Counseling & Psychological Services (CAPS) Training Manual

Contents

A. Mission

POLICY

UCLA CAPS Training Program Goals

Please review the Student Affairs and CAPS Mission statement in the Policy & Procedures Manual: Mission Statement

The CAPS training program prepares psychology doctoral interns, practicum students, postdoctoral fellows, social work interns and psychiatry fellows to function as multiculturally competent and ethical professionals with specific expertise in addressing diverse college or university populations and a clear sense of their early professional identities.

Consistent with this aim, the internship and other programs have the following three objectives:

1. Facilitation of interns', fellows' and other trainees' clinical and professional competence across the full range of professional services targeting a diverse student clientele
2. Promoting interns', fellows' and other trainees' ethical competence and sensitivity to ethical and legal issues
3. Fostering interns', fellows' and other trainees' professional identity development as psychologists, social workers and psychiatrists

These objectives are articulated in the program's focus on the following competencies and in concert with the American Psychological Association's Standards of Accreditation: research; ethical and legal standards; individual and cultural diversity; professional values, attitudes and behaviors; communication and interpersonal skills; assessment; intervention; supervision; consultation; and interprofessional/interdisciplinary skills.

The full-time, twelve-month doctoral internship in health service psychology, postdoctoral fellowship in health service psychology and other training programs provide trainees with the opportunity to receive an intensively supervised experience in delivering a range of multiculturally-aware and competent mental health services to a large public university student body and in providing prevention, outreach and consultation to the campus community. Doctoral interns and other trainees receive training in brief and intermittent individual therapy, group therapy, emergency response, crisis intervention, psychological assessment and diagnosis, consultation, prevention and outreach, and ethical and legal regulations and practices. Training occurs experientially via clinical work, case consultation, and outreach to the campus community, and in a variety of formal and informal didactic settings.

POLICY

Training Program Philosophy

The CAPS Training Program adheres to a Scholar-Practitioner model. Focusing on the clinical application of scientific findings, a broad array of supervised clinical, outreach and prevention experiences, and formal and informal didactic settings promote the acquisition of scientifically-based practice skills and the development of critical thinking.

The Training Program regards doctoral interns, fellows and other trainees as professionals in training, and accordingly the CAPS Training Program is developmental in its focus. We believe that professional competency results from cumulative and developmental immersion in broad clinical experiences rooted in empirical evidence and supported by skilled professionals serving as teachers, supervisors, role models and mentors.

We train our doctoral interns, fellows and other trainees to be generalists, with particular expertise in working with a university population. Over the course of the year, interns, fellows and other trainees provide individual, couple and group psychotherapy, crisis intervention, emergency response and psychological assessment to university students. In addition, interns perform outreach, prevention and consultation to the university community. Adjunctively, Interns are also encouraged to develop specific expertise with special populations based on their clinical and research interests.

Recognizing that interns, fellows and other trainees begin the training year at varying developmental levels, an assessment of their respective training needs is conducted at the beginning of the training year and expectations are individually tailored. After a year of close supervision, we expect each intern, fellow and other trainee to have developed an increased level of clinical competence and autonomy, heightened professional identity and ethical awareness, and an enhanced understanding of self in preparation for independent functioning as a clinical or counseling psychologist, social worker or psychiatrist.

An appreciation of human diversity and anti-racism is a cornerstone of the CAPS Training Program. Our highly diverse clinical staff trains interns, fellows and other trainees in the competent provision of services to UCLA's pluralistic student body. The diversity of our student body and staff provides interns, fellows and other trainees with an unusual opportunity to gain specific clinical experience and expertise with a broad spectrum of individually and culturally diverse clients across a full range of health and psychopathology. Over the course of the year, interns, fellows and other trainees are expected to refine their sensitivity and competence in service delivery to students of varied racial, cultural, religious, gender/gender expression, sexual orientation, physical, differently-abled and age groups.

Intensive supervision is a distinguishing feature of CAPS training and encompasses a variety of theoretical frameworks. Doctoral interns, fellows and other trainees are frequently asked to reflect on their own beliefs, values, and personal issues which may potentially affect their professional functioning as psychologists, social workers, psychiatrists, therapists, trainers, consultants and colleagues. While we strive to consistently respect interns, fellows' and other trainees' privacy rights, the disclosure of personal information pertinent to interns', fellows' and other trainees' professional roles in the context of their supervision is routine and expected. For this reason, the Training Program does not assure confidentiality related to personal information when such information bears on the evaluation of their developing training competencies and professional conduct.

Finally, the CAPS Training Program operates in a context of ongoing reciprocal evaluation and feedback. Initiation to supervision begins with an active discussion between trainee and supervisor regarding the goals and structure for supervision and the duties and responsibilities of both parties. The program expects that informal mutual evaluation is constantly ongoing through the supervisory process. During each formal evaluation period conducted at least twice yearly, interns, fellows and other trainees evaluate their supervisors and supervisors evaluate the trainees with whom them work. These opportunities ensure that interns, fellows and other trainees, as well as supervisory staff, are progressing in their individual and professional development goals. For more on intern evaluation, please see below.

B. Program Information

POLICY

Training Program Components

Purpose

1. Overview of work activities for CAPS Interns & Postdoctoral Fellows

Scope

CAPS Doctoral Interns in Health Service Psychology and Postdoctoral Fellows

Average Weekly Hours for Psychology Interns and Postdoctoral Fellows

Average Weekly Hours for CAPS Trainees				
ACTIVITY	**POSTDOCTORAL FELLOW**		**INTERN**	
	Triage	*Supervision*	*Triage*	*Supervision*
Clinical Direct Services (triage, intake, follow-up, group)	21	18	18	16
Providing Supervision + prep	0	3	0	2
Office/Admin (case management)	10	10	11	11
Individual Supervision	2	2	2	2
Group Supervision	2	2	2	2
Assessment Supervision	1	1	1	1
BS Supervision	1	0	1	0
Sup of Sup	0	1	0	2
Seminar	1	1	3	3
Outreach/Prevention	1	1	1	1
Staff Activities (Meetings)	1	1	1	1
Total	40	40	40	40

**Two intake openings/week once caseloads are established for interns. Bi-weekly ADHD intakes assigned beginning of Fall quarter. Bi-weekly emergent intakes added January of training year*

***Three intake openings/week once caseloads are established for postdocs. Bi-weekly ADHD intakes assigned beginning of Fall quarter*

Direct Service

"Direct Service" refers to individual and group evaluation and treatment, BS, ADHD assessment, and consultation. Other activities may be encompassed under this term.

All CAPS clinical staff members engage in multiculturally-informed evidence-based practice, adhering to legal requirements and ethical guidelines governing practice within each mental health discipline represented in the Counseling Center. Trainees are referred to the "CAPS Policies and Procedures Manual" for detailed information regarding general service, treatment and eligibility guidelines. Updates to eligibility are issued in advance of each quarter and distributed to all staff members. The Training Director or designees assist trainees in understanding current regulations and upcoming changes.

In general, doctoral psychology interns are responsible for conducting a minimum weekly average of 17-19 hours of direct clinical service. The amount of direct service is determined by the Training Director in close consultation with the intern, supervisors, and training staff members. These hour requirements may be adjusted at the discretion of the Director of Training with the approval of the Executive Director. As above, direct service includes individual and group evaluation and treatment, BS, ADHD assessment, and consultation. In respect of individual training needs and due to the nature of clinical work, these hours will likely vary on a weekly basis. These hours will vary on a weekly basis due to individual training needs and the nature of clinical work. Once caseloads are established, doctoral interns are assigned two new intakes weekly, comprised of "CAPS Routine and Urgent Intakes" and "CAPS ADHD Intakes." "Urgent Intakes" will be initiated in near the start of fall quarter, and "emergent intakes" will be initiated on a bi-weekly basis at the start of winter quarter.

In general, postdoctoral fellows will have a minimum weekly average of 20-22 hours of direct clinical service. Direct service includes individual and group evaluation and treatment, triage, ADHD assessment, and consultation. In respect of individual training needs and due to the nature of clinical work, these hours will likely vary on a weekly basis. Once caseloads are established, fellows are assigned up to three new intakes weekly, comprised of "CAPS Routine, Urgent, and Emergent Intakes" and "CAPS ADHD Intakes." "Urgent and Emergent Intakes" will be initiated in near the start of fall quarter. Direct service hours for Practicum Students and Social Work Interns will be reviewed during orientation.

CAPS individual treatment and most group treatment is conducted under a brief therapy model. [Certain exceptions to this exist and are determined in collaboration between the Intern and/or supervisors, Training Director or designees, Clinical Director, or via departmental consultation with Senior Case Conference.] In general clients are seen every 2-3 weeks, although initial sessions may occur in closer proximity. A clinical administrator must authorize exceptions to this policy. [Certain clinically-indicated exceptions to this exist and are determined in collaboration

between the intern', fellows and other trainees and/or supervisors, Training Director, Clinical Director, or via departmental consultation with Senior Case Conference.]

The Training Director, Assistant Training Director and/or Clinical Director may make changes in individual caseloads and program elements as necessary. Such changes are always done in consultation with the trainee and supervisors.

Prior to engaging in any delivery of service all CAPS trainees must:

- Carefully review the Training and CAPS Policies and Procedures Manuals in their entirety;
- Review the "Professional Psychotherapy Never Includes Sex" brochure from the California Board of Psychology, posted on the CAPS shared drive;
- Provide written verification that they have reviewed the above materials and will abide by all policies and procedures set forth. [Relevant instructions will be provided during Orientation by the Training Director or designees] and;
- Sign the "Trainee Confidentiality & Privacy Protection Agreement." This agreement indicates that"…Fellows, doctoral interns, practicum students and social work interns may only seek access to clinical information regarding clients for whom they have direct clinical responsibilities. Access to other client data via electronic or paper charts is strictly forbidden. Unauthorized access to client data is considered unethical behavior specifically forbidden by CAPS policy and constitutes grounds for immediate dismissal and expulsion from the CAPS training program."

Prevention and Outreach

Doctoral interns and fellows participate in ongoing CAPS prevention and outreach efforts with campus departments and programs. Please refer to the Prevention and Outreach Seminar syllabus for the times and dates of these activities. Activities include providing wellness skills groups and workshops on campus, mental health awareness presentations, and consultation to a variety of audiences and in a range of settings. During August and September, comprehensive instruction is provided to interns and other trainees on developing and giving presentations on various topics. Ongoing supervision by CAPS licensed staff members is provided throughout the year. After a combination of training and live-observation of staff conducting outreach and workshops, doctoral interns, fellows, practicum students and social work interns then present workshops for the campus community throughout the year. Doctoral interns and fellows participate in some after-hours presentations, for which schedule adjustments will be made in order to maintain a 40 hour work week average. (See "Outreach/Prevention Hours" log, below.) On average, doctoral interns and fellows will present after-hours on a minimum of two occasions quarterly. Supervision is provided by CAPS staff. With staff consultation and supervision, doctoral interns and fellows will design and implement relevant outreach projects that serve community needs.

Program Evaluation

Interns participate in program evaluation regarding many of the activities they undertake during the training year. Examples include participation in the Training Committee, Staff Meetings and Staff Development Activities and evaluations of all training seminars and activities during the final weeks of training. Doctoral interns complete a comprehensive end of program review and engage in discussions with the Training Director concerning highlights of the program, areas in which improvements are suggested, and new ideas for the subsequent training year. Also, based on their training experiences doctoral interns review the Training Manual, seminar and training presentation evaluation forms, and other training program documents (e.g., Interns Log; materials used in manualized group treatments; doctoral internship application materials) and offer suggested modifications. Additional information regarding program evaluation activities will be provided during CAPS Orientation.

Supervision

Doctoral interns and fellows receive at least 2 individual hours of primary supervision each week. Intern and fellow supervisor assignments will be provided at the start of Orientation. In addition, doctoral interns will attend one 2 hour supervision group weekly, and postdoctoral fellows will attend one 2 hour supervision group weekly. Supervision for group therapy, assessment, and other clinic activities will be provided as described elsewhere in CAPS training materials and during Orientation.

Information regarding supervision for practicum students and social work externs will be provided during Orientation.

As above, doctoral interns will participate in a weekly two hour supervision group concerning individual therapy cases. Fellows will participate in a weekly two hour supervision group concerning individual therapy cases.

The Assessment Seminar meets weekly through the summer. Doctoral interns and postdoctoral fellows attend. Instruction is provided regarding the psychometric instruments used at CAPS to evaluate ADHD. Group supervision of ongoing assessment cases occurs in smaller supervision groups through the remainder of the year.

Supervision of group psychotherapy is provided weekly for 30 minutes by the licensed staff member responsible for facilitating the group.

Supervision of Prevention, Outreach and Consultation activities is provided based on the nature of the service. Details will be provided in the Prevention/Outreach seminar.

Trainees are directed to additional information regarding supervision below, in “Evaluation of Trainees.”

Psychological Assessment

Doctoral interns and fellows perform psychological assessment focusing on ADHD. Testing is conducted in support of ongoing CAPS treatment. Cases are supervised in the Assessment supervision. The weekly seminar and supervision meeting provides an overview of testing instruments and methods, interpretation, and report writing. Findings are documented within PnC via a Psychological Testing Note. Report drafts are reviewed in the seminar with supervisors and colleagues. Most instruments are administered electronically by clinic assistants on instruction from CAPS trainees and other clinical staff members. In addition, other testing materials are available for check out at the CAPS Front Desk.

Testing cases will be scheduled into "CAPS ADHD Intake" appointment times in PnC. Follow up meetings are to be arranged by interns and fellows during CAPS Available" "or "Office Hour" PnC templated activities. It is the trainees' responsibility to arrange for additional testing time and (as needed) Office Hour time in her/his/their schedule. The Training Director is available to discuss and assist in these scheduling alterations.

Assessment Reports are completed within 3 working days of the final test administration and ADHD assessment interview(s). In rare circumstances, exceptions to this time frame may be granted with supervisor approval. An assessment feedback session to deliver treatment recommendations can be scheduled *only* after the Psychological Testing Summary Note has been approved and signed by the supervising psychologist. The assessment process is completed when the Psychological Testing Summary Note is approved and signed by a licensed supervisor, the feedback session has been conducted (as indicated and possible) and all raw data and related notes have been submitted for scanning into clients' PnC medical record. Information about each of these processes will be reviewed during the summer "Assessment Seminar" orientation.

Training Groups and Group Rotations

Interns and fellows will lead groups within the Affective Disorders Program (for mood, anxiety and bipolar disorder). Interns and fellows will also co-lead interpersonal process groups. All trainees will have the opportunity to participate in other CAPS groups as well, depending on interest, other training and clinical needs and group availability [see the CAPS Groups Brochure, updated quarterly]. ADP group assignments are made during August and September in consultation with the Training Director and supervisors, and are based on training needs, trainee preferences, group availability and clinic needs. Elective group assignments will be made quarterly in consultation with administrative staff. More information about group participation will be provided during Orientation.

A sample of yearly group participation is indicated below:

	INTERNS				POSTDOCS	
	1	**2**	**3**	**4**	**1**	**2**
Fall	ADP-RFD	Elective/ Process group	ADP-BFA	Elective/ Process group	ADP or Treatment Focus	ADP or Treatment Focus
Winter	ADP-SUP	ADP	ADP-SUP	ADP	Treatment Focus/ Elective	Treatment Focus/ Elective
Spring	ADP/ Elective	ADP/ Elective	ADP/ Elective	ADP/ Elective	Treatment Focus/ Elective	Treatment Focus/ Elective

Interns: 3-5 groups total for the year (1-2 electives)
Postdocs: 4-6 groups total for the year (2-3 electives)

Weekly Activity and Supervision Logs

Doctoral interns and fellows are required by CAPS training policy and the California Board of Psychology to keep a weekly log of their supervised experiences for purposes of licensure. (See Section 1387.5 regarding Supervised Professional Experience Regulations.) This log must be kept regardless of the state in which a trainee intends to ultimately obtain a license and practice.

An Excel spreadsheet of weekly training activities detailing clinical services, supervision, training, administrative activities and professional development activities is available on the shared drive. A link to this log can be found in the Training Orientation Binder on UCLA BOX or on the CAPS shared drive:

I:\Training Program\ 7. Log Forms\Internship Experience Log 2022-2023.xls

Trainees are welcome to use another log format for tracking their supervised professional experience. If the CAPS log is preferred, during the first week of August, doctoral interns and fellows should download a copy of this log onto their own G drive and complete the log each week throughout the year. Activities are listed by week, and cumulative tallies are calculated automatically across the training year. The Training Director will demonstrate and explain its access and use. In order to ensure timely and accurate recording of hours, interns and fellows

are responsible for maintenance of this log, including weekly documentation of activities supervisors' and weekly supervisors' signatures.

Evaluation of Interns and Fellows

Throughout the year, training supervisors meet monthly to discuss the progress of the trainees they supervise. This meeting invites general discussion about the training program and specific comments regarding the performance of trainees. Necessary additions or modifications to a particular trainee's training plan are often discussed during this meeting. While we recognize and respect the special nature of the supervisory relationship and strive to be consistently respectful regarding communication with other training program members, as indicated above material discussed in supervision is not considered confidential. (See "Supervision" below for greater detail.)

Recognizing that training is a developmental endeavor, in the context of weekly supervision trainees regularly receive ongoing formative verbal feedback regarding their professional strengths and their competencies in need of development and/or improvement.

In addition, on two occasions during the training year and corresponding with the end of the fall and spring quarters, each clinical supervisor conducts a formal written evaluation of each supervisee. Trainees simultaneously complete written evaluations of their supervisors. The "fall" evaluation is formative in nature, and the "spring" evaluation is summative. All evaluations are completed electronically and hard copies are forwarded to the Training Director or designees. Depending on the trainee's progress as assessed on the fall evaluation, a winter evaluation may be scheduled. Trainees may also independently request a winter evaluation if they choose. Following a thorough discussion in supervision the trainee and supervisor sign and date a paper copy of their mutual evaluations. After review and per APPIC requirements, the Training Director forwards signed evaluations to the intern's doctoral program Training Director. On rare occasion, if there is a marked change in the intern's performance after the final evaluation, an addendum is sent to that interns department.

Trainees also meet with their supervisors, the Training Director and Assistant Training Director for a collective review of the trainee's progress following the completion of fall and spring evaluations.

For more detailed information concerning the evaluation process, please see section III, "Evaluation, Review and Due Process Related to Clinical Performance" in the following section on Intern evaluation and review.

Doctoral Intern and Fellows in Training Committee

The Training Committee meets once monthly, and additionally an ad-hoc basis as needed. This committee oversees and reviews curriculum and program development, recruitment of

internship and postdoctoral fellowship applicants, current year training progress and quality, and all training program evaluations.

Intern and postdoc fellow representatives serve as members of the Training Committee, attending on a monthly basis to support administrative assessment of the training program, provide feedback on training activities, and suggestions about potential program changes. Trainee representatives will solicit input from their respective cohorts and bring agenda items to the committee. All trainees will participate in designated activities within the committee on a quarterly basis during a meeting with the training director and assistant training director to provide feedback on training activities, and suggestions about potential program changes.

CAPS 2022-2023 Doctoral Intern, Fellow and Supervisor Evaluation Due Dates

Fall quarter evaluation:	Wednesday December 14, 2022
Spring quarter evaluation:	Wednesday June 14, 2023

CAPS Training Program Summer Template and Schedule of Seminars

Doctoral Interns and postdocs participate in several seminars, focused trainings, and staff-wide continuing education training and events prior to the beginning of the Fall quarter in late September. Supervision meetings with primary supervisors are scheduled to accommodate these activities and observation of intakes as trainees orient to the setting.

See Box document “Seminar Schedule [current training year]”
https://ucla.box.com/s/5vfvvsj7vnw8393oozr6eah6jq48w2h0

For the latest summer schedule template for weeks prior to academic year template, listing of summer trainings and activities, and schedule of seminars for the training year.

Doctoral Interns and Postdocs will finalize academic year templates with Training Director during this period.

POLICY

End of Training Year

Purpose

1. Review of trainee responsibilities prior to departure from training program

Scope

Doctoral Interns and Postdoctoral Fellows

Policy/Procedure

1. The end date of internship and fellowship is July 31st of the training year. Doctoral interns and fellows may consider using their 120 hours of vacation time during the final month of Internship and Fellowship. See “Vacations.” Per HR policy, all staff must work their final day of employment.
2. Seminars and training rotation commitments will end by June 30th of the training year.
3. During the final month of training doctoral interns will participate in program evaluation and program development for the subsequent training year (see Program Evaluation above).

POLICY

Remote Work Amendments

Purpose

1. Overview of work activities for CAPS Interns & Postdoctoral Fellows while subject to remote work due to COVID-19 Crisis

Scope

CAPS Doctoral Interns in Health Service Psychology and Postdoctoral Fellows

Average Weekly Hours for CAPS				
ACTIVITY **100% Remote Work due to COVID-19 Crisis 2020-2021**	**INTERN**		**POSTDOCTORAL FELLOW**	
	Group/Prevention Rotation	*Supervision Rotation*	*Triage/Practicum Supervision*	*Group Supervision*
Clinical Direct Services (Brief Screen, Intake, Follow-up appointments, Group)	16	13	20/18	18
Providing Supervision	0	2	1	2
Office/Admin (case management)	10	10	9	9
Individual Supervision	2	2	2	2
Group Supervision	2	2	2	2
Assessment Supervision	2	2	2	2
Supervision of Supervision	0	2	0/2	1
Seminar	4	4	2	2
Outreach/Prevention (P&O)	2	1	1	1
Staff Activities (Meetings)	1	1	1	1
Total	**40**	**40**	**40**	**40**
Supervision of group is embedded in Group tx				
P&O activity minimum 10hr/quarter				
Interns: 2 intakes/weekly, emergent intakes added Jan/Feb (bi-weekly)				

Total Hours requirements have been reduced from 1768 to 1500 for the 2020-2021 training year (consistent with CA licensure requirements)

- Minimum of 25% of these must be direct clinical service (375) or 10 hours/weekly

- Trainees seeking licensure in another state are strongly encouraged to review licensure hour requirements and work with Training Director to adjust weekly direct service hours toward this.

Telesupervision

Telesupervision is supervision of psychological services through a HIPAA-compliant synchronous audio and video format where the supervisor is not in the same physical location as the trainee.

Title 16 of the California Code of Regulations (CCR), section 1387(b)(4), provides*: "Trainees shall be provided with supervision for 10% of the total time worked each week. At least one hour per week shall be face-to-face, direct, individual supervision with the primary supervisor."*

Per interim guidance from the CA board of psychology relating to COVID-19, if the state and local health authorities recommend the use of social distancing or mandate site closure where a trainee has been performing psychological functions under the immediate supervision of a primary supervisor, the one hour face-to-face, direct, individual supervision may be conducted via HIPAA-compliant video from March 16, 2020, until September 5, 2020. The trainee should clearly indicate this on the weekly log and the primary supervisor should verify this information.

For more information on this waiver, go to https://www.dca.ca.gov/licensees/dca_20_29.pdf

Pursuant to title 16 CCR section 1387(b)(6): *" The primary supervisor shall be employed by the same work setting as the trainee and be available to the trainee 100% of the time the trainee is accruing SPE. This availability may be in-person, by telephone, by pager or by other appropriate technology."* Additionally, pursuant to title 16 CCR section 1387(b)(7): *"Primary supervisors shall ensure that a plan is in place to protect the patient/client in the event a patient/client crisis or emergency occurs during any time the supervisor is not physically present at the established site at which the trainee is working. The primary supervisor shall ensure that the trainee thoroughly understands the plan in the event of a crisis/emergency."*

Expectations of Supervisors and Supervisees Specific to Telesupervision

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

- Telesupervisors and telesupervisees will engage in sessions only from a private location where you will not be overheard or interrupted.
- Telesupervisors and telesupervisees must use their own computer or device, or loaned UCLA CAPS computers or devices; do not use a computer or devise that is publicly accessible.

- You will ensure that the computer or devise you use has updated operating and anti-virus software.
- Telesupervisors and telesupervisees will endeavor to minimize technical failures that might disrupt, delay, or distort communications.
- Telesupervisors and telesupervisees may be anywhere during a telesupervision meeting; however, all clinical work that is being telesupervised must take place in California.

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

C. Administrative Policies and Procedures

POLICY

Training Program Administration

Purpose

1. Overview of training program administrative structure

Scope

All CAPS Trainees

Policy/Procedure

The CAPS Training Program is administered by the Training Director, in conjunction with Training Committee members and supervisory staff. This committee oversees and reviews curriculum and program development, recruitment of internship, postdoctoral fellowship, practicum and social work internship applicants, current year training progress and quality, and all training program evaluations and evaluation processes. The Training Committee meets once monthly, and additionally on an ad-hoc basis as needed.

The committee's membership is composed of staff members. Members include the Training Director, Assistant Training Director, and Clinical Director. Other staff members are appointed by the Training Director and provide representative membership from those programs in which trainees have significant involvement (e.g., Prevention and Outreach; Affective Disorders Program; Athletics; groups). Staff membership is rotated over time, and staggered to provide continuity of membership. Doctoral interns and fellows representatives also participate as standing members. Doctoral intern and fellow cohort members also participate in delegated projects and/or to provide feedback when solicited by the committee (e.g. website committee, internship selection committee).

POLICY

Review and Agreement Regarding Training Program and CAPS Policies and Procedures

Purpose

1. Ensure trainee awareness and agreement to training program and CAPS policies and procedures

Scope

All CAPS Trainees

Policy/Procedure

After Orientation and prior to initiating clinical work, trainees must indicate via signature their review of all policies and procedures in the Training and CAPS Policies and Procedures manuals, and indicate via signature their intention to follow all requirements therein. Trainees must also review and sign the "Trainee Confidentiality and Privacy Protection Agreement." This agreement includes the following statement: "CAPS policy dictates that Doctoral interns, Fellows, Practicum students, and Social Work interns may only seek access to clinical information regarding clients for whom they have direct clinical responsibilities. Access to other client data via electronic or paper charts is strictly forbidden. Unauthorized access to client data is considered unethical behavior specifically forbidden by CAPS policy and constitutes grounds for immediate dismissal and expulsion from the CAPS internship or practicum." A thorough discussion and explanation of these two documents and related policies and procedures will be provided during the August Orientation. All documents may be referenced on PowerDMS.

Updates to CAPS Training and Policies and Procedures Manuals
All trainees are expected to consult these two manuals regarding policies and procedures. When manuals are updated, trainees will be notified by the Training Director or another clinical administrator. Thereafter administrators and supervisors will assist trainees in keeping up-to-date with revisions. Trainees are expected to consult with supervisors, the Training Director, Assistant Training Director, or Clinical Director with any related questions.

POLICY

Work Day hours

Purpose

1. Review hours of employment

Scope

All CAPS Trainees

Policy

Hours of work are Monday-Friday 8 am – 5 pm, including a designated lunch hour. Exempt trainees may engage in non-clinical work (e.g., office work; outreach activities) later than 5 pm depending on their training schedules. For outreach activities, a schedule adjustment will be implemented in coordination with the Training Director within the week of the date of such presentations.

Intakes are not to be scheduled after 3 pm without approval from the Training Director, Assistant Training Director, or Clinical Director.

Any change in routine working hours requires the approval of the Training Director or designate, and submitted a minimum of one month prior to the proposed change. Exceptions to this policy may be granted by the Training Director or designate depending on specific situations.

Absences from the department for vacation, sick leave, professional development, or conferences are to be requested at least one month in advance via email to the Training Director. See “Vacations, Sick Time and Time off”, below.

POLICY

Attire

Purpose

1. Review professional attire

Scope

All CAPS Trainees

Policy

All trainees are expected to dress in a manner appropriate to this setting. Appropriate dress should be “business casual.” Professional attire will be discussed during Orientation, and trainees are encouraged to discuss related questions with supervisors or administrators. Should a trainee’s attire fall short of this expectation, supervisors will initiate a related discussion.

POLICY

Maintenance of Log of Hours

Purpose

1. Requirements for logging and signing off on training hours

Scope

Doctoral Interns and Postdoctoral Fellows

Policy

CAPS and California Board of Professional Psychology procedures require that interns and fellows are responsible for keeping an accurate and current “hours log” of all Internship or Fellowship activities. As discussed and demonstrated during Orientation, an hours log is available for use on the CAPS shared drive or via the Training Orientation Binder on UCLA Box. Trainees may elect to use a log of their choice. Trainees are encouraged to enter information weekly into their hours logs. Primary supervisors and the Training Director sign off on these hours logs.

The Training Director retains a copy of the final version of the “hours log” in addition to records of evaluations and the supervision agreement throughout the training year. The Training Director uses these forms to review successful completion of the training year for reporting to respective graduate programs and licensure boards.

POLICY

Duration of Training Year

Scope
All Trainees

Doctoral interns and postdoctoral fellows: The training year commences on August 1st or the first weekday following August 1st each calendar year. It ends on July 31st or last weekday prior each calendar year. On rare occasion, some exceptions may be made in consultation with the Training Director.

Practicum students and Social Work Interns: The training year starts in September. It ends in May for social work interns and at the end of Spring quarter for Practicum students. Specific dates are determined in consultation with respective graduate departments.

Campus Breaks and Closure

See the following link for the UCLA academic calendar (also located above In the Training Manual)

http://www.registrar.ucla.edu/Calendars/Annual-Academic-Calendar

During breaks between academic quarters, CAPS remains open for several days (see below for exception during Winter Closure). Trainees (along with licensed staff members) remain at work unless other arrangements have been made in advance with the Training Director.

As of August 1st, the UCLA campus closure has not been posted. These dates will be finalized during fall quarter. University holidays currently falling within this period include Christmas (holiday dates are December 25 and 26, 2022), and New Years' (holiday dates are January 1 & 2, 2022). Those days in the campus closure not designated as University Holidays must be used as either vacation time or leave without pay. Further information will be provided as more specific details are made available by the UCLA Registrar's office.

POLICY

Vacation Time, Sick Time, and Time Off

Purpose

1. Review of procedures for requesting time off for trainees.

Scope

Doctoral Interns and Postdoctoral Fellows

Policy

Doctoral interns and fellows accrue an average of 16 hours of vacation time and 8 hours of sick time for every full month worked during the full-time 12-month internship or fellowship. Requests for use of vacation time or other time off (sick time, extended leave or other time off) require the approval of the Training Director and should be submitted via email at least one month in advance. The Training Director and supervisors should be notified of the days trainees intend to be away from CAPS, and the Training Director or designate will enter approved time off into trainees' CAPS PnC calendar. Any vacation leave taken without prior approval of the Training Director or designate may be considered unauthorized leave. More information on related policies will be provided by CAPS HR staff members during Orientation.

Client care, training needs and operational needs of the department will be considered when approving vacation time. In consultation with supervisors, trainees are responsible for appropriate client case management and treatment disposition prior to planned absences. Once a request for time off is approved, arrangements for client coverage should be discussed with supervisors.

Due to the nature of the Training Seminar, except in rare instances requests for leave will not be granted on Wednesday when presentations are scheduled.

What To Do When You are Ill

Please follow these steps:

1. After business hours or before 7:30 a.m. the following morning, email the CAPS front desk team, the CAPS front end team, and the Training Director to alert them of your absence.
    a. CC training supervisors if you are unable to meet the day of supervision.
2. For appointments scheduled at 8 a.m.: if possible, send a secure message to your client to alert them of the cancellation. If unable, in your email above, alert front desk staff that you will need assistance with rescheduling an 8 a.m. appointment.

3. If there are urgent clinical matters that need to be dealt with during the day of your absence, discuss with the morning point person, Training Director or supervisor of a given case.

Medical Appointments and Illness

In situations requiring an absence of greater than three days, a health care provider's note is required in order to return to work.

Medical appointments and periods of illness requiring advanced planning should be discussed ahead of time with the Director or Assistant Training Director. The appropriate notation will be made in the trainee's PnC schedule by the Training Director or designate, and not by trainees.

POLICY

Disabilities

Scope
All Trainees

Policy
Employee Disability Management Services provides consultation regarding assessment and accommodations recommendations. In the event of impacted job performance and/or a disability, trainees are encouraged to talk with the training director about obtaining assistance. Alternately, the trainee may notify DMS directly. A EDMS staff member will be assigned to begin an assessment. More information can be found here:

https://irm.ucla.edu/disability-mgt

POLICY

Medical Leave of Absence

Purpose

1. Review of procedures for requesting time off for medical leave of absence for trainees

Scope

Doctoral Interns and Postdoctoral Fellows

Policy

Should a trainee require a medical leave of absence, she/he/they should notify the Director of Training regarding CAPS training obligations and scheduling. The University may require that the employee provide a complete and sufficient certification from a health care provider if the employee is requesting a Family and Medical Leave (1) due to the employee's own serious health condition, (2) due to the employee's pregnancy disability, (3) to care for a family member with a serious health condition, or (4) as Military Caregiver Leave. Absences longer than 3 days require a health care provider's certification of readiness to return to work. You may contact the CAPS Training Director, CAPS/Residential Life HR, and/or find more information here:

https://policy.ucop.edu/doc/4010406/PPSM-2.210

POLICY

Professional Development Time

Scope
Doctoral Interns and Postdoctoral Fellows

Policy
Professional development is defined as "... opportunities for on-the-job training, cross training, coaching, and Internships or fellowships; attendance at courses, workshops, seminars, conferences, institutes, lectures, and meetings; and participation in professional and technical associations." (CAPS Policies and Manual).

Full-time doctoral interns and fellows receive 80 hours of professional development time during the year. Exception to this policy is allotted for up 24 of the 80 hours for dissertation writing and/or licensure exam preparation. Professional development may also be used for attendance at graduation at degree-granting institution.

Professional development activities are not funded (exception for EPPP funding on yearly approval by executive director).

All professional development leave requests must be submitted in writing to the Training Director and approved at least four weeks in advance. Approved leave is entered into PnC calendars by the Training Director or designate only.

POLICY

Holidays

Scope

Doctoral Interns and Postdoctoral Fellows

Policy

There are ~12-13 University holidays each year when the entire University including CAPS is closed. See this link below to the “UCLA Academic Calendar” for a complete listing:

https://registrar.ucla.edu/calendars/annual-academic-calendar

POLICY

Internship/Fellowship End Date

Scope

Doctoral Interns and Postdoctoral Fellows

Policy

The end date of internship and fellowship is July 31, 2025. Exceptions to this date will be considered individually by the Training Director.

POLICY

Delivery of CAPS Services and Calendar Management

Scope

All Trainees

Policy

Each CAPS trainee is provided with a calendar template that may be amended on a quarterly basis in consultation with the training director or their designate. The quarterly schedule is maintained within CAPS' Point and Click (PnC) scheduling and record keeping software. Calendar templates include these seven categories: CAPS Available (clinical hours: individual therapy, therapy and ADHD intakes and follow up appointments); Group Therapy; Prevention/Outreach presentation and preparation; Supervision; Training Seminars; Office Work/Case Management, and; other approved CAPS meeting hours (to be specified during Orientation).

POLICY

Time Reporting

Scope

Doctoral Interns and Postdoctoral Fellows

Policy

Time worked is reported monthly via the UC Time Reporting System. Exempt employees are paid monthly only when time sheets have been completed properly. Non-exempt employees are paid bi-weekly only when time sheets have been completed properly. On time sheets, doctoral interns and fellows account for hours worked, hours of vacation leave, hours of sick leave, and professional development time. If approved to take “leave without pay” this category should also be specified. Specific instruction about completing time sheets will be provided by CAPS/RES LIFE HR staff members during Orientation.

Flex Time

At UCLA CAPS, flex time is provided in partial-day increments at the discretion of the Training Director for after-hours time worked in excess of 40 hours by trainees delivering prevention/outreach activities. Overtime pay is not provided to exempt employees. Special requests for flex time should be submitted in advance to the Training Director or designate in writing, and when approved, will be entered into the PnC calendar using a “pre-authorized out” overlay. Instructions regarding time reporting and use of comp time will be provided during Orientation.

POLICY

Supervised Professional Experience Form

Scope

Doctoral Interns and Postdoctoral Fellows

Policy

At the start of the training year, a California Board of Psychology Supervised Professional Experience (SPE) form is completed by each doctoral intern or postdoctoral fellow, the Training Director, primary, and delegated supervisors. The original signed copy is kept for the duration of the training year by the Training Director. Trainees are encouraged to maintain their own copy of the signed SPE. Interns are responsible for sending this form to the California Board of Psychology along with other required documents upon successful completion of the training program.

POLICY

Supervision

Purpose
Overview of structure of supervision of trainees. Review of limits of confidentiality to trainees to inform supervisory consultation.

Scope
All Trainees

Policy
As stated above, intensive supervision is a distinguishing feature of the CAPS Training Program, and encompasses a variety of theoretical frameworks. As indicated in UCLA CAPS training materials, interns, fellows and other trainees are frequently asked to reflect on individual thoughts, beliefs, experiences, worldview and other personal issues potentially impacting their professional roles and functioning as therapists, trainers, consultants and colleagues.

While we strive to respect trainees' privacy rights, the nature of clinical supervision is such that disclosure of personal information pertinent to professional roles is routine and expected. Recognizing the special nature of the supervisory relationship, it is the policy of the Training Program that material discussed in supervision and/or which may affect other trainees is not considered confidential and may be reviewed with the Training Director and other CAPS staff members involved in training.

For more detailed information concerning the evaluation process, please see section III, "Evaluation, Review and Due Process Related to Clinical Performance" in the following section on intern and fellow evaluation and review.

POLICY

Documentation

Scope
All Trainees

Policy
Detailed information regarding CAPS documentation is provided during Orientation and in the beginning stages of supervision. All documentation should be completed and submitted to a supervisor for review on the same day of CAPS visits. A document attesting to this must also be signed prior to initiation of clinical work. Electronic correspondence with clients must be reviewed in advance with supervisors. Supervisors may provide exceptions to this requirement. In addition, before providing client-related documentation or correspondence to any other person, campus office or institution those documents *must* first be reviewed and cosigned by a supervisor or administrator.

All documentation must conform to CAPS Policies and Procedures Guidelines. Trainees adhere to different timely charting guidelines than independent practicing staff given supervisory oversight. Please refer to the CAPS Policy and Procedures Guidelines regarding electronic charting: Electronic Chart

POLICY

Recording of Clinical Sessions for Supervision and Training

Scope
All Trainees

Purpose
Supervision plays an essential role in the development of the skills necessary to become an effective, ethical clinician. Supervision is a supportive professional relationship that assists an intern/fellow in the review and evaluation of their clinical practice. Elements of effective use of supervision includes a therapist's ability to be actively involved in receiving supervision, being open and responsive to feedback, and demonstrating the willingness and ability to stretch beyond one's own limitations as therapists as well as understand how one's own values, beliefs and relational style influence therapeutic and supervisory relationships. The review of recordings in supervision is an effective way for an intern/fellow and supervisor to review and evaluate the clinical work by a trainee and gain valuable insight and feedback.

Policy/Procedure

1. Intern/Fellows may record clinical sessions only for training purposes.
2. Intern/Fellows are required to ask all intake appointments for permission to record unless contra-indicated (e.g., client presents with psychotic features, overly affective, appears agitated, and other presentations as discussed during Orientation).
3. Each intern/fellow's office is provided with a recording device.
4. The consent/declination form must be completed by the student prior to the use of any recording device.
    - It must be clearly explained to the student that care at CAPS is not dependent upon agreeing to the recording of their sessions.
    - The student must be informed and aware that s/he can change his or her mind regarding recording at any time.
5. The recordings must be secured at all times, according to the approved security protocol, so that the security of private information is not compromised.
    - The recordings auto-delete (managed by Student Affairs IT) within 3 weeks of use.
    - The Training Director will confirm with Supervisors that recordings not in use have been deleted, on at least a monthly basis.
    - Recording must be viewed in supervision within three weeks.
    - After viewing, a very limited number of records may be marked as "SAVE" for the purpose of supervisory review of progress over the training period.

- IT will delete all recordings not marked as “SAVE” after 3 weeks from the date of recording.

6. Clinicians who have access to recordings must agree not to copy/email/file share/distribute recorded sessions under any circumstances.
7. Annual hands-on training (during Orientation) will be provided regarding the proper use, storage, and deleting of recordings. All clinicians (supervisors and Intern/Fellow) involved in recording clinical sessions will be required to receive instruction in following recording guidelines.
8. The training recordings are not copied for students and are not part of a student’s mental health record.

POLICY

Maintenance of Training Records

Purpose
Overview of training record retention and management

Scope
Doctoral Interns and Postdoctoral Fellows

Policy/Procedure
Trainee records are maintained in files. Until 2022, all files were stored in a locked cabinet in CAPS flagship. All data has since migrated to the UCLA Box account with limited access to Training Director, Assistant Training Director, and administrative staff on the training committee. The following data are retained in trainee files:

1. Pre-internship documents (e.g., application materials, assessment questionnaire)
2. Supervision agreements and Verification of Experience (VOE) forms
3. Performance Evaluations or related Formal Feedback (e.g., remediation plans)
4. Doctoral Internship and Post-doctoral Fellow Hours Logs
5. Training Completion Documents
6. Administrative documents facilitating onboarding and work compliance

All doctoral intern and postdoctoral fellow files are reviewed by the Training Director near the end of the internship before the exit interview with the intern to ensure all documents are in the file. In addition, the Training Director will periodically review intern files during the training year to ensure all evaluations, SPE logs, and other training forms are in the file.

Records of intern formal complaints or grievances about the training program or related personnel may be submitted via incident report. Every employee of CAPS, including trainees are expected to submit incident reports. The incident reporting system, RL Solutions, is a confidential, encrypted system managed by the CAPS Quality Director. Records of complaints and actions taken to remedy them are also tracked here and retained indefinitely. The Training Director also retains records of formal consultation or conflict resolution processes in a separate file.

D. Evaluation and Review: Rationale & Procedures

POLICY

I. Training Program Expectation of Interns

Purpose

Review of expectations and responsibilities of doctoral interns and postdoctoral fellows in the training process. It describes the CAPS evaluation process and procedures for appeals. Also covered are problem resolution procedures for non-clinical conflicts and sexual harassment procedures.

Scope

Doctoral Interns and Postdoctoral Fellows

Policy/Procedure

A. Professional Standards

Interns and fellows are expected to (1) maintain behavior within the scope of the APA ethical guidelines; (2) behave within the bounds set forth by the laws and regulations of the State of California; and (3) conform to the standards for professional staff outlined in the CAPS Policies and Procedures Manual and CAPS Training Manual.

Interns and fellows are expected to be open to professionally appropriate feedback from immediate supervisors, professional staff and agency personnel. They are expected to behave in a manner that promotes professional interaction within CAPS and in accordance with the standards and expectations of the agency.

B. Professional Competency

To progress satisfactorily, on the mid-year evaluation interns or fellows must receive 90% of scores at or above the level of "consistently demonstrated competency" (score of "3" or greater). Additional training competencies may be specifically identified by the Training Director and the Training Committee for development. A score of "1" on any competency will be a focus of the mid-year evaluation meeting with each intern or fellow and his/her/their supervisors and Training Director, and result in the implementation of a remediation plan developed collaboratively with the intern or fellow, the primary supervisor, and the Training Director. Other members of the Training Committee may participate as well. See “Intern Evaluation and Review”, below, for a more detailed discussion of remediation.

Successful completion of the internship or fellowship requires a 100% rating of scores at or above the level of "Meets Competency Expectations" (score of "3" or greater) on the end-of-year evaluation.

In addition to the above, to successfully complete the doctoral internship, interns must complete their 12-month full-year training totaling at least **1768 hours**. 25% of these hours must be direct service. To successfully complete their training year, postdoctoral fellows are required to complete at least **1500 hours**.

C. Personal Functioning

The training program recognizes that there is a relationship between level of personal functioning and effectiveness as a professional psychologist or social worker, especially in delivering direct services to clients. Physical or emotional challenges, difficulties or educational issues may interfere with the quality of a doctoral intern's or fellow's professional work. Such problems include but are not limited to (1) performance indicating a lack of expected educational or academic knowledge, (2) psychological adjustment problems or inappropriate emotional responses, (3) inappropriate management of personal stress, (4) an inadequate level of self-directed professional development (e.g. >20% of scores are "below competency expectations" at mid-year evaluation, repeated tardiness or non-completion of work-related tasks without effective communication or informing supervisor, Training Director, and/or Assistant Training Director); and (5) an inappropriate use of, or response to, supervision.

POLICY

II. General Responsibilities of the Training Program

Purpose

Review of expectations and responsibilities of doctoral interns and postdoctoral fellows in the training process. It describes the CAPS evaluation process and procedures for appeals. Also covered are problem resolution procedures for non-clinical conflicts and sexual harassment procedures.

Scope

Doctoral Interns and Postdoctoral Fellows

Policy/Procedure

The training program is committed to providing a learning environment in which interns and fellows can maintain high professional standards, achieve professional competency, and maintain healthy professional functioning. To honor this commitment, the training program assumes responsibilities corresponding to the following areas of functioning.

A. The training program will provide doctoral interns and fellows with information regarding relevant professional standards and guidelines and an opportunity to discuss these guidelines.
B. The training program will provide doctoral interns and fellows with information regarding relevant legal regulations governing the practice of psychology (and/or social work) and an opportunity to discuss these guidelines.
C. The training program will provide electronic access to the CAPS Policies and Procedures Manual and the CAPS Training Manual with discussion of appropriate sections addressing agency standards. Doctoral interns and fellows are required to review this document and attest that they have done so by the end of the Orientation period. Also, trainees acknowledge the responsibility to stay current with revisions to these manuals, and to adhere to all policies and procedures which as documented. When such revisions are made, the Training Director or other Administrators will apprise trainees.
D. At every point in the training year, the training program will provide learning experiences directed to the development of the professional competencies listed above in section IB related to “professional competency”.
E. The training program will provide a minimum of twice-yearly written evaluations, providing an assessment of the doctoral intern’s or fellow’s knowledge of and adherence to professional standards, development of their professional competencies and/or skills, and their personal functioning as it relates to the delivery of professional services.

F. The training program will provide the doctoral intern's academic department with information regarding her/his/their progress during the training year. Such information minimally includes copies of the intern's twice-yearly written evaluations, and when indicated may also include additional written information related to the intern's progress.
G. The training program will provide guidelines for attempting to remedy perceived deficiencies in the Intern's professional functioning, and guidelines to address significant deficiencies in the intern's professional functioning.

POLICY

III. Evaluation, Review and Due Process Related to Clinical Performance Of Doctoral Interns & Fellows

Purpose

Review of expectations and responsibilities of doctoral interns and postdoctoral fellows in the training process. It describes the CAPS evaluation process and procedures for appeals. Also covered are problem resolution procedures for non-clinical conflicts and sexual harassment procedures.

Scope

Doctoral Interns and Postdoctoral Fellows

Policy/Procedure

A. General Guidelines

Due process ensures that the training program's decisions about doctoral interns and fellows are neither arbitrary nor personally based. Specific evaluative procedures apply to all interns and fellows, and appeal procedures are available for interns and fellows who wish to challenge the program's actions. General due process guidelines are described below.

The training program's expectations related to professional functioning are presented to and reviewed with interns, fellows and all other trainees during Orientation and in this document, which is included in the Training Manual.

“Functioning Below Minimum Competency Standards” is defined below in this document and an opportunity for discussion and clarification is provided.

Evaluations occur at least two times a year with the procedures for evaluation stated in writing.

The training program considers evaluations from multiple clinical supervisors when making decisions or recommendations regarding an intern’s or fellow’s performance.

The training program will institute a remediation plan for identified competency-related problems. Likely consequences of not rectifying these will be provided to the intern or fellow in writing.

Procedures for how a doctoral intern or fellow may appeal the program's action(s) are included in this document.

The training program will communicate with the intern's graduate program in circumstances when the intern is deemed to be functioning below acceptable standards.

B. The Evaluation process

i. Amount of Clinical Supervision

Supervision of Individual Treatment: Doctoral interns and fellows are assigned one or more primary supervisor(s) for two hours total of individual supervision per week and a group supervisor for 2 hours of group supervision per week. Postdoctoral fellows are assigned one or more primary supervisor(s) for a total of two hours of individual supervision weekly and a group supervisor for 2 hours of group supervision per week.

Additional supervision is provided weekly (including Assessment, Prevention and Outreach, supervision of group treatment, supervision of supervision and other supervision to be determined based on individual training activities). Supervision of group treatment is provided for one-half hour or one hour depending on the group and other training needs.

The Training Director in collaboration with trainees and supervisors will determine the proportion of that trainee's caseload to be supervised by each supervisor.

ii. Supervisor Evaluation of Competency

In the context of supervisory relationships, doctoral interns and fellows receive ongoing feedback regarding their professional strengths and their competencies in need of improvement, particularly in individual counseling and psychotherapy. Throughout the year, supervisors meet with each other during a monthly Supervisors Meeting to discuss the progress of the intern, fellows and other trainees. Co-supervisors of trainees consult at minimum monthly and may invite their trainee to participate in review of their development. While the program recognizes the special nature of the supervisory relationship and strives to be consistently respectful regarding communication with other members, material discussed in supervision is not considered confidential.

The monthly Supervisor's Meeting invites both general discussion of the training program and specific comments regarding the performance of interns, fellows and other trainees. Necessary additions or modifications to a particular trainee's training plan are often discussed during this meeting.

In addition, on at least two occasions during the training year and roughly corresponding with the end of the fall and spring quarters, each clinical supervisor

conducts a formal written evaluation of each supervisee. Depending on a trainee's progress as assessed on the fall evaluation, a winter evaluation may be scheduled. Doctoral interns and fellows may also request a winter quarter evaluation if they choose independent of the issues discussed during the fall evaluation. Trainees simultaneously complete formal written evaluations of their supervisors. Evaluations are completed electronically, and following a thorough discussion in supervision the trainee and supervisor sign and date a paper copy of this evaluation. Evaluations are then forwarded to the Training Director. Per APPIC requirements regarding doctoral interns, the Training Director reviews the evaluations and forwards them to the intern's or pre-graduate trainee's department. On rare occasion, if there is a marked change in the trainee's performance after the final evaluation, an addendum is sent to that trainee's academic department.

C. Identification and Management of Problems/Concerns

The training program recognizes that the doctoral internship and fellowship year is filled with a significant number of developmental stressors as they learn new and complex professional skills and continue the transition from the role of student to professional. Learning involves becoming aware of that which one has less familiarity or knowledge, and at times can be challenging. When concerns about a trainee's expected level of competency and/or professional development arise, interns and fellows are encouraged to develop awareness of these challenges and to bring them to the attention of their supervisor(s). Likewise, supervisors work to be consistently transparent with feedback in order to facilitate development of competencies, identify steps to improve said competencies, and collaborate on strategies to remedy concerns without progressing to more formal remediation steps. Supervisors are responsible for keeping the Training Director advised regarding these efforts. If these efforts result in a resolution of the concerns, no further actions are needed.

If initial efforts to resolve competency concerns prove inadequate or if the concern is of sufficient gravity, a meeting of the doctoral intern or fellow, the supervisor or supervisors, and the Training Director and/or Assistant Training Director may be arranged. Further action steps such as additional training or study in a specific area, change in caseload (e.g., size or composition), encouragement that the intern or fellow consider obtaining additional support which may include her/his/their own personal therapy, or an agreement regarding specific behavior may be implemented. As above, if these efforts lead to a successful resolution of the concern, no further steps are taken.

D. Functioning Below Doctoral internship or Fellowship Minimum Competency Standards and Remediation

If the above described efforts do not successfully resolve the competency concern(s), the doctoral intern's or fellow's functioning may be below internship or fellowship minimum competency standards. If this occurs, and in addition to further remediation efforts, a more formal review and appeal process may be implemented.

1. Definition of "Functioning Below Internship or Fellowship Minimum Competency Standards."

   "Functioning below internship or fellowship minimum competency standards" is reflected in one or more of the following ways: (a) an inability and/or unwillingness to acquire and demonstrate ethical and professional standards into one's professional behavior; (b) an inability to acquire and demonstrate minimum levels of assessment and intervention competencies; (c) an inability to manage and/or effectively enlist support for personal stress, strong emotional reactions or psychological dysfunction which interfere with professional functioning; and (d) demonstrated concerns about professional interactions and/or communications with colleagues, other staff, and/or clients.

   While it is a professional judgment as to when a doctoral intern's or fellow's behavior is below internship or fellowship minimum competency standards rather than just problematic, for purposes of this document, a problem refers to behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified as "functioning below doctoral internship or fellowship minimum competency standards" when they include one or more of the following features:

   - The doctoral intern or fellow does not acknowledge, understand, or address the competency problem when it is identified;
   - The competency problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
   - The quality of services delivered by the doctoral intern or fellow is sufficiently negatively affected;
   - The competency problem is not restricted to one area of professional functioning;
   - A disproportionate amount of attention by training personnel is required; and/or
   - The doctoral intern's or fellow's behavior does not change as a function of feedback, remediation efforts, and/or time.

2. Remediation Considerations

   Once identified, it is important to have meaningful ways to address functioning below doctoral internship or fellowship minimum competency standards. There are

several possible and perhaps concurrent courses of action designed to address or correct this level of functioning, including but not limited to:

- Increasing supervision, either with the same or other supervisors;
- Changing the format, emphasis, and/or focus of supervision;
- Encouraging that the doctoral intern or fellow consider additional supportive measures which may include personal therapy among other options;
- Reducing the doctoral intern's or fellow's clinical or other work-load and/or requiring specific academic coursework.

3. Remediation-Procedures
   When the doctoral intern's or fellow's supervisors and the Training Director have concluded that the trainee is functioning below doctoral internship or fellowship minimum competency standards and a remediation plan can be developed, within five working days the Training Director will provide the doctoral intern or fellow with a written memorandum identifying the area(s) of substandard functioning regarding expected competencies, the remediation plan designed to addresses these areas, expected behavioral outcomes, and the time frame within which the success of such outcomes will be evaluated. For doctoral interns, the graduate department will be notified at the onset of remediation procedures.
   If remediation is untenable during the time period described in the remediation plan, within five working days the Training Director will provide the doctoral intern or fellow with a written memorandum identifying the area(s) of continued substandard functioning. For interns, the graduate department will be notified.
4. Consequences of Failure to Remediate
   When a combination of the above interventions does not remediate substandard competency performance after a reasonable and identified time period, or when the doctoral intern or fellow seems unable or unwilling to alter the behavior(s) to address indicated competencies, at the discretion of the Training Director the training program may take more formal action, including:
   Warning: A verbal warning to discontinue the inappropriate action or behavior under discussion. This warning will be determined by the Training Director in consultation with the intern's or fellow's supervisors.
   Written Warning: A written communication of warning to discontinue an inappropriate action or behavior. This letter will be kept in the doctoral intern's or fellow's file. Consideration may be given to removing this letter at the end of the intern's or fellow's service to the agency by the Training Director in consultation with the intern's or fellow's supervisors. If the letter is to remain in the file, the doctoral intern or fellow will be provided the opportunity to write a position statement,

which will be inserted into that trainee's official file. Regarding interns, the graduate department will be informed of her/his/their status.

Probation: Probation is a time-limited, remediation-oriented, and more closely-supervised training period for the doctoral intern or fellow. Its purpose is to return the intern or fellow to meeting minimum competency standards. This period of more closely-scrutinized supervision conducted by assigned supervisors will involve ongoing consultation with the Training Director. The final termination of probation will be determined by the Training Director in consultation with the intern's or fellow's supervisors. Regarding interns, the graduate department will be informed of her/his/their status.

Temporary Withdrawal of Case Privileges: If sufficient improvement does not occur within a reasonable and identified time period, CAPS case privileges may be temporarily withdrawn. In such a situation, it has been determined that the welfare of the intern or fellow and/or the client is jeopardized and therefore case privileges will be suspended for a specified period of time as determined by the Training Director. At the end of this period, evaluation by the intern's or fellow's supervisors in consultation with the Training Director will assess the capacity for effective functioning and return of case privileges. Such assessment will consider all relevant samples of the doctoral intern's or fellow's competencies (case notes, review of recorded media, discussion with supervisors and instructors). As part of this evaluation, a demonstration video file may be requested from the doctoral intern or fellow in order to ensure review of work she/he/they feel to be demonstrative of competent work.

Leave of Absence: Under certain circumstances, if adequate competency improvement is not demonstrated within a reasonable and identified period of time, the Training Director may recommend that the doctoral intern or fellow take a leave of absence from the training program. This option would be considered: a) in those circumstances in which the intern's or fellow's efforts were well intended but insufficient time existed for the adequate remediation of the competency problem; or; b) when the intern or fellow has not demonstrated improvement for other reasons beyond those listed here. Under this option, the doctoral intern or fellow would be able to return when she/he/they could demonstrate a successful resolution of the identified problem. Regarding doctoral interns, the graduate department would be notified of this recommendation. Leave of absences from the doctoral internship and fellowship follow the parameters of University Policy: at the discretion of the CAPS Executive Director, leave may constitute paid or non-paid status for the duration during which an evaluation of the intern's or fellow's

performance and eligibility for continuation in the internship or fellowship is conducted.

Dismissal: Dismissal from the training program involves withdrawal of all privileges involved in the agency. This would be invoked in cases of significant violations of California Law, APA or other professional standards, and training program expectations and/or expectations of the agency. Dismissal may also be invoked in cases in which there is the danger of harm to a client either physically or psychologically. If dismissal is recommended, this recommendation will be documented in writing and given to the Counseling and Psychological Services Executive Director. The final decision for dismissal rests with the CAPS Executive Director, in consultation with the Training Director and other persons deemed appropriate. If the CAPS Executive Director decides to dismiss the doctoral intern or fellow, written notification will be delivered to the intern or fellow within five days, and as relevant the Training Director will notify the intern's graduate department accordingly.

Unsatisfactory Completion of the Doctoral Internship or Fellowship: This option may be utilized at the end of the training year when, after all agreed-upon remediation efforts have been implemented, the doctoral intern or fellow is still not able to function at a level of expectable professional competence appropriate for her/his/their level of training. This conclusion would be based upon multiple evaluations with clinical staff knowledgeable about the intern's or fellow's clinical work and behavior. If this option is selected regarding an intern, the Training Director will prepare an Unsatisfactory Completion of Internship document, which describes the reasons for this decision. A copy of this document will be given his document will be provided to the intern and a copy sent to her/his/their graduate department. (A similar document would be provided to Fellows, but it would not be sent to that person's former graduate program.)

E. Appealing Disputed Evaluations, Remediation Plans or Failure to Remediate Consequences

From the date of receipt of a written evaluation, a written remediation plan, or a memorandum indicating the consequences of failure to remediate substandard functioning, a doctoral intern or fellow has eight working days to appeal. The appeal must be in writing, identify the specific portions of the document with which there is disagreement, indicate why there is disagreement, and specify what changes in the document are being requested. In addition, the doctoral intern or fellow can specify the names of the professional CAPS staff who he/she/they wishes to serve on an Appeal Review Committee.

Upon receipt of the appeal, the Training Director will appoint an Appeal Review Committee within five working days. This committee will consist of three professional staff without direct involvement in the dispute. One of the three persons appointed may be selected from the list provided by the doctoral intern or fellow making the appeal.

The Training Director will appoint the chair of the committee. (If the dispute is with the Training Director, the CAPS Executive Director will appoint the committee and the chair). All materials relevant to the dispute will be submitted to the chair of the committee for the committee's review. Supplemental information can be obtained by the committee as deemed necessary. The committee will arrive at a consensus based on the information presented. The committee will serve two functions: (1) to mediate the dispute, if possible, and (2) to make a recommendation to the Training Director about the resolution of the appeal if mediation proves unsuccessful. The committee is expected to complete its tasks within two weeks of its formation barring any unforeseen delays. Based on all available information, including the committee's recommendation, the Training Director will affirm or alter the previous decision. (As above, if the dispute involves the Training Director, the recommendation would be provided to the CAPS Executive Director for review and decision.) The intern or fellow will be notified in writing of the outcome of the appeal within three days of the decision.
The Training Director's (or as above, Executive Director's) decision will be final for all appeals except an appeal of 1) Temporary Withdrawal of Case Privileges, 2) Leave of Absence, 3) Dismissal or 4) Unsatisfactory Completion of the Internship or Fellowship. In the case of these four consequences, an intern or fellow dissatisfied with the Training Director's decision may appeal in writing to the CAPS Executive Director. The appeal must identify the specific portions of the document with which there is disagreement, indicate the grounds for disagreement, and specify requested changes in the document. The appeal must be received by the Executive Director within five days from the time the previous decision was provided to the intern or fellow. The Executive Director will review all information and make a final decision about the disputed matter. The Executive Director's decision will be provided in writing to the intern or fellow within three days of receiving the appeal.

In addition to the above described departmental procedures, interns and fellows, as employees of the University, also have certain additional complaint resolution rights. PPSM-70 outlines the process by which interns and fellows may submit a formal request for review of a complaint. The CAPS Administrative Services Director should be consulted in order to facilitate the filing of a formal complaint.

POLICY

IV. Conflict Resolution Procedures for Situations Involving Interns & Fellows

Purpose

Review of expectations and responsibilities of doctoral interns and postdoctoral fellows in the training process. It describes the CAPS evaluation process and procedures for appeals. Also covered are problem resolution procedures for non-clinical conflicts and sexual harassment procedures.

Scope

Doctoral Interns and Postdoctoral Fellows

Policy/Procedure

The training program recognizes that unanticipated problems may occasionally arise among trainees, between trainees and professional staff, and between trainees and support staff. The problem-solving procedures outlined below are intended to address these problems.

A. A doctoral intern, fellow or professional staff member who has a specific concern is encouraged to talk directly to the person who is the focus of the concern to see if the matter can be resolved.
B. A doctoral intern, fellow or professional staff member who has a specific concern, but is hesitant to talk directly to the person who is the focus of the concern, may speak with another professional staff member to obtain support and gather ideas about how to deal with the situation prior to talking with the person who is the focus of the concern.
C. If no solution is identified, or if the identified solution is unsuccessful, the matter should be referred to the Training Director. (If the matter concerns the Training Director, the matter should be referred to the CAPS Executive Director.)
D. The Training Director (or, as above, the CAPS Executive Director) will meet with each person involved in the concern in order to mediate a solution. If appropriate, the Training Director will convene a joint meeting for all parties involved.
E. If mediation is unsuccessful or, as above, if the Training Director is the focus of the concern, the relevant parties will be referred to the Executive Director. The Executive Director will review the situation and work to assist the involved individuals to resolve the situation. The Director may also take administrative action where necessary.

POLICY

V. Sexual Harassment Procedures

Purpose

Review of expectations and responsibilities of doctoral interns and postdoctoral fellows in the training process. It describes the CAPS evaluation process and procedures for appeals. Also covered are problem resolution procedures for non-clinical conflicts and sexual harassment procedures.

Scope

Doctoral Interns and Postdoctoral Fellows

Policy/Procedure

The training program is committed to maintaining an atmosphere conducive to personal and professional development. This requires an environment in which each intern feels safe and respected. The University's Sexual Harassment Complaint Resolution Procedures should be reviewed by accessing the following link:

https://policy.ucop.edu/doc/4000385/SVSH

All complaints related to sexual harassment involving interns, whether the intern is the alleged victim or perpetrator, will be handled in strict compliance with University procedures. The University's procedures take precedence over the conflict resolution steps listed above in section IV. Interns and postdoctoral fellows undergo mandatory online training related to UC Sexual Harassment policies and a boundary training (Praesidium online module). Consult with the CAPS Administrative Services or Quality Director if you believe you may be experiencing sexual harassment.

E. Requirements for Satisfactory Progression through the Training Program

POLICY

Requirements for Satisfactory Progression through the Training Program

Scope

Doctoral Interns and Postdoctoral Fellows

Policy/Procedure

The Training Program is committed to developing intern's competencies, and for this reason relies on constant and ongoing informal evaluation through the supervisory process. Feedback is provided to trainees in a collaborative and transparent manner as indications for areas for improvement arise. Supervisors involve the training director and the assistant training director to inform the evaluation process.

To progress satisfactorily, on the mid-year evaluation interns or fellows must receive 90% of scores at or above the level of "consistently demonstrated competency" (score of "3" or greater). Additional training competencies may be specifically identified by the Training Director and the Training Committee for development. A score of "1" on any competency will be a focus of the mid-year evaluation meeting with each intern or fellow and his/her/their supervisors and Training Director, and result in the implementation of a remediation plan developed collaboratively with the intern or fellow, the primary supervisor, and the Training Director. Other members of the Training Committee may participate as well. See "Intern Evaluation and Review", below, for a more detailed discussion of remediation.

POLICY

Requirements for Successful Completion of Doctoral Internship & Fellowship

Scope
Doctoral Interns and Postdoctoral Fellows

Policy/Procedure
Successful completion of the internship or fellowship requires a 100% rating of scores at or above the level of "Meets Competency Expectations" (score of "3" or greater) on the end-of-year evaluation.

In addition to the above, to successfully complete the doctoral internship, interns must complete their 12 month full-year training totaling at least **1768 hours**. 25% of these hours must be direct service. To successfully complete their training year, postdoctoral fellows are required to complete at least **1500 hours**.

States other than California may have a higher number of hours required for licensure. *It is the responsibility of Interns or Fellows to be aware of other State regulations, and to plan accordingly.*

F. End of Training Year

POLICY

End of Year Tasks

Scope

Doctoral Interns and Postdoctoral Fellows

Policy/Procedure

1. Complete requirements related to California Board of Psychology Forms as below.
    - At the end of the training year, the Training Director will complete the Verification of Experience (VOE) the California Board of Psychology. As demonstrated during Orientation, doctoral interns and fellows will complete the Supervised Professional Experience (SPE) and the original copy will be held by the Training Director for the duration of the training year.
    - The Trainee's original SPE and VOE will be given to the trainee in a signed and sealed envelope at the end of the training year by the Training Director. The trainee is responsible for submitting the sealed envelope to the BOP.
    - Doctoral interns and fellows are to keep copies of the SPE and VOE for their own records.
2. Completed items indicated in End of Year Completion List (see PowerDMS for document), to be signed by trainee and Training Director.

End of Year Completion List

Scope

Doctoral Interns and Postdoctoral Fellows

Please print this list, check off the tasks listed below as you complete them, sign and return this list to the Training Director. Thank you.

___ 1. Complete all documentation on PnC related to clinical work, e.g.: encounter notes; closing notes; outreach and consultation entries; Senior Case Conference entries. As a reminder, supervisors must sign all notes.
___ 2. Return all CAPS proprietary materials, e.g.: keys and I.D. badge to Front Desk staff members; group treatment manuals to program directors; CAPS documents to Administrative Services Director, etc.
___ 3. Complete and return Training Program evaluations.
___ 4. Complete and review the final quarterly evaluation of each supervisor and return it with the signature of both parties to the Training Director.
___ 5. Complete the California Board of Psychology VOE and hours logs as indicated above in this Training Manual. Return signed original copies of both to the Training Director.

My signature indicates I have completed each of the items above.

Date_____ Trainee Signature_____

Reviewed by Supervisor or Training Director:

Date_____ Supervisor Signature_____

G.Training Forms

Consent Forms

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BOX 951556

LOS ANGELES, CALIFORNIA 90095-1556

CAPS Fellow, Doctoral Intern, Practicum or Social Work Intern Student File Access Confidentiality and Privacy Protection Agreement

CAPS policy dictates that fellows, interns, practicum students and externs may seek access to clinical information only regarding clients for whom they have direct clinical responsibilities and as required by the scope of work.

Access to other client data via electronic or paper charts is strictly forbidden.

Unauthorized access to client data is considered unethical behavior specifically forbidden by CAPS policy and constitutes grounds for immediate dismissal and expulsion from the CAPS internship or practicum/externship.

I, _____, have read the policy statement above and understand the potential consequences of violating this policy.

_____ _____

Signature Date

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BOX 951556

LOS ANGELES, CALIFORNIA 90095-1556

COUNSELING AND PSYCHOLOGICAL SERVICES

Verification of Training in Recording Guidelines (Supervisor)

I, _____(PLEASE PRINT NAME), as a supervisor for a social work trainee or psychology trainee:

- Understand that recording clinical sessions is for training purposes only.
- Understand that recorded webcam sessions contain confidential information that is subject to stringent privacy and security policies.
- Agree to not copy, email, file share, or distribute recordings under any circumstances.
- Agree to verify that the trainee under my supervision is aware of auto-deletion of recordings after its intended use for supervision.

I acknowledge that I have read and understand the above statements. I have had the opportunity to discuss them with the Training Director and have had all of my questions answered.

_____ _____

Supervisor's Signature Date

_____ has successfully completed a hands-on training in the proper use, storage, and deleting of recordings.

_____ _____

Training Director's Signature Date

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BOX 951556

LOS ANGELES, CALIFORNIA 90095-1556

COUNSELING AND PSYCHOLOGICAL SERVICES

Verification of Training in Recording Guidelines (Supervisee)

I, _____(PLEASE PRINT NAME), as a supervisor for a social work trainee or psychology trainee:

- Understand that recording clinical sessions is for training purposes only.
- Understand that written consent by a student must be obtained before a recording can be done.
- Understand that I must clearly review the recording consent form with a student and answer or clarify any questions they may have.
- Understand that recorded webcam sessions contain confidential information that is subject to stringent privacy and security policies.
- Agree to not copy, email, file share, or distribute recordings under any circumstances.
- Agree to verify recordings are auto-deleted after their intended use for supervision.

I acknowledge that I have read and understand the above statements. I have had the opportunity to discuss them with the Training Director and have had all of my questions answered.

_____ _____

Supervisor's Signature Date

_____ has successfully completed a hands-on training in the proper use, storage, and deleting of recordings.

_____ _____

Training Director's Signature Date

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BOX 951556

LOS ANGELES, CALIFORNIA 90095-1556

COUNSELING AND PSYCHOLOGICAL SERVICES' TRAINING PROGRAMS CONSENT TO TREATMENT

Counseling and Psychological Services (CAPS) includes internship and fellowship programs (i.e., "training programs") in support of the nationwide effort to expand the availability and expertise of skilled mental health professionals. Our internship and fellowship programs include a doctoral internship in health service psychology accredited by the American Psychological Association, a masters in social work internship program, a post-Master's in clinical social work training program, a psychology doctoral student practicum program, a postdoctoral psychology fellowship training program, and a psychiatry fellowship program.

All interns and fellows must demonstrate compliance with national standards for eligibility and are selected through a highly competitive application process. Interns and fellows are supervised by CAPS licensed clinical psychologists and licensed clinical social workers.

CONSENT FOR TREATMENT BY CAPS TRAINEE

I understand that I am receiving professional services provided by a trainee (name & title)

_____ Psychology Doctoral Intern ,

under the direct supervision of licensed supervisors, _____ ,

Supervisor Name License Type & Number

_____ ,and _____ .

Supervisor Name License Type &Number Supervisor Name License Type & Number

If at any time I have issues or concerns regarding the services provided by my therapist, I understand that I may contact their CAPS supervisor at (310) 825-0768. I understand that a copy of this signed consent will be provided for my reference.

Client Name (Print)	Student ID Number
Client Signature	Date
Witness Signature	Date

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BOX 951556

LOS ANGELES, CALIFORNIA 90095-1556

COUNSELING AND PSYCHOLOGICAL SERVICES' TRAINING PROGRAMS PERMISSION to RECORD SESSIONS

CAPS training programs follow national training standards for quality assessment and improvement. These standards include use of audio and/or video recordings of counseling sessions as a training tool, when authorized by the client. Session recordings are reviewed by the supervisor for opportunities to guide and support the delivery of excellent care.

Recordings are for training purposes only between the supervisor and intern/fellow and belong to the CAPS training program. Clients do not receive copies. Recordings are not part of a client's academic record, health chart, mental health record or any other permanent record. These recordings are temporarily stored in a secure location with HIPAA-compliant encryption and are reviewed and autodeleted within weeks in which the session occurred, except where retention of the recording is required for legal or regulatory purposes.

CONSENT / DECLINATION to PERMIT AUDIO/VIDEO RECORDING of SESSIONS

Please indicate whether you consent or decline to allow your counseling session(s) to be recorded for training program purposes.

Your care at CAPS is in no way affected by your choice to consent or decline.

- ☐ **CONSENT**: I have read the above and voluntarily consent to have my sessions
- ☐ video- and audio-recorded for training purposes. I understand that these recordings will be shared only with this trainee's supervisor, _____, for the sole purpose of supervision. These reviews typically will occur no later than two weeks after the session and the recordings will be auto-deleted within weeks in which the session occurred, except where retention of the recording is required for legal or regulatory purposes.

  I am aware that I can change my mind and revoke my permission for recording at any time by sending a written revocation to CAPS, which will be effective upon the date received.

This consent expires one year from the date of signature, or: _____ (Insert other condition of expiration).

- **DECLINE**: I do not consent to having my sessions temporarily recorded for training purposes.

_____ _____

Signature **Date**

_____ _____ _____

Print Name **Date of Birth** **SID**

A copy of this form will placed in your chart.

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I, _____ (print name), have been provided with, have read (and signed where designated) the following documents:

1. "Professional Psychotherapy Never Includes Sex" brochure from the California Board of Psychology, posted on the CAPS shared drive and CAPS Box App
2. The CAPS Training Manual, posted on PowerDMS
3. The CAPS Policies and Procedures Manual, posted on PowerDMS
4. "CAPS Trainee Confidentiality and Privacy Protection Agreement" (requires separate signature).
5. Supervisor/Supervisee Video recording agreement (requires separate signatures)
6. *Telecommuting agreement in consultation with the Training Director and/or Assistant Training Director

The Director of Training has referenced and directed me to these materials, and my signature below indicates I have reviewed them and agree to follow the procedures and policies fully as outlined. Under separate copy, I have provided a signed copy of the "CAPS Trainee Confidentiality and Privacy Protection Agreement" to the Director of Training.

I further acknowledge I have been advised that when the CAPS P&P Manual and the Training Manual are updated I will be notified via email of these updates by the Director of Training or other administrators, assisted with understanding related changes and any related questions I may have, and will then be responsible for adhering to these amendments with appropriate support from my supervisor(s).

The Training Program understands that questions about any of the material addressed in these manuals is expectable during the course of the training year. I agree to consult with my primary supervisor and/ or the Director of Training, Assistant Director of Training, or other administrator to gain clarification as needed.

Signature: _____

Print Name: _____

Date: _____

Evaluation Forms

UCLA The Counseling Center
Counseling & Psychological Services
A Department of Student Affairs

Doctoral Psychology Intern Evaluation Form

Supervisee Name: **Check one:**

Supervisor Name: **Check one:**

Type of Review:

☐Fall Quarter ☐Final Review ☐Other (please describe):

Supervision Type (select all that apply):

Individual

Group Treatment

ADHD Assessment

Prevention & Outreach

Brief Screen

Supervision of Practicum/Social Work Interns

Instructions:

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

Below Expectations	Inconsistently Demonstrated	Meets Expectations	Exceeds Expectations	No Opportunity to Observe
1	2	3	4	N/O

1- **Performs significantly below expected competency level for a doctoral Intern. Requires close supervision, demonstration, and guidance related to foundational skills.**
2- **Performance ranges between below and at expected competency level for a doctoral Intern. Requires some close supervision and preparation for foundational skills.**
3- **Performs at expected competency level for a doctoral Intern. Requires standard supervision for foundational skills and requires ongoing supervision for developing advanced skills.**

4- **Performs above expected competency level for a doctoral Intern. Requires minimal supervision for foundational skills and ongoing supervision for advanced skills. May use supervision in more of a consultative manner.**

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Comment boxes are included after each section for your use. Near the end of the rating form, you will have the opportunity to provide a more comprehensive narrative evaluation of the trainee's current level of competence.

This form was developed based on APA supervision guidelines and Competency Benchmarks (as in Fouad et al., 2009) and Standards of Accreditation (2015). Please consult the previously distributed original document for information about the Competency Benchmarks.

This evaluation is based on the following sources of information: (check all that you have used to assess competency areas)

Direct observation (or Video Review)	Supervision Discussions	Review of Clinical Records
Collateral Feedback from Training Staff	Participation in Meetings (e.g. Staff meeting, SCC, Committee meetings, Team meetings)	Clinical Case Presentations, Brown Bag, or other Seminar presentations

Individual Therapy Supervision:

I. RESEARCH: Demonstration of the integration of science and practice

1. Critically evaluates and incorporates research from recent peer-referenced articles and evidence-based treatments when contemplating clinical interventions in supervision and participation in senior case conference.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
2. Develops treatment plans based on chosen theoretical orientation and relevant research.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
3. Demonstrates substantially independent ability to critically evaluate and disseminate research or other scholarly activities in brown bag presentation (which is a review of dissertation research or related area), incorporation of literature review during case presentations and didactic presentations in various seminars.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]

II. ETHICAL AND LEGAL STANDARDS

1. Demonstrates knowledge of and acts in accordance with APA Ethical Principles of Psychologists and Code of Conduct.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
2. Demonstrates knowledge of and acts in accordance with relevant laws, regulations, rules, policies, standards and guidelines governing health service psychology.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
3. Recognizes ethical dilemmas and applies ethical decision-making processes in resolving these.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
4. Conducts self in an ethical manner in all professional activities.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

III. INDIVIDUAL AND CULTURAL DIVERSITY

1. Demonstrates an understanding of how one's own intersecting identities reflected in dimensions such as personal/cultural history, attitudes, and biases may affect interactions with those who are different.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
2. Demonstrates self-examination to increase recognition and awareness of beliefs, attitudes, and biases that may impact professional work.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
3. Demonstrates knowledge of current theoretical and empirical knowledge bases as related to diversity in all professional activities.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
4. Demonstrates ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles. This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
5. Demonstrates ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ [N/O]
6. Demonstrates ability to independently apply knowledge to work effectively with the range of diverse individuals and groups encountered.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

IV. PROFESSIONAL VALUES AND ATTITUDES

1. Conducts self in ways that reflect the values and attitudes of psychology (including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others).	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
2. Demonstrates professionally-appropriate communication and physical conduct (including attire as indicated in training manual) across settings and activities.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
3. Engages in self-reflection regarding one's personal and professional functioning and competence.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
4. Demonstrates engagement in activities to maintain and improve performance, well-being, and professional effectiveness.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
5. Demonstrates active and effective participation in supervision.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
6. Demonstrates openness to and integration of feedback into practice.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
7. Demonstrates ability to accept constructive criticism non-defensively.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
8. Responds professionally in increasingly complex situations with greater independence as training year progresses.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
9. Accepts responsibility for own actions.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
10. Demonstrates competence in time management regarding meetings and record keeping.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
11. Demonstrates ability to give supervisor constructive feedback.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]

V. COMMUNICATION AND INTERPERSONAL SKILLS

12. Demonstrates ability to develop and maintain effective interpersonal relationships with a wide range of individuals (including colleagues, communities, organizations, supervisors, supervisees, and clients).	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
13. Demonstrates the ability to manage difficult communication.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
14. Demonstrates ability to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]

COMMENTS: ***(****Supervisors may also integrate separate interpersonal professional competency rating form****):***

Click here to enter text.

VI. ASSESSMENT

1. Demonstrates the ability to select and apply assessment methods that draw from literature and reflect the science of measurement and psychometrics.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
2. Demonstrates the ability to collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the client.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
3. Interprets assessment results to inform case conceptualization, classification, and recommendations.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
4. Communicates findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

VII. INTERVENTION

1. Establishes and maintains effective and respectful treatment relationships.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
2. Demonstrates competence in the ability to formulate theoretically-informed case conceptualizations, and draw insights from a variety of theories.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
3. Demonstrates competence in the ability to provide case-conceptualization based services in a variety of brief-treatment modalities including individual and group treatment.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
4. Develops evidence-based intervention plans specific to the goals of treatment.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
5. Implements interventions informed by current scientific literature, assessment findings, diversity characteristics, and/or contextual variables.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
6. Applies relevant research literature to clinical decision making.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
7. Flexibly modifies and adapts evidence-based approaches when clinically indicated to enhance treatment response.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]

8. Demonstrates ability to conduct a working phase of treatment leading to improved outcomes.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
9. Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
10. Demonstrates competence in the ability to effectively manage the termination phase of treatment.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
11. Demonstrates ability to effectively collaborate with clients and others to appropriately assess and intervene in crisis situations (including assessment of lethality of suicidal ideation, violence potential and grave disability; development of safety plans).	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
12. Negotiates differences and handles conflict satisfactorily.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
13. Able to empathize effectively with clients, displays a non-judgmental stance.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
14. Demonstrates competency in use of self (own feeling and reactions in therapy).	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
15. Demonstrates competence in: affect tolerance in self, clients and others; comfort with a range of emotions; tolerance of ambiguity and uncertainty.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
16. Demonstrates competence in attendance to process and interaction factors in therapy.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

VIII. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

1. Demonstrates knowledge and respect for the roles and perspectives of other professions.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
2. Demonstrates competence in providing consultative services to campus partners (including departments, faculty and staff) and families/friends as needed.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
3. Demonstrates ability to coordinate care with other health service providers (at and beyond the UCLA community).	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]

4. Uses awareness of the social, political, economic, cultural, or campus climate factors that arise in context of working at UCLA/CAPS.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
5. Promotes change to enhance the functioning of individuals (i.e., when appropriate advocating on behalf of clients/groups).	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

Overall Assessment of Trainee's Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence (use additional pages if necessary). In your narrative, please be sure to address the following questions:

- What are this intern's identified strengths?
- What competencies are in need of growth or improvement?
- Are there any recommendations you have to assist this Intern in further development of strengths or in addressing areas identified for improvement?
- **For FALL evaluation:** is the trainee ready to move to the next level of training, or independent practice?
- **For END OF YEAR evaluation:** Is the trainee ready to move to postdoctoral training.

Group Treatment:

1. Evaluates a client's appropriateness and readiness for group (screening).	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
2. Demonstrates understanding and facility with group content.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
3. Delivers group content in a manner that appreciates how group interventions differ than individual therapy	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
4. Effectively applies knowledge of evidence-based practice to work with groups	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
5. Understands and observes group dynamics and the stages of group development.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]

6. Facilitates identification and expression of feelings by members.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
7. Recognizes and facilitates processing of individual and cultural differences.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
8. Uses group process and facilitates processing of group dynamics to facilitate client growth.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
9. Completes administrative tasks (paperwork) in a timely fashion.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
10. Shows appropriate ethical decision-making relevant to role of group therapy and consults as needed.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
11. Can work collaboratively and effectively with a co-therapist.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
12. Assesses treatment progress and outcome seeking consultation as appropriate.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
Comments: Click here to enter text.	

ADHD assessment:

Assessment: Assessment and diagnosis of strengths, symptoms, and issues associated with individuals, groups, and/or organizations that take into account individual and cultural diversity.

Knowledge of Measurement and Psychometrics	
Ability to formulate assessment plans considering psychometric issues and bases of assessment methods	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
Knowledge of Assessment Methods	
Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
Application of Assessment Methods	
Selects appropriate assessment measures to answer diagnostic and/or referral question in consultation with supervisor	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
Diagnosis	
Applies case formulation and DSM-5 diagnosis in the context of stages of human development and diversity	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]

Conceptualization and Recommendations	
Utilizes systematic approaches of gathering and integrating different sources of data to inform clinical decision-making	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
Communication of Assessment Findings	
Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client/3rd parties	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

Prevention and Outreach:

Consultation/Prevention/Outreach: Developing and delivering relevant consultation and educational information to students, staff, academic personnel and the campus at large.

Empowerment	
Uses awareness of the social, political, economic, cultural, or campus climate factors that arise in context of working at UCLA/CAPS	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
Systems Change	
Promotes change to enhance the functioning of individuals (i.e., when appropriate advocating on behalf of clients/groups)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
Program Development	
Engages in program development by conducting needs assessment, organizing educational materials, formulating presentation plans, and implementing programming	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
Program Design	
Designs outreach and prevention programming informed by critical review of literature regarding best practices.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
Program Delivery	
Effectively delivers programming to campus partners; adjusts audience-specific content and language to diverse populations while avoiding jargon; uses	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]

different modalities of instructions as appropriate (i.e. technology, handouts)	
Program Outcome	
Administers outcome measures to determine effectiveness of programming delivered; utilizes supervision and consultation to monitor outcome	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
Consultation/Role of Consultant	
Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

Triage:

1. Assessment	
Clinical assessment and interviewing skills effectively inform clinical decision-making	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
2. Disposition	
Demonstrates appropriate clinical judgment when selecting disposition	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
3. Intervention	
Displays clinical skills (i.e., nonverbal communication of interest/concern via eye contact and body positioning; effectively summarizes and frames client concerns; uses good judgment about unexpected issues such as crises, confrontations)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
3A. Crisis Intervention	
Engages in comprehensive crisis assessment and appropriately intervenes to manage and reduce crisis	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
3B. Consideration of Adjunctive Treatments	

Assesses need for adjunctive treatments, including referral for psychiatry, medical evaluation, and appropriate group treatments	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
4. Consultation/Role of Consultant	
Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
5. Communication of Assessment Findings	
Writes adequate brief screen notes and communicates disposition verbally to client (3rd parties when indicated)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]

Supervision:

Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.	
Expectations and Roles	
Demonstrates knowledge of, purpose for, and roles in supervision.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
Processes and Procedures	
Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
Skills Development	
Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
Supervisory Practices	
Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
Feedback	
Provides, solicits, and effectively integrates feedback to and from supervisee	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
Collaboration	
Collaborates on supervision agenda and process.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]

UCLA COUNSELING AND PSYCHOLOGICAL SERVICES

LICENSED SUPERVISOR EVALUATION FORM

Supervisee Name_____ Evaluation Date_____

Supervisor Name_____ Quarter (circle): F W Sp Su

Purpose: To provide the supervisor with an understanding of his/her effectiveness in this supervisory relationship, to suggest areas for improvement, to permit the trainee to offer feedback to the supervisor in a written form that is based on a set of clearly and previously-established criteria, and to increase the supervisor's competence as a supervisor.

Performance Level Rating Scale:

4 – Demonstrated Strength
3 – Consistently Demonstrated
2 – Inconsistently Demonstrated
1 – Deficient
0 – N/A

In the following four areas of supervision, please rate your supervisor's ability to:

Learning Atmosphere	
1. Establish an atmosphere of acceptance and psychological safety	
2. Clearly define the nature, structure, expectations, and limitations of the supervisory relationship	
3. Recognize and accommodate to your level of experience and style of learning	
4. Be flexible and responsive to your changing needs	
5. Foster appropriate autonomy on your part	
6. Maintain an appropriate focus in meetings	
7. Be open to discussing any difficulties between both of you which may hinder your learning	
8. Make you feel s/he genuinely wants to help you learn	
9. Provide supervision based on your needs, learning goals, and interests	
Supervision Style	
10. Be concrete and specific in comments & make specific suggestions when needed	
11. Call attention to errors in a respectful and useful manner	
12. Refrain from indiscriminate use of praise	
13. Provide opportunities for you to question, challenge or doubt	
14. Admit errors and/or limitations without undue defensiveness	
15. Listen sensitively to you	
16. Help clarify and define the nature of difficulties you are having in your work	
17. Make decisions and take responsibility when appropriate	
18. Be straightforward with you regarding areas in which improvement is needed	
Supervision Process	
19. Encourage you to formulate your understanding of case material	
20. Encourage you to explore the implications of your interventions	
21. When asked, present a clear, theoretical rationale for suggestions	
22. Help you more effectively intervene with your client, using a variety of techniques, e.g. role playing	
23. Facilitate your understanding of countertransference reactions to your clients	
24. Clearly identify legal issues related to case material	
25. Clearly identify ethical issues related to case material	
26. Integrate issues pertaining to racial, ethnic and/or cultural diversity in case conceptualization,	

treatment, and supervision as relevant	
27. Encourage you to consider how your cultural worldview impacts your work in psychotherapy	
28. Summarize and/or highlight major points of supervisory session	
29. Deal explicitly with the formal evaluation process	

Modeling Professionalism	
30. Provide you with general knowledge about professional psychology	
31. Seek consultation when it is needed	
32. Be clear with you about the differences between supervision and psychotherapy	
33. Be sensitive and responsive to the stresses you are experiencing as a psychologist in training	
34. Be sensitive to the requirements placed on you by CAPS	
35. Identify how to reach her/him in case of emergencies, and demonstrate this as needed	
36. Provide a positive role model for you	

Please summarize the supervisor's strengths and weaknesses as you currently view them and make specific suggestions for ways in which your supervisor can further facilitate your learning. A helpful focus here is the quality of your Supervisor/Supervisee Relationship: what has been particularly positive, useful, exciting or challenging; areas in which your supervisor can improve and or may need more focus and attention.

SUPERVISEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

Competency Benchmarks Postdoctoral Fellow Evaluation Form

Supervisee Name: (Select one)

Supervisor Name: (Select one)

Type of Review:

☐Fall Quarter ☐Final Review ☐Other (please describe):

Supervision Type (select all that apply):

Individual

Group Treatment

ADHD Assessment

Prevention & Outreach

Brief Screen

Supervision of Practicum/Social Work Interns

Instructions:

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

How characteristic of the trainee's behavior is this competency description?

Below Expectations	Inconsistently Demonstrated	Meets Expectations	Exceeds Expectations	No Opportunity to Observe
1	2	3	4	N/O

1- **Performs significantly below expected competency level for a postdoctoral fellow. Requires close supervision, demonstration, and guidance related to foundational skills.**
2- **Performance ranges between below and at expected competency level for a postdoctoral fellow. Requires some close supervision and preparation for foundational skills.**

3- **Performs at expected competency level for a postdoctoral fellow. Requires standard supervision for foundational skills and requires ongoing supervision for developing advanced skills.**
4- **Performs above expected competency level for a postdoctoral fellow. Requires minimal supervision for foundational skills and ongoing supervision for advanced skills. May use supervision in more of a consultative manner.**

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Comment boxes are included after each section for your use. Near the end of the rating form, you will have the opportunity to provide a more comprehensive narrative evaluation of the trainee's current level of competence.

This form was developed based on APA supervision guidelines and Competency Benchmarks (as in Fouad et al., 2009). Please consult the previously distributed original document for information about the Competency Benchmarks.

Individual Therapy Supervision:

FOUNDATIONAL COMPETENCIES

Foundational competency domains are the building blocks of what psychologists do. Knowledge and skills in these foundational domains lay the groundwork for psychology trainees and psychologists to subsequently gain functional competency.

I. PROFESSIONALISM

1. Professionalism: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.

1A. Integrity - Honesty, personal responsibility and adherence to professional values	
Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values; Acts to understand and safeguard the welfare of others	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
1B. Deportment	
Communication and physical conduct (including attire) is professionally appropriate, across different settings and activities	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
1C. Accountability/Responsibility	
Accepts responsibility for own actions (e.g., responsible for meeting deadlines, ability to acknowledge errors)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
1Ci. Time Management	
Promptness in record maintenance, appointments, and meetings	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
1Cii. Organization Skills	
Organized and disciplined maintenance of required records and professional reports	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
1Ciii. Policies and Procedures	
Adherence to CAPS and training program policies and procedures (i.e., fee requirements, eligibility for services)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]

1D. Professional Identity	
Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
1E. Adaptation to clinical setting	
Displays adjustment to CAPS setting (i.e., caseload management, familiarity and collaboration with pertinent campus partners)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

2. Individual and Cultural Diversity (ICD): 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 Context and 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)	
Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
2B. Others as Shaped by Individual and Cultural Diversity and Context	
Applies knowledge of others as cultural beings in assessment, treatment, and consultation	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
2D. Applications based on Individual and Cultural Context	
Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

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 knowledge and understanding of the APA Ethical Principles and Code of Conduct and CA state statutes, rules, regulations relevant to practice (e.g., confidentiality, Tarasoff, mandated reporting)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
3B. Awareness and Application of Ethical Decision Making	
Demonstrates knowledge of an ethical decision-making model(s) and applies relevant elements of ethical decision making to ethical dilemmas	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

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

4A. Reflective Practice	
Displays self-awareness; utilizes self- monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action; (e.g., recognizes impact of self on others)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
4B. Self-Assessment	
Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills (e.g., self-assessment comes close to congruence with assessment by peers and supervisors, identifies strength and areas requiring further professional growth)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]

4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)	
Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice (e.g., takes action recommended by supervisor for self-care to ensure effective training; manages personal stress and emotional reactions in order to minimize interference with professional activities)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
4D. Participation in Supervision	
Seeks supervision to improve performance; demonstrates appropriate judgement about when to consult with supervisor; arrives to supervision prepared with questions, observations, areas of focus; and prioritizes items to review	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
4Di. Collaboration in Supervisory Process	
Initiates discussion of own reactions to clients, open to sharing viewpoints that differ from supervisors. Responds to, integrates, and provides feedback.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
4Dvi. GROUP FORMAT SUPERVISION ONLY:	
Actively participates in group supervision and serve as peer consultant	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, campus groups, and/or communities.

5A. Interpersonal Relationships	
Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, support staff and professionals from other disciplines	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
5Ai. Expression of empathy	
Able to empathize effectively with clients, displays a non-judgmental stance	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
5Aii. Process factors	
Attends to process and interaction factors in therapy, including via the therapeutic relationship when appropriate	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
5B. Affective Skills	
Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively; is flexible when things do not go as planned	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
5Bi. Affect Tolerance	
Demonstrates affect tolerance in self, clients, and others; demonstrates comfort with a range of emotions; affect does not overwhelm judgment; tolerates ambiguity and uncertainty	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
5Bii. Use of affect	
Constructively uses own feelings and reactions in therapy	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
5C. Expressive Skills	
Communicates clearly using verbal, nonverbal, and written skills with fellow professionals at CAPS and others within the UCLA community; clear oral presentation in supervision/seminars	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
5D. Effective Boundary Management	
Establishes and maintains appropriate professional boundaries	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: ***(****Supervisors may also integrate separate interpersonal professional competency rating form):*	
Click here to enter text.	

III. SCIENCE

6. Scientific Knowledge and Methods: 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	
Demonstrates knowledge, understanding, and application of the concept of evidence-based practice	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

FUNCTIONAL COMPETENCIES

Functional competencies reflect the requisite knowledge, skills, and attitudes to perform the work of a psychologist. The components of foundational competency include: assessment/diagnosis/ conceptualization; intervention; consultation; research/evaluation; supervision/teaching; and management/administration.

IV. APPLICATION

7. Evidence-Based Practice: Integration of research and clinical expertise in the context of client factors.

7A. Knowledge and Application of Evidence-Based Practice	
Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences/culture	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

8. Assessment: Assessment and diagnosis of strengths, symptoms, and issues associated with individuals, groups, and/or organizations that take into account individual and cultural diversity.

(N/B.: Individual supervisors are asked to complete items 8 D-F *only.*)

8D. Diagnosis	
Applies case formulation and DSM-5 diagnosis in the context of stages of human development and diversity	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
8E. Conceptualization and Recommendations	
Utilizes systematic approaches of gathering and integrating different sources of data to inform clinical decision-making	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
8F. Communication of Assessment Findings	
Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client/3rd parties	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

9. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations taking into account individual and cultural diversity.

9A. Case Conceptualization	
Formulates and conceptualizes cases utilizing at least one consistent theoretical orientation; articulates theory of change	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
9Ai. Intervention planning	
Plans interventions based on case conceptualization	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]

9B. Skills	
Displays clinical skills (i.e., nonverbal communication of interest/concern via eye contact and body positioning; effectively summarizes and frames client concerns; uses good judgment about unexpected issues such as crises, confrontations)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O
9Bi. Therapeutic Alliance	
Establishes rapport and a working alliance with clients	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
9C. Intervention Implementation	
Implements evidence-based interventions	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
9Ci. Working Phase of Treatment	
Demonstrates ability to conduct a working phase of treatment leading to improved outcomes; demonstrates ability to describe instance of lack of progress and actions taken in response	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
9Cii. Termination	
Demonstrates ability to conduct a constructive termination phase of therapy; termination approach matches clinical needs (duration/intensity of treatment, nature of therapeutic alliance)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
9Ciii. Crisis Intervention	
Engages in comprehensive crisis assessment and appropriately intervenes to manage and reduce crisis	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
9Civ. Consideration of Adjunctive Treatments	
Assesses need for adjunctive treatments, including referral for psychiatry, medical evaluation, and appropriate group treatments	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
9D. Progress Evaluation	

Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

V. SYSTEMS

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

10B. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes	
Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

11. Advocacy: Actions targeting the impact of social, political, economic or cultural factors in order to promote change at the individual (client), institutional, and/or systems level.

11A. Empowerment	
Uses awareness of the social, political, economic, cultural, or campus climate factors that arise in context of working at UCLA/CAPS	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
11B. Systems Change	
Promotes change to enhance the functioning of individuals (i.e., when appropriate advocating on behalf of clients/groups)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

Overall Assessment of Fellow's Current Level of Competence

Please provide a brief narrative summary of your overall impression of this fellow's current level of competence (use additional pages if necessary). In your narrative, please be sure to address the following questions:

- What are this fellow's identified strengths?
- What competencies are in need of growth or improvement?
- Are there any recommendations you have to assist this fellow in further development of strengths or in addressing areas identified for improvement?
- **For FALL evaluation:** is the fellow ready to move to the next level of training, or independent practice?
- **For END OF YEAR evaluation**: Is the fellow ready to move to independent practice?

Group Treatment:

1. Evaluates a client's appropriateness and readiness for group (screening).	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
2. Demonstrates understanding and facility with group content.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
3. Delivers group content in a manner that appreciates how group interventions differ than individual therapy	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
4. Effectively applies knowledge of evidence-based practice to work with groups	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
5. Understands and observes group dynamics and the stages of group development.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
6. Facilitates identification and expression of feelings by members.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
7. Recognizes and facilitates processing of individual and cultural differences.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
8. Uses group process and facilitates processing of group dynamics to facilitate client growth.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
9. Completes administrative tasks (paperwork) in a timely fashion.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
10. Shows appropriate ethical decision-making relevant to role of group therapy and consults as needed.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
11. Can work collaboratively and effectively with a co-therapist.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
12. Assesses treatment progress and outcome seeking consultation as appropriate.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
Comments:	

ADHD Assessment:

8. Assessment: Assessment and diagnosis of strengths, symptoms, and issues associated with individuals, groups, and/or organizations that take into account individual and cultural diversity.

8A. Knowledge of Measurement and Psychometrics	
Ability to formulate assessment plans considering psychometric issues and bases of assessment methods	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
8B. Knowledge of Assessment Methods	
Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]

8C. Application of Assessment Methods	
Selects appropriate assessment measures to answer diagnostic and/or referral question in consultation with supervisor	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
8D. Diagnosis	
Applies case formulation and DSM-5 diagnosis in the context of stages of human development and diversity	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
8E. Conceptualization and Recommendations	
Utilizes systematic approaches of gathering and integrating different sources of data to inform clinical decision-making	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
8F. Communication of Assessment Findings	
Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client/3rd parties	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

Prevention and Outreach:

12. Consultation/Prevention/Outreach: Developing and delivering relevant consultation and educational information to students, staff, academic personnel and the campus at large.

11A. Empowerment	
Uses awareness of the social, political, economic, cultural, or campus climate factors that arise in context of working at UCLA/CAPS	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
11B. Systems Change	
Promotes change to enhance the functioning of individuals (i.e., when appropriate advocating on behalf of clients/groups)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
12A. Program Development	
Engages in program development by conducting needs assessment, organizing educational materials, formulating presentation plans, and implementing programming	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
12B. Program Delivery	
Effectively delivers programming to campus partners; adjusts audience-specific content and language to diverse populations while avoiding jargon; uses different modalities of instructions as appropriate (i.e. technology, handouts)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
12C. Program Outcome	

Administers outcome measures to determine effectiveness of programming delivered; utilizes supervision and consultation to monitor outcome	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
12D. Consultation/Role of Consultant	
Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)	☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ [N/O]
COMMENTS: Click here to enter text.	

Brief Screen:

1. Assessment	
Clinical assessment and interviewing skills effectively inform clinical decision-making	0 1 2 3 4 [N/O]
2. Disposition	
Demonstrates appropriate clinical judgment when selecting disposition	0 1 2 3 4 [N/O]
3. Intervention	
Displays clinical skills (i.e., nonverbal communication of interest/concern via eye contact and body positioning; effectively summarizes and frames client concerns; uses good judgment about unexpected issues such as crises, confrontations)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O
3A. Crisis Intervention	
Engages in comprehensive crisis assessment and appropriately intervenes to manage and reduce crisis	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
3B. Consideration of Adjunctive Treatments	
Assesses need for adjunctive treatments, including referral for psychiatry, medical evaluation, and appropriate group treatments	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
4. Consultation/Role of Consultant	
Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]
5. Communication of Assessment Findings	

Writes adequate brief screen notes and communicates disposition verbally to client (3rd parties when indicated)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ [N/O]

Supervision:

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.						
13A. Expectations and Roles						
Understands the ethical, legal, and contextual issues of the supervisor role	0	1	2	3	4	[N/O]
13B. Processes and Procedures						
Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise	0	1	2	3	4	[N/O]
13C. Skills Development						
Engages in reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients	0	1	2	3	4	[N/O]
13D. Supervisory Practices						
Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting	0	1	2	3	4	[N/O]

UCLA COUNSELING AND PSYCHOLOGICAL SERVICES

SUPERVISOR OF GROUP EVALUATION FORM

Supervisee Name_____Evaluation Date_____

Supervisor Name_____ Quarter (circle): F W Sp Su

Purpose: To provide the supervisor with an understanding of his/her effectiveness in this supervisory relationship, to suggest areas for improvement, to permit the trainee to offer feedback to the supervisor in a written form that is based on a set of clearly and previously-established criteria, and to increase the supervisor's competence as a supervisor.

Performance Level Rating Scale

4 – Demonstrated Strength
3 – Consistently Demonstrated
2 – Inconsistently Demonstrated
1 – Deficient
0 – N/A

In the following four areas of supervision, please rate your supervisor's ability to:

1. Establish an atmosphere of acceptance and collaboration	
2. Clearly specify the responsibilities and expectations of both parties in supervisory relationship	
3. Provide instruction and/or review of group content	
4. Provide instruction and/or review of group facilitation skills	
5. Facilitate awareness of group process and interpersonal dynamics	
6. Facilitate awareness of multicultural considerations in group dynamics	
7. Encourage you to consider how your cultural worldview impacts your work in group	
8. Recognize and accommodate to your level of experience and style of learning	
9. Encourage you to formulate your understanding of group material	
10. Encourage you to explore the implications of your interventions	
11. When asked, present a clear, theoretical rationale for suggestions	
12. Help you more effectively intervene in group, using a variety of techniques	
13. Provide opportunities for you to question or provide feedback	
14. Be receptive to feedback	
15. Help clarify and define the nature of difficulties you are having in your work	
16. Be open to discussing any difficulties between both of you which may hinder your learning	
17. Be straightforward with you regarding areas in which improvement is needed	
18. Provide ongoing feedback about knowledge and skills in providing group content	

Please summarize the supervisor's strengths and weaknesses as you currently view them and make specific suggestions for ways in which your supervisor can further facilitate your learning. A helpful focus here is the quality of your **Supervisor/Supervisee Relationship**: what has been particularly positive, useful, exciting or challenging; areas in which your supervisor can improve and or may need more focus and attention.

SUPERVISEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

PnC Consent and Supervisory Disclosure Form

PnC

CAPS- Supervisory Disclosure Form for Fellowship/Internship Programs

University of California

In compliance with informed consent procedures, we are informing you in writing that the work of your therapist is being supervised by a licensed Staff Psychologist, licensed Clinical Social Worker, or licensed Marriage and Family Therapist.

This supervisor has full responsibility for the clinical work of your therapist. In order to ensure the highest standard of care, supervisors meet and review the progress of your work with your therapist weekly. The limits of confidentiality delineated in the "Informed Consent for Counseling Services" apply to this supervised practice.

The supervisor(s) working with your therapist is listed below, and is available for consultation upon request. If you have any questions about this supervisory relationship, we encourage you to talk to your therapist.

Supervisor:

UCLA Mandated Reporter Identifications Form

UCLA Mandated Reporter Identification Form

Departments must submit this completed form to the appropriate human resources representative on behalf of any UCLA Employee or Official who is a "UCLA Mandated Reporter" (see UCLA Policy 136) and retain a copy in the Employee's personnel or other appropriate department file. Departments of UCLA Health are exempt from completing this form.

An individual identified, as a UCLA Mandated Reporter shall be given a hardcopy of or web link to UCLA Policy 136 and must sign and return the UCLA Mandated Reporter Acknowledgement Statement (See UCLA Policy 136, Attachment B) to the department, which will forward the signed acknowledgement to the appropriate human resources representative.

UCLA Mandated Reporter's Name _____ ID# _ _ _ _ _ _ _ _ _

☒ UCLA Employee (is any individual who receives compensation through the University's payroll system or holds a UCLA academic appointment).

☐ UCLA Official (referred to as an "administrator" in CANRA) is any individual, other than an Employee, an independent contractor or a volunteer) who supervises University activities, functions or programs).

Job Title All Training Program Participants (Trainees) Supervising Department CAPS-Training

The individual is a UCLA Mandated Reporter because she or he (check all that apply):

☐ is an Employee or Official or other position at UCLA, who by virtue of his or her licensure, has a duty to report under CANRA

☐ who within the scope of his or her employment or other position at UCLA, has duties that bring them into direct and regular contact with a child, who is under 18 (but not including faculty or instructors, whose only contact with a child is teaching a class)

☐ is a researcher whose projects include a child in activities that are on University premises, or at an activity, or program conducted or overseen by the University

☐ is a law enforcement or public safety professional, including University police officers and police department Employees and fire marshals

☒ is a licensed healthcare professional or resident/trainee/intern who is in training to become a licensed healthcare professional

☐ is a teacher, aide, counselor, or administrator at K-12 schools, including the UCLA Lab School and Geffen Academy

☐ is a licensee, contractor, caretaker, or administrator at a preschool, community care, or child day care center, including, but not limited to, the Krieger Center, Fernald Center, University Village Center, Infant Development Program, UCLA Westwood Child Care Center, and University Parents Nursery School

☐ is an administrator or counselor at a day camp, summer camp, etc. where children attend, reside, or otherwise participate, including the Lake Arrowhead Conference Center & Bruin Woods Family Resort

☐ is a coach, trainer, managerial or professional staff, or assistant in University-sponsored athletic or recreational activities in which a child participates, including the Department of Intercollegiate Athletics or UCLA Recreation & Campus Life

☐ is an Employee or Official engaged in theater and film production in which a child participates

☐ directly supervises UCLA Mandated Reporters

☐ is an Employee or Official, including faculty, who accompany students, under 18, for educational or travel programs, including study abroad

☐ other reason (explain)

_____

Department head or designee completing this form:

Kathleen Lambird, Ph.D. Director of Quality - CAPS

Name of Department head or designee Job Title

UCLA - CAPS

Department

K Lambird PhD 9/26/19

Signature of Department Head or Designee Date

H. APA Ethics Code

AMERICAN PSYCHOLOGICAL ASSOCIATION

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002
Effective June 1, 2003
(With the 2010 Amendments
to Introduction and Applicability
and Standards 1.02 and 1.03,
Effective June 1, 2010)

With the 2016 Amendment
to Standard 3.04
Adopted August 3, 2016
Effective January 1, 2017

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

CONTENTS

Effective June 1, 2003, as amended 2010

INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A–E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably, appropriate, potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

The American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010. The amendments became effective on June 1, 2010 (see p. 15 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA website, http://www.apa.org/ethics. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). *Ethical standards of psychologists.* Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist, 14,* 279–282.

American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist, 18,* 56–60.

American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist, 23,* 357–361.

American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor,* 22–23.

American Psychological Association. (1979). *Ethical standards of psychologists.* Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist, 36,* 633–638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist, 45,* 390–395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist, 47,* 1597–1611.

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57,* 1060-1073.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of

their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect 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 consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national

origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

3.09 Cooperation With Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02,

Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered to or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipi-

ents of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer–employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such

as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

2010 AMENDMENTS TO THE 2002 "ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT"

The American Psychological Association's Council of Representatives adopted the following amendments to the 2002 "Ethical Principles of Psychologists and Code of Conduct" at its February 2010 meeting. Changes are indicated by underlining for additions and striking through for deletions. A history of amending the Ethics Code is provided in the "Report of the Ethics Committee, 2009" in the July-August 2010 issue of the *American Psychologist* (Vol. 65, No. 5).

Original Language With Changes Marked

Introduction and Applicability

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority~~ in keeping with basic principles of human rights.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.~~ Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and ~~to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.~~ take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

I. CAPS Training Program Shared Drive Folder Overview

CAPS Training Program Folder Overview

Doctoral Internship

- Training Manual
- Orientation
- Training Seminars
- Evaluation Forms

Post- Doc Fellowship

- Training Manual
- Orientation
- Training Seminars
- Evaluation Forms

Doctoral Practicum

- Training Manual
- Orientation
- Readings
- Evaluation Forms

Social Work Internship

- Training Manual
- Orientation
- Readings
- Evaluation Forms

Group Program

- Group Rotations

Evaluation Forms

- Supervisor Evaluation Forms

Log Forms

- Clinical Hours

Readings

- Competency
- Crisis
- Training Program

Supervision Resources

- Readings
- Flow Chart
- Supervision disability accommodations
- Supervision readings and materials
- Supervision log for trainees
- Supervision readings and materials

Training Seminar Resources

- Syllabus
- Readings
- Assessment seminar
- CBT Models Seminar -> syllabus and assigned readings

Admin

- Calendar Templates
- Interview Materials

BOP (Board of Psychology) Forms and Materials

Readings

- Competencies readings
- Multicultural competence readings

Archive

- Past PowerPoints
- Past Training materials
- Prevention training seminar
- Psychodynamic Models Seminar -> syllabus and assigned readings

Trainee Confidentiality Consent Form

- Consent for Treatment

Training Program Planning

- Orientation
- Training Program Documents
- Training program evaluation forms

Training Video

J. Seminar Schedule 2023

Training and Seminar Schedules

Additional Summer Trainings & Activities:

DATE & TIME	TRAINEES	ACTIVITY
8/2-23 webinar	Interns, Postdocs	UCLA New Hire Training @ Wilshire Center
8/10 and 8/24 8am-12pm	All Staff	CE: UCLA OCD Clinic OCD Assessment and Treatment
8/24 & 8/31 1-3pm	Interns, Postdocs	Supervision Training Tanya Brown, PhD
8/18 10-3pm	All Staff	CE: Understanding Racism: Strategies for Acknowledging and Treating Racial Trauma Daryl Rowe, PhD
8/26 2-4pm & 8/29 10:30-12pm	Interns, Postdocs	Triage Training
8/30 9am	All Staff	Community Provider network event
9/2 1-2:45pm **9/8 9:30-12:30pm**	Interns & Post-docs	PREVENTION: Res Life Counseling Skills trainings PREVENTION: Res Life MH & Behind Closed Doors trainings
9/6 & /7 8-1pm	All Staff	Staff Retreat
9/9 1-3pm	Trainees (open to staff)	Eating Disorders Program training *(part 1)
9/12 9-5pm	All Staff	CE: Cognitive Processing Therapy Amanda Gorlick, PhD
9/15 1-3pm & 9/20 1-3pm	Trainees (open to staff)	Affective Disorders Program Groups Training
9/21 9-11am	Trainees (open to staff)	Finding Focus Training*

*Optional to SWI and Practicum students

Seminar Schedule:

SEMINAR	MEETING TIMES	INSTRUCTOR(S)
CBT Models ** ***HSP Interns (Postdocs optional)***	Tuesdays & Thursdays 8/23-9/13 1-3pm	K. Takahashi
Dynamic Models ***Interns (Postdocs optional)***	**Mondays 8:15-10am and Wednesdays 1-3pm 9/12 - 10/3**	D. Gallo, L. Martin

Assessment ** ***HSP Interns & Postdocs***	Fridays 9-11am (8/26-9/30)		I. Mathis
Prevention** ***Interns & Postdocs***	Mondays 3-5pm (8/24-10/3)		S. Kim &
Triage	TBD Fall Quarter 2020		C. Williams
Multicultural	Interns	2nd and 4th Wednesdays at 1pm (starting October 12th) Summer intensive: Thursdays 11-noon	E. Hernandez
	Postdocs	2nd & 4th Thursdays at 9am (starting October 27th)	
Grand Rounds (Optional) http://www.semelgrandrounds.com/index.php/events/	Optional: Tuesdays 11-12pm Beginning Fall 2022		Multiple presenters
Intern Training Seminar	Wednesdays 9-11am First 4-8 weeks of each academic quarter		Multiple presenters
Postdoc PD Development	2nd & 4th Wednesdays 1pm		T. Brown
Intern PD Development*	1st & 3rd Wednesdays @ 1pm		T. Brown
Brown Bag Lunch ***All staff***	1st Thursdays at noon Beginning Fall quarter		Multiple presenters

All Staff Meeting

First and third Wednesday of each month from 8-9 am.

Trainees Lunch

Interns and Fellows are encouraged to meet for at minimum once monthly for lunch. Trainees provide their own lunches.

Brown Bag Lunch Forum

Held at noon on a Thursday monthly during the academic year from October through May, the CAPS Brown Bag series features a rotating roster of staff and trainees providing informal presentations related to clinical work and working on the UCLA campus.

Psychiatry Grand Rounds

Rounds are held Tuesdays from 11:00-12:00 at the Semel Auditorium from September-June. Participation in the Grand Rounds is required as part of the training seminar schedule for the

year beginning in October. Trainee templates have been arranged to facilitate time for transportation to and from Grand Rounds. Trainees are encouraged to monitor the schedule of presentations in advance. Rounds start in September, and the schedule is available here: http://www.semelgrandrounds.com/index.php/events/.

CAPS Workshops and CEs

Occasional Professional Development workshops, customarily held on Wednesday mornings, are attended by all professional staff and trainees.

K. Therapy Never Includes Sexual Behavior

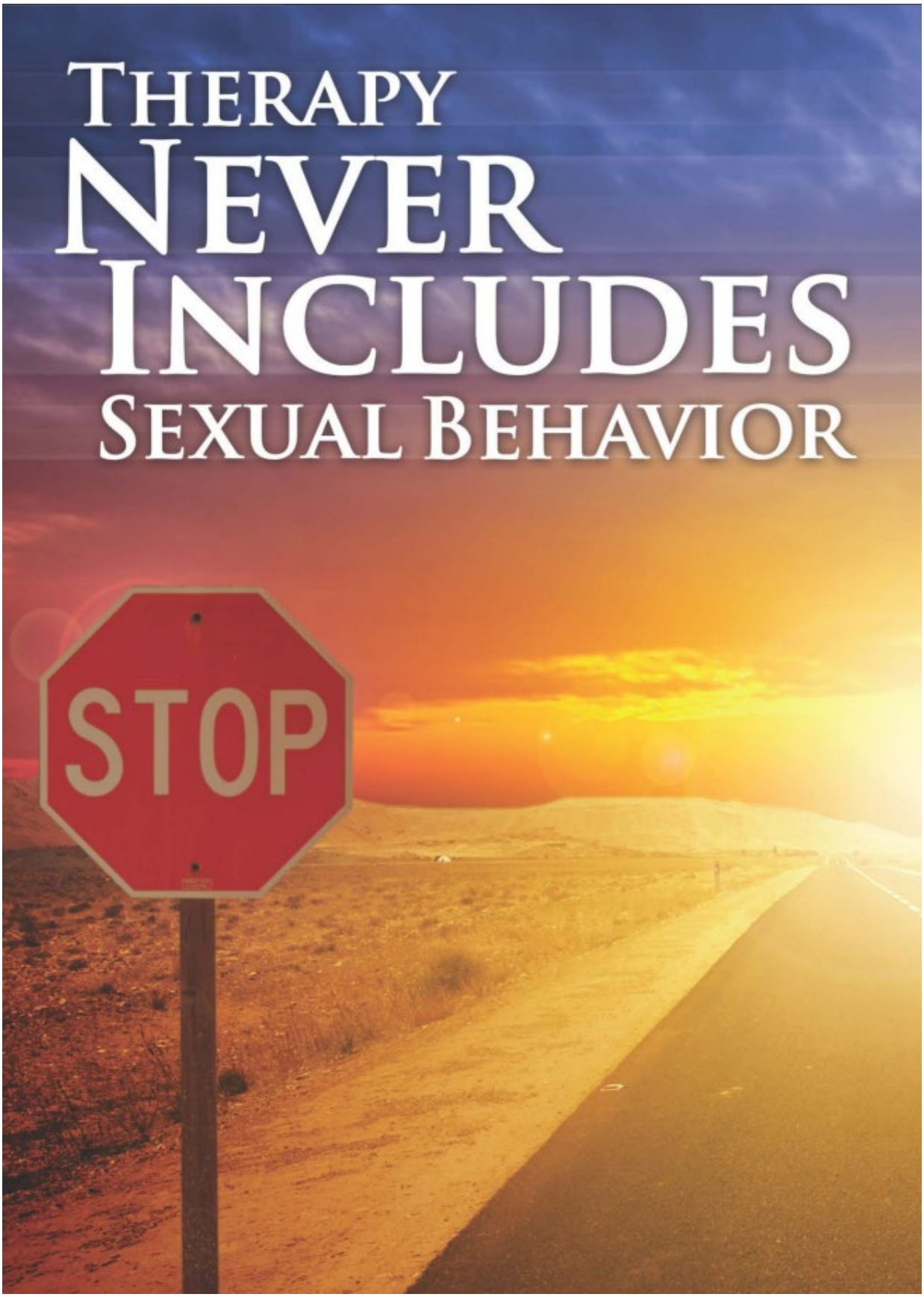
THERAPY
NEVER
INCLUDES
SEXUAL BEHAVIOR
STOP

TABLE OF CONTENTS

INTRODUCTION

Sexual behavior between a therapist and a client can harm the client. Harm may arise from the therapist's exploitation of the client to fulfill his or her own needs or desires, and from the therapist's loss of the objectivity necessary for effective therapy. All therapists are trained and educated to know that this kind of behavior is illegal and unethical.

Therapists are trusted and respected by their clients, and it is not uncommon for clients to admire and feel attracted to them. However, a therapist who accepts or encourages the expression of these feelings through sexual behavior with the client—or tells a client that sexual involvement is part of therapy—violates the therapeutic relationship, and engages in conduct that may be illegal and unethical. This kind of abusive behavior can cause harmful, long-lasting, emotional, and psychological effects to the client.

DEFINITION OF TERMS

Throughout this booklet, the terms "therapist," "therapy," and "client" will be used. "Therapist" refers to anyone who is licensed to practice psychotherapy, or is training to become licensed, and includes:

- Physicians and Surgeons (Psychiatrists are Physicians and Surgeons)
- Psychologists
- Registered Psychologists
- Psychological Interns
- Psychological Assistants
- Licensed Clinical Social Workers
- Registered Associate Clinical Social Workers
- Social Work Interns
- Licensed Marriage and Family Therapists
- Registered Associate Marriage and Family Therapists
- Marriage and Family Therapist Trainees
- Licensed Professional Clinical Counselors
- Registered Associate Professional Clinical Counselors
- Professional Clinical Counselor Trainees
- Licensed Educational Psychologists
- Registered Research Psychoanalysts

"Therapy" includes any type of counseling from any of the licensed or registered professionals listed above[1].

"Client" refers to anyone receiving therapy, or counseling, or other services.

"Sexual contact" means the touching of an intimate part of another person, including sexual intercourse.

"Sexual behavior" means inappropriate contact or communication of a sexual nature. This definition does not include the provision of appropriate therapeutic interventions relating to sexual issues.

"Touching" means physical contact with another person either through the person's clothes or directly with the person's skin.

"Intimate part" means the sexual organ, anus, groin, or buttocks of any person, and the breast of a female.

"License" includes certificate, registration, or other means to engage in a business or profession regulated by Chapter 1, General Provisions, section 475 of the Business and Professions Code.

[1]Social Work Interns, Marriage and Family Therapist Trainees, and Professional Clinical Counselor Trainees are still in their master's degree program and have not yet earned their graduate degree. They also are not registered with the Board of Behavioral Sciences yet. Complaints about these individuals should be directed to their supervisor, the agency that employs them, or their academic institution.

CLIENT RIGHTS

You, as a client, have the right to:

- Request and receive information about the therapist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations.
- Be treated with dignity and respect.
- A safe environment, free from sexual, physical, and emotional abuse.
- Ask questions about your therapy or other services from your provider.
- Decline to answer any question or disclose any information you choose not to reveal.
- Request and receive information from the therapist about your progress toward your treatment goals.
- Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.
- Know if there are supervisors, consultants, students, or others with whom your therapist will discuss your case.
- Decline a particular type of treatment, or end treatment without obligation or harassment.
- Refuse electronic recording.
- Request and (in most cases) receive a summary of your records, including the diagnosis, your progress, and the type of treatment.
- Report unethical and illegal behavior by a therapist (see "What You Can Do").
- Receive a second opinion at any time about your therapy or your therapist's methods.
- Receive a copy of your records or have a copy of your records transferred to any therapist or agency you choose.

WARNING SIGNS

In most sexual misconduct cases, other inappropriate behavior comes first. While it may be subtle or confusing, it usually feels uncomfortable to the client. Some clues or warning signs are:

- Telling sexual jokes or stories.
- Sending obscene images or messages to the client.
- Unwanted physical contact.
- Excessive out-of-session communication (e.g., text, phone, email, social media, etc.) not related to therapy.
- Inviting a client to lunch, dinner, or other social and professional activities.
- Dating.
- Changing the office's business practices (e.g., scheduling late appointments when no one is around, having sessions away from the office, etc.).
- Confiding in a client (e.g., about the therapist's love life, work problems, loneliness, marital problems, etc.).
- Telling a client that he or she is special, or that the therapist loves him or her.
- Relying on a client for personal and emotional support.
- Giving or receiving significant gifts.
- Suggesting or supporting the client's isolation from social support systems, increasing dependency on the therapist.
- Providing or using alcohol or drugs during sessions.

If you are experiencing any of these warning signs, you have the right to file a complaint with the appropriate licensing board and consult with another therapist.

COMMON REACTIONS TO SEXUAL MISCONDUCT BY A THERAPIST

If a therapist has engaged in any sexual behavior or contact with you, you may experience some or all of the following feelings or reactions:

- Intimidated or threatened.
- Guilt and responsibility—even though it is the therapist's responsibility to keep sexual behavior out of therapy.
- Mixed feelings about the therapist—e.g., protectiveness, anger, love, betrayal.
- Isolation and emptiness.
- Distrust of others' feelings or intentions, or your own feelings.
- Fearful that no one will believe you.
- Feeling victimized or violated.
- Experiencing traumatic symptoms, e.g., anxiety, nightmares, obsessive thoughts, depression, or suicidal or homicidal thoughts.

WHAT YOU CAN DO

Report the Therapist—What happened to you may be illegal and unethical and you should report it to the appropriate licensing board as soon as possible in order for the board to take appropriate action within the statute of limitations.

In California, there are four boards that license and regulate therapists.

Board of Behavioral Sciences
1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830
www.bbs.ca.gov

This board licenses and regulates Licensed Educational Psychologists; Licensed Clinical Social Workers; Registered Associate Clinical Social Workers; Licensed Marriage and Family Therapists; Registered Associate Marriage and Family Therapists; Licensed Professional Clinical Counselors; and Registered Associate Professional Clinical Counselors.

Board of Psychology
1625 North Market Blvd., Suite N-215
Sacramento, CA 95834
(916) 574-7720
www.psychology.ca.gov

This board licenses and regulates Psychologists, Psychological Assistants, and Registered Psychologists.

Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
(916) 263-2389
www.mbc.ca.gov

This board licenses and regulates allopathic (MD) Physicians and Surgeons (Psychiatrists are Physicians and Surgeons) and Research Psychoanalysts.

Osteopathic Medical Board of California
1300 National Drive, Suite 150
Sacramento, CA 95834-1991
(916) 928-8390
www.ombc.ca.gov

This board licenses and regulates Osteopathic (DO) Physicians and Surgeons (Psychiatrists).

The purpose of these licensing boards is to protect the health, safety, and welfare of consumers. Licensing boards have the authority to discipline therapists by using the administrative law process.

How to File a Complaint

You can submit your complaint online or in writing using the forms on the respective board's website to start the process. You should provide as much information as possible, but it is especially helpful to provide the following information, if available:

- Detailed description of the conduct you are reporting.
- Copies of materials that support your complaint, e.g., emails, text messages, correspondence between you and the therapist, photographs or other images you shared with or received from the therapist, etc.

The board will require a signed release form, authorizing it to obtain your records from the therapist. These records are required for official use, including investigation and possible administrative proceedings regarding any violations of the law. Your complaint will be evaluated, investigated, and you will be notified of the outcome.

The following are possible outcomes of your complaint:

- Revocation or surrender of the therapist's license: This results in the loss of license and right to practice.
- Probation: The therapist's license may be placed on probation for a defined period of time, with terms and conditions that must be complied with, in order to continue to practice.
- Case is closed and no action taken against the therapist's license: The board could not substantiate a violation of the laws and regulations.

It is board policy to use only initials, rather than full names, to identify clients in public disciplinary documents. However, hearings are open to the public, and you may be asked to testify. All disciplinary actions are public information.

In addition to filing a complaint with the appropriate regulatory board, you may also have civil remedies and criminal recourse available to you in regard to this incident.

WHERE TO GET HELP

Therapy may be an important tool in your recovery. Before selecting a new therapist, here are a few suggestions to support that process:

- Ask someone you know and trust for a referral.
- Search online for a local sexual assault center or crisis intervention service. These centers can refer you to therapists experienced in dealing with those who have suffered sexual misconduct by a therapist.
- Contact professional associations and ask for referrals to therapists who specialize in helping those who have suffered sexual misconduct by a therapist.
- Seek a referral from your primary care physician or insurance provider.

Visit the board's website to verify the status of the therapist's license.

FREQUENTLY ASKED QUESTIONS

Is it normal to feel attracted to a therapist?
Yes, it is normal to feel attracted to someone who is attentive, kind, and caring. This is a common reaction toward someone who is helping you. However, all therapists are trained to be aware of this and to maintain a professional therapy relationship that is beneficial to the client.

What if the client initiated sexual behavior?
The therapist is the one who is responsible for ensuring that sexual behavior or contact is not part of therapy.

Why do I feel scared or confused about reporting my therapist?
In most cases, the therapist is an important person in the client's life. Therefore, feelings such as fear, confusion, protectiveness, shame, or guilt are common.

Can I file a complaint if there is or has been a civil case between myself and the therapist?
Yes, you may file a complaint at any time, whether the case is ongoing or concluded. A civil settlement cannot preclude you from filing a complaint against a licensee.

Is there a cost associated with filing a complaint?
No, filing a complaint is free and can be filed via telephone, email, mail, or online.

Can I file a complaint if I had a personal relationship with my therapist?
Yes.

Can I contact the therapist after I file a complaint?
In order to preserve the integrity of the investigation, it is strongly recommended that you do not initiate contact with the therapist once you have filed a complaint.

What if the therapist contacts me after I file a complaint?
Once you have filed a complaint, notify the board right away if the therapist contacts you.

Publishing Information

The 2019 edition of "Therapy Never Includes Sexual Behavior" is published by the California Department of Consumer Affairs. This publication is a joint project of the California Board of Psychology, the California Board of Behavioral Sciences, the Medical Board of California, the Osteopathic Medical Board of California, and the Department of Consumer Affairs' Office of Publications, Design and Editing.

This publication, and its previous versions, are the result of the dedicated work of former Senator Diane Watson, whose Senate Task Force on Psychotherapist and Patient Sexual Relations prompted the development of the original "Professional Therapy Never Includes Sex" brochure in 1990.

This booklet is available in the "Publications" section of the Department of Consumer Affairs' website at **www.dca.ca.gov**.

Single copies of the publication are available at no charge from the boards listed above. For larger quantities, please contact the Office of Publications, Design and Editing, California Department of Consumer Affairs, 1625 North Market Blvd., Suite N-119, Sacramento, CA, 95834, or call (866) 320-8652 or (916) 574-7370.

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Department of Consumer Affairs
1625 North Market Blvd.
Sacramento, CA 95834

BBS
Board of Behavioral Sciences

MEDICAL BOARD OF CALIFORNIA
EST 1876

OMBC
Osteopathic Medical Board of California

California Board of
PSYCHOLOGY

PDE_19-102

L. Trainee Consent Form

UNIVERSITY OF CALIFORNIA, LOS ANGELES UCLA

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

SANTA BARBARA • SANTA CRUZ

COUNSELING & PSYCHOLOGICAL SERVICES
JOHN WOODEN CENTER WEST
221 WESTWOOD PLAZA
BOX 951556
LOS ANGELES, CALIFORNIA 90095-1556
(310) 825-0768

I, _____ (print name), have been provided with, have read (and signed where designated) the following documents:

1. “Professional Psychotherapy Never Includes Sex” brochure from the California Board of Psychology, posted on the CAPS shared drive and CAPS Box App

2. The CAPS Training Manual, posted on PowerDMS

3. The CAPS Policies and Procedures Manual, posted on PowerDMS

4. “CAPS Trainee Confidentiality and Privacy Protection Agreement” (requires separate signature).

5. Supervisor/Supervisee Video recording agreement (requires separate signatures)

6. *Telecommuting agreement in consultation with the Training Director and/or Assistant Training Director

The Director of Training has referenced and directed me to these materials, and my signature below indicates I have reviewed them and agree to follow the procedures and policies fully as outlined. Under separate copy, I have provided a signed copy of the “CAPS Trainee Confidentiality and Privacy Protection Agreement” to the Director of Training.

I further acknowledge I have been advised that when the CAPS P&P Manual and the Training Manual are updated I will be notified via email of these updates by the Director of Training or other administrators, assisted with understanding related changes and any related questions I may have, and will then be responsible for adhering to these amendments with appropriate support from my supervisor(s).

The Training Program understands that questions about any of the material addressed in these manuals is expectable during the course of the training year. I agree to consult with my primary supervisor and/ or the Director of Training, Assistant Director of Training, or other administrator to gain clarification as needed.

Signature: _____

Print Name: _____

Date: _____