

# UC DAVIS

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## STUDENT HEALTH AND COUNSELING SERVICES

### Student Health Counseling Services Health Service Psychology Internship Program

#### Internship Training Manual

*UPDATED 9.30.23*

University of California, Davis Student Health and Counseling Services  
(530) 752-0871 <http://shcs.ucdavis.edu/about/employment-caps-training.html>

\*Questions related to the program's accredited status should be directed to the Commission on Accreditation:  
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## Table of Contents

<i>About Student Health and Counseling Services .....</i>	<i>2</i>
<i>Internship Program Description.....</i>	<i>4</i>
<i>Intern Recruitment and Selection.....</i>	<i>5</i>
<i>Appointment, Benefits, and Resources.....</i>	<i>7</i>
<i>Agency Expectations of Interns.....</i>	<i>8</i>
<i>UC Davis Counseling Services Training Values Statement Addressing Multiculturalism. </i>	<i>10</i>
<i>Educational Model and Training Goals .....</i>	<i>12</i>
<i>Components and Sequence of Training Experiences.....</i>	<i>14</i>
<i>Experiences for All Interns.....</i>	<i>14</i>
<i>Emphasis Areas .....</i>	<i>17</i>
<i>Optional Experiences .....</i>	<i>18</i>
<i>Supervision .....</i>	<i>19</i>
<i>Telesupervision .....</i>	<i>21</i>
<i>Didactic Training and Seminars .....</i>	<i>21</i>
<i>Administrative Activities .....</i>	<i>22</i>
<i>Training Contract .....</i>	<i>23</i>
<i>Intern Rights and Responsibilities .....</i>	<i>23</i>
<i>Wellness on Internship .....</i>	<i>25</i>
<i>Evaluation Procedures and Requirements for Successful Intern Performance .....</i>	<i>26</i>
<i>Due Process and Grievance Procedures.....</i>	<i>28</i>
<i>Additional Policy Manuals and Resources.....</i>	<i>34</i>
<i>Safety and Comfort in Dialogue / Co-Learning .....</i>	<i>37</i>
<i>Applying for Postdoctoral Residency at SHCS – Important Contingency .....</i>	<i>38</i>

## **About Student Health and Counseling Services**

### ***Overview***

Student Health and Counseling Services (SHCS) serves the student body of the University of California, Davis. UC Davis has an ethnically and culturally diverse student body of over 35,000 (approximately 5,000 graduate and 30,000 undergraduate students). In addition to numerous graduate programs, the University has a Medical Center (Sacramento), School of Medicine, School of Law, School of Veterinary Medicine, and School of Management, and the Betty Irene Moore School of Nursing. The SHCS mission is to enhance the physical and mental health of UC Davis students in order to help them achieve academic success, personal development, and lifelong wellness. The mental health services and programs offered through the Counseling Services department at SHCS include individual counseling and psychotherapy, group counseling and psychotherapy, crisis intervention, and career counseling and assessment. Counseling Services staff also provide referral information, consultation and educational programs, and assistance with case management. Additionally, Counseling Services offers specific services in the following areas: Sport Psychology, Eating Disorders, Behavioral Health, and the Community Advising Network focusing on underserved populations.

### ***Counseling Services Staff***

The Counseling Services professional [staff](#) consists of a multidisciplinary and culturally diverse group of psychologists, marriage and family therapists, professional counselors, and social workers. A variety of psychotherapeutic orientations are represented within Counseling Services, including acceptance and commitment therapy, Gestalt, psychodynamic, interpersonal, family systems, cognitive-behavioral, feminist, and multi-theoretical approaches. Most staff are integrative in the ways they work with students, and they share a commitment to a developmental point of view. Staff members are active in professional organizations, and some have served in leadership roles within local and national organizations.

### ***Clientele***

Approximately 5,000 students receive counseling services each year, which represents about 14% of the approximately 35,000 enrolled undergraduate, graduate, and professional students. Approximately 65% of clients seeking counseling services are ethnic minority students. Students seeking services present with a variety of symptoms, syndromes, and disorders, including affective disorders, anxiety disorders, relationship problems, eating disorders, and personality disorders. A few students present with schizophrenic disorders or psychotic symptoms. Most clients, however, present with adjustment reactions, mood and anxiety disorders, and developmental problems typical of a college student population.

Through Counseling Services' psychoeducational programming and outreach efforts, staff provide information and training to over 10,000 students, faculty, and staff annually. Primary recipients of this programming and outreach include the Cross Cultural Center; Lesbian Gay Bisexual Transgender Queer Intersex Asexual Resource Center; Women Resource and Research Center; Educational Opportunity Program; Student Recruitment and Retention Services; Transfer, Reentry and Veteran Center; Services for International Student Services; Student Housing; Asian American Studies Department; African American and African Studies; Department of Chicana and Chicano Studies; Native American Studies Department; Middle East/South Asia Studies; the four undergraduate Colleges Dean's offices; Graduate Studies; Medical School; Veterinary Medicine

School; Nursing School; Law School; and Intercollegiate Athletics. Topics for psychoeducational programming and outreach include cross cultural communication, adjustment, stress management, drug and alcohol abuse, eating disorders, body image, communication skills, career decision making, stress and wellness, assertiveness training, managing critical situations and making referrals, and dealing with distressed students, among others. In addition to these outreaches, Counseling Services responds to requests for consultation from various units of the University community.

### ***Accreditation***

SHCS is accredited by Accreditation Association for Ambulatory Health (AAAHC). Counseling Services, a department of SHCS, is accredited by the International Association of Counseling Services (IACS). The doctoral psychology internship program is accredited by the American Psychological Association (APA) and is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) as well as the Association of Counseling Center Training Agencies (ACCTA). The postdoctoral psychology training program is a member of APPIC.

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

*Office of Program Consultation and Accreditation  
American Psychological Association  
750 First Street NE  
Washington, DC 20002  
Phone: (202) 336-5979 / Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)*

## Internship Program Description

The UC Davis Student Health and Counseling Services (SHCS) Health Service Psychology Internship Program serves to further the missions of both SHCS and UC Davis by providing essential mental health services and fostering the professional growth and development of future health service psychologists.

The **aims** of the internship program are two-fold:

1. To recruit and train ethical, clinically skilled, and culturally sensitive psychologists who are prepared for early career practice in health service psychology
2. To cultivate the attitudes and behaviors that promote a professional identity rooted in wellness through a combination of didactic education, experiential learning, mentorship, and supervision.

**We are committed to upholding the social justice values outlined in the mission statements for the [University, SHCS](#) and for [Counseling Services](#).** As a program, we regularly engage in reflective processes about socialization of ourselves and our clients. We strive to be aware of our biases and assumptions, challenge each other's growth, and actively disrupt and repair the many ways oppression exists.

The educational philosophy and training model of our internship program is to provide training grounded in core competencies and the scientific principles of our profession, which emphasize the area of applied practice. The training staff realizes that the most important learning occurs through providing service under the direct supervision and mentorship of a senior staff professional. Interns provide direct services to the campus community in the form of short-term, individual personal counseling and psychotherapy, group counseling and psychotherapy, and outreach activities. Additionally, interns receive specialized training and clinical experience in specific focus areas referred to as emphasis areas. The five emphasis areas offered through the training program are Eating Disorders, Campus Outreach, Sport Psychology, AB540 and Undocumented Students, and General Clinical (with a focus on an area co-identified by the Training Director and matched candidate). The "learning by doing" approach utilized by the program is guided, enriched, and deepened through didactic seminars, consultations, and in-service staff development activities.

The internship is a 12-month, full-time training program. It is expected that doctoral interns will accrue minimally 1,500 and approximately 2,000 hours of supervised professional experience by the completion of the training year. Of these, a minimum of 500 hours are direct clinical care.

## Intern Recruitment and Selection

UC Davis Student Health and Counseling Services (SHCS) provides psychological services for University students on personal/social and vocational/educational issues through individual and group counseling, crisis intervention consultation and outreach. The Health Service Psychology Internship Program, which is housed within SHCS, currently offers 5 full-time internship positions, each with a unique emphasis in one of the following: 1) campus outreach to develop programming aligned with addressing social justice concerns, 2) working with athletes and teams in Sport Psychology, 3) supporting Undocumented Students through outreach and counseling, 4) eating disorders, or 5) general clinical/training focus. Doctoral students interested in applying to the internship program should submit an online application using the APPIC Application for Psychology Internships (AAPI). A complete application consists of the following:

1. A completed online AAPI
2. A one-page cover letter (as part of AAPI) that provides a summary of how the applicant's goals and experience match the opportunities available at SHCS as well as a clear indication of the emphasis areas in which the applicant is interested (i.e., Eating Disorder, Sport Psychology, AB540/Undocumented Student, Campus Outreach, or General Clinical/Training Focus)
3. A current Curriculum Vitae (as part of AAPI)
4. Three Standard Reference Forms (SRFs), two of which must be from persons who have directly supervised the applicant's clinical work (as part of AAPI). ***Please submit no more than three SRFs.***
5. Official transcripts of **all** graduate coursework

The application deadline is noted in the training program's current APPIC directory listing. Applicants must submit a complete application by this deadline to be considered.

### *Application Screening and Interview Processes*

The program will consider complete applications from students who demonstrate current enrollment and good standing in an APA or CPA accredited doctoral program. We especially encourage international students to apply to our training program. Additionally, applicants who have met the following qualifications prior to the start of internship will be considered preferred:

1. A minimum of 425 intervention hours
2. Dissertation proposal defended
3. Some practicum experience or special interest in working with college populations
4. Demonstrated commitment to working with diverse populations

All applications are screened initially by the program's Training Director. Applications that meet the program's minimum requirements (i.e., enrollment in an APA or CPA-accredited program) and provide indication of fit (i.e., training, experience, and/or interest relevant to working in a college counseling setting) are then sent to the internship's selection committee for a full review.

Applicants are notified by email by early December whether they are offered an interview. One-hour individual phone interviews or virtual/video interviews typically are conducted during the first two weeks of January but also may occur in mid-December if needed. Interviews times are offered simultaneously to applicants by email or within the National Matching Services system, and interviews are scheduled on a first-come, first-served basis. If the offered interview times do not work, applicants are asked to provide an explanation to the Training Director. The recruitment committee will consider alternative dates for applicants as available and appropriate. Interviews are conducted using a standardized set of interview questions, although members of the selection committee may ask additional follow-up interview questions of applicants as appropriate.

#### *Participation in the APPIC Match*

The internship selection committee holds a meeting following the completion of the interviews, and before APPIC's Rank Order deadline, to determine applicant rankings. The full application, along with the information gathered through the interview process, is used to determine applicant ranking. As a member of APPIC, the internship program participates in the National Match. **The program's APPIC National Matching Service (NMS) Program Code number is 111711.** The program abides by the APPIC policy that no person at the training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Questions regarding any part of the selection process or the internship program's academic preparation requirements may be directed to the program's Training Director.

#### *Employment Requirements*

The university requires a pre-employment Live Scan fingerprint background check as well as a meeting with the UC Davis Shared Services human resources department. A physical exam is also required by the university post-employment to ensure staff are able to meet with students in our health center, which includes TB clearance. If you have any questions regarding employment requirements, please contact our Student Health and Counseling Services Human Resources office.

## **Appointment, Benefits, and Resources**

### ***Appointment***

The internship training year begins on the first workday of August and concludes on the last workday of July. This is a full time, minimum 40-hour per week appointment. It is expected that interns will accrue approximately 2,000, but no less than 1,500, hours of supervised professional experience by the completion of the training year.

### ***Benefits***

The expected salary is \$42,200 per year, with paid sick leave, paid vacation days, 5 professional development days, 14 paid holidays, and eligibility to purchase health insurance from the menu of UCD staff/faculty health benefit plans. Questions regarding specific benefits packages can be directed to the Student Health and Counseling Services Human Resources department.

Our training program complies with state, federal and institutional standards regarding medical leave. While the Family Medical Leave Act pertains to employees with a minimum of 12 months employment at the university, we ensure that medical leave is provided to interns as needed, working with SHCS Human Resources to offer reasonable opportunities to extend the internship in order to meet the training program's aims, goals, competencies and outcomes. For instance, we follow APPICs recommendations that interns are allowed parental leave for parents and their new children, bonding with new children and postpartum recuperation (in the event of birth) for mothers, which may include physical healing, establishing breastfeeding (should a mother choose to do so) and managing with possible postpartum depression or anxiety. We connect interns directly to Human Resources on this process, and work collaboratively to identify the best approach to support interns with their parental leave and or medical leave amidst completing their internship requirements. Interns begin this process by contacting the Training Director who assists in facilitating the communication with Human Resources.

### ***Resources***

Interns have a variety of supports and resources available to them. All interns are provided with Apple laptop computers, e-mail accounts and internet access. Each intern also has a desktop monitor in their assigned office that their laptop can connect to. Interns are able to record both telehealth and in-person sessions using supplied equipment. As SHCS employees, interns have access to the University's library resources and to an online SHCS internal staff web resource, which includes job announcements. In addition, Counseling Services has available EPPP study materials (workbooks and flashcards) for interns to use as a resource when preparing for the national licensure exam, and CPLEE study materials for the California Board of Psychology state exam.

We provide support for interns seeking disability accommodations by working closely with Disability Management Services to ensure interns have reasonable accommodations for identified disabilities. Interns begin this process by either contacting Disability Management Services directly or by contacting the Training Director to help initiate a request.



## Agency Expectations of Interns

### **1. Issues of Professionalism**

Interns will demonstrate ethical and professional behavior. Interns will be involved in a variety of service provision activities including individual counseling, crisis counseling, group therapy, consultation, and outreach. In consultation and outreach roles outside of SHCS, interns are expected to continue to demonstrate professional behavior that reflects and models APA ethical standards and beliefs.

### **2. Status**

Interns are seen as new professional employees who have a time-limited appointment at SHCS; this is moderated by their own level of experience/skill. Their status in the center is as a “trainee”. Given their status as trainees, trainees are mindful of staff-trainee relationships and monitoring boundaries that are in line with APA ethical guidelines.

### **3. Individual Differences**

As a function of individual differences, some interns will choose to be more “integrated” into our Center than others, and some will be perceived to be more integrated than others. Regardless of how carefully we clarify expectations, there always will be some differences between the role of “trainee” and the role of “colleague”; the way in which this is handled will differ as a function of both the staff and trainee individual differences.

### **4. Issues of Training**

A certain percentage of the interns’ time will be spent strictly in training activities. Interns will demonstrate initiative and collaboration in articulating their needs and seeking out training experiences that fit with their individual contracts and emphasis areas. Interns also will demonstrate openness to learning, and this will be manifested within the context of their needs, interests, and foci; some interns will be here to primarily focus on their area of interest (emphasis area), while others are exploring an experience that will increase their breadth in the field. Training needs and desired experiences should be shared with the Training Director as they develop so that there is a possibility of incorporating these into the intern’s training contract. Everyone is responsible for communicating their own needs.

### **5. Dress Code**

We encourage trainees to consider defining "professional attire" for themselves. Your attention to your own appearance will convey a strong message to your client about the interest that you are able and willing to pay to their concerns. Research has shown clients perceive therapists as more credible, and more positive therapy outcomes result, when a professional image is conveyed to the client. The question you are encouraged to ask yourself is what you wish to communicate to your client(s), based on your apparel. Obviously, attire is subject to clients’ and your own interpretations, but our training staff wants to be as clear as possible. We want all trainees to send congruent messages that the work we do with clients is serious, important, and non-sexual.

The issue is not so much about the specifics but rather, about the overall level of

professionalism and intentionality. However, some minimum criteria include not being too casual (e.g., shorts, worn out jeans) or too provocative (e.g., cropped shirts, skintight clothing). If you are uncertain about how appropriate an outfit you are wearing is, please consult with the Training Director or one of your delegated supervisors. If staff members express concern about your attire, the Training Director or one of your delegated supervisors will discuss these concerns with you. It also is important to note that you are in a final period of transition from student to professional. What was acceptable at one point in your professional journey may not be acceptable in this work environment. Our consistent goal is to help you successfully move through this transition from student to professional. If you have any questions about this issue, please consult with one of your delegated supervisors or the Training Director.

## **UC Davis Counseling Services Training Values Statement Addressing Multiculturalism**

### ***Background***

Respect for diversity and for values different from one's own is a central value of health service psychology training programs. The valuing of diversity is also consistent with the profession of psychology as mandated by the APA's Ethical Principles and Code of Conduct (2016) and as discussed in the Guidelines and Principles of Programs in Professional Psychology (APA, 2005). More recently, there has been a call for health service psychologists to actively work and advocate for social justice and prevent further oppression in society.

### ***UC Davis Counseling Services***

Our internship and postdoctoral training programs exist within a multicultural community which contains people of diverse racial, ethnic, and class backgrounds; national origins; religious, spiritual, and political beliefs; physical abilities; ages; gender identities and gender expressions, sexual orientations, and physical appearance. We believe that our training community is enriched by members' openness to learning about others who are different from them as well as acceptance of others. We recognize that no individual is completely free from all forms of bias and prejudice and acknowledge that Counseling Services staff will evidence a range of attitudes, beliefs, and behaviors.

### ***Expectations of Trainers and Trainees***

- Agree to work together to create a training environment that is characterized by respect, safety, and trust and are expected to be supportive of all individuals.
- Committed to the social values of respect for diversity, inclusion, and equity.
- Committed to critical thinking and the process of self-examination so that prejudices or biases (and the assumptions on which they are based) may be evaluated.
- Acquire and utilize professionally relevant knowledge and skills regardless of their beliefs, attitudes, and values.

### ***Expectations Specific to Trainers***

- Engage trainees in a manner inclusive and respectful of their multiple cultural identities.
- Examine own biases and prejudices during their interactions with trainees so as to model and facilitate this process for their trainees (this can include discussions about personal life experiences, attitudes, beliefs, opinions, feelings, and personal histories).
- Assuming no one is free from biases and prejudices, trainers will remain open to appropriate challenges from trainees to their held biases and prejudices.
- Commit to lifelong learning relative to multicultural competence.
- Examine and engage in exploration of multiple intersecting identities as they relate to nuances of power and privilege within the supervisory relationship.

### ***Expectations Specific to Trainees***

- Engage in self-reflection and introspection of attitudes, beliefs, opinions, feelings, and personal history.
- Examine and attempt to understand any of the above to eliminate potential negative impact on their ability to perform the functions of a psychologist, including but not limited to

providing effective services to individuals from cultures and with beliefs different from their own.

Members of our training community are committed to educating each other on the existence and effects of racism, sexism, ageism, heterosexism, religious intolerance, ableism, and other forms of prejudice. Evidence of bias, stereotyped thinking, and prejudicial beliefs and attitudes will not go unchallenged, even when such behavior is rationalized as being a function of ignorance, joking, cultural differences, or substance abuse.

In summary, all members of Counseling Services are committed to a training process that facilitates the development of professionally relevant knowledge and skills focused on working effectively with all individuals inclusive of demographics, beliefs, attitudes, and values. Staff members agree to engage in a mutually supportive process that examines the effects of one's beliefs, attitudes, and values on one's work with all clients.

***Institutional Non-discrimination policy:***

In accordance with all applicable state and federal laws and University policy, the University of California, Davis, does not discriminate on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, age, medical condition (cancer related or genetic characteristics), ancestry, marital status, citizenship, sexual orientation, or service in the uniformed services (includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services), status as a Vietnam-era veteran or special disabled veteran. As required by Title IX, the University of California, Davis, does not discriminate on the basis of sex in its educational programs, admissions, employment, or other activities.

## **Educational Model and Training Goals**

The internship training program aims to: (1) recruit and train ethical, clinically skilled, and culturally sensitive psychologists who are prepared for early career practice in health service psychology; and (2) cultivate the attitudes and behaviors that promote a professional identity rooted in wellness through a combination of didactic education, experiential learning, mentorship, and supervision. To accomplish these aims, the internship program is committed to the following:

### ***Mentoring***

The internship matches interns with postdoctoral residents to be mentored in both clinical and professional development. This includes formal and informal meetings with a postdoctoral resident and/or group mentorship meetings with the postdoctoral cohort. Topics of discussion may include mentorship theory, addressing imposter syndrome, job preparation skills, licensure preparation, giving and receiving feedback, clinical topics, and work life wellness.

### ***Teaching Proficiencies across Foundational and Functional Competencies***

The internship is designed to offer supervised experiences to interns to help develop and enhance skills in providing the varied services offered through a university counseling center. The core of the internship is intensive supervision in short-term psychotherapy. The direct services provided by interns include initial consultation, assessment, individual and group counseling and psychotherapy, crisis intervention, consultation, outreach programming, brief assessment, and career assessment.

### ***Training in Providing Services to a Diverse Clientele***

Integral to the functioning of a psychologist is the ability to understand and competently provide a breadth of psychological services to a pluralistic clientele. Training seminars, weekly supervision and the richness of a diverse client population provide opportunities for interns to examine their own reactions to differences as well as the effects of their own background on their attitudes, biases, and behaviors when providing service to clients. Due to the changing demographics in the state of California, and the resulting increase in the ethnic diversity of the student population, the internship program emphasizes training and experiences in providing services to a diverse group of students. The goals of diversity training emphasize but are not limited to improving ethnic and cultural sensitivity, increasing awareness of differences (e.g., sexual orientation, religion, disability, gender, gender presentation, age, class, nationality, body size), and developing competence in multicultural counseling.

### ***Commitment to Facilitating Personal Growth and Professional Identity***

The internship is viewed as a period of integration of academic learning and applied experiences. This is a time for each intern to transition from student to professional psychologist. Emphasis is placed on the development of professional identity and facilitating personal growth. This process incorporates gaining self-knowledge, having confidence in the ability to make sound ethical, clinical, and personal judgments, being comfortable in multicultural settings, and experiencing a sense of responsibility to oneself, the profession, and society. The training faculty facilitates this process through mentoring, supervision, consultation, modeling, and professional interaction. The training program recognizes the developmental aspect of professional identity and as such over the course of the training year, interns experience a shift in their roles, relationships, and responsibilities as they progress through

this process.

### ***Flexibility in Developing Each Intern's Training Experience***

After being matched with our program, interns have an online, individual meeting with the Training Director to discuss their training goals, clinical interests, and supervision preferences. This information is taken into consideration when the training team makes decisions about the group therapy, supervision, and committee work matches. Additionally, both formal and informal feedback is gathered from each trainee over the course of the year in the form of surveys and individual meetings to provide input into training experience.

### ***Promoting Inclusivity, Addressing Inequities and Challenging Racism***

We hold dear the values of diversity, equity, and inclusion (DEI) and put these into practice by engaging in ongoing reflection, discussion, increasing our knowledge, skill-building, and advocacy work. We work to challenge ourselves and the systems we are in to achieve greater social justice for those who are marginalized. Concrete examples of this include mailing interns a DEI-focused book after the Match, and within the orientation weeks of training participate in a multi-session seminar with staff facilitators and other trainees (including some meetings in smaller affinity groups) to engage in discussions about how our respective identities relate to our work. We build upon this foundation with continued discussions in monthly Diversity Dialogues with all Counseling Services staff as well as in supervision, seminars, and consultations.

*Given our training program's goal to train ethical, competent psychologists who are capable of functioning independently, opportunities for personal exploration and self-reflection occur throughout the year. When appropriate, interns are encouraged to explore historical influences and personal data that may affect professional practice. Our staff use a consultative model of supervision and supervisors may consult with one another about trainees when relevant. The internship training program functions in a manner consistent with the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (Student Disclosure of Personal Information) as contained in the Revised Ethical Principles of Psychologists and Code of Conduct (Standard 3.04).*

## **Components and Sequence of Training Experiences**

### ***Overview***

The internship training program contains the following elements: supervisory experiences, didactic/educational experiences, consultative experiences, and professional interactions. Each aspect has been scheduled and planned in such a way that is intended to maximize the professional development of the interns over the course of the training year. All interns participate in certain training activities and supervision; however, our site also takes an individualized approach to each intern's training.

### **Experiences for All Interns**

The elements below form the aspects of the internship program that are standard for every intern:

#### ***Orientation***

The month of orientation is designed to familiarize interns with the operation of SHCS and facilitate their transition to the UC Davis and the Davis community. During this time, interns meet with relevant SHCS program coordinators, training and support staff, and supervisors. Interns attend a variety of training seminars, learn about the policies and procedures of SHCS, and visit and learn about other campus agencies. A service plan and schedule for each intern for fall quarter is developed in consultation with the Training Director. Overall, orientation is a time for interns and staff to get to know each other and to prepare for the start of the year.

#### ***Intern Retreats***

The interns go on a partial day retreat with the Training Director during the orientation period as well as at mid-year and the end of the year. Interns are asked to pay for the cost of their meals (approx. \$10-20) during the retreats. The goals of the first retreat are team building and goal setting. The mid-year retreat is for taking time away from the busy-ness of the academic quarter system to check in on overall progress, and re-tune goals if needed. The major goal for the end of the year retreat is to review the contributions the internship has made to each intern's personal and professional development.

#### ***Consultation***

There are numerous opportunities for Counseling Services trainees to consult with clinical staff and fellow trainees about cases and administrative functions. Trainees most commonly consult the Supervisor of the Day (SOD) when they need timely consultative support. One of the strengths of the internship is the availability of staff members for consultation. Staff members are available as needed for consultation about particularly difficult cases/crisis situations when the intern's clinical and emphasis supervisors, Training Director, Clinical Director, and Director are not available. Interns are encouraged to seek out staff members who have expertise in treating disorders/problems that are relevant to the interns' caseloads. The essence of staff collaboration is evident in the collegial interactions and mentorship provided by the training staff.

#### ***Individual Counseling and Psychotherapy***

Interns primarily provide short-term, individual personal counseling and psychotherapy. They

provide approximately 17-20 individual counseling hours (initial consultation and follow-ups) per week depending on their individual contracts (approximately 50% of their contract). Clients are typically seen for four sessions, approximately 15% about 20% can be carried to six to ten sessions and one client at a time can be seen on a longer-term basis (e.g., 12-15 sessions) if they have limited financial resources. Each intern's clinical caseload is ethnically and culturally diverse. Interns are prepared for individual counseling and psychotherapy through seminars in orientation, seminars held throughout the year, individual and group supervision, and weekly facilitated trainee case consultations. Interns are expected to have been prepared for this experience by their academic coursework and practicum experiences.

### ***Group Counseling and Psychotherapy***

Counseling Services offers a variety of psychotherapy, support, drop-in, and psychoeducational groups, including psychotherapy groups for undergraduate and graduate/professional students and specific population/topical groups such as: Eating Disorders; Graduate Students; Women; Men; Lesbian, Gay, Bisexual, Transgender, Questioning, and Queer Students; and Mindfulness Meditation. Some groups run for the entire year, while others are short-term, structured groups. The psychoeducational groups include the Career Exploration Group and the Anxiety Skills Group. Additionally, psychoeducational workshops enable students to build awareness and skills related to topics such as mindfulness, values clarification, and distress tolerance.

Interns are expected to generally co-lead one group per quarter. Interns are prepared for and receive supervision on group counseling and psychotherapy in the group psychotherapy seminar during orientation and receive ongoing individual supervision with their staff group co-facilitators. Interns co-facilitate therapy/process groups with senior staff but may co-facilitate structured or psychoeducational groups with other trainees.

### ***Initial Assessment and Crisis Intervention***

Counseling Services' initial consultation system provides interns the opportunity to perform initial assessments and crisis intervention. Interns identify client concerns, assess level of functioning, diagnose disorders, and determine the appropriateness of agency services. Interns are prepared for initial consultations and crisis intervention services early in the year through orientation and training seminars. After the initial period of training, interns provide initial appointments, with staff available for back up and consultation. Interns provide four hours per week of initial consultation appointments. Later in the year, interns begin to also provide drop-in crisis consultation hours as well at our Acute Care department of the Student Health and Wellness Center.

### ***Psychological Testing***

Interns' skills in the administration and interpretation of psychological tests relevant to the work of a university counseling center psychologist are enhanced during the internship year. Interns will obtain training in career assessments and conduct individual and group career assessment interpretations (MBTI, SII-II, Skills Scan, Values Assessment). Interns are required to facilitate a career exploration group, which includes test interpretation. Other testing resources available include an eating disorder inventory (EDI-III) and a substance abuse inventory (BASICS). Interns are also taught in the use of incorporating the Counseling Center Assessment of Psychological Symptoms-34 (CCAPS-34) into their initial appointments and follow-up sessions.



### ***Consultation***

Counseling Services staff provides professional consultation services to the University community. While at Counseling Services, interns may consult with faculty, staff, students, and parents about psychological issues. In addition, depending on professional interests, an intern may develop relationships with campus units and become the identified staff member contacted when that unit needs consultation.

### ***Mentorship***

The Trainee Mentoring Program was created to support and enhance the learning and development of interns and postdoctoral trainees. As mentees, interns are paired with senior postdoctoral residents in an intentional relationship to foster the growth of each trainees' professional identity. Interns can benefit from the senior mentor colleagues' advanced knowledge and experience of clinical work and systems issues. As mentors, postdoctoral residents can benefit from a reciprocal relationship that deepens their clinical consultation skills and provides learning opportunities for supervision techniques and skills. Trainees are matched for the first six months based on their emphasis areas and then in the latter six months based on input from trainees and the training team.

### ***Programming***

Counseling Services staff provides programming and outreach services to the University community. **Interns are required to do at least 5 outreach programs during the training year.** Interns may establish relationships with other campus offices, depending on the intern's interests, and these liaison relationships become the foundation for outreach programs with students. Interns are prepared for programming activities during an orientation seminar. Additionally, interns may work with the outreach coordinator or with other senior staff who provide psychoeducational programs on specific topics or for specific members of the University community.

### ***Professional Development***

Professional Development occurs in many ways, including attending continuing education events hosted by SHCS, as well as Professional Development Weekly Hours, and through scheduled Professional Development Days.

*Professional Development Weekly Hours* are intended to provide trainees with the opportunity to reach a supervised hour total of 2,000 hours. In addition to the 40 contracted hours, four hours per week of Professional Development can occur at any time outside of the regular work week. These hours are on the intern's training contract and are approved by the Training Director at the start of each new quarter. As these four weekly hours are in addition to the regular 40-hour work week, they can be completed offsite. Examples of past Professional Development hours are 1) an individual focus on completing the graduate program dissertation; 2) preparing for and presenting on a topic for a professional conference; 3) developing a specific type of psychoeducational workshop series that meets a need for students on campus; 4) reviewing scholarly literature related to clinical work; or 5) engaging in tasks related to preparing for licensure. Trainees are asked to write a brief statement about their planned use of time dedicated

to Professional Development. These Professional Development Weekly Hours are in addition to the 5 days of Professional Development Days.

*Professional Development Days* are five days (40 hours) that are allowed for scheduled release time for each trainee over the course of the training year. Examples of past Professional Development Days are 1) Dissertation Defense; 2) Attending Graduation; 3) Attending a Job Interview; 4) Presenting at a Conference; 5) Licensure Preparation; and 6) Transitioning to New Employment.

### **Emphasis Areas**

Interns are chosen, in part, based on a training emphasis experience in which they express a desire to work throughout the year. Emphasis areas reflect specific functions of a university counseling center psychologist. Specific goals for each interest area are developed at the beginning of the training period. Interns may spend between three to six hours per week in activities specifically related to the emphasis area, including clinical work. The Emphasis areas are described below:

#### ***(1) AB 540 and Undocumented Students***

This emphasis area offers training in individual therapy, consultation, and community programming when serving AB540 and undocumented students. The intern conducts outreach that focuses on the needs of undocumented students, provides clinical services to undocumented students, and participates in campus cross-disciplinary efforts (e.g., AB540 Task Force committee, AB540 Undocumented Student Resource Center) to serve this population. The intern may provide services in Spanish, pending appropriate supervision resources. The intern provides consultation to SHCS staff and peer educators as needed.

#### ***(2) Eating Disorders***

This emphasis area offers training in individual and group therapy, consultation, and community programming in treating eating disorders. The intern co-leads an eating disorders recovery focused group, participates in the campus committee on body image and eating disorders, attends the eating disorders clinical meeting at the Student Health and Wellness Center, and participates in networking with other eating disorder treatment providers. Programming and outreach on eating disorders is done throughout the year and the intern provides consultation to health providers, health educators and peer educators.

#### ***(3) General Clinical/Training Focus***

This emphasis area offers supervised experiences for interns to enhance skills in providing the varied clinical services offered through a university counseling center, and in becoming a skilled generalist who is prepared for a career in a university counseling center environment, as well as other busy settings that serve diverse populations. These services may include career assessment, short-term individual counseling, group therapy, crisis intervention, consultation, suicide prevention training and program development. This area can have a focus on a specific population or clinical interest. The General Clinical Intern receives additional training and experiences in best practices for career interventions for university college students.

Alternately, or in conjunction with the aforementioned activities, the General Clinical emphasis can have a training focus with a significant role in developing training materials, participating in the intern and postdoctoral trainee recruitment process, and supporting training program improvements.

#### ***(4) Campus Outreach***

This emphasis area is designed to offer supervised experiences to interns who wish to develop and enhance multicultural and social justice awareness, knowledge, and skills in providing the varied clinical services through a university counseling center. The core of this opportunity focuses on using a multicultural and social justice lens when counseling and outreaching to diverse clients. Some of the intern's initial contact appointments can be "priority designated" for specific populations that are underserved by Counseling Services. Interns work closely with their supervisor to develop programming aligned with addressing social justice concerns. Examples include conducting a needs assessment and developing a workshop series for international students or creating and facilitating a support group for an underserved student demographic.

#### ***(5) Sport Psychology***

This emphasis area provides the intern with an opportunity to work with student-athletes, coaches, and athletic department staff in the two areas of consultation and counseling. Sport consulting with student-athletes and coaches entails (a) performance enhancement skills training, (b) life skills training, (c) coach, athlete, and team relationship development, and (d) psycho-educational groups (e.g., goal setting, concentration, motivation, stress management, team cohesion, dealing with sport injury).

Counseling to athletes will assist, educate, and support student-athletes to enhance positive performance within and outside of their given sport. The intern meets weekly with this emphasis supervisor to discuss organizational and clinical issues in working with student athletes. The intern also has the opportunity to teach and conduct outreach with intercollegiate student athletes and coaches.

### **Optional Experiences**

Depending on an intern's areas of interest, previous experiences, training goals, and SHCS' needs, it's possible an intern may be able to have some level of involvement in the following activities and services. Attention to work-life wellness and an adequate balance of responsibilities are considered when determining the involvement of interns in these optional experiences.

#### ***Diversity/Population Specific Services***

An intern may provide clinical and professional services to an identified population. Activities might involve doing outreach programs and consultation services and providing individual therapy and group therapy with a specific population. An intern may work closely with a staff member who has expertise with the specific population of interest and could participate as a workshop facilitator in one of the leadership retreats for specific groups of diverse students. Populations interns have focused on in the past include the LGBTQ+ community, Asian American students, Chicax/Latinx students, African American students,

male-identified students, and international students.

### ***Clinical Focus***

If an intern has an interest in gaining experience working with a specific clinical issue, they may provide services addressing that issue. An intern could request to see clients presenting with these types of concerns, as well as co-facilitate a group focused on the issue. In addition, an intern could develop a liaison relationship with other campus units providing related services. Finally, an intern may provide consultation and outreach services on the topic. Examples of clinical issues are depression, substance abuse, trauma and/or sexual assault history, acculturation, and adjustment issues.

### ***Couples Counseling***

A small part of Counseling Services workload involves couples counseling. Couples counseling is only an option for trainees who have prior training and experience, and if the clinical supervisor is qualified to supervise couples counseling work.

### ***Career Counseling***

With training support, interns may provide career programs/workshops, specific to service needs or population groups in need of these services. Additionally, individual career counseling sessions are likely to be part of every intern's caseload given the student population needs in this area.

### ***Program Development and Consultation***

An intern may be able to work closely with the Outreach Coordinator to develop and conduct an additional number of programs and outreach activities, beyond the 5 required of all interns during less busy times of the year. The activities can be in the form of presentations, lectures, workshops, consultations, and/or committee work.

### ***Summer Workgroups***

Occasionally, we develop workgroups during the summer to focus on an area of need for SHCS. Depending on the agency needs and the trainee's availability, expertise and interest, an intern may request to join one of the workgroups.

## **Supervision**

### ***Overview***

All interns receive at least four hours of supervision each week throughout the training year, to include a minimum of two hours of individual supervision from a licensed doctoral-level psychologist. The intern's assigned primary individual supervisor maintains overall responsibility for the intern's clinical work. Additional supervision is provided via group supervision (two hours per week) and supervision specific to the intern's designated emphasis area. Emphasis area supervision is provided by one of SHCS's licensed mental health clinicians. All supervisors meet the California Board of Psychology requirements, including completing supervision continuing education requirements. Supervisors' contact information is provided to interns at the beginning of the year; and the program ensures interns have access to consultation

and supervision during the times when they are providing direct clinical services. All supervisors are appropriately credentialed for their role in the program.

### ***Individual Clinical Supervision***

Intense individual supervision is viewed as central to the internship experience. Interns are assigned to each of their primary clinical supervisors for approximately six months, and they receive two hours of clinical supervision from their assigned primary supervisor each week. The initial clinical supervisor is assigned by the Training Director based on the match of needs and interests of intern and supervisor. In making the match, the Training Director considers the intern's skill level, theoretical preferences, training needs, interests, and personal characteristics, as well as the supervisory style and preferences of the supervisors. The intern's assigned primary clinical supervisor changes at mid-year. Both interns and supervisors have input into the decisions about the new matches that begin during the second half of the year. The functions of the supervisory relationship include monitoring client welfare (including reviewing and signing clinical documentation as well as reviewing video recordings), supporting the mastery of intern's competency skills, promoting personal and professional growth, and evaluating the intern's competency skills and professional development on a continuous basis.

### ***Emphasis Supervision***

Interns meet regularly with the staff member supervising their emphasis area experiences. This supervision provides in-depth training, exploration, mentoring, and development of expertise in the chosen area. Specific goals for the particular emphasis area are developed in consultation with the emphasis supervisor at the beginning of the training period. Evaluation of an intern's performance is based on the attainment of the goals developed. Emphasis supervisors and interns tend to remain in their supervisory relationship through the full year.

### ***Supervision of Group Therapy***

When co-facilitating a group with a staff member, interns receive at least 1 hour per week of individual supervision from their group staff co-facilitator. Each intern has the opportunity to engage in discussion and training in the elements of group therapy with their co-facilitator. In addition, interns are welcome to consult about their group experiences with their individual supervisors and in the Peer Clinical Case Consultation meeting.

### ***Peer Clinical Case Consultation***

Interns participate in team-based supervision one hour per week, in one of two groups of interns and postdoctoral residents that is facilitated by a licensed mental health clinician. The weekly Peer Clinical Case Consultation includes supervision by a staff member, covering both individual and group psychotherapy.

### ***Supervised Professional Development Team***

Interns participate in one hour per week supervision and support facilitated by the Training Director or designee on professional development topics such as work-life wellness, value differences within work relationships, and other professional identity activities.

## **Telesupervision**

The internship program utilizes telesupervision to provide some of the supervision to all interns. At least one individual supervision session must occur in-person each week. Primary clinical supervisors and interns may choose to conduct their remaining supervision time via videoconference, using a virtual conference room that allows for high-quality real-time transmission of simultaneous video and audio. Decisions regarding the use of telesupervision by UC Davis supervisors is informed by California licensing requirements, health mandates (e.g., those issued in response to the COVID-19 pandemic), and SHCS's use of a hybrid staff schedule. Individual supervision provided via telesupervision occurs at regularly scheduled and agreed upon times. The use of videoconference technology for supervisory experiences is consistent with the internship program's training aim in that the program places a strong training emphasis on cultivating a professional identity rooted in wellness and access to services and information in a culturally responsive manner, which often includes the use of virtual health services.

The training program values and emphasizes the importance of supervisory relationships. Group supervision is led by members of the SHCS team to provide interns with the opportunity to experience a breadth of supervisory relationships and supervision modalities. It is expected that these supervisory relationships begin to develop during orientation and that interns will have formed relationships with all relevant Counseling Services staff prior to engaging in any form of group supervision via videoconference. Clinical cases discussed during group telesupervision remain the full professional responsibility of the intern's individual supervisors, and any crises or other time-sensitive issues that arise in group telesupervision are reported to the individual clinical supervisor immediately. Interns are provided with contact information for SHCS supervisors, including email and phone numbers, so crises and time-sensitive information can be reported as necessary. (Any PHI is only shared through secure means.)

All program videoconferencing occurs over a secure network using site-administered videoconferencing technology. The supervision sessions conducted using this technology are not recorded, thus protecting the privacy and confidentiality of the interns. Interns are provided with instruction on the use of the videoconferencing equipment during orientation; and any technical difficulties that cannot be resolved onsite are directed to the SHCS Information System Group (ISG) (our in-house tech support).

## **Didactic Training and Seminars**

Didactic training experiences provide a forum for staff members and other professionals to present relevant topics to the interns. Some didactic training occurs in module formats over a period of several weeks, which provides the opportunity for in-depth exploration of the topics under discussion. Some didactic training occurs in shorter intervals (i.e., one to three sessions) to address specific training topics. The Peer Clinical Consultation and Professional Development Group Supervision are yearlong seminars that take place throughout the fall, winter, spring, and summer quarters.

Additionally, topical seminars may include:

#### Clinical Issues in a Multicultural Context

- Diversity Dialogues
- Cultural Competence, Cultural Humility, How to Be an Ally
- Working with International Students
- Intersections of Identities (Foci of demographics pending needs of training cohort)

#### Professional Development Seminar

- Professional Balance and Wellness
- Giving and Receiving Feedback
- Supervision Theory & Models
- Licensure Preparation
- Successful Job Attainment and Salary Negotiation

#### Clinical Topics

- Brief Therapy
- Crisis Intervention
- Working with Risk concerns
- Motivational Interviewing
- Experiential Ways to Work with Loss
- Eating Disorders
- Trauma-Informed Therapy

The program aims to be responsive to interns' training needs. As such, interns can request specific didactic topics based on clinical interest and need.

#### **Administrative Activities**

##### ***Committee and Work Groups***

Interns participate in administrative or programmatic work groups. This activity provides interns with experience in the operation of a mental health organization. Counseling Services committees that the interns regularly participate in are cross-cultural, intern selection, staff wellness, clinical operations, quality assurance and other ad hoc committees that may form during the year. Interns receive supervision of their committee activities from the committee chairperson or their emphasis supervisor.

##### ***Clinical Documentation and Preparation***

Approximately five to six hours each week are reserved for paperwork, reviewing videotapes, preparing for programs, and performing administrative tasks which may also include consultative meetings with training staff.

##### ***Professional Development***

In addition to the ongoing training that interns receive through direct service, seminars, supervision, and consultation, they also participate in the Continuing Education (CE) programming that SHCS sponsors for the licensed professional staff. Traditionally, experts in the

field provide these trainings. In addition, interns typically attend the Northern California University Counseling Center Training Conference in the fall. SHCS covers the cost of the conference fee. Interns also have five professional development days, which they can use for dissertation defense, conference attendance, or job interviews.

### **Training Contract**

In general, interns contract for about 50% of their 40 hour work week providing direct service (clinical, consultative and outreach activities), 20% receiving training and supervision, and the remainder in emphasis area focus, clinical documentation or center management activities. To ensure interns are eligible for licensure in any state the internship program has an expectation that interns accrue 1500 hours by the completion of the internship year. Interns may opt for an additional unpaid but supervised four hours of professional development work experience per week (beyond the 40 hours) to ensure they reach their final 1500 hours by the end of the internship year, and help meet the 2000 hours required in other states. Additionally, consistent with requirements of the California Board of Psychology, interns must keep a weekly log of their service hours. The total number of hours signed off on at the conclusion of the doctoral internship year comes directly from the number of hours logged.

### **Intern Rights and Responsibilities**

#### **1. Rights**

- a. The right to a clear statement of general rights and responsibilities upon entry into the internship, including a clear outline of goals and parameters of the training experience, provided in the form of a handbook.
- b. The right to be trained by professionals who behave in accordance with the APA ethical guidelines.
- c. The right and privilege of being treated with professional respect, recognizing the training and experience the intern brings with them.
- d. The right to ongoing evaluation that is specific, respectful, and pertinent to clinical and professional growth.
- e. The right to engage in ongoing evaluation of the training experience and specifically evaluate supervision experiences through written feedback.
- f. The right to initiate an informal resolution of problems that might arise in the training experience (supervision, assignments, etc.) through request to the individual concerned and/or the Training Director.
- g. The right to Due Process to deal with problems after informal resolution has failed (either with the supervisor or Training Director) and the right to a formal Grievance process to determine and address when rights have been infringed upon.
- h. The right to privacy and respect of one's personal life as long as said personal life is not in violation of APA ethical guidelines or warrants additional concern for the intern's well-being.



## 2. Responsibilities

- a. The responsibility to read, understand and clarify, if necessary, the statement of rights and responsibilities. It is assumed that implementation of these responsibilities is a function of competence and will be exercised.
- b. The responsibility to maintain personal and professional behavior within the scope of the APA ethical guidelines.
- c. The responsibility to behave within the bounds set forth by the laws and regulations of the State of California and the University of California.
- d. The responsibility to be open to professionally appropriate feedback from immediate supervisors, professional staff, and agency personnel.
- e. The responsibility to behave in a manner that promotes professional interaction within SHCS and is in accordance with the standards and expectations of SHCS.
- f. The responsibility to give professionally appropriate feedback regarding the training experience or the overall SHCS experience.
- g. The responsibility to always conduct oneself in a professionally appropriate manner, and if due process is initiated.
- h. The responsibility to actively participate in the training, service, and overall activities of SHCS.
- i. The responsibility to meet training expectations by developing competency in the nine profession-wide competency areas through demonstrated proficiency or satisfactory evaluations from supervisors.
- j. The responsibility to meet the “Agency Expectations of Doctoral Interns” as stated in this manual.

## **Wellness on Internship**

When we speak about “work-life balance” as therapists, it is often a way of encouraging our clients to find some balance in their lives, nourish their needs and have some compassion for self. While therapists often expend considerable efforts suggesting and supporting wellness activities for clients and patients, they are less adept at practicing it themselves. Sapienza and Bugental (2000, p. 459) suggest that many psychologists have not “taken the time to develop compassion for themselves, and compassion for their wounds”. Notwithstanding, researchers have shown that it is the therapist that is oftentimes most central to the efficacy of treatment (Barnett, Johnston & Hillard, 2006). Therefore, work-life wellness may be one of the most important things therapists do, not just for themselves but also for their clients. If therapists do not care for themselves, they cannot care for others. Furthermore, it is therapists’ responsibility to engage in wellness activities so that they can maintain the quality of the services they provide. In this way, wellness is not just a personal matter, but an ethical and moral responsibility (Barnett, Johnston, & Hillard, 2006; Carrol, Gilroy & Murra, 1999; Norcross & Guy, 2007). “Having a self-care plan in place can help ameliorate the hazards of our profession and enhance our therapeutic effectiveness” (Nicely, 2004).

Please be aware of the following resources on campus that can assist with your work-life wellness while you are on Internship:

**Academic and Staff Assistance Program (ASAP)** provides free, personal, on-campus individual therapy for staff members for a limited number of sessions. Check out their [website](#) for more information: <https://hr.ucdavis.edu/departments/asap>

The **Staff and Faculty Health and Wellbeing Program** provides a wide variety of opportunities to support one’s physical and emotional well-being. Check out their [website](#) for current offerings listed here: <https://safetyservices.ucdavis.edu/units/occupational-health/health-well-being>

## **Evaluation Procedures and Requirements for Successful Intern Performance**

Clinical, emphasis, and group supervisors provide interns with formal verbal and written feedback. The evaluation process consists of a review of the intern's objectives and goals and feedback in areas that reflect current domains of professional competence. Specifically, interns are evaluated on the following nine profession-wide competencies:

- Cultural and individual diversity
- Intervention
- Assessment
- Supervision
- Consultation and interprofessional/interdisciplinary skills
- Legal and ethical standards.
- Communication and interpersonal skills
- Professional values, attitudes, and behaviors
- Research

Through the supervision process, it is expected that interns receive continuous feedback on their progress and competency development; thus, if goals are not being sufficiently met, such feedback is given to interns before formal evaluations occur. At the start of the training year, interns identify individualized training goals and priorities for the internship year in collaboration with the Training Director. These goals and priorities may be updated after the first evaluation period to help facilitate future supervisory contacts and areas of focus for training.

With respect to the formal intern evaluation, the minimal level of achievement at mid-year is a 3 on all learning elements. At the end of the year evaluation, the minimal level of achievement is a 4 on all learning elements. The rating scale for the competency evaluation is a 5-point scale, with the following rating values: 5 – Advanced Competency, 4 – Proficient Competency, 3 – Mostly Consistent Competency, 2 – Somewhat Consistent Competency, and 1 – Developing Competency. If an intern receives a score less than 3 on any training element at the mid-year evaluation, or if supervisors have reason to be concerned about the intern's performance or progress, the program's Due Process procedures will be initiated.

Interns must receive at least a rating of 4 – Proficient Competency, which is indicative of readiness for entry-level practice, to successfully complete the program. In addition, all interns are expected to complete 1,500 hours of training during the internship year. Meeting the hours requirement and obtaining sufficient ratings on all competency evaluations demonstrates that the intern has progressed satisfactorily through the internship program.

Formal clinical evaluations are provided in written and oral formats and provided by the interns' individual clinical supervisors and emphasis area supervisors at mid-point and end of year. The clinical supervisor also may contact other staff who have been involved in the intern's training (e.g., seminar leaders, outreach co-presenters) to gain a broad picture of the intern's participation, involvement, interests, skill level, professionalism, and competency development. Group evaluations are completed by the interns' staff co-facilitators at the end of fall and spring quarters for year-long groups and this feedback is incorporated into the intern's overall

evaluation. The Training Director monitors each intern's progress throughout the year and receives and maintains final copies of all intern evaluations.

Each intern's home doctoral program is contacted early in the year with a letter of formal introduction from the Training Director. At this point, the intern's graduate program is informed of the internship program's evaluation timeline. Upon completion of each evaluation period (6 and 12 months), the intern's home program receives copies of the intern's completed evaluations. The home program is invited to comment on and ask questions about the intern's evaluation, as it is important to the training program that we keep open the channels of communication between the academic departments and the internship.

Recognizing that evaluation is a reciprocal process, interns evaluate their supervisory relationships during each evaluation period and complete program evaluations on a quarterly basis and at the end of the training year. All evaluation materials are reviewed by the Training Director and training supervisors to assist in the development of each intern's program and in the development of the internship program overall. The internship program seeks feedback and asks for honest evaluations so that we can provide interns with a program that is responsive to their training needs.

## **Due Process and Grievance Procedures**

### **Introduction**

This document provides SHCS trainees and staff with an overview of the identification and management of trainee problems and concerns, a listing of possible sanctions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems. Most problems that arise during a training year are seen as developmentally appropriate opportunities for each trainee's professional growth and supported in supervision. We encourage staff and trainees to discuss and resolve conflicts informally, however if this cannot occur, this document serves as a formal mechanism for SHCS to respond to issues of concern. This Due Process Document is divided into the following sections:

I **Definitions**: General definitions of terms and phrases used throughout the document.

II **Procedures for Responding to a Trainee's Problematic Behavior**: Procedures, notification process, and remediation or sanction interventions, including an appeal process.

III **Grievance Procedures**: Guidelines through which a trainee can informally and formally raise concerns about any aspect of the training experience or work environment. This section also includes the steps involved in a formal review by SHCS of the trainee.

### **I. Definitions**

#### **Trainee**

Throughout this document, the term "trainee" is used to describe any person in training who is working in the agency including a practicum student, predoctoral intern or postdoctoral fellow.

#### **Training Coordinator (TC)**

Throughout this document the term "training coordinator" is used to describe the staff member who oversees that specific training group's activities. For the doctoral interns this is the Training Director (TD), and for the postdoctoral fellows this is the Postdoctoral Coordinator. In the event that the TC is not the Training Director, then the Training Director will always be consulted prior to consulting with the Director.

### **Due Process**

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. Due process ensures that decisions about trainees are not arbitrary or personally based. It requires that the Training Program identify specific procedures which are applied to all trainees' complaints, concerns and appeals. SHCS due process procedures are designed such that trainees will have sufficient time (as described in this due process document) to both hear and respond to any action taken by the program before the program's implementation, unless safety concerns dictate immediate action. Trainees who receive a written notice of concern for problematic behavior will be offered a formal hearing to both hear and respond to the concerns and be able to collaborate with the TC or designee on remediation actions. Trainees may appeal the program's actions as outlined in Section II.

1. During the orientation period, trainees will receive in writing SHCS' expectations related to professional functioning. The TC will discuss these expectations in both group and individual settings.
2. The procedures for evaluation, including when and how evaluations will be conducted will be described. Such evaluations will occur at meaningful intervals.
3. The various procedures and actions involved in decision-making regarding the problem behavior or trainee concerns will be described.
4. SHCS will communicate early and often with the trainee and when needed the trainee's home program if any suspected difficulties that are significantly interfering with performance are identified.
5. The TC will institute, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the concerns. Notification of the remediation plan will be provided in writing to the trainee.
6. The notification will be accompanied by a Hearing with the TC or designee where the trainee will have the opportunity to both hear and respond to the concerns.
7. The TC or designee will document in writing the actions taken by the program and the rationale for all actions, providing documentation to involved parties when appropriate.
8. When evaluating or making decisions about a trainee's performance, SHCS staff will use input from multiple professional sources whenever possible.
9. If a trainee wants to institute an Appeal process, this document describes how a trainee may officially appeal this program's action.

### **Problematic Behavior**

Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
3. An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interferes with professional functioning.

It is a professional judgment when a trainee's behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Discussion of concerns to where greater shared understanding may resolve concerns before they are identified as problematic behavior. Problematic behavior typically become identified when one or more of the following characteristics exist:

1. The trainee does not acknowledge, understand, or address the problem when it is identified;
2. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. The quality of services delivered by the trainee is sufficiently negatively affected;
4. The problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training personnel is required; and/or

6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

## **II. Due Process Procedures to Respond to Problematic Behavior**

### **A. Basic Procedures for Determination of Problematic Behavior**

If a trainee receives an inadequate evaluation (e.g. numerical rating below what is expected for their point in training, such as a rating of 1- remedial or 2 significant growth area) from any of the evaluation sources in any of the major categories of evaluation, or if a staff member or another trainee has concerns about a trainee's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. In some cases, it may be appropriate to speak directly to the trainee about these concerns and in other cases a consultation with the TC will be warranted. This decision is made at the discretion of the staff or trainee who has concerns.
2. Once the TC has been informed of the specific concerns, they will determine if and how to proceed with the concerns raised.
3. If the staff member who brings the concern to the TC is not the trainee's supervisor, the TC will discuss the concern with the supervisor(s), if appropriate.
4. If the TC and supervisor(s) determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TC will inform the staff member who initially brought the complaint.
5. When appropriate, the TC will meet with the Training Team and when necessary, the Director and/or Clinical Director to discuss the concerns and possible courses of action to be taken to address the issues.
7. The TC, supervisor(s), and Director or other designee may meet to discuss possible course of actions, (as listed in II B below).

### **B. Notification Procedures to Address Problematic Behavior or Inadequate Performance**

It is important to have meaningful ways to address problematic behavior once identified. In implementing remediation or sanctions, the training staff must be mindful and balance the needs of the problematic trainee, the clients involved, members of the trainee's training group, the training staff, other agency personnel, and the campus community. All evaluative documentation will be maintained in the trainee's file. At the discretion of the Training Director (in consultation with Director) – the trainee's home academic program will be notified of any of the actions listed below.

1. Verbal Notice to the trainee emphasizes the need to shift to more appropriate behaviors and discontinue the behavior of concern with the support of the Training Team.
2. If the concerns are not adequately addressed, then a Written Notice will be given to the trainee that formally acknowledges:
  - a) that the TC is aware of and concerned by the behavior,
  - b) that the concern has previously been brought to the attention of the trainee,
  - c) that the TC will work with the trainee to rectify the concerns, and
  - d) that a Hearing is offered for the trainee to receive this information verbally and have the opportunity to respond to the TC, with a trainee-identified support person present, if desired.

e) that a remediation plan will be developed to indicate required steps to address these concerns.

3. The Notification of Remediation Plan will include:

- a) a description of the trainee's unsatisfactory performance;
- b) actions required to correct the unsatisfactory behavior;
- c) the time line for correcting the problem;
- d) the sanction(s) to be imposed if the problem is not corrected; and
- e) notification that the trainee has the right to request an appeal of this action. (*see Appeal Procedures - Section II D*)

### **C. Remediation and Sanctions**

The implementation of a remediation plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the TC, the training director, relevant members of the training staff and the Director. The remediation and sanctions listed below may not necessarily occur in that order. The severity of the problematic behavior plays a role in the level of remediation or sanction.

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

- a) increasing the amount of supervision, either with the same or additional supervisors;
- b) change in the format, emphasis, and/or focus of supervision;
- c) recommending personal therapy (a list of community practitioners and other resources are available on SHCS' staff website).
- d) reducing the trainee's clinical or other workload;
- e) requiring specific academic coursework or other training.

The length of a schedule modification period will be determined by the TC in consultation with the supervisor(s) and the Director. The termination of the schedule modification period will be determined, after discussions with the trainee, by the TC in consultation with the supervisor(s) and the Director.

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

- a) the specific behaviors associated with the unacceptable rating;
- b) the remediation plan for rectifying the problem;
- c) the time frame for the probation during which the problem is expected to be ameliorated, and
- d) the procedures to ascertain whether the problem has been appropriately rectified.



If the TC determines that there has not been sufficient improvement in the trainee's behavior to remove the Probation or modified schedule, then the TC will discuss with the supervisor(s) and the Director possible courses of action to be taken. The TC will communicate in writing to the trainee that the conditions for revoking the probation or modified schedule have not been met. This notice will include a revised remediation plan, which may include continuation of the current remediation efforts for a specified time period or implementation of additional recommendations. Additionally, the TC will communicate that if the trainee's behavior does not change, the trainee will not successfully complete the training program.

3. Suspension of Direct Service Activities requires a determination that the welfare of the trainee's client(s) or the campus community has been jeopardized. When this determination has been made, direct service activities will be suspended for a specified period as determined by the TC in consultation with the trainee's supervisor(s), Training Director and Director. At the end of the suspension period, the trainee's supervisor(s) in consultation with the TC and Training Director will assess the trainee's capacity for effective functioning and determine if and when direct service can be resumed.

4. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges at SHCS. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the traineeship, this will be noted in the trainee's file and the trainee's academic program will be informed. The TC will inform the trainee of the effects the administrative leave will have on the trainee's stipend and accrual of benefits.

5a. Dismissal from the Training Program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the TC will discuss with the Training Director and Director the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. The Director will make the final decision about dismissal.

5b. Immediate Dismissal involves the immediate permanent withdrawal of all agency responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. In addition, in the event a trainee compromises the welfare of a client(s) or the campus community by an action(s) which generates grave concern from the TC, the supervisor(s), the Director may immediately dismiss the trainee from SHCS. This dismissal may bypass steps identified in notification procedures (Section IIB) and remediation and sanctions alternatives (Section IIC). When a trainee has been dismissed, the TC will communicate to the trainee's academic department that the trainee has not successfully completed the training program.

If at any time a trainee disagrees with the aforementioned sanctions, the trainee can implement *Appeal Procedures (Section II D)*.

#### **D. Appeal Procedures**

In the event that a trainee does not agree with any of the aforementioned notifications, remediation or sanctions, or with the handling of a grievance – the following appeal procedures should be followed:

1. The trainee may file a formal appeal in writing with all supporting documents, with the Director or designee. The trainee must submit this appeal within ten (10) work days from their notification of any of the above (notification, remediation or sanctions, or handling of a grievance). In cases where one of the parties involved is unavailable (e.g. due to being on vacation, leave, out sick), another leadership team member may step into the roles described below.
2. Within ten (10) workdays of receipt of a formal written appeal from a trainee, the Director or designee, will consult with members of the SHCS Counseling Services Management Team and Risk Manager, and then decide whether to implement a Review Panel or respond to the appeal without a Panel being convened.
3. In the event that a trainee files a formal appeal to disagree with a decision made by the Review Panel and supported by the Director or designee, that appeal will be reviewed by the Director or designee, in consultation with the SHCS Counseling Services Management Team and Risk Manager. The Director or designee will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the original Review Panel should be upheld.

### **III. Grievance Procedures**

A. In the event a trainee encounters difficulties or problems other than evaluation-related (e.g. poor supervision, unavailability of supervisor(s), workload issues, personality clashes, other staff conflicts), a trainee may :

1. Discuss the issue with the staff member(s) involved;
2. If the issue is not resolved informally, the trainee may discuss the concern with the TC who may then consult with other interested parties.
3. If the concerns involve the TC, the trainee may consult directly with the Director;
3. If the TC and/or Director cannot resolve the issue of concern to the trainee's satisfaction, the trainee may file a formal, written grievance including all supporting materials with the Director.

B. When the Director receives a formal grievance, within ten (10) days of receipt, the Director or designee, will implement Review Procedures as described below, and inform the trainee of any action taken.

#### **C. Review Procedures / Hearing**

1. When determined by the Director or their designee as needed, a Review Panel will be convened to make a recommendation to the Director or designee about the propriety of a Remediation Plan/Sanction for a Trainee's Problematic Behavior OR to review a grievance filed by the trainee.

- a. The Panel will consist of three staff members, including a Chair selected by the Director or their designee with consideration of recommendations from the TC and the trainee who filed the appeal or grievance.
  - b. In cases of an appeal, the trainee will be provided the right to hear the concerns of the training program and an opportunity to respond to those concerns
  - c. In response to a grievance, trainee has the right to express concerns about the training program or an SHCS staff member and the SHCS program or staff member has the right to respond.
2. Within ten (10) workdays of the convening of the Review Panel, the Review Panel will review the appeal or grievance and to examine the relevant material presented.
  3. Within ten (10) workdays after the completion of the review the Panel will submit a written report to the Director or designee, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote if a consensus cannot be reached.
  4. Within ten (10) workdays of receipt of the recommendation, the Director or designee will either accept or reject the Review Panel's recommendations. If the Director or their designee rejects the Panel's recommendation, the Director or their designee may elect to make a final decision or refer the matter back to the Review Panel for further deliberation and revised recommendations.
  5. If referred back to the Review Panel, a report will be presented to the Director or designee within ten (10) workdays of the receipt of the Director's or designee's request for further deliberation. The Director or designee will then make a final decision regarding the action to be taken, and inform the TC.
  6. The TC, Director, or designee will inform the trainee, staff members involved and necessary members of the training staff of the decision and of any action taken, or to be taken per the discretion of the Director or designee.
  7. If the trainee disputes the Director's or designee's final decision, the trainee has the right to appeal pursuant to the Appeal Procedures (Section IID, above).

### **Additional Policy Manuals and Resources**

In addition to the policies and procedures outlined in this internship manual, SHCS psychology interns are covered under two policy manuals: the UC Policy and Procedure Manual (PPM) and the Academic Personnel Manual (APM). The agency level due process and fair treatment policy is outlined in the APM. Interns are subject to the internship Due Process and Grievance Procedures and those described in the APM. The program works with human resources to ensure appropriate application of all relevant policies and procedures. If an intern submits a grievance against a staff or faculty member that cannot be resolved internally by the internship, the program will turn the issue over to Human Resources to be resolved in accordance with agency level policies and procedures. In addition, interns have access to the university's ombuds' office as well as the Harassment and Discrimination Prevention Program, for resources and support.

UC Policy and Procedure Manual (PPM):

<https://manuals.ucdavis.edu/policy-and-procedure-manual>

Academic Personnel Manual (APM):

<https://www.ucop.edu/academic-personnel-programs/academic-personnel-policy/>

UC Davis Ombuds:

<https://ombuds.ucdavis.edu>

Harassment and Discrimination Prevention Program (HDAPP)

<https://hdapp.ucdavis.edu>

### **Communication and Maintenance of Intern Records**

#### ***Communication with Home Doctoral Program***

Communication between the internship program and the interns' home doctoral programs occurs at multiple points throughout the training year. The training program views this communication as essential to the intern's overall professional growth and development, as it is the doctoral program that is ultimately responsible for determining readiness for degree completion and entrance into the profession. The Training Director contacts the intern's home doctoral program as described below. Additional contact with the home doctoral program occurs as needed throughout the training year.

A Match letter is sent to the intern and the Director of Clinical Training (DCT) of the home doctoral program within 5 days of a successful match. This letter outlines the key terms of the internship program (i.e., start and end dates, intern stipend). The Training Director contacts the DCT again following the midyear evaluation to provide an update on the intern's progress in the program and to share copies of formal written evaluations of the intern. Finally, the Training Director contacts the DCT within one month following the end of the training year to inform the DCT that the intern has successfully completed the training program and to share copies of final evaluations. Should successful completion of the program become a concern during the internship year, or if an intern enters the formal review steps of the Due Process procedures, the home doctoral program is contacted. The purpose of this contact is to ensure the intern's home doctoral program is informed about the identified concerns and is able to support the intern during the internship year. The home doctoral program is notified of any further action taken by the internship program as a result of Due Process proceedings, up to and including termination from the program. In general, communication with the home doctoral program occurs via email.

#### ***Maintenance of Intern Records***

The Training Director is responsible for maintaining all intern records. These records include all intern evaluations, the certificate of completion, a description of the intern's training experiences, and any documentation on actions taken using the Due Process procedures, if applicable. All intern records are maintained indefinitely by the Training Director in a secure digital file. Records related to grievances or complaints submitted by interns are kept in a separate secure digital file that also is maintained indefinitely by the internship Training Director.

## **Social Media Policy**

The American Psychological Association (<https://www.apa.org/about/social-media-policy>) (highlights that, “First and foremost, public social networks are not private. Some may be open only to invited or approved members but even then, users should not expect privacy among the members. If you choose to participate on such Forums, assume that anything you post will be seen, read, and open for comment. Anything you say, post, link to, comment on, upload, etc., can and may be used against you by your peers, colleagues, employer, potential employers, fellow members, and so on.”)

Based on the APA’s cautionary statement, Counseling Service staff and trainees who use social media (e.g., Instagram, Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, University staff and faculty, and others in the professional community. As such, Counseling Services staff and trainees should make every effort to minimize material that may be deemed inappropriate for a mental health professional or trainee. To this end, all security settings should be considered carefully and most likely set to “private”. Counseling Services staff/trainees should avoid posting information/photos or using any language that could jeopardize their professional image. Staff and trainees should consider limiting the amount of personal information posted on these sites and should never include clients as part of their social network or include any information that might lead to the identification of a client, or compromise client confidentiality in any way. If staff or trainees are reported as doing so or are depicted on a website or in an email as doing something unethical or illegal, that information may be used by SHCS to determine a course of disciplinary action. As a preventive measure, Counseling Services advises staff and interns to approach social media carefully.

(Note: this policy is based in part on the policies developed by the University of Denver, Jenny Cornish; University of Albany; University of Kansas, Michael Roberts; and San Diego State University, Elizabeth Klonoff.)

## **Safety and Comfort in Dialogue / Co-Learning**

As part of our “learn by doing” model and in alignment with APA’s implementation standards for developing competencies that are developmentally sequential and experiential, our training program engages interns to reflect, role-play, and discuss topics relevant to your clinical work. For instance, you may be prompted to reflect on how your thoughts, behaviors and emotions, intersecting identities, and personal history impacts your clinical work. Interns are invited to share and engage in co-learning activities with the understanding that a sense of safety and comfort zones may vary over training year timeline and individual.

**Safety** – We want to create an environment in which we feel safe sharing our views, our experiences, and ourselves. To learn from each other, we need an environment that allows us to open up, to feel safe challenging ourselves and challenging each other. Safety means knowing that we will not be harmed. However, this does not mean that we will always feel comfortable during this process.

**Comfort zones** – We all have zones of comfort about different topics and experiences. The dialogue process asks us to move beyond our traditional areas of comfort so that we can open ourselves to new challenges, knowledge, and awareness. Inside our comfort zone we are not being challenged: therefore, not learning. Outside our comfort zones we are being challenged and learning. Too far outside our comfort zone and we begin to resist new information and withdraw. Throughout this dialogue we will learn to recognize when we are on the edge of our comfort zone and challenge each other and ourselves to expand this zone of comfort in the classroom.

**Learning edges** – We call the edge of our comfort zone the learning edge. When we are on the learning edge, we are most open to expanding our knowledge and understanding -as well as expanding our comfort zone itself. Being on this edge means that we may feel annoyed, angry, anxious, surprised, confused, defensive, or in some other way uncomfortable. These reactions are a natural part of the process of expanding our comfort zones, and when we recognize them as such, we can use them as part of the learning process —signaling to us that we are at the learning edge, ready to expand our knowledge and understanding. The challenge is to recognize when we are on a learning edge and then to stay there with the discomfort, we are experiencing to see what we can learn.

**Conflict** – Conflict of opinion, viewpoint, and understanding, is a normal and even beneficial part of the dialogue process. It will take place in various ways within the group -within individuals, between individuals, or between groups. It may be overt or submerged in the group, present but not fully recognized. We are more likely to work with conflict when we feel that the environment is safe, and that people are committed to learning from the conflict present in the dialogue.

We want safety in the group, but we don't always benefit from remaining in comfort. Discomfort happens at the learning edge of our comfort zones, where we are most likely to gain new understanding from our experiences. Conflict of understanding pushes our comfort zones and is a necessary and beneficial part of the dialogue process. It is our job as participants in this dialogue to turn conflict and discomfort into learning and growth for everyone. One of our first steps in this direction involves creating a safe environment where we can push our comfort zones and challenge ourselves to learn and grow.

## **Applying for Postdoctoral Residency at SHCS – Important Contingency**

The Postdoctoral Residency at SHCS offers interns the unique opportunity to continue their training in a familiar setting. Depending on emphasis area, it also allows interns to assume a leadership role in the center by taking on additional responsibilities. The Residency will be offered to you via a formal offer letter in November/December of your internship year, with a deadline of accepting the offer in December. This allows the center an adequate amount of time to advertise any open Postdoctoral Residency positions.

Our Residency is a 1,500- 2,000-hour APPIC member program that begins the first week of August following the end of internship. To accrue a total of 2,000 hours, it is likely that trainees will work a few hours over 40 each week as this is an exempt position.

Because we are an APPIC Member Postdoctoral Training Program and provide postdoctoral Supervised Professional Experience under the laws and regulations of California, our offer is **contingent** upon the trainee meeting all the doctoral degree requirements prior to the start of the postdoctoral year. (This is typically triggered by completing the doctoral internship year on July 31<sup>st</sup>, in those cases where the trainee's dissertation has already been defended and filed.)

Trainees are asked to indicate in their acceptance letter the status of their dissertation as well as their anticipated defense and/or graduation date. Please note if your degree is not completed (e.g., we have not received confirmation of completion from your program DCT) by the last day of internship, you will not be allowed to begin the postdoctoral residency program. You will no longer be employed by UC Davis after that date, and you will be paid out any remaining vacation time. (Note: we will do our best to work with international trainees to satisfy requirements re: timing of employment dates that may be required by their use of CPT and OPT, to maintain valid work visa status sponsored by their academic program, in order to pursue their practical training in the U.S. The responsibility to file for OPT remains the trainee's responsibility.)

If you know you are interested in pursuing a postdoctoral training opportunity with SCHS, please keep your supervisor updated on your dissertation status and plan to complete your defense at least a month prior to the end of internship. This should allow extra time for you to make edits and go through any publication or filing process prior to being able to accrue postdoctoral hours.