TRAINING MANUAL

FOR THE 2026-2027 DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

AT CLEVELAND STATE UNIVERSITY COUNSELING CENTER

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SETTING AND MISSION

THE CITY OF CLEVELAND

The Cleveland Metropolitan area is the 33rd largest in the United States with a population just over 2 million. Cleveland itself is a city located along the southern shore of Lake Erie with a population of about 350,000.

- The top industries in Cleveland include healthcare and biomedical, manufacturing, financial services, technology, and aerospace.
- In terms of demographics, Cleveland's population is approximately 43% Black or African American, 38% white, 3.5% Asian, 0.2% American Indian or Alaska Native. 10% of the population identifies as Hispanic or Latino. The median age is 36. Approximately 30% of Cleveland households have children living with them.
- You can find a variety of cuisines represented downtown. East 4th Street (about 15 minute walk from campus) is a curated dining area with restaurants from chefs including Michael Symon and Jonathon Sawyer. There are over 40 local craft breweries in Cleveland. You can find homemade ice-cream, street waffles, and many bakeries. Or, try uniquely Cleveland items including the Cleveland Polish Boy sandwich or Cleveland cassata cake,
- Cleveland is home to many major sports teams: the Cleveland Browns (football), the Cleveland Guardians (baseball), the Cleveland Monsters (hockey), the Cleveland Cavaliers (men's basketball), and will soon host the Cleveland Rockers (women's basketball).
- In terms of Arts and Culture, Cleveland is home to the second-largest performing arts center in the US, Playhouse Square which hosts theater, musicals, and comedy shows. Playhouse Square is just a block away from CSU's campus. Other entertainment includes the art museum (free), aquarium, children's museum, botanical garden, natural history museum, science center, The Rock and Roll Hall of Fame, and the Cleveland Orchestra.
- Cleveland has an extensive metropark system with beautiful trails for walking, hiking, and biking and is about 30 minutes from the Cuyahoga Valley National Park. A highlight is the Brandywine Falls waterfall area.
- Cleveland hosts many festivals and parades throughout the year including the Cleveland International Film Festival, Cleveland Oktoberfest, the Dyngus Day Parade, the Cleveland Asian Festival, St. Patrick's Day Parade, Feast of the Assumption, the Cleveland Polish Festival, and the Cleveland Thyagaraja Festival.

- If you want to travel a little further, The Pro Football Hall of Fame, The National Museum of Psychology, and Cedar Point amusement park are easy day trips.

CLEVELAND STATE UNIVERSITY

Cleveland State University (CSU) is an urban, commuter university established in 1964 with approximately 14,000 students. The University has over 1,400 international students representing at least 45 countries, with significant numbers from India and Saudi Arabia. The CSU campus is just east of downtown and includes 41 buildings ranging from the historical Mather Mansion to the 2017 Washkewicz College of Engineering building.

MISSION STATEMENT

Cleveland's University. Infinite Opportunity.

We are in and of the city of Cleveland. We leverage our unique location and strategic partnerships to equip learners with knowledge and future-ready skills. Through innovative research, dedicated service, and exceptional talent, we address the evolving needs of our community.

VALUES

Collaborating with Community
Serving Students
Unleashing Creativity

VISION STATEMENT

"Where Everyone Thrives"

CSU aspires to be a national leader in social and economic mobility. We will be a great place to learn and work.

THE COUNSELING CENTER

The CSU Counseling Center (CSUCC) and the Counseling and Academic Success Clinic (CASC) are situated within the Division of Student Belonging and Success and provide

counseling and psychological services designed to promote the academic success and personal well-being of CSU students. Services include short-term individual, couple, and group counseling; crisis counseling; psychiatric services; outreach; workshops; and consultation. Some historic group offerings include: Wise Minds: Building Skills for Acceptance and Change (a DBT-based group), the LGBTQIA Student Support Hour, Trans Student Support, Connections (an interpersonal process group), Vikes Recovery Group (focused on substance use), Graduate Student Support Hour, Sista to Sista (psycho-educational topics and support for Black women), RIO (a 3-week group skills-based group), and Taming the Anxious Mind (a group for coping with anxious thoughts). We provide training for Residence Life staff and conduct over 100 outreach programs each year. Twice a year, the Center provides campus-wide screenings for depression and anxiety. Counseling center staff also sit on university-wide committees, such as Care Team, Suicide Prevention Task Force, Sexual Violence Response team, hiring committees, etc.

LOCATION

The CSUCC is centrally located in Rhodes Tower Room 1235 at 1860 East 22nd Street. The space includes thirteen offices, a group room, reception area, waiting room, file room, and kitchen area. Some of the external offices have a view of Lake Erie. Other offices look out over the city.

Full-time trainees typically have their own offices, but part-time trainees sometimes share offices. Generally, trainees do not work remotely. But, exceptions may be made on a situational basis for unusual circumstances (ex: inclement weather).

MISSION STATEMENT

The mission of the CSU Counseling Center is to support and empower our student community through the provision of psychological services. Our services are confidential and include individual, couples and group counseling, crisis intervention, consultation, psycho-education, and referrals. These services are designed to help students cultivate their strengths and overcome obstacles to obtain their personal, academic, and career goals. Likewise, we collaborate closely with our university and community partners to foster the personal, social, and academic well-being of our students and the university community. We are also committed to providing high quality experiential training to graduate students to support their development as aspiring mental health professionals.

CORE VALUES

1. Caring and easily accessible services and training.

2. Respect for our clients and partners as demonstrated by service delivery that is ethical, confidential, and individually tailored.

3. Mutual collaboration within the department and with our university and community partners.

4. Provision of high quality psychological services and training that meet or exceed professional standards.

CSUCC STAFF

The CSUCC team reflects diversity in terms of identity, background, clinical approach, and training. Our senior staff currently includes two licensed psychologists, two independently licensed social workers, and two independently licensed counselors. Staff incorporate CBT, DBT, ACT, relational, process-oriented, multicultural, and feminist approaches to therapy. In addition, one psychiatrist is on-site for 1.5 days each week. During most years, our psychiatrist also supervises medical residents who provide psychiatric services. The psychiatrists also provide some training and consultation. We also have a full-time administrative coordinator. This most current full counseling center staff can be seen on our website, https://csuohio.edu/counseling/meet-staff

CSUCC AND CASC CLIENTS

Clients at CSUCC and CASC are almost exclusively CSU students. They range in age from 16 to 76 with a modal age of 21. They come in with a wide range of concerns, but the majority of clients present with anxiety and/or depression; trauma; relationship and family concerns; academic stress, and identity concerns. Many clients also have a history of sexual or emotional abuse and many present with some suicidal ideation or crisis and some eating or substance use concerns. A number of clients struggle with financial hardship. We work with clients experiencing their first manic episode and first psychotic symptoms. About half of clients have not received counseling before, and many are first generation college students. Approximately 62% of our clients identify as women, 31% as men, and 6% as Trans or non-binary. Approximately 42% of our clients identify as white, 27% of clients as African

American/Black, 13% as Asian American/Asian, 7% as Hispanic/Latino/a/x, and 6% as biracial, 3% as Middle Eastern/North African, and 0.5% as Native Hawaiian or Pacific Islander. Approximately 15% of our students are international students, primarily from India.

TREATMENT APPROACHES

CSUCC does not adhere to a single treatment approach but rather apply evidence informed interventions tailored to individual client needs. Therapeutic treatment approaches utilized include cognitive-behavioral, humanistic, interpersonal, multicultural, solution-focused, third-wave, and other evidence-informed approaches. Approaches are applied in consultation with the Supervisor taking into consideration the client's presenting issues, and the trainee's training and expertise

STATEMENT OF TRAINING

At CSUCC, the aim of our training program is: "to prepare trainees to function competently and independently as mental health professionals." Our mission statement explicitly states that we are "committed to providing high quality experiential training to graduate students to support their development as aspiring mental health professionals." It is well recognized that experiential training is necessary for trainees to become more fully competent. Our core values which are part of our mission statement further articulate that training is done in a "caring and easily accessible" manner in an environment which supports "mutual collaboration" and growing independence. Our training also emphasizes early, clear, and direct feedback, both critical and supportive, to help trainees meet or exceed professional standards of competency. Finally, we state that we value provision of high-quality psychological training that meets or exceed professional standards in training.

Our training is based on the premise that we have a serious responsibility in preparing the next generation of practitioners in the field of mental health. Our training plans are designed to meet the eventual licensure requirements of the State of Ohio. We abide by the requirements of the Ohio Board of Psychology and the Ohio Counselor, Social Work, and Marriage and Family Therapy Board. Our training plan incorporates the training criteria of the Association of Psychology Post-Doctoral and Internship Centers (APPIC) and the Standards of Accreditation (SOA) of the American Psychological Association for doctoral psychology trainees. It incorporates the standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) for counseling trainees. It incorporates the standards of Council on Social Work Education (CSWE). Our program design draws from the

practitioner-scholar model of psychological practice with an emphasis on providing holistic and multicultural care.

We regard the practitioner-scholar model of practice as the most appropriate paradigm for clinicians in the mental health. While our primary emphasis is on training trainees to become practitioners, we believe that psychological practice must be informed by the body of psychological literature. We consider awareness of psychological research and scholarship as essential to competent practice.

We emphasize trainees' development of multicultural awareness and respect for human differences. CSUCC is part of an urban university with a variety of traditional and non-traditional students. Our clients come from a variety of backgrounds and present with a wide range of issues. Therefore, we acquaint trainees with a variety of therapeutic modalities. We also assist trainees in empowering clients to advocate for themselves and in engaging in systems change and advocacy through consultation and prevention committee work. Our training also emphasizes treating clients holistically, recognizing the interplay between the psychological and the physiological, and accounting for contextual factors that influence clients' well-being.

We take a three-pronged approach to training by using didactic, modeling, and experiential techniques, with emphasis on the latter. The didactic portion of our program includes seminars, case consultations, and in-service trainings. Modeling and experience are integrated in an trainee's daily service activities and interactions with the senior staff. We seek to balance collegiality with modeling appropriate professional behaviors and boundaries.

Our training programs are designed to be sequential, cumulative, and graded in complexity. Cases assigned to trainees are screened by the clinical coordinator (with input from supervisors, senior staff, and trainees) to match the developmental level and interests of each trainee as they progress through the year. Seminar content becomes more complex over time and some seminars build on material presented in previous meetings. As the trainees progress through the year, the nature of supervision also changes (as appropriate) to be less directive/instructional and more supportive/facilitative. Increasingly throughout the year, interns are encouraged to act more independently. For example, a trainee might initially present a workshop together with a senior staff member and then provide a workshop alone or with another trainee. Advances trainees are also encouraged to develop their own ideas for outreach and groups and are supported in providing these services.

Overall, we endeavor to offer a training program that is flexible and individually-tailored. We value creative thinking and also recognize that each trainee has unique developmental needs. We seek to provide an environment which nurtures our trainees as they develop their professional skills and identities while also providing the critical corrective feedback needed for trainees to reach their full potential and meet competencies.

THE TRAINING EXPERIENCE

Training offered by the CSU Counseling Center is designed to be systematic and developmental. We are committed to providing a training experience that prepares interns to function as generalists and Health Service Psychologists, comfortable in the many roles assumed by university counseling center practitioners. Therefore, a broad range of training experiences are offered.

ORIENTATION

Orientation occurs during the three weeks prior to the start of fall semester in August. Interns are trained in how to conduct telephone screenings, intakes, crisis walk-ins, and group therapy, among other counseling center activities. A particular emphasis on providing services via telehealth is incorporated into orientation as needed to ensure high quality client care and intern confidence in providing services via this platform. Each week, interns begin a new activity, with intake and therapy typically beginning at the end of the first week or beginning of the second week, telephone screenings typically beginning in the second week, and crisis services typically beginning in the third week. During the second week, interns typically co-facilitate trainings for Residence Life staff, and in the third week, they typically help train practicum counselors. By the beginning of fall semester, they are able to engage in the primary clinical activities at the counseling center.

DIRECT SERVICE ACTIVITIES

Direct services activities include a range of services and usually comprise approximately 40 percent of a trainee's duties on a weekly basis. We require interns to acquire a total of 500 hours of direct service activities during the internship year, since this is the requirement for licensure in many states. Direct service activities include:

- **Individual Counseling and Psychotherapy.** Full-time interns carry an individual caseload of approximately 14-18 clients per week. The cases are pre-screened so that progressively more difficult cases can be assigned as the intern's abilities develop. Cases are often assigned based on intern's areas of expertise and areas of

growth. Cases typically reflect the diversity of the students seen at the CSU Counseling Center, both demographically and in terms of the severity and nature of concerns.

- **Couple Counseling.** Interns may have the opportunity to see one or more couples in conjoint therapy with a senior staff member based on intern interest and client availability.

- **Crisis Walk-In/Phone-In**. Interns are available for assigned crisis walk-in/phone-in hours each week and typically see a range of crisis clients over the year of internship, from clients with anxiety attacks or adjustment concerns to clients needing hospitalization. Senior staff are available to consult, support, or take point on a crisis session, as needed, to support intern development and ensure client safety.

- **Assessment.** Interns are trained on personality and symptom assessment, primarily via training in the MMPI. MCMI, and the CCAPS.

- **Group Counseling.** Interns typically co-lead counseling/therapy groups together with senior staff members. Interns may also work together or individually to provide psycho-educational or support groups, based on their experience and ability. It is possible for interns to develop a group for the Spring semester based on their expertise, interest, and/or client need.

- **Outreach and Consultation.** Interns typically co-present a Residence Life training in their second week. Over the course of the year, Interns are expected to conduct at least 8 outreach presentations or workshops with at least 3 occurring in the Fall and 3 occurring in the Spring semester. In addition to filling outreach requests, interns must develop a consulting relationship with a group or department on campus and provide plans for a targeted workshop or training that meets the group's needs. Interns also have the opportunity to serve on campus-wide committees for suicide prevention, Well Fest planning, and alcohol and other drug prevention. Senior staff assists interns in developing initial relationships with outside groups and departments to help facilitate this consultation.

SUPERVISION AND TRAINING ACTIVITIES

Supervision and training activities are designed to provide interns with practical training and a variety of supervisory styles in a supportive environment. Interns are matched with individual supervisors and are also encouraged to consult with any member of the senior staff. This is congruent with our "open door policy" for consultation that encourages staff to keep their office doors open as much as possible to help encourage informal consultation with trainees. Throughout the training year, interns will have the opportunity to work closely with all senior staff members both informally and formally.

- **Individual Supervision (2 hours per week).** Interns are matched with a different senior staff supervisor for each half of their time here and meet with that supervisor for two hours each week. Each intern's supervision needs as well as their preferences are taken into consideration when making these supervisory matches. This supervision focuses on the intern's individual caseload and their professional development. Individual supervisors use client test results, interns' client notes, and video recordings to give feedback to help the intern develop as a clinician.

- **Additional Supervision (2 hours per week)** Each week, interns receive two additional hours of supervision. During the fall semester, this usually consists of Supervision of Group and Group Supervision. During the spring semester, interns usually receive Supervision of Group and Supervision of Supervision. Interns also receive group supervision as part of full staff case conference each week. During any breaks when group is not offered, two hours of Group Supervision are provided. This flexibility is designed to provide the necessary supervision without limiting interns' ability to schedule clients and conduct experiential learning. The Training Director is responsible for ensuring interns receive two hours of additional supervision each week.

    - **Supervision of Group (weekly, 1/2 -1 hour per group).** Each intern receives supervision regarding their group facilitation. Most interns facilitate two groups per week during fall and spring semesters and receive a half-hour of supervision per group. Usually, the senior staff co-facilitator of the group provides this supervision.

    - **Group Supervision (1-2 hours per week).** Once each week during fall semester, the interns meet together as a group with a member of the training committee. Throughout the year, interns present cases during selected group supervision sessions and receive feedback on the case. Interns will provide a

written case presentation during group supervision during the fall semester and will later present a written, formal case presentation to the staff prior to the completion of internship. When cases are not presented, various professional topics may be a focus as they are relevant to the interns' cases, such as outreach planning, crisis challenges, professional development, and multicultural issues. During the summer and breaks between semesters, group supervision occurs twice weekly.

- **Supervision of Supervision (1 hour per week, second semester).** During the spring semester, interns typically have the opportunity to supervise a practicum counselor. During this time, they receive weekly Supervision of Supervision in which they show recordings of their supervision work to receive feedback and provide peer feedback and support to each other.

- **Intern Seminar (2 hours per week).** This is a series of educational programs provided for the interns by the senior staff and other experts in the community. Intern training topics vary based on staff availability and intern interest. Previous intern seminar topics have included:
  - ACT therapy
  - Animal assisted therapy
  - Attachment interventions
  - Autism treatment and assessment
  - Bipolar and emergency psychiatric disorders
  - Career counseling
  - Child development and family systems
  - Common factors and theoretical orientations
  - DBT therapy
  - Eating disorder interventions
  - EPPP preparation
  - Family therapy
  - Feminist therapy
  - Gambling interventions
  - Gestalt therapy for emotional awareness and trauma work
  - Grief and Loss interventions
  - Group therapy
  - Motivational interviewing
  - Ohio psychology law

- Outreach
- Personality assessment
- Process in therapy
- Professional identity
- Providing supervision
- Psychopharmacology
- Psychiatric emergencies
- Self-compassion interventions
- Sleep interventions
- Substance use treatment
- Talking about sex with clients
- Telehealth
- TF-CBT and racial socialization
- Trauma informed case management
- Treating pregnancy related trauma
- Working with clients who aged out of foster care
- Working with clients who are adopted
- Working with disabled clients
- Working with international students
- Working with LGBT+ clients
- Working with refugee clients
- Working with neurodivergent students
- Working with student athletes
- Working with trans* students

- **In-Service Training (2-3 times per year).** Interns participate with senior staff in in-service training seminars in which a local expert, a national organization, or a member of the senior staff present on a topic of interest. Previous in-service training topics have included:

    - Race-Based Traumatic Stress and Healing: A Treatment Roadmap for Helping Professionals
    - Prioritizing Sleep Changing Campus Culture, Improving Counseling Center Response and Interventions
    - Trans Affirming Care and Practice
    - Trauma and Loss among College Students in a Post-Covid World

- When Politics Get Personal: Sociopolitical Stress and College Student Mental Health
- Applications of An Ethical Perspective to Contemporary Issues
- Assessment, Intervention, and Critical Response to Violence on Campus: What We Know and What We've Experienced

- **Senior Staff, Intern, and Psychiatry Case Consultation (1 hour per week).** Interns participate in senior staff case conferences which occur weekly and include the psychiatrist. These meetings count toward group supervision hours for interns. High risk cases, challenging cases, cases with psychiatry and counseling, cases that involve case management, and campus CARE Team concerns are discussed at this time, allowing for input from more staff and across disciplines.

- **Professional Development (variable).** Interns are encouraged to attend professional conferences and seminars. Continuing education workshops on campus can be attended for free, and some financial support may be available for other trainings. Interns are encouraged (but not required) to attend the Ohio Psychological Association convention in the spring. Interns often present posters on their dissertation/research at one of these conferences to fulfill (in part) the research competency requirement.

ADDITIONAL ACTIVITIES

- **Supervision of Practicum Counselor (weekly in spring semester).** We are typically able to offer interns the experience of serving as the primary supervisor for a practicum counselor during the spring semester. The intern's individual supervisor provides umbrella supervision, and the intern receives Supervision of Supervision each week. Interns may also have the opportunity to supervise group supervision with practicum students.

- **Staff Meetings (2-4 hours per month)**. Interns participate as full staff members in weekly staff meetings. They are encouraged to report on consultations and outreach, give insight about decisions, and provide their own perspective on issues under discussion. The staff meetings are important in helping interns in systems-level training as they often address systems-level issues at CSU.

- **Committee Meetings (variable).** Interns are encouraged to serve both on internal Counseling Center Committees as well as on University-wide committees. This committee work may be short-term (in the case of an ad-hoc committee formed to address a particular issue) or the work may span the entire year in a standing committee. Interns are especially encouraged to participate on the internal Intern Selection Committee and/or the campus-wide Well Fest planning committee.

- **Research and studying (up to 2 hours per week).** Full-time interns may devote up to two hours per week for dissertation research or studying for their licensure exams. This work must be done at the Counseling Center (or can be done remotely if in-person work is not possible), cannot substantially interfere with counseling center functioning, and cannot interfere with interns meeting minimum hours (e.g. in areas of direct service, supervision, etc.).

- **Note Writing, Preparation, and Case Management (approximately 5 hours per week).** Interns are provided time each week to complete clinical notes, prepare for sessions, prepare for supervision, and conduct any case management work for clients. Interns may have several clients working with the campus and/or Counseling Center Care Manager and may choose to update the CARE Team on progress or concerns.

- **Fun Hour.** We designate 1 hour a month as a time for team building and staff bonding. We have an annual pumpkin painting day and an annual photo scavenger hunt. Other activities have included coloring parties, card games, going for walks together, puzzle competitions, and more.

EXPECTED COMPETENCIES FOR PSYCHOLOGY INTERNS

The aim of our training program is to prepare interns to function competently and independently as health service psychologists.

Our strategy for the assessment of intern competence focuses on the nine profession-wide competencies outlined in the American Psychological Association's Standards of Accreditation (SOA), Doctoral Internship Programs:

1. Research
2. Ethical and Legal Standards
3. Individual and Cultural Diversity

4. Professional Values, Attitudes, and Behaviors
5. Communication and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and Interprofessional/Interdisciplinary Skills

Each of these competencies has associated elements represented by questions on the quarterly comprehensive evaluation form (see Appendix A). This form was adapted for our use from the Competency Benchmarks in Professional Psychology: Rating Form, developed by the APA Education Directorate; see http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx

Before the spring semester begins (about half-way through the internship year) and at the end of internship, the intern's individual supervisor completes the Performance Evaluation form with input from other staff. In order to ensure that evaluation is based on observed behaviors, specific observed behaviors are rated by staff (e.g., formal case presentation, outreach, etc.), and these ratings are provided to the individual supervisor for consideration in the overall evaluation. Supervisors also provide an informal evaluation each quarter to help shape the focus of supervision and to raise awareness of any performance problems early in the year.

Brief rating forms used for these observations include the relevant items from the Performance Evaluation with room for comments and suggestions. The specific rating forms are for the following:

- One formal case presentation is given to staff with case summary, and staff provide ratings and comments, typically in the spring semester. This includes demonstrated ability to integrate relevant research. Interns will also write-up and complete a case presentation in group supervision in the fall to demonstrate writing and conceptualization abilities.
- Supervisor for fall semester views and rates one full client session
- Supervisor for spring semester views and rates one full client session and if available, one full supervision session of practicum counselor
- One outreach presentation is observed by (or co-presented with) a senior staff member and rated

- One consultation/liaison project or other consultation experience is observed by a senior staff member and rated (e.g., an intern may coordinate a consultation project with another CSU department and write a summary about the project, a staff member may attend a committee meeting or may review a recorded phone consultation an intern provided, etc.)

Minimum Levels of Achievement (MLA)

The Performance Evaluation uses a Likert-type scale to represent the level of performance for each item:

1 Does not demonstrate competent performance at this time; needs further training and/or close supervision (approximate early practicum level or below)

2 Performs at a competent level some or most of the time with some supervision (approximate advanced practicum level)

3 Performs consistently at or above a competent level with minimal supervision (approximate intern level)

4 Performs consistently above a competent level with little to no supervision (approximate post-doctoral level)

5 Performs consistently well above competent level with no supervision, using consultation as appropriate (approximate licensed psychologist level)

N/O No opportunity to observe

Minimum levels of achievement for each area on the evaluation by the end of internship are a rating of 3: "Performs consistently at or above a competent level with minimal supervision." When formative evaluations throughout internship have ratings below 3, these result in closer supervision or a remediation plan (see section on remediation) to support each Intern to attain the minimum level of achievement by the end of internship.

INTERN SCHEDULE OF ACTIVITIES

HOURS OF WORK

Interns' official start date is August 4th. If this date falls on a Saturday or Sunday, Interns report to work for the first time the following Monday. Interns then must complete 2000 internship hours (including a minimum of 500 direct service hours, 100 hours of individual supervision received, and 100 hours of group supervision received by August 3rd of the following year)

Interns work 40 hours per week in order to meet this requirement. Due to federal law, interns cannot work more than 40 hours in a given week. Interns complete their hours during the Counseling Center's normally open hours of 9:00 a.m. - 5:00 p.m. Monday through Friday.

Clients may never be seen unless a senior staff member is present in the Center (or available remotely). As Interns are employees of the university and receive employee benefits, sick time and vacation time can be counted toward the 2000 internship hours. Also, as Interns are hired to a 1-year contract, they must work their regular hours for the entire year, even if they have already reached the 2000 hour minimum.

SAMPLE INTERN SCHEDULE

Breakdown of Weekly Activities:

This is an estimate of how many hours are spent in each activity per week. Actual hours spent on each activity per week vary.

Training Activities:
2 hours Intern Seminar
2 hours Individual Supervision
1-3 hours Group Supervision
1 hour Supervision of Supervision (during spring)
0-1 hour Additional Supervision (as needed)

Professional Service Activities:
14-18 hours Individual and/or Couple Therapy
2-4 hours Screenings and Crisis coverage
2 hours Group Therapy
0-4 hours Assessment
1-2 hours Outreach
1 hour Supervision of Practicum Counselor (in spring)
1 hour Consultation or Committee work
2 hours Staff Meeting and Case Consultation
5-10 hours Case Management, Notes, Clinical Preparation

Example week:

Here is an example week from a recent intern. Please remember this varies from week to week.

Monday:
9:00-10:00 Administrative time
10:00-11:00 Client (attended)
10:00-10:30 Supervision of group
10:30-11:00 Administrative time
11:00-12:00 Providing supervision
12:00-1:00 Administrative time
1:00-2:00 Client (attended)
2:00-4:00 Individual supervision
4:00-5:00 Client (attended)

Tuesday:
9:00-10:00 Dissertation time
10:00-12:00 Intern seminar
12:00-1:00 Administrative time
1:00-3:00 Walk- in coverage
3:00-4:00 Phone screenings
4:00-5:00 Client (rescheduled)

Wednesday:
9:00-10:00 Intake (attended)
10:00-11:00 Staff Meeting
11:00-12:00 Group Supervision
12:00-1:00 Administrative time
1:00-2:00 Group therapy
2:00-3:00 Client (attended)
3:00-4:00 Intake (attended)
4:00-5:00 Administrative time

Thursday:
9:00-10:00 Dissertation time
10:00-11:00 Client (rescheduled)
11:00-12:00 In-service training
12:00-1:00 Client (attended)
1:00-2:00 Administrative time
2:00-3:00 Supervision of Supervising
3:00-4:00 Client (attended)
4:00-5:00 Administrative time

Friday:
9:00-10:00 Administrative time
10:00-11:00 Client (attended)
11:00-12:00 Client (rescheduled)
12:00-1:00 Client (attended)
1:00-2:00 Client (attended)
2:00-3:00 Administrative time
3:00-4:00 Phone screenings
4:00-5:00 Administrative time

COMPLETION OF INTERNSHIP

Successful completion of the internship involves the fulfillment of the following:

- Accrual of 2000 internship hours (including 500 direct service hours, 100 hours of individual supervision received, and 100 hours of group supervision received) at the CSU Counseling Center
- Completion of 8 outreach programs or workshops (e.g., Residence Life training, Academic Skills Workshop, etc.)
- Satisfactory completion of one integrated assessment (includes assessment interview, administering tests, scoring tests, conceptualization and recommendations, feedback session, and integrated report)
- Satisfactory completion of one formal clinical case presentation to senior staff with written report which includes demonstrated integration of research
- Completion of consultation/liaison project (when possible) or satisfactory completion of another consultation activity (e.g., committee work outside the Center, etc.)
- Demonstrated competencies as measured by obtaining the minimum level of achievement on the final performance evaluation in each of these nine profession-wide competencies:

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

Interns who meet these criteria will be given a certificate signifying the satisfactory completion of the internship.

POLICIES AND PROCEDURES

Interns are expected to abide by our CSUCC Policy and Procedure Manual (which will be given to them during orientation), Ohio state laws governing psychology, APA ethics, and the Policies and Procedures of CSU. Part of that is a series of expected professional behaviors for all of our trainees, which we've included here:

We hope that trainees have a fantastic year with us. The following guidelines (adapted from Carina Sudarsky-Gleiser, Ph.D., William & Mary Counseling Center and other ACCTA contributors) have been established as being helpful in making explicit from the start of internship clear professional expectations:

GENERAL

1. Activities for all hours are to be logged in Titanium. If required by your program, you may also want to use Time to Track or other logging software.
2. You are expected to be at CSUCC during all scheduled times, even if you do not have clients scheduled. If you do not have any CSUCC-related tasks left to complete, you are welcome to use your time for homework, reading, etc. It is no problem for you to quickly step out to grab lunch or such, but please let our Administrative Coordinator know so they can reach you if needed.
3. Please let your supervisor know via text or phone if you will be late in the morning or need to leave early for some reason. They in turn, can make timely client cancellations and advise others of your absence
4. To help with communication, it is expected that trainees will read email at least twice (morning and afternoon) during the days they are on-site. Please reply to all emails that are asking for your response or input within two working days. Please use CSU email for CSUCC related communications (except for psychiatry residents). Please do not set your CSU email to forward to a different email account.
5. If text is used to communicate about work-related things, do not use client names or identifying information.
1. Our staff strives to balance appearing warm and approachable while maintaining a professional image. In terms of dress code, we ask that you adhere to attire which corresponds with our professional role. Generally, this means business casual and no jeans, no t-shirts, no crop tops, no sweats or casual athleisure wear, and no shorts. On Fridays, jeans and CSU t-shirts are allowed. Please feel free to ask if you have any questions about attire. We will gladly consider exceptions based on

cultural or accessibility concerns. If you need assistance in finding low cost professional attire, please speak with your supervisor.

6. Please consider the following when conducting outreach presentations: Confirm the location, time and that you will be facilitating well in advance with the sponsor; confirm any technology needs; try to print out handouts the day before; arrive early to be sure doors are unlocked, computer and projector are working; have a back-up plan for your presentation (example: saved on a jump drive and emailed it to yourself).
7. Before absences can be approved ahead of time, you must arrange for your own coverage if you need to be away from the office on the day you have walk-in or screening times. Please arrange for coverage and submit the request form.
8. In order to maintain a comfortable and clean kitchen area, it is encouraged that we all clean any area or appliance we use. Cleaning as soon as something spills is easier than cleaning after it has dried out. Please inform us if there are any cleaning supplies that are needed. Everyone is expected to sign up for a few weeks of kitchen clean up duty.
9. The front office is front desk staff's only office space. Please be respectful of their privacy and personal space while in this area. Please also wait until there are no clients at the window if you need to ask them something. They are skilled at multi-tasking but it may become confusing when their attention is called in different directions.
10. Be an active participant in supervision, case conference, and other meetings. We value and want to hear your input. Try to find the best way of making suggestions where they can "easily be heard" by other participants.
11. Take a teamwork approach and volunteer to help out with projects, outreach, crisis situations, etc. when you are available to do so.
12. There may be times when you will need to use CSUCC office equipment for educational purposes (dissertation, contact with graduate program or committee members, etc.). Please take into consideration when others may need the equipment for business purposes. For personal printing or copies, there is an envelope for you to leave cash to pay.
13. Please consider the following when conducting an internship search: ask for letters at least 4 weeks in advance; provide supervisors with details about the job that you would like highlighted in the letter; provide a list of due dates & how to submit the letter.

CLINICAL

1. If any concerning or emergency situations arise with clients between supervision sessions, student clinicians should consult immediately with any senior staff member who is available (this should be the trainee's supervisor if they are available). As soon as possible, one's supervisor should be informed of the situation or concern.
2. Student clinicians will follow the ethical guidelines of their supervisor's field (APA, NASW, ACA, etc.) and adhere to the laws of the State of Ohio governing clinical practice.
3. Confidential information (clients' files, case notes, reports, assessment measures, etc.) is to be kept at the CSUCC. Remember that the Ethics Code emphasizes the obligation to protect confidential information.
4. Assessment instruments are not to leave CSUCC (unless they are public assessment measures). Remember that the Ethics Code addresses the need to maintain the integrity and security of test materials and the confidentiality of test data.
5. Please do not respond to texts or calls during client sessions, supervision, or meetings unless it is an emergency or you have already let people know in advance that you might be receiving an important call. Unless expecting an emergency call, phones should not be visible during client sessions.
6. A new consent form for supervision is to be completed in the spring and/or summer if there is a change of supervisor for that client between semesters. Informed consent regarding supervision requires that clients are not only informed that a trainee is under supervision but also the names of the supervisors.
7. In nearly all of your written communications to third parties regarding clients, your supervisor's signature is required. Please consult with your supervisor.
8. Schedule time off with as much advance time as possible to minimize any cancellation of client appointments or screenings.
9. You are welcome to bring personal items that add to your office décor. If you share an office you might check in with the other persons as to whether they would welcome the addition you are considering. Also, while professional office décor may reflect our individual preferences, remember to consider how they might soothe, (dis)comfort, affirm, or cheer clients. Political messaging is not allowed as we are a state institution.
10. Maintain appropriate privacy settings on Facebook, Instagram, Twitter, and other social media. We do not allow counselors to friend or follow their clients.
11. Be mindful that other people may be in session when you converse with colleagues in the hallways or kitchen areas. As the waiting room does not have a door, no clinical discussions may happen in the hallways.

12. We recognize that as future professionals, you may choose to do concurrent documentation or use AI as part of your documentation. However, these are not allowed as part of your training as CSUCC. Exceptions to this must be approved by your supervisor and the Director.

TRAINING

1. Test all equipment (e.g., your digital camera) before your first initial therapy session.
2. Be conscious of your time management - starting/ending sessions on time, coming to meetings and supervision on time, communicating with other providers (e.g., a referring physician) in a timely manner.
3. Please keep in mind that the CSUCC staff is committed to training and to the professional and clinical development of trainees. Feedback is provided with the intent of promoting growth. It is the hope of the staff that trainees would recognize that the aim of the corrective feedback offered them during the year is to create possibilities and stimulate growth. Similarly, the staff appreciates constructive feedback from students. We are interested in learning if there are ways in which we can better address your training needs.
4. Please follow through on requests from your supervisor without having to be asked repeatedly.
5. Peer consultation is an important component for professional growth. As such it is expected that you will participate in the discussions of each other's case presentations.
6. Let the Practicum Coordinator/Training Director know, in a timely manner, if there is an issue with another member of your cohort and/or staff after your attempts to resolve it informally have not been successful.
7. Each week prior to supervision, designate at least one recording of a counseling session for your supervisor to review. Trainees will seek out supervisors at the appointed time for supervision and come to supervision prepared with an agenda that will take at least as much time as you have and probably more. Trainees must follow any and all directives given by supervisors. If unable to follow a directive, please bring this to the Training Director or Director.
8. We strive to make CSUCC a welcoming space for all. Discrimination, harassment, or unkindness will not be tolerated.

9. I understand that my training placement at the CSUCC may make me ineligible to receive counseling services from the Center now and in the future because of the potential for a dual relationship with my counselor. If I desire counseling, I will discuss my needs with my supervisor or a member of the senior staff. Every effort will be made to help me receive appropriate services, but I may be denied services or have to go elsewhere.

SOCIAL NETWORKING

Trainees are encouraged to consider the implications of various forms of electronic information that might be easily accessible to the public. Trainees should seek to identify and manage various forms of unintentional self-disclosure.

- Never post anything about counseling sessions on a social networking site even if personally identifiable information is concealed. Such posts undermine the public's trust in mental health professionals and the belief that they respect their clients' dignity and confidentiality.

- Internship programs report conducting web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicants in the match.

- Clients are conducting web-based searches on counselors' names and finding information about counselors (and, sometimes declining to come to clinics based on what they find).

- Potential employers are conducting on-line searches of potential employees prior to interviews and job offers.

- Postings to certain listservs, blogs, Twitter, YouTube, etc. might reflect poorly on oneself, CSUCC, and mental health professionals in general. Anything on the internet is potentially available to all who seek, particularly if someone decides to forward it on to others.

- Although signature lines in emails are ways of indicating your uniqueness and philosophy, one is not in control of where the emails could end up and might affect how others view you as a professional. Quotations on personal philosophy or religious beliefs, might elicit adverse reactions from other people.

- Trainees are reminded that, if you identify yourself as a trainee associated with CSUCC, then we have some interest in how you portray yourself. As a preventive measure, be very careful about how you utilize online blogs and websites that include personal information. Before posting something, consider whether there is anything posted that you would not want your supervisors, program faculty, current/future employers, or clients to read or view.

TRAINEE TIME AWAY

Although it should generally not occur, there are times when a counselor may have to be away for a week or more during a time when the CSUCC or CASC are normally open for clients. It may also occur on occasion that a counselor is unable to maintain their caseload for a time. Under such circumstances, the following procedure should be followed:

1. Whenever possible, the counselor should begin by contacting their supervisor (either in person, by phone, or by email) about the planned time away to get any overarching information that may be relevant to the subsequent planning process.
2. The counselor should next work with their supervisor in advance of the planned time away to identify plans for the continuity of care for each of the counselor's clients.
3. The counselor should document in the client's record the plan and the actions taken to maintain the client's care. This needs to occur in the record for each client affected by the counselor's absence prior to the counselor's time away whenever possible. The supervisor should sign off on the plan in the record.
4. The counselor needs to then document in the client's record the discussion of the plan and the actions with the client along with any adjustments needed after discussing the plan/actions with the client. Any adjustments should be approved by the supervisor.
5. The counselor should inform the Director and supervisor once the above steps have been taken.
6. Many options exist for maintaining client continuity of care and the most appropriate action for each case should be determined in consultation with the case supervisor. Some options include, but are not limited to, one of or a combination of the following:
    - Identify another counselor who could see the client during the counselor's time away.

- Identify therapeutic homework during the counselor's time away.
- Provide referrals to external agencies in case the client needs to be seen and no counselors at CSUCC or CASC can take over the case during the counselor's time away.
- Provide emergency phone numbers or a plan for social support during the counselor's time away.

POLICY ON RECORD KEEPING OF INTERN PERFORMANCE, COMPLAINTS AND GRIEVANCES

We are required to keep confidential secured permanent records on our interns and to let you know that these records exist.

The APA Standards of Accreditation (SOA I.C.4.a) require a permanent record of intern Performance, and (SOA I.C.4.b) requires a permanent record of intern Complaints and Grievances. For the CSU Counseling Center, the Training Director will maintain an electronic record which includes

- For each internship year
  - Schedule of Orientation and Trainings
  - Training Manual
  - Any records of Intern complaints or grievances
- For each Intern
  - Mid-year and Final Performance Evaluations
  - Any records related to remediation plans
  - Certificate of Completion
  - Report of Hours from Titanium, signed by the Training Director

PROCEDURES FOR REMEDIATION OF PERFORMANCE CONCERNS FOR INTERNS

GENERAL GUIDELINES

During orientation, Interns will receive the Procedures for Remediation of Performance Concerns as part of the Training Manual. Performance Concerns may include (1) lack of mastery of required competencies and/or (2) failure to achieve program expectations. Both required competencies and program expectations will be discussed in detail with Interns during orientation.

While concerns about an Intern's performance can often be addressed through remediation and skill building, the Counseling Center Director reserves the right to immediately suspend or dismiss an Intern from the internship for conduct which constitutes a gross ethical violation of the counselor-client relationship, endangers or has the potential to endanger a client, or other serious misconduct. An Intern who is suspended or dismissed may seek review of that decision (see below).

INFORMAL PROCESS OF ASSESSING INTERN PERFORMANCE

Senior Staff Members will endeavor to bring concerns about an Intern's performance to the attention of the Intern's Supervisor on a timely basis, during regularly scheduled training meetings, informally or through other means, to promote the Intern's professional growth. The Intern's Supervisor will endeavor to record such concerns in the Supervisor's Notes and share the concerns with the Intern.

Whenever possible, the Supervisor will address concerns about an Intern's performance early and informally. The Supervisor will maintain a written record of efforts taken to address concerns with the Intern.

The Supervisor will inform the Training Director when (a) the informal process does not result in improvement of an Intern's performance and/or (b) the Supervisor believes the Intern may not improve performance enough to satisfactorily complete the Internship. If the Training Director, with input from the Supervisor (and possibly the Training Committee), believes that the Intern is below competency on three or more items of the Intern Performance Evaluation (i.e., a score of "2" on three or more items) or substantially below competency on one or more items of the Intern Performance Evaluation (i.e., a score of "1" on one or more items), at any time during the Internship, the Training Director will initiate a Remediation Plan. Likewise, if the Training Director believes that the intern may not meet the requirements of the Internship (e.g., may not obtain 500 direct hours, etc.), the Training Director will initiate a Remediation Plan. Upon initiation of a Remediation Plan, the Training Director will document the decision and the basis for it.

FORMAL REMEDIATION

The Training Director and the Intern's Supervisor will meet within seven business days of the Training Director's decision to place the Intern on a Remediation Plan to identify performance concerns which may include: the required competencies that the Intern has not mastered, the program expectations which the Intern has failed to achieve, and/or the

basis for concern that the Intern may not successfully complete Internship. The Training Director will document the content, date, and attendees of this meeting.

When an Intern is placed on a Remediation Plan, the Training Director will inform the Intern's Home Academic Program. The Training Director will provide the specific performance concerns and will seek input from the Home Academic Program in developing a Remediation Plan for the Intern.

The Training Director and the Intern's Supervisor will meet with the Intern within seven business days of the Training Director's previous meeting to discuss the specific performance concerns with the Intern. At this time, the Intern will have the opportunity to provide input about the content and structure of the Remediation Plan. However, the content and structure of the Remediation Plan is ultimately the decision of the Training Director.

The Training Director and Supervisor will present the Remediation Plan to the Intern within fourteen business days of the meeting above. The Remediation Plan will identify the performance concerns, including required competencies which the Intern has not mastered, the program expectations which the Intern has failed to achieve, and/or the basis for concern that the Intern may not successfully complete Internship. The Remediation Plan will also specify the period for remediation and any conditions to be placed on the Internship during the remediation period.

The Intern will acknowledge receipt of the Remediation Plan in writing by signing the Remediation Plan.

During the remediation period, the Training Director and Supervisor, in consultation with Senior Staff Members, will assess the Intern's progress towards achieving the Remediation Plan goals.

At the conclusion of the remediation period, the Training Director and Supervisor will make a determination that: the Intern has successfully completed the Remediation Plan; the Remediation Plan Period will be extended for a period, the duration of which is determined by the Training Director and Supervisor; or, the Intern has failed to successfully complete the Remediation Plan. If the Training Director determines that the Intern has failed to successfully complete the Remediation Plan, the Internship will be terminated and the Intern will be dismissed from university employment.

During the remediation period, the Training Director will keep the Intern's Home Academic Program informed of the Intern's progress towards completion of the Remediation Plan. At the conclusion of the remediation period, the Training Director will advise the program of the outcome in a timely manner.

If the Intern is dismissed from university employment and believes they were unfairly dismissed based on the criteria in the Professional Staff Personnel Policies Manual, they may choose to appeal the dismissal through Human Resources by notifying HR within ten days of the dismissal. See the Professional Staff Personnel Policies Manual, p. 18, accessible online at: https://mycsu.csuohio.edu/offices/hrd/labor_relations.html. If an appeal is entered with HR, that process will conclude before any internal review and appeal at the Counseling Center. If HR determines that the Intern should not have been dismissed, the Intern will be reinstated and will be provided further opportunity to demonstrate competence. If HR upholds the dismissal, the Intern may then request a Review of the decision that they failed remediation. The request should be made to the Training Director within five business days of the Pre-Dismissal Hearing Report from HR.

REVIEW PROCESS

If the Intern failed to successfully complete the Remediation Plan and was dismissed, the Intern may request review of that decision. The request should be made in writing to the Training Director within seven business days of being notified of the failure, unless they first request an HR appeal of dismissal (see above).

Within ten business days of the Intern's request for review, the Counseling Center Director will convene the Review Panel, which will consist of at least two members of the Counseling Center clinical staff (or other appropriately qualified members as identified by the Director), none of whom currently serve as the Intern's Individual Supervisor.

At the Review Panel Meeting, the Intern will have an opportunity to present documents and advocate as to why the Training Director's decision that the Intern failed to successfully complete the Remediation Plan is incorrect. The Training Director and/or the Intern's Supervisor or designee may present documents and information as to why the Training Director's decision that the Intern failed to successfully complete the Remediation Period is correct. At the Review Panel Meeting, the Intern may question the Training Director and/or the Supervisor, and respond to their statements and the information presented.

The Review Panel may set reasonable limits on the Review Panel Meeting, including, without limitation, the duration of the Review Panel Meeting, the method or duration of the presentation or questions by the Intern, and whether any other witnesses may be called to provide information. The Review Panel will apply reasonable limitations equally to both sides. Each party may bring a support person but the support person may not actively participate in the Review Panel Meeting.

Within seven business days following the Review Panel Meeting, the Review Panel will determine whether to uphold the Training Director's decision or reverse it. The Review Panel may recommend modifications or extensions to the Remediation Plan as part of a determination to reverse the Training Director's decision that the Intern failed to successfully complete the Remediation Plan. The Training Director must adhere to the Review Panel's decision.

GRIEVANCE PROCEDURES FOR INTERNS

GENERAL GUIDELINES

During orientation, Interns will receive these Grievance Procedures for Interns as part of the Training Manual.

The Grievance Procedures provide an accessible and available framework for the identification and resolution of Intern concerns. Interns may initiate these procedures at any point during the Internship to address concerns which arise during the training experience.

The Counseling Center Director shall resolve all procedural questions about the operation of the Grievance Procedures, and the Counseling Center Director's decision as to such questions shall be final.

INFORMAL PROCESS

Interns are encouraged, but never required, to address concerns through direct interaction with the Counseling Center Staff Member most closely connected to the concern. Whenever possible, the Intern and the Staff Member should discuss the concern and attempt to achieve its satisfactory resolution. An Intern may request that a Senior Staff Member participate as a neutral third party to facilitate such discussion.

FORMAL GRIEVANCE PROCESS

If the informal process does not lead to a satisfactory resolution of the concern, or the Intern does not elect to address the concern through the informal process, the Intern may initiate the Formal Process by notifying the Intern's Supervisor.

Within ten business days of the Intern's initiation of the Formal Process, the Supervisor will: discuss the concern with the Staff Member(s) most closely connected to the concern; develop a written Plan for resolving the problem; discuss the proposed Plan with the Intern; consider the Intern's comments about the proposed Plan; prepare a written summary of the Plan; and implement the Plan.

Following the implementation of the Plan, the Supervisor will monitor the execution of the Plan and periodically check in with the Intern to assess whether the Plan has resolved the Intern's concern. (This Grievance Process may be adapted if the Supervisor's behavior is of primary concern to the Intern; the Intern may instead initiate the Grievance Process with the Training Director or Counseling Center Director).

If the Intern's concern is not resolved, the Intern may request a Review.

REVIEW PROCESS

The Intern's request for review by a Review Panel must be in writing and made to the Counseling Center Director.

Within ten business days of the Intern's request, the Counseling Center Director will convene the Review Panel. The Review Panel will consist of at least two members of the Counseling Center clinical staff (or other appropriately qualified members as identified by the Director), none of whom is, in the opinion of the Counseling Center Director, directly connected to the Intern's concern.

At the Review Panel Meeting, the Intern will have an opportunity to present documents and advocacy as to why the Plan is insufficient to resolve the concern or otherwise fails to resolve the concern. The Counseling Center Director or designee, the Training Director and/or the Supervisor may present documents and information as to why the Plan is a sufficient and acceptable resolution of the Intern's concern. At the Review Panel Meeting, the Intern may question the Counseling Center Director or designee, the Training Director

and/or the Supervisor about the basis for the Plan, and respond to their statements and the information presented.

The Review Panel may set reasonable limits on the Review Panel Meeting, including, without limitation, the duration of the Review Panel Meeting, the method or duration of the presentation or questions by the Intern, and whether any other witnesses may be called to provide information. The Review Panel will apply reasonable limitations equally to both sides. Each party may bring a support person but the support person may not actively participate in the Review Panel Meeting.

Within seven business days following the Review Panel Meeting, the Review Panel will determine whether to uphold the Plan, modify it, or reverse it and replace it with an alternative Plan.

APPOINTMENT DETAILS

Positions Available: The Counseling Center offers two intern positions each year.

Term of Service: Interns begin working on August 4th each year (or the first weekday after August 4th). Interns must complete their 2000 internship hours by August 3rd of the following year.

Stipend, Benefits, and Support: The stipend is $32,000. Interns are provided benefits of full-time staff including: vacation and sick time, health insurance, dental insurance, life insurance and retirement contributions. Please note that a 10% matched retirement contribution is required by the university. Interns are able to purchase a university parking pass if desired. They are issued a Viking I.D. card for access to the university library and computer system. Interns are also able to use the university's Health Services for routine medical services. Interns have private offices with windows, a computer in their office (with technical support from CSU's Information Services and Technology department), recording equipment, and furniture. Interns have access to the Counseling Center's book and brochure library as well as kitchen appliances. The Counseling Center has one full-time Administrative Coordinator who assists with administrative tasks. We ask that interns provide their own professional liability insurance and interns who wish to park on campus will need to pay for parking.

Accreditation Status of the Internship Program

The doctoral internship program at the CSU Counseling Center is accredited by the American Psychological Association (APA)

http://www.apa.org/ed/accreditation/index.aspx.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation American Psychological Association

750 1st Street, NE, Washington, DC 20002

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

Admissions:

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Internship Program Tables

Date Program Tables were updated: 9/8/26

Program Disclosures

As articulated in Standard I.B.2, programs may have "admission and employment policies that directly relate to affiliation or purpose" that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	_____ Yes __X_____ No
If yes, provide website link (or content from brochure) where this specific information is presented: N/A	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
The counseling center prefers internship applicants who are genuinely interested in and passionate about working in a university counseling center that values multiculturalism and trauma-informed care. Likewise, applicants who are seeking generalist training and value the importance of constructive feedback are also preferred. Applicants who are from APA-accredited doctoral programs in counseling or clinical psychology are also preferred. Applicants must be in good standing with their department and have successfully completed their comprehensive examinations at the time of applying and must have proposed their dissertation by the start of internship.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	**Yes**	No	Amount: 400
Total Direct Contact Assessment Hours	Yes	**No**	

Describe any other required minimum criteria used to screen applicants:
If needed, University Counseling Center experience will be used to narrow application pool

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	$32,000	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	**Yes**	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	**Yes**	No
Coverage of family member(s) available?	**Yes**	No
Coverage of legally married partner available?	**Yes**	No
Coverage of domestic partner available?	Yes	**No**
Hours of Annual paid Personal time Off (PTO and/or Vacation)	176	
Hours of Annual Paid Sick Leave	120	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	**Yes**	No
Other Benefits (please describe): Dental, Vision, Retirement (required 10% contribution which is matched) While we would try to work with an intern who requested an extended, unpaid leave, we are limited by the need for the full salary to be paid out within the allotted calendar year.		

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

Initial Post-internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2023-2026	
Total # of interns who were in the 3 cohorts	4	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	**EP**
Community mental health center		
Federally qualified health center		
Independent primary care facilitate/clinic		
University counseling center	1	
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		

Independent practice setting	1	2
Not currently employed		
Changed to another field		
Other		
Unknown		

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

Internship Classes:

2026-2027: No interns

2025-2026: No interns

2024-2025: Ifrah Sheikh (Georgia State University) and Brianna Ortega (University of San Francisco)

2023-2024: Kylie Lichtenstein (Carlow University) and Cris Wildmiller (Point Park University)

2022-2023: Chalita Antommarchi (Loma Linda University) and Andrew Gepty (George Washington University)

2021-2022: No interns

2020-2021: Christina Iapezzuto (Nova Southeastern University) and Katerina Istomin (Carlow University)

2019-2020: Ahmed Adetola (Marywood University) and Ashley Dandridge (Chatham University)

2018-2019: Erin Kotkowski (The American School of Professional Psychology at Argosy University) and Alicia Width (The Michigan School of Professional Psychology)

2017-2018: Chris Bober (The Michigan School of Professional Psychology)

2016-2017: Fabienne Leaf (Loma Linda University) and Brittany Sommers (Andrews University)

2015-2016: Angela Harrington (Carlow University) and Heather Spence (Antioch University – Seattle)

2014-2015: Stephanie Marasti-Georg (Carlow University and Brittany Tutena (Chatham University)

2013-2014: Preston Elder (Georgia Southern University) and Brooke Sanderson (Carlow University)

The internship at CSU Counseling Center dates back to the 2005-2006 academic year. The date of our initial accreditation by the American Psychological Association was the summer of 2018.

Contact information for the Training Director (please email or call if you have questions about our program)

Brittany Sommers, Ph.D., Psychologist

Director and Interim Training Director

Cleveland State University Counseling Center

1836 Euclid Avenue, UN 220

Cleveland, OH 44115

216-687-2277

b.sommers52@csuohio.edu

APPENDIX A: INTERN EVALUATION FORM

Cleveland State University Counseling Center

Intern Performance Evaluation

Trainee Name: Date Evaluation Completed:

Supervisor:

Rate each item by responding to the following question using the scale below:

1 Does not demonstrate competent performance at this time; needs further training and/or close supervision (early practicum level or below)
2 Performs at a competent level some or most of the time with some supervision (advanced practicum level)
3 Performs consistently at or above a competent level with minimal supervision (intern level)
4 Performs consistently above a competent level with little to no supervision (post-Doctoral level)
5 Performs consistently well above competent level with no supervision, using consultation as appropriate (independent practice)
N/O No opportunity to observe

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professionalism: as evidenced in behavior and comportment that reflects the values and attitudes of psychology.						
1A. Integrity and Accountability - Honesty, personal responsibility and adherence to professional values						
Monitors and resolves situations that challenge professional values and integrity; Independently accepts personal responsibility Examples: • Takes action to correct situations that are in conflict with professional values • Addresses situations that challenge professional values	1	2	3	4	5	N/O

- Enhances own professional productivity
- Holds self accountable for and submits to external review of quality service provision

1B. Deportment

Conducts self in a professional manner across settings and situations

Examples:

- Verbal and nonverbal communications are appropriate to the professional context, including in challenging interactions
- Flexibly shifts demeanor to effectively meet requirements of professional situation and enhance outcomes

1 2 3 4 5 N/O

1C. Concern for the welfare of others

Independently acts to safeguard the welfare of others

Examples:

- Communications and actions convey sensitivity to individual experience and needs while retaining professional demeanor and deportment
- Respectful of the beliefs and values of colleagues even when inconsistent with personal beliefs and values
- Demonstrates compassion for others who are dissimilar from oneself, who express negative affect (e.g., hostility)

1 2 3 4 5 N/O

1D. Professional Identity

Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice

Examples:

- Keeps up with advances in profession

1 2 3 4 5 N/O

2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) **and Context**						
Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation Examples: • Uses knowledge of self to monitor and improve effectiveness as a professional • Seeks consultation or supervision when uncertain about diversity issues	1	2	3	4	5	N/O
2B. Others as Shaped by Individual and Cultural Diversity and Context						
Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation Examples: • Uses knowledge of others to monitor and improve effectiveness as a professional • Seeks consultation or supervision when uncertain about diversity issues with others	1	2	3	4	5	N/O
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context						
Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation Examples: • Uses knowledge the role of culture in interactions to monitor and improve effectiveness as a professional • Seeks consultation or supervision when uncertain about diversity issues in interactions with others	1	2	3	4	5	N/O
2D. Applications based on Individual and Cultural Context						
Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work Examples:	1	2	3	4	5	N/O

- Adapts professional behavior in a manner that is sensitive and appropriate to the needs of diverse others
- Articulates and uses alternative and culturally appropriate repertoire of skills and techniques and behaviors
- Seeks consultation regarding addressing individual and cultural diversity as needed
- Uses culturally relevant best practices

3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines

Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines

Examples:

- Addresses complex ethical and legal issues
- Articulates potential conflicts in complex ethical and legal issues.
- Seeks to prevent problems and unprofessional conduct
- Demonstrates advanced knowledge of typical legal issues, including child and elder abuse reporting, HIPAA, confidentiality, and informed consent

1 2 3 4 5 N/O

3B. Awareness and Application of Ethical Decision Making

Independently utilizes an ethical decision-making model in professional work

Examples:

- Applies applicable ethical principles and standards in professional writings and presentations
- Seeks consultation regarding complex ethical and legal dilemmas
- Takes appropriate steps when others behave unprofessionally

1 2 3 4 5 N/O

- Identifies potential conflicts between personal belief systems, APA Ethics Code and legal issues in practice

3C. Ethical Conduct

Independently integrates ethical and legal standards with all competencies
Examples:

- Demonstrates adherence to ethical and legal standards in professional activities
- Takes responsibility for continuing professional development

1 2 3 4 5 N/O

4. Reflective Practice/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

4A. Reflective Practice

Demonstrates reflectivity in context of professional practice (reflection-in-action); acts upon reflection; uses self as a therapeutic tool; Accurately assess own competence; recognizes limits of knowledge/skills and acts to address them; Attends to personal well-being to assure effective professional functioning
Examples:

- Monitors and evaluates attitudes, values and beliefs towards diverse others
- Recognizes when new/improved competencies are required for effective practice
- Anticipates and self-identifies disruptions in functioning and intervenes at an early stage/with minimal support from supervisors
- Recognizes and addresses own problems, minimizing interference with competent professional functioning (uses appropriate self-care)

1 2 3 4 5 N/O

4B. Participation in Supervision Process

Independently seeks supervision when needed
Examples:

• Seeks supervision when personal problems may interfere with professional activities • Seeks supervision when working with client problems for which he/she has had limited experience to ensure competence of services	1	2	3	4	5	N/O

Comments on Professionalism, Diversity, Ethics, Reflective Practice:

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.						
5A. Interpersonal Relationships						
Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities Examples: • Effectively negotiates conflictual, difficult and complex relationships including those with individuals and groups that differ significantly from oneself • Maintains satisfactory interpersonal relationships with clients, peers, faculty, allied professionals, and the public	1	2	3	4	5	N/O
5B. Affective Skills						
Manages difficult communication; possesses advanced interpersonal skills Examples: • Accepts, evaluates and implements feedback from others	1	2	3	4	5	N/O

- Uses affective reactions in the service of resolving disagreements or fostering growth in others
- Tolerates patient's feelings, attitudes, and wishes, particularly as they are expressed toward the therapist, so as to maintain and/or promote therapeutic dialogue
- Allows, enables, and facilitates the patient's exploration and expression of affectively difficult issues
- Works flexibly with patients' intense affects which could destabilize the therapeutic relationship

5C. Expressive Skills

Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts

Examples:

- Demonstrates descriptive, understandable command of language, both written and verbal
- Communicates clearly and effectively with clients
- Uses appropriate professional language when dialoguing with other healthcare providers
- Prepares sophisticated and compelling case reports

1 2 3 4 5 N/O

Comments on Relational Competencies:

III. SCIENCE

6. Scientific Knowledge and Methods/Research Evaluation: Understanding of research, research methodology, techniques of data collection and analysis, biological

bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.
6A. Scientific Foundation of Professional Practice
Independently applies knowledge and understanding of scientific foundations to practice Examples: • Accurately evaluates scientific literature regarding clinical issues • Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization • Independently applies EBP concepts in practice • Independently compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning 1 2 3 4 5 N/O
6B. Application of Scientific Method to Practice
Applies scientific methods of evaluating practices, interventions, and programs Examples: • Uses findings from CCAPS to alter intervention strategies as indicated • Participates in program evaluation 1 2 3 4 5 N/O

Comments on Science Competencies:

FUNCTIONAL COMPETENCIES

IV. APPLICATION

7. Assessment and Diagnosis: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

7A. Knowledge of Assessment Methods and Psychometrics

Understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning; Selects multiple means of evaluation that are responsive to diverse clients
Examples:

- Selection of assessment tools reflects a flexible approach to answering the diagnostic questions
- Interview and report lead to formulation of a diagnosis and the development of appropriate treatment plan
- Demonstrates awareness and competent use of culturally sensitive instruments and norms
- Seeks consultation as needed to guide assessment
- Describes limitations of assessment data

1 2 3 4 5 N/O

7B. Diagnosis

Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity
Examples:

- Treatment plans incorporate relevant developmental features and clinical symptoms as applied to presenting problem
- Demonstrates awareness of DSM and relation to ICD codes
- Independently identifies problem areas and makes a diagnosis

1 2 3 4 5 N/O

7C. Conceptualization and Recommendations

Accurately conceptualizes the multiple dimensions of the case based on the results of assessment, including client strengths and psychopathology

Examples:

- Prepares reports based on case material
- Accurately administers, scores and interprets test results
- Formulates case conceptualizations incorporating theory and case material

1 2 3 4 5 N/O

7D. Communication of Assessment Findings

Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner

Examples:

- Writes an effective, comprehensive report
- Effectively communicates assessment results verbally to clients
- Reports reflect data that has been collected via interview and its limitations

1 2 3 4 5 N/O

8. Interventions

8A. Knowledge and Application of Evidence-Based Practice

Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences

Examples:

- Writes a case summary incorporating evidence-based practice
- Presents rationale for intervention strategy that includes empirical support
- Independently creates a treatment plan that reflects successful integration of empirical findings, clinical judgment, and client preferences

1 2 3 4 5 N/O

8B. Intervention Planning

Independently plans interventions; case conceptualizations and intervention plans are specific to case and context

Examples: 1 2 3 4 5 N/O

- Accurately assesses presenting issues taking in to account the larger life context, including diversity issues
- Conceptualizes cases independently and accurately
- Independently selects intervention(s) appropriate for the presenting issue(s)

8C. Skills

Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations

Examples:

- Develops rapport and relationships with wide variety of clients
- Uses good judgment about unexpected issues, such as crises, use of supervision, confrontation
- Effectively delivers intervention

1 2 3 4 5 N/O

8D. Intervention Implementation

Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate

Examples:

- Independently and effectively implements a typical range of intervention strategies appropriate to practice setting
- Independently recognizes and manages special circumstances
- Terminates treatment successfully
- Collaborates effectively with other providers or systems of care

1 2 3 4 5 N/O

8E. Progress Evaluation

Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures

Examples:

- Addresses changes in CCAPS scores with clients

1 2 3 4 5 N/O

- Critically evaluates own performance in the treatment role and seeks feedback from clients
- Seeks consultation when necessary

9. Consultation: The ability to provide expert guidance or professional assistance in response to needs or goals (peer consultation, consultation with concerned other or crisis consult, consultation with department or group, or committee/systems work providing psychological consultation)

9A. Knowledge of Consultation Models and Methods

Demonstrates knowledge of consultation models and methods for different consultation situations; Shifts roles accordingly to meet referral needs
Examples:

- Is able to articulate different forms of consultation (e.g., mental health, educational, systems, advocacy)
- Accurately matches professional role function to situation

1 2 3 4 5 N/O

9B. Application of Consultation Knowledge

Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of data gathering to answer referral question; Applies literature and knowledge to provide effective feedback and to articulate appropriate recommendations
Examples:

- Demonstrates ability to gather information necessary to answer referral question
- Provides clear verbal feedback and offers appropriate recommendations

1 2 3 4 5 N/O

Comments on Assessment, Intervention, Consultation:

V. EDUCATION

10. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.						
10A. Knowledge of Supervision						
Understands the ethical, legal, and contextual issues of the supervisor role; Demonstrates knowledge of supervision models and practices Examples: • Articulates a model of supervision and reflects on how this model is applied in practice • Integrates contextual, legal, and ethical perspectives in supervision	1	2	3	4	5	N/O
10B. Supervisory Practices						
Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting Examples: • Helps supervisee develop evidence based treatment plans • Provides supervision input according to developmental level of supervisee • Encourages supervisee to discuss reactions and helps supervisee develop strategies to use reactions in service of clients • Presents supervisor of supervision with accurate account of case material and supervisory relationship, seeks input, and utilizes feedback to improve outcomes	1	2	3	4	5	N/O

Comments on Supervision:

VI. SYSTEMS

11. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

11A. Knowledge of the Shared and Distinctive Contributions of Other Professions						
Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates respect for the distinctive roles of other professionals Examples: • Reports observations of commonality and differences among professional roles, values, and standards • Demonstrates respect for and value of contributions from related professions	1	2	3	4	5	N/O
11B. Functioning in Multidisciplinary and Interdisciplinary Contexts						
Demonstrates basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning Examples: • Demonstrates skill in working with other professionals • Effectively resolves disagreements about diagnosis or treatment goals • Maintains own position when appropriate while acknowledging the value of others' positions and initiates mutually accepting resolutions • Supports and utilizes the perspectives of other team members	1	2	3	4	5	N/O
12. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.						
12A. Empowerment						
Examples: • Promotes client self-advocacy	1	2	3	4	5	N/O
12B. Systems Change						
Demonstrates beginning, basic ability to promote change at the level of institutions, community, or society Examples: • Develops alliances with relevant individuals and groups	1	2	3	4	5	N/O

- Engages with groups with differing viewpoints around issue to promote change

Comments on Systems Competencies:

<u>Overall Assessment of Trainee's Current Level of Competence</u>

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. What are the trainee's particular strengths and weaknesses?

Signature of Intern: _____

Signature of Evaluator: _____