. Feedback regarding presenter(s): Please rate the following on a scale of 1 to 5 with corresponding values below by circling the applicable response:

	1	2	3	4	5
How well did the presenter(s) engage with the audience?	Not at all	A little	Somewhat	Mostly	Very Much
How well prepared did the presenter(s) appear?	Not at all	A little	Somewhat	Mostly	Very Much
How well did the presenter(s) engage your interest?	Not at all	A little	Somewhat	Mostly	Very Much
How open was/were the presenter(s) to questions and feedback?	Not at all	A little	Somewhat	Mostly	Very Much
How helpful were the handouts provided (if provided)?	Not at all	A little	Somewhat	Mostly	Very Much

6. Please provide additional feedback regarding the presenters of this training:

7. Overall, how satisfied were you with this training, on a scale of 1 to 5 with corresponding values below?

Not at all (1) A little (2) Somewhat (3) Mostly (4) Very Much (5)

8. Please provide comments regarding your overall satisfaction with this training:

Evaluation of Outreach / Workshop

Q12.2 This evaluation is for senior staff to evaluate trainees as co-facilitators of either workshops or outreach

presenters. We would like to give feedback to our trainees and other facilitators on their presentation skills.

Please indicate which program you are evaluating:

- ☐ Self Esteem Workshop
- ☐ Mental Skills for Stress Management Workshop
- ☐ Feel Better Fast Workshop
- ☐ Managing Distress: Self-Management Skills Workshop
- ☐ Other _____
- ☐ Outreach (please list location below. E.g. Res. Life Training) _____

Q12.3 Workshop/Outreach Topic:

Q12.4 Name of trainee and/or co-facilitator whom you are evaluating:

Q12.5 Presenter(s):

- ☐ Other: (please list) _____

Q12.6 Date & Time:

Q12.7 Section I. Presentation Skills

We are interested in providing each trainee with feedback about our impressions of their level of skill development or demonstration of personal characteristics on issues relevant to their functioning at CCS.

The following 5 point scale will be used to rate the trainee's capacity to demonstrate the characteristic or skill referred to on each item. Ratings should be based on appropriateness to the trainee's level of experience and training.

Demonstrates skill or characteristic at skill level:

Inadequate: Remedial work or additional focus recommended to achieve greater proficiency with this skill or competence.

Satisfactory, but developing: While still a growth edge, this skill or characteristic is approaching a consistent level of competence

Satisfactory: Skill is generally demonstrated positively

Strength: Skill or characteristic is demonstrated at a consistently competent level **Mastery:** Skill or characteristic is consistently demonstrated at a high level of proficiency, demonstrating mastery

	Inadequate = 1	Satisfactory, but developing = 2	Satisfactory = 3	Strength = 4	Mastery = 5	N/A
Presenter seemed comfortable in front of the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenter showed good communication skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenter appeared confident.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenter appeared knowledgeable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenter appeared trustworthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenter was able to elicit good responses from the audience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenter demonstrated strong rapport skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12.8 Section II: Managing Group Process

We are interested in providing each trainee with feedback about our impressions of their level of skill development or demonstration of personal characteristics on issues relevant to their functioning at CCS.

The following 5 point scale will be used to rate the trainee's capacity to demonstrate the characteristic or skill referred to on each item. Ratings should be based on appropriateness to the trainee's level of experience and training.

Demonstrates skill or characteristic at skill level:

Inadequate: Remedial work or additional focus recommended to achieve greater proficiency with this skill or competence.

Satisfactory, but developing: While still a growth edge, this skill or characteristic is approaching a consistent level of competence

Satisfactory: Skill is generally demonstrated positively

Strength: Skill or characteristic is demonstrated at a consistently competent level **Mastery:** Skill or characteristic is consistently demonstrated at a high level of proficiency, demonstrating mastery

Q12.10 How could the presenter's presentation skills be improved?

Q12.11 How could the presenter's group process skills be improved?

Q12.12 How could the content and organization of the presentation be improved?

Q12.13 What were the high points and low points of this presentation?

Q12.14 Additional comments and recommendations:

Evaluation of Group Counseling

Q10.2 This evaluation is of your co-facilitator's group skills.

Please be mindful that your co-facilitator may be a trainee, a clinical resident, or a senior staff person.

Evaluator's Name & Position in Agency:

Q10.3 Name of Co-facilitator
(please list) _____

Q10.4 Date

Q10.5 Semester

Q10.6 Name of Group
(please write) _____

Q10.7 Describe (briefly) the nature of this group:

Q10.8 Section 1: Demonstrates knowledge or experience relevant to the content/theme of the group.

Q10.10 Comments, if any, regarding the knowledge level of the content and group theme of your co-facilitator:

Q10.11 Section 2: Theoretical Understanding of Group Process:

We are interested in providing each trainee with feedback about our impressions of their level of skill development or demonstration of personal characteristics on issues relevant to their functioning in group counseling.

The following 5 point scale will be used to rate the objectives following each goal.

Ratings should be based on appropriateness to the trainee's level of experience and training.

Demonstrates skill:

Inadequate: remedial work or additional focus recommended to achieve greater proficiency with this skill or competence.

Satisfactory, but Developing: While still a growth edge, this skill or characteristic is approaching a consistent level of competence

Satisfactory: Skill or characteristic is demonstrated at a consistently competent level

Strength: Skill or characteristic is demonstrated at a high level of proficiency consistently competent level

Mastery: Skill or characteristic is consistently demonstrated at a level of mastery

	Inadequate = 1	Satisfactory, but developing = 2	Satisfactory = 3	Strength = 4	Mastery = 5	N/A
Conceptualizes and understands group process and dynamics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reflects understanding of underlying individual, dyadic, and group dynamics in interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grounds interventions in appropriate theoretical perspective(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10.12 Comments, if any, regarding your co-facilitator's theoretical understanding of group process:

Q10.13 Section 3: Establishing/Maintaining Work Atmosphere

We are interested in providing each trainee with feedback about our impressions of their level of skill development or demonstration of personal characteristics on issues relevant to their functioning in group counseling.

The following 5 point scale will be used to rate the objectives following each goal.

Ratings should be based on appropriateness to the trainee's level of experience and training.

Demonstrates skill:

Inadequate: remedial work or additional focus recommended to achieve greater proficiency with this skill or competence.

Satisfactory, but Developing: While still a growth edge, this skill or characteristic is approaching a consistent level of competence

Satisfactory: Skill or characteristic is demonstrated at a consistently competent level

Strength: Skill or characteristic is demonstrated at a high level of proficiency consistently competent level

Mastery: Skill or characteristic is consistently demonstrated at a level of mastery

	Inadequate = 1	Satisfactory, but developing = 2	Satisfactory = 3	Strength = 4	Mastery = 5	N/A
Helps to educate and prepare potential group members during pre-group interview sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively works to create a climate that encourages members to take risks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Takes measures to safeguard members from unnecessary psychological risks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitates the establishment of a code of behavioral rules, or norms, which will guide the interaction of the group (i.e., creating a culture where group members maintain appropriate interpersonal boundaries and provide support, universality, advice, interpersonal feedback, learning, opportunities for altruism, and hope).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creates a climate in which members can choose to work on their goals during and/or after session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates and promotes understanding and acceptance of members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourages members to explore and express their feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows ethical guidelines of behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10.14 Comments, if any, regarding your co-facilitator's ability to establish or maintain a working atmosphere for group:

Q10.15 Section 4: Structuring the Group Experience

We are interested in providing each trainee with feedback about our impressions of their level of skill development or demonstration of personal characteristics on issues relevant to their functioning in group counseling.

The following 5 point scale will be used to rate the objectives following each goal.

Ratings should be based on appropriateness to the trainee's level of experience and training.

Demonstrates skill:

Inadequate: remedial work or additional focus recommended to achieve greater proficiency with this skill or competence.

Satisfactory, but Developing: While still a growth edge, this skill or characteristic is approaching a consistent level of competence

Satisfactory: Skill or characteristic is demonstrated at a consistently competent level

Strength: Skill or characteristic is demonstrated at a high level of proficiency consistently competent level

Mastery: Skill or characteristic is consistently demonstrated at a level of mastery

	Inadequate = 1	Satisfactory, but developing = 2	Satisfactory = 3	Strength = 4	Mastery = 5	N/A
Facilitates group participation and introduction of new directions in the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plans specific goals for the group process and helps participants define concrete and meaningful goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses structure to enhance understanding, expression of feeling, and group process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opens a session in a manner that promotes interaction and disclosure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10.16 Comments, if any, regarding your co-facilitator's ability to structure the group experience:

Q10.17 Section 5: Behaviors Promoting Individual and Group Development

We are interested in providing each trainee with feedback about our impressions of their level of skill development or demonstration of personal characteristics on issues relevant to their functioning in group counseling.

The following 5 point scale will be used to rate the objectives following each goal.

Ratings should be based on appropriateness to the trainee's level of experience and training.

Demonstrates skill:

Inadequate: remedial work or additional focus recommended to achieve greater proficiency with this skill or competence.

Satisfactory, but Developing: While still a growth edge, this skill or characteristic is approaching a consistent level of competence

Satisfactory: Skill or characteristic is demonstrated at a consistently competent level

Strength: Skill or characteristic is demonstrated at a high level of proficiency consistently competent level

Mastery: Skill or characteristic is consistently demonstrated at a level of mastery

	Inadequate = 1	Satisfactory, but developing = 2	Satisfactory = 3	Strength = 4	Mastery = 5	N/A
Facilitates member-to-member and member-to-leader interactions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses modeling: demonstrates desired behaviors through actions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Builds on strengths and gains made by members and the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses individual, dyadic and group level interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intervenes to stop counterproductive behavior in the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focuses on resistances within the group and helps members realize when they are holding back and why.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summarizes: Pulls together the important elements of an interaction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Questions: Asks open-ended questions that lead to self-exploration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interprets: Offers possible explanations for certain behaviors, feelings, and thoughts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confronts: Challenges participants to look at discrepancies and conflicting messages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is sensitive to the timing and appropriateness of confrontations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10.18 Comments, if any, regarding your co-facilitator's ability to promote individual and group development:

Q10.19 Section 6: Facilitating Termination

We are interested in providing each trainee with feedback about our impressions of their level of skill development or demonstration of personal characteristics on issues relevant to their functioning in group counseling.

The following 5 point scale will be used to rate the objectives following each goal.

Ratings should be based on appropriateness to the trainee's level of experience and training.

Demonstrates skill:

Inadequate: remedial work or additional focus recommended to achieve greater proficiency with this skill or competence.

Satisfactory, but Developing: While still a growth edge, this skill or characteristic is approaching a consistent level of competence

Satisfactory: Skill or characteristic is demonstrated at a consistently competent level

Strength: Skill or characteristic is demonstrated at a high level of proficiency consistently competent level

Mastery: Skill or characteristic is consistently demonstrated at a level of mastery

	Inadequate =1	Satisfactory, but developing =2	Satisfactory =3	Strength =4	Mastery = 5	NA
Helps group members to express their feelings regarding termination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helps members to attend to unfinished business during the ending stage of the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helps members to understand and integrate what they learned in the group and find ways to apply it to their everyday lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10.20 Comments, if any, about your co-facilitator's ability regarding the termination process:

Q10.21 Section 7: Awareness and Use of Self

We are interested in providing each trainee with feedback about our impressions of their level of skill development or demonstration of personal characteristics on issues relevant to their functioning in group counseling

The following 5 point scale will be used to rate the objectives following each goal.

Ratings should be based on appropriateness to the trainee's level of experience and training.

Demonstrates skill:

Inadequate: remedial work or additional focus recommended to achieve greater proficiency with this skill or competence.

Satisfactory, but Developing: While still a growth edge, this skill or characteristic is approaching a consistent level of competence

Satisfactory: Skill or characteristic is demonstrated at a consistently competent level

Strength: Skill or characteristic is demonstrated at a high level of proficiency consistently competent level

Mastery: Skill or characteristic is consistently demonstrated at a level of mastery

	Inadequate = 1	satisfactory, but developing = 2	Satisfactory = 3	Strength = 4	Mastery = 5	N/A
Is able to give feedback and express concrete and honest reactions based on group members' behaviors. Reveals reactions to here-and-now events in group when appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deals effectively with silence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is aware of the ways that his/her his/her/their feelings can affect the group and vice versa.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates appropriate levels of self-disclosure in therapeutically useful ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sets appropriate limits of responsibility and involvement with group members (Therapist Boundaries).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10.22 Comments, if any, regarding your co-facilitator's awareness and use of self:

Q10.23 Section 8: Relationship with Co-Leader

We are interested in providing each trainee with feedback about our impressions of their level of skill development or demonstration of personal characteristics on issues relevant to their functioning in group counseling. The following 5 point scale will be used to rate the objectives following each goal.

Ratings should be based on appropriateness to the trainee's level of experience and training.

Demonstrates skill:

Inadequate: remedial work or additional focus recommended to achieve greater proficiency with this skill or competence.

Satisfactory, but Developing: While still a growth edge, this skill or characteristic is approaching a consistent level of competence

Satisfactory: Skill or characteristic is demonstrated at a consistently competent level

Strength: Skill or characteristic is demonstrated at a high level of proficiency consistently competent level

Mastery: Skill or characteristic is consistently demonstrated at a level of mastery

	Inadequate =1	Satisfactory, but developing = 2	Satisfactory = 3	Strength = 4	Mastery = 5	N/A
Willingness to give and receive feedback openly and directly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge and sensitivity to role of co-facilitator, including need for flexibility, collaboration, and notion of complementarity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Openly discusses and confronts issues related to co-leadership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses group process time to develop facilitation skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completes paperwork and administrative details in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develops a sense of competence and confidence in the co-leader role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10.24 Comments, if any, regarding your relationship with your co-facilitator:

Q10.25 Strengths:

Q10.26 Growth Edges:

Q10.27 Recommendations:

Signature of Evaluator

Signature of Co-Facilitator

OVERVIEW OF ORIENTATION

(Example schedule-days may vary)

Day One:

Introductions, Center tour, Office assignments and keys
 Welcome activity with staff
 Training Overview for the year and complete forms (Due process, grievance, trainee expectations, etc.)
 Human Resources orientation/forms
 Get campus ID and parking passes

Day Two:

Overview of intersection of Clinical Services, Outreach, and Training
 Clinical Services overview, policies and procedures
 CCS overview with Center Director
 Meet with cohort coordinator for Q and A

Day Three:

Clinical Services overview continued
 Overview of CCS Groups, Workshops, and Committees
 Meet and greet with embedded staff (lunch)
 Interdisciplinary Teams (Psychiatry, Psychology, Social Work, Mental Health Counseling)
 Group pairings –Trainees and Staff

Day Four:

Titanium Training
 Overview of Triage Process and Role plays
 SharePoint and IT training and practice
 Client Disposition training

Day Five:

Staff Professional Development Day (Topics differ each year. Trainees are included.)

Day Six:

Privacy Practices
 Touch Base with Coordinator, Q and A
 Webcam/Zoom Recording Training
 Telehealth Training
 CCS Administrations Procedures (Office procedures, printing, copy machine, forms, etc.)

Day Seven:

OSU Required “Buckeye Learn” modules
 Eating Concerns Consultation Team Overview
 Introduction to Psychiatry
 Clinical Pearls—Medication

Day Eight:

Levels of Care/Clinical Decision-Making
 Staff Meeting/Lunch/Pictures for Website
 Triage Training (Shadowing Staff)
 Introduction to Group Therapy

Day Nine:

Student Life Panel 1 (Campus Partner Information Session)
 Triage Training (Shadowing Staff)
 CCAPS Training (Counseling Center Assessment of Psychological Symptoms)
 Assessment Referral Procedures
 Cultural Dialogues

Day Ten:

Student Life Panel 2 (Campus Partner Information Session)
 Triage Training (Being Observed)
 Clinical Pearls—Mental Health Status
 IT practice, put schedules in Titanium

Day Eleven:

- Urgent/Crisis Appointment Training
- Urgent Appointment Role Plays
- Diagnostic Evaluation Training
- Treatment Planning

Day Twelve:

- Meet with Clinical Supervisors—complete supervision agreements
- Triage Training (Being observed)
- Clinical Writing

Day Thirteen:

- Q and A with Training Coordinators
- Crisis Intervention Training
- Hospitalization Training
- Care Management Training

Day Fourteen:

- Touch base with Training Director/Assistant Director
- Student Advocacy (Campus Partner) Overview
- Working with International Students
- Triage Training (Being observed)

Day Fifteen:

- Ethics Training
- Brief Therapy Training
- Outreach Training
- Group discussion with Staff co-facilitators

Day Sixteen:

- Office odds and end, getting settled
- Meet with Supervisor
- Virtual Hospital Tour
- Campus Tour
- Complete Orientation Evaluations