



BUFFALO STATE
The State University of New York

**SUNY Buffalo State Counseling Center
Health Psychology Internship Manual
2025-25**

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Contents of this Training Manual

PART 1: OVERVIEW	Error! Bookmark not defined.
PART 2: INTERN SCHEDULE	8
PART 3: POLICIES AND PROCEDURES	12
PART 4: PERSONAL AND PROFESSIONAL DEVELOPMENT	18
PART 5: ACCREDITATION AND APPLICATION.....	19
PART 6: GRIEVANCE/REMEDATION PROCEDURES	21
PART 7: MISCELLANEOUS.....	26
APPENDICIES	28

PART 1: AN OVERVIEW

Overview of SUNY Buffalo State University

SUNY Buffalo State University was founded in 1871 and is now is one of the largest comprehensive schools in the State University of New York system. As a civic, urban-engaged campus, Buffalo State prides itself on having smaller learning environments coupled with large university opportunities. Buffalo State is a diverse and inclusive campus committed to the intellectual, personal, and professional growth of its students, faculty, staff, and alumni. Its mission is to transform lives, to empower students to succeed, and to inspire a lifelong passion for learning. Buffalo State is dedicated to excellence in teaching, research, service, scholarship, creative activity, and cultural enrichment. Students choose Buffalo State for its broad array of high-quality academic programs, diverse and creative environment, hands-on learning opportunities, affordable SUNY tuition, NCAA Division III athletics, and prime location in Buffalo’s cultural corridor. Buffalo State offers undergraduate programs in over 70 fields and graduate programs in more than 60. It presents special opportunities for study because of its unique position as the only SUNY campus located in an urban environment. In 2023, following new guidelines from the New York State Board of Regents, Buffalo State’s designation was upgraded from a “college” to a “university,” reflecting its diversity of educational opportunities and educational rigor.

The student population of Buffalo State is quite unique. About 60 percent of our students come from Erie and Niagara counties, including many commuters and transfer students. The on-campus residential population has grown in the past decade, increasingly drawing from New York City/Long Island as well as from around the state and world. About half of our students are students of color (Black, Hispanic, Native American, Asian/Pacific Islander, or Multiracial). Almost half of our students are first generation college students and about one quarter of all undergraduate students are 25 years or older.

Overview of the Counseling Center

The Counseling Center is a department of the Weigel Wellness Center within the Division of Student Affairs. The Counseling Center has been in operation on the Buffalo State campus since 1960, working to achieve the institution’s goals of supporting retention, wellness, safety, and diversity. The center is a short-term psychotherapy agency that also provides outreach, training and prevention activities, and crisis

intervention. The center provides a full range of services and programs which promote the personal development and psychological well-being of students and the attainment of personal and educational goals. The staff is strongly committed to programming related to student diversity and to an overall university environment which is accepting of individual and cultural differences. Among the services offered are short-term individual psychotherapy, group therapy, workshops, crisis intervention, consultation, support coordination, academic advocacy, referral, and campus/community outreach. Skill-building workshops are offered to augment the personal growth and development of students and staff members of the campus community. The Counseling Center works with students presenting with a range of concerns, from developmental issues to severe psychopathology, sometimes requiring referral for further evaluation at the psychiatric emergency room of local hospitals.

In 2017, the Counseling Center began integration with the Weigel Health Center and Health Promotions to become the Weigel Wellness Center (WWC). Each part of the WWC has its own staff and leadership, who report to the Assistant Vice President of Health and Wellness. Each component operates fairly independently, while also sharing resources to provide efficient and integrated services to students.

The Counseling Center maintains active and collaborative working relationships with other Student Affairs offices, especially Residence Life, Weigel Health Center, Career and Professional Education Center (CAPE), Student Accessibility Services, and Student Leadership & Engagement. We also provide support, outreach, training, and consultation to several Academic Affairs offices such as New Student and Family Programs, Academic Advisement, Educational Opportunity Program, Student Support Services Program, Veteran and Military Services, and various academic deans and faculty.

The Counseling Center staff is multidisciplinary team comprised of licensed psychologists and social workers, a case manager, and support staff that are an integral part of our service delivery.

While the Counseling Center serves all registered students, sometimes student needs require specialized care outside the Counseling Center. The Counseling Center's scope of practice can be found online at: <http://counselingcenter.buffalostate.edu/scope-practice> In these cases, the most ethical service is to link students to a service outside of the Counseling Center who can best meet their needs. During the summer of 2019 we began organizing our recommendations into a Stepped Care Model. The Stepped Care model is a multi-tier system of programs that seeks to meet students where they are in the change process, while promoting autonomy and empowerment. The most effective yet least-resource intensive intervention is offered first. Care recommendations are stepped "up or down" based on evidence of the effectiveness of the initial recommendations. The Stepped Care Model promotes more rapid access to care through walk-in "urgent care" appointments and single-session follow-ups with only minimal assessment, in addition to the more traditional counseling center services that can be recommended if they would be beneficial for students.

Counseling Center Training Philosophy

The Buffalo State Doctoral Internship Program provides supervised experience in individual therapy, group counseling, crisis intervention, outreach programming, and consultation. Emphasis is on brief psychotherapy, including screening assessments, initial assessment interviews, group counseling, college developmental and educational issues, responding to trauma, and multiculturalism. The internship at Buffalo State is designed to provide supervised experiences in those activities which reflect the functioning of a psychologist in a college or university counseling center.

Beyond the core competencies, we believe that training should be tailored to the individual experience and needs of each trainee. Clinicians at the center utilize interventions from a variety of theoretical orientations, including psychodynamic, cognitive-behavioral, multicultural, interpersonal, and humanistic. Thus, an intern has the opportunity to be exposed to a wide range of theories and interventions while developing their own individual therapeutic style.

The Counseling Center staff is dedicated to the concept of excellence in a training experience within a multifaceted, service-oriented agency. While broad exposure to a variety of professional activities is advocated, a genuine commitment to intensive supervision and to the furthering of the intern's personal and professional growth exists as the foundation of our philosophy. Overall, we seek to create an atmosphere of respect and trust where trainees and professional staff support their own and each other's growth both personally and professionally.

This information is accurate at the time of distribution. Some details may change based on the evolving needs of the training program, the Counseling Center, or the university, but the core values and competencies will remain intact. Interns will be made aware of any changes and their potential impact.

Internship Training Goals and Objectives, Profession-Wide Competencies

The overall goal of the SUNY Buffalo State University Counseling Center Internship in Health Psychology, in collaboration with "home" academic programs, is to produce professionals who are ready to embark on their next steps as early-career psychologists. To do this, we provide interns with structured and scaffolded training and experiences.

As outlined by the APA Standards of Accreditation (SoA), the internship program is designed to prepare emerging psychologists in **nine profession-wide competencies (PWC)** (available here: <https://www.apa.org/ed/accreditation/standards-of-accreditation.pdf>) through related training and service delivery activities. Students must demonstrate competence in:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills

Each PWC is defined below within the context of the BSU Counseling Center, informing interns how these skills are taught and evaluated during the internship program. The expectations for the quantity of the intern's work and the expectations for successful completion of the training program are described for each PWC and the work activities outlined in Part 2: Intern Schedule (e.g. Intern Seminars and Case Disposition meetings are weekly, Formal Case Presentations are semesterly, etc.). Interns' work in each area should start at a quality appropriate to the high level of graduate training that one completes prior to internship (assessed via recommendation letters and Director of Clinical Training approval), but is expected to be variable based on previous experiences and growth opportunities. Interns are expected to be collaborative in defining growth goals, and remain open and responsive to training and feedback throughout their

internship year, culminating in quality that is appropriate for embarking on their next steps as early-career psychologists.

Definitions of Profession-Wide Competencies and training activities related to each PWC:

Competency 1: Research

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

Required training/experiential activities to meet this competency:

- Complete required readings for seminars
- Increase knowledge on new clinical topics/challenges using scholarly sources
- Attend CC professional development activities
- Participation in CC/institutional research projects as they may arise
- Integration of related evidence-based research during presentations
- Demonstrate knowledge of and use of research in clinical practice, including Individual and Group Therapy, Individual and Group Supervision, and Case Disposition Meetings

Competency 2: Ethical and legal standards

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

Required training/experiential activities to meet this competency:

- Participate in didactic training on Ethics and Ethical Decision-Making during intern seminar
- Prepare and present case discussion in intern seminar on a clinical ethical dilemma encountered during internship and demonstrate application of the decision-making model
- Identify potential ethical concerns and discuss during supervision and Case Disposition meetings
- Include ethical considerations in Formal Case Presentations to staff
- Demonstrate knowledge of and use of ethics, legal standards, and ethical decision-making in clinical practice, including Individual and Group Therapy, Individual and Group Supervision, and Case Disposition Meetings

Competency 3: Individual and Cultural Diversity

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This

includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

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

Required training/experiential activities to meet this competency:

- Participate in didactic trainings on diversity topics
- Prepare and present case discussion in intern seminar on a clinical diversity consideration encountered during internship
- Identify potential diversity concerns and discuss during supervision and Case Disposition meetings
- Include diversity considerations in Formal Case Presentations to staff
- Demonstrate knowledge of and use of diversity considerations in clinical practice, including Individual and Group Therapy, Individual and Group Supervision, and Case Disposition Meetings

Competency 4: Professional Values, Attitudes, and Behaviors

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

Required training/experiential activities to meet this competency:

- Maintains an appropriate work schedule and accurately reports days missed.
- Accurately reports use of vacation, sick leave, and professional leave.
- Observes rules regarding permission and notification regarding leave and variation in work schedule.
- Completes intake reports, termination reports, case notes, additional necessary case related paperwork, as well as reports and forms required by the Center (logs, Titanium Reports, etc.) in a professional and timely manner.
- Attends and actively participates in seminars, case management meetings, and staff meetings.
- Works cooperatively with agency staff and other interns, as well as University personnel.
- Demonstrates willingness to assume additional responsibility in response to agency or his/her own training need (e.g. "Increase knowledge on new clinical topics/challenges using scholarly sources" from Competency 1).
- In intra-agency and interagency relationships, the intern exhibits maturity, respect, and sensitivity to potential areas of conflict, effective conflict resolution skills, and sound professional judgment.
- Demonstrates awareness of cultural, individual, and role differences, including those due to age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status.

Competency 5: Communication and Interpersonal Skills

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

Required training/experiential activities to meet this competency:

- Build and maintain appropriate and effective clinical relationships with clients
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Discuss clients, especially those involved with the CARE Team, during weekly Case Disposition meetings.
- Maintain timely and accurate documentation.
- Informal and formal case presentations.

Competency 6: Assessment

- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Required training/experiential activities to meet this competency:

- Use Counseling Center Assessment of Psychological Symptoms (CCAPS) to assess initial client functioning and change between sessions.
- Participate in training on assessments during onboarding and intern seminar
- Demonstrate assessment skills in a variety of clinical contexts, such as Intakes, Urgent Care, Screenings for Group Counseling
- Communicate assessment results in a variety of contexts, including Individual/Group therapy, Individual Supervision, Group Supervision, Case Disposition meetings
- Collaborative work with SUNY Telepsychiatry Network (STPN) psychiatric team
- Collaborative work as needed with the Weigel Health Center and their use of the PHQ-9.

Competency 7: Intervention

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

Required training/experiential activities to meet this competency:

- Demonstrate knowledge of and use of clinical interventions in clinical practice, including Individual and Group Therapy, Individual and Group Supervision, and Case Disposition Meetings
- Demonstrate differing approaches to intervention during time-limited clinical encounters such as Urgent Care consultations.
- Participate in didactic trainings on intervention topics.
- Prepare and present case discussions in intern seminar including intervention planning, implementation, assessment, and readjustment when necessary.
- Identify potential growth areas regarding clinical interventions and discuss during supervision and Case Disposition meetings.

Competency 8: Supervision

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

Required training/experiential activities to meet this competency:

- Provide feedback during Case Disposition and group supervision meetings as needed.

Competency 9: Consultation and Interprofessional/Interdisciplinary Skills

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

Required training/experiential activities to meet this competency:

- Participate in didactic training on consultation during intern seminar
- Identify potential consultation needs and discuss during supervision and Case Disposition meetings
- Seek consultation as needed to support and advocate for clients, in collaboration with intern supervisor and/or Case Disposition team.
- Provide consultation as appropriate when the Counseling Center expertise is sought by community members, for example phone calls during Urgent Care coverage or questions during Outreach programming
- Include consultation considerations/information in Formal Case Presentations to staff

PART 2: INTERN SCHEDULE

Intern Student Work Schedule

You are expected to be here for 40 hours per week. Individual schedules and work hours are finalized and approved each semester. Your time will be devoted to a variety of activities, some recurring, some occurring only once, as the needs of the Center and your training dictate.

The internship year runs from approximately August 1st to July 31st (usually starting the first Monday in August). Interns are expected to be at the Buffalo State Counseling Center for 40 hours per week. Individual schedules and work hours are finalized and approved each semester. Your time will be devoted to a variety of activities, some recurring, some occurring only once, as the needs of the Center and your training dictate.

Time and Attendance

You are expected to be at the Counseling Center during your scheduled hours. You are expected to be ready to work with a student or colleague at the start of your work time (e.g. at 9am), not to arrive at that time. Please do not leave the building prior to your scheduled end-of-day unless previously approved. Before leaving the Counseling Center, please inform the front-desk support staff and check in with them upon your return (e.g. lunch, outreach on campus) so that we are aware of who is available. Two counselors must be present if any clients are still being seen (in case you or one of your colleagues needs back-up).

If you are running late or if you are ill: Please call the main phone number for the Counseling Center (716) 878-4436 to inform us, and send a text message to your direct supervisor. If you call the Counseling Center outside of work hours, be sure to leave a message. If you are aware of any days that you will need off, please discuss with your supervisor well in advance (at least two weeks) and make sure you are scheduled to be off in Titanium. See Part 6 for more details regarding personal/sick time.

Please arrive punctually for all meetings. Check your phone message tray and mailbox regularly throughout the day. Check emails throughout the day and respond promptly to all emails.

Weekly Activities

Here are some of the typical activities you will engage in (please note, this list of activities is subject to change):

Individual therapy: You will carry a case load of new and ongoing clients. The number of active clients will change throughout the semester/year based on clinical demand and your specific clients' attendance.

Individual supervision: You will meet with your individual supervisor for two hours of supervision each week. All individual supervision is provided by licensed psychologists.

Case Disposition "Dispo" Meeting: You will meet with the entire staff on Tuesday mornings, 10-11am, during which time cases are discussed. Trainees begin the year briefly presenting all of their new clients, so they can consult with the team regarding their assessments and treatment/referral options. This is also a great opportunity to discuss ongoing clients, crisis appointments, or any other need. Like most activities, the more you participate, the more you can learn. Interns are encouraged to "jump in" and to share their perspectives in case discussions.

Group Counseling: There is an expectation of process-observing or co-leading a therapy group or a psychoeducational group with a staff member during your training year, preferably one each semester. Assignment to groups depends on the availability of groups that semester, your previous experience, and

your training goals for the year. One of the early tasks for the year will be meeting with the group coordinator to discuss which group would be the best fit for you.

Triage: Many of our clients make their first contact with the Counseling Center during a brief assessment appointment called triage. These can be scheduled or unscheduled. One of your first clinical training tasks will be to learn the triage procedure and begin to observe triage appointments. Each trainee will sit in with a senior staff person to observe a minimum of two triage sessions. You will be asked to complete the write-ups for the triage assessments that you observe (with appropriate documentation that the triage was observed by a trainee). These triage assessment write-ups will be forwarded to the senior staff member who conducted the triage in order to provide you with feedback. The intention for this process is to give you a sense of how different counselors organize, conduct, and document triage sessions, all within the framework of the Counseling Center's triage format. After being trained in the procedure and observing at least two triages, each trainee will conduct two triage sessions that will be observed by a senior staff member. Additional observation sessions may be required depending on trainee/supervisor comfort level and the experiences gained in their training sessions. After the triage training period, trainees should expect to be scheduled for triage regularly.

Initial Assessments/Intakes: You will be trained in our IA/intake procedures after you are trained in triage during the Fall semester. Similarly, you will observe IAs with senior staff members and complete the write-up, then you will conduct two IAs while being observed and complete the write-up. After this initial observation/training period, you can expect to be scheduled for 1-2 intakes each week that you are scheduled at the Counseling Center, depending on the clinical needs of the students you see through triage. Typically, clients who you see for triage will be managed by you, either working with you or being referred by you. Referrals are discussed within the clinical team and sometimes cases are reassigned based on a counselor's availability or special skills.

Single Session/One-at-a-Time Sessions: Consistent with the Stepped Care Model, not all students require a full psychological assessment in order to receive help. After an initial contact with a client, counselors have the option of scheduling 1-3 "single sessions" or "one-at-a-time sessions." These allow use of solution-focused techniques to help a student overcome a specific crisis or to help gauge a client's readiness to engage in deeper counseling work, which would then prompt the more traditional intake.

Crisis appointments: After you are comfortable with triage and initial assessment, you will have the opportunity to do crisis assessment/intervention work with a walk-in or on-going client. As with all counseling, immediate supervision with a professional staff member is available should you need to consult.

Training seminars: Interns will participate in weekly or bi-weekly training seminars on topics related to providing service within our specific population/treatment model (such as crisis assessment and intervention) as well as general competencies of practicing psychologists (such as group counseling, diversity). Seminar time will average 2-3 hours/week throughout the year. Seminars are provided by a multidisciplinary team of masters and doctoral level licensed professionals.

Paperwork and miscellaneous preparation time: We use Titanium software for scheduling and electronic record keeping. Time is built in to your schedule for clinical documentation and preparations you need to make. It is essential that your paperwork be kept up to date at all times according to Counseling Center policies and procedures. Time should be held in Titanium for clinical paperwork. If you find that you are unable to complete your documentation in time, discuss your time needs with your supervisor. Your supervisor will help you work most efficiently and may add additional paperwork time to your schedule.

Other Activities

Formal Case Presentations: Twice during internship year, once in the winter before mid-year evaluation and once in the summer before final evaluation, interns are required to do a formal case presentation to the staff and other interns. The primary purpose of this is (1) to present the intern's clinical work so the team can provide support, challenges, and questions to aid the intern's ongoing clinical growth; and (2) to practice this important professional skill, which is a standard part of many job recruitment processes. Guidance and templates will be provided during the intern seminar and will be reviewed with the primary supervisor prior to presentation to the staff.

Workshops: You will have the opportunity to co-facilitate workshops during the training year. The Weigel Wellness Center regularly offer several workshops including QPR suicide prevention training, mindfulness/meditation training series, alcohol/marijuana education, stress management, and crisis response for new Residence Life/Orientation staff. One of the goals you develop with your supervisor may be to develop a workshop based on your training goals and areas of interest.

Information/Resource Tabling: The staff of the Counseling Center is a regular presence during campus events such as Mental Health Awareness Week, Weeks of Welcome, or Orientation events.

Outreach presentations: The Counseling Center receives frequent requests to provide psychoeducational presentations or workshops with students, faculty, or groups on campus. Common topics include suicide prevention (QPR), stress-management, conflict resolution, coping with crises, grief, diversity/privilege, mental health stigma, and faculty training on responding to distressed students or other topics based on the needs of the group. During your training year, trainees are expected to get involved in this important aspect of university Counseling Center service. You may present or co-present outreach presentations or develop your own based on your skills/interests.

Providing Supervision: Depending on intern interest and experience level, interns may have the opportunity to provide supervision to practicum student counselors from local doctoral training programs. "Meta-supervision" is provided on a weekly basis and includes training and supervision in a group format.

Performance feedback: Ongoing feedback is an important aspect of training. At the end of each semester, a formal feedback process occurs, during which you will receive written and verbal feedback from your supervisor. This process also is a time for you to give us feedback. You will also receive informal feedback from your supervisor and other members of the team as you consult and work with them. Performance feedback is meant to be a mutual, two-way process, where communication and professional growth are the goals.

Requests to Add More to Your Schedule

As you can see, there are a great many opportunities to pursue during your training year. Often staff are as excited as trainees to involve you in the tasks of the Counseling Center, which can be difficult to say "no" to and can end up overloading an intern's already-busy schedule. Your top priorities during your time at UCC are clinical contact, supervision, and training. Your second-tier priorities are notes, outreach/tabling, development of UCC materials/programs, or picking up additional projects. Non-Counseling Center tasks

such as attending meetings/campus events or extra clinical reading should not be undertaken during your Internship hours unless your task list is empty and the above tasks are completed.

If you are interested in pursuing a new opportunity (such as participating in a group or taking on additional projects), talk to your direct supervisor about it first. If another staff member asks you to do something that you haven't discussed with your supervisor, remind them to email the Training Director first (or your direct supervisor if the TC is not available) before adding it to your schedule.

Suggested Part-Time Trainee To-Do List

First Two Weeks

- Review schedule that has been set for you in Titanium for accuracy.
- Complete triage training, observation of triages, then begin conducting triages with staff observing.
- Review Training Manual
- Review types of progress notes. Write up triage appointments you observe and edit notes based on feedback from senior counselor.
- Review Intake Assessment write-ups on Titanium
- Complete Titanium training. On Titanium, be able to: schedule appt, cancel appt, schedule recurring weekly meetings, complete triage write up, complete progress note
- Meet with group coordinator to learn about UCC group offerings and group referral/recruitment skills.

Second to Fourth Weeks

- Complete two Intake Assessments with staff person observing
- Write up intakes, have those reviewed by the senior staff person you worked with for each appt.
- You and your supervisor will determine your readiness to place intakes into your schedule
- Start picking up cases, goal is full caseload by middle of October full which is approximately 6-10 ongoing clients.
- Identify an Outreach presentation you would like to co-present
- Identify a group which you are interested in co-facilitating, and ask the group facilitator if/how you can be involved.

PART 3: POLICIES AND PROCEDURES

Confidentiality Policy

Confidentiality is *essential* to the work we do. **We are ethically and legally bound to protect our clients' confidentiality at all times.** Confidentiality practices include obtaining both informed consent and release of information, not talking to others about clients, and storing files in secure places.

Also, remember the potential threat to confidentiality that is posed by the many non-Counseling Services people who have access to our offices, such as the cleaning personnel, undergraduate work-study students, computer support personnel, printer and photocopier maintenance technicians, and others.

PLEASE ADHERE TO THE FOLLOWING SPECIFIC GUIDELINES WHEN WORKING AT COUNSELING SERVICES:

1. Do not leave client information on unattended computer monitors. When you leave a computer that has client data (names, etc.) unattended, no matter how briefly, you must do one or more of the following:
 - Turn off the monitor
 - Blank the screen (preferably with password protection)
 - Exit the program completely so no client data is displayed

An unattended computer monitor must never display client information.

2. Print jobs must be removed from the printer output tray immediately. If you send confidential material to the printer you must file these documents appropriately as soon as possible or at least by the end of the day. Client documents must not remain at the printer when you leave.
3. Confidential material must remain in mailboxes overnight. All client material should be placed in your mailbox in the file room, which is then locked. Do not leave confidential client material in the office when you leave.
4. No client material saved to the share-drive. Confidential material must not be saved to the share-drive. You should always double-check the share-drive whenever you have been working on the server with sensitive material.
5. Empty your computer's recycle bin. When you delete a document on our computers it goes to the recycle bin. In other words, it is not truly deleted – it can still be retrieved. To truly delete a file takes TWO steps: delete it in the usual way and then right click on the recycle bin icon and select empty recycle bin.
6. Clients should **not** be emailed from your personal/Buffalo State email account. All email correspondence should be delivered from the general counseling center email address (counselingcenter@buffalostate.edu). This requires you to draft an email and request that support staff send it from Counseling Center email. **Do not include client names in any email transmissions.** Client initials are acceptable, but best is completely non-identifying information such “My 2pm client from Monday 9/3.” If a client sends an email to you through the counseling center, the secretary (who manages the general counseling center email) will forward the email to you.
7. Do not leave documents where they can be seen. Even if you are gone for the briefest amount of time, letters, memos, scraps of paper which contain confidential material must not be left out.
8. You are always responsible even if it is not your computer screen or your document in the printer, etc., it remains your responsibility to maintain client confidentiality by turning off the monitor, notifying the person they have something in the printer, etc.
9. Typically all records of contact with UCC are maintained in a strictly confidential manner. No information is released except with the written consent of the client directly involved. This includes confirming or denying that a student is a client here. A release of information request must be made in writing by the client to his/her counselor which states the specific information to be released and to whom. Information is never to be released without consent. The signed release form must be an original; photocopies are not acceptable. No information should EVER be released without first consulting with your supervisor.

10. Trainees should immediately discuss with a supervisor or other available senior staff if they encounter a situation that they believe warrants a breach of a client's confidentiality without consent (i.e., threat to self or others, mandated reporting).

Procedures for Seeing a Client

Before Seeing a Client for an Individual Counseling Session

- All clients complete an intake assessment before being assigned to a counselor.
- If a student is seen on a walk-in basis (for a crisis consult) they will be scheduled for an initial assessment session (if appropriate) as soon as possible, depending on level of urgency.
- Clients who are not immediately scheduled are assigned to counselors and interns in our weekly disposition meetings on Mondays. Typically, you will become the primary counselor for students you see for initial assessment. Any concerns you or your individual clinical supervisor may have about appropriateness of the case for your training level can be discussed in individual supervision and/or case disposition meetings.

Day of Appointment

- Check client file on Titanium for any relevant documentation (for initial assessment session, print out CCAPS). See Titanium User Guide for detailed instructions.
- Gather necessary forms (consent to audio record, release of information, etc.)
- Turn on recording device (unless it is the first session with this client)
- Pick up client from waiting room

First Session with Client

- Introduce yourself
- Let client know about your trainee status; provide supervisor name
- If you are recording, have client sign "Consent to Record Sessions" form
- Review additional services with client, always including Crisis Services and UCC's urgent care hours
- See Titanium User Guide for details regarding documentation of first session paperwork

After Appointment

- Turn off recording equipment
- Schedule next session with client
 - if you are not picking up the client after initial assessment, tell the client their case will be discussed at our clinical team meeting on Monday morning and they will be assigned to a counselor.
 - If they do not receive a call or email from UCC, they should call back to schedule an appointment with their assigned counselor
- Give client appointment card, note the crisis contact information
- After client leaves, make sure interview room is neat in order for the next person to use
- Write a session note in Titanium and submit to your supervisor for review

Initial Assessment (IA) Procedures

- Clients who are scheduled for Initial Assessment are told to come in for a 90 minute meeting, 30 minutes to complete their paperwork and 45-60 minutes to meet with a counselor for the clinical interview.
- Clients are marked as “attended” in Titanium when they have completed their paperwork. Once the client has completed their paperwork you can access it through their file, review and print it (if needed). Computers in all offices are connected to the printer located in the copy room.
- If a client is late for his/her initial assessment, the counselor should make his/her best effort to complete the initial assessment, possibly suggesting that the client fill out minimal paperwork prior to the interview. A general rule is that if there is at least 30 minutes to conduct the initial assessment, it should be attempted. This allows the counselor to meet the client and complete a lethality/risk assessment prior to rescheduling. It is the counselor’s responsibility to inform the client if the initial assessment needs to be rescheduled.
- You should start every intake session introducing yourself, explaining your trainee status, and providing your supervisor’s name.
- You will review consent for treatment form, including exceptions to confidentiality verbally with client and address any questions or concerns raised by the client. When explaining confidentiality to a client, you should also mention that you may need to step out to consult with your supervisor.
- Review the attendance policy.
- You will explain the purpose of the intake interview is to gather information and collaboratively formulate an appropriate plan for the client’s presenting concerns, including whether our center can provide an appropriate level of care (short-term model, bi-weekly sessions) or whether care needs to be provided by an off-campus provider, or care needs to be supplemented by another on-campus or off-campus support.
- Once you complete your write-up, documentation of intakes should be printed in anticipation of being presented at weekly disposition meetings.

Paperwork Guidelines & Timelines

All paperwork should be reviewed and edited prior to submission. It is the expectation that all paperwork will be professional, with clear and unambiguous spelling and grammar. See the Titanium User Guide for instructions on how to spell check a note. The stylistic particulars of your note will depend on the senior staff member who is signing off on it. As each signed note falls under the purview of the licensed staff member who signs it, it needs to meet their expectations.

There should never be a section in a note template that is left blank. If your note was ever subpoenaed, a blank space could indicate negligence because it is unclear if there was nothing of note to say about the item or if you neglected to address the item at all. At the very minimum, you should write something like “Denied concerns” or “Due to the amount of time spent on lethality assessment/intervention, this section was not addressed so we planned to return to it at the next session.”

Initial Assessment (IA) Summary

- Data forms and documentation associated with lethality concerns must be written the same day and forwarded to your supervisor for review
- **All trainees must consult with a senior counselor during the session if there is a lethality concern discussed at initial session** (any past, present, or future issues with suicidal ideation, homicidal ideation, or self-injurious behavior)
- The Session Data Form must be completed the same day the client is seen

- Intake paperwork must be completed within three workdays
- Intake assessments of all trainees must be reviewed and locked by a senior staff member. This is usually a trainee's supervisor, except early in the year when the IA may be conducted with another staff member (see below).
- If a trainee is observing an intake assessment or being observed by another staff member, this must be stated in the note. The trainee will forward the note to the staff member that conducted the IA to review, give feedback, and sign the note.
- For more information on documenting Initial Assessments, see Appendix A.

Session Notes

- Complete any suggestions you received after the previous session — forms signed, confidentiality reviewed, past treatment records, etc.
- Session notes should be written within five business days
- All session notes are to be forwarded to your supervisor for review and locking throughout training.
- Any note, phone call, or other contact regarding clients must be documented and forwarded to your supervisor.
- Session data form (including SI/HI information) must be completed the same day the client is seen.

Documentation of Lethality Consultation

- If you consult with a senior counselor regarding lethality concerns or any urgent concerns (e.g., sexual assault, need to call Child Protective Services) this must be documented in your session note, including the full name of the counselor with whom you consulted. The note must include a detailed description of your assessment and safety plan for the client that was reviewed and approved by a senior counselor.
- The trainee will forward their consultation note to the person with whom they consulted. They will provide feedback as needed. If the consultant is licensed, then they can be the final signature on the note. Typically, the note would be updated with the consultant's feedback then forwarded to your supervisor to sign off on the note.

No-shows and Outreach Correspondence Notes

- If a client does not present for a scheduled IA or individual counseling session, the counselor will call the student regarding missed appointment and attempt to reschedule. The phone call should be documented in Titanium as "Outreach Correspondence". An appointment must be created and note must be completed documenting any attempts to call clients, or any time you speak with a client via telephone.
- If a client does not present for their scheduled appointment, a letter or email is sent informing the client that they have missed their appointment, that they should call UCC to reschedule if they are still interested in counseling, and providing crisis support information. This letter also indicates that if the client does not respond within 10 days, their chart will be closed.
 - The email is typically sent by the front desk when they mark the appointment as a no-show in Titanium, then saved into client's chart. If you see a past appointment that does not have an attendance status marked, ask the front desk to send a no-show letter for that appointment.
 - If you have access to counselingcenter@buffalostate.edu you may send the letter yourself, then be sure to save it into Titanium.

Termination Summary

- If a client has not responded to outreach communication attempts (through email, letter or phone call) after one month, please discuss appropriateness of closing the file with your individual clinical supervisor.

*****Lethality and Other Emergency Consultations

Whenever there are lethality concerns (including past, present or future lethality issues) you are required to consult with a senior counselor. **The consultation needs to take place while the client is in the office.** First, gather enough information to begin to make an assessment. Then you can simply say to the client, “I am concerned about your safety and I want to make sure we create a plan that will ensure your safety. I am going to step out for a moment to consult with a colleague.” The more matter-of-fact you are about this the more inclined the client will be to experience this as normal and not become overly concerned. Find an available senior staff person, tell them the situation and they will help you refine your current assessment/plan. They may come into the session with you to help with the assessment/plan.

It is recommended that you have a discussion with your supervisor (or any available senior staff person) so you feel prepared to consult. Prior to every triage/IA/other session with clients, you should check the Titanium schedule to see who will be available for consultation. (e.g., who has a designated crisis hour, which will be pink-colored time blocks on counselor schedules in Titanium). If you are unable to identify a senior counselor to consult with (e.g. counselor doors are closed if they are with clients), immediately go to the front desk and say that you need an emergency consultation and they will call a counselor or our director, Dr. McCool on the office intercom.

Do not let a student leave the center before you consult with a senior staff member if there are any lethality/safety concerns. If a student refuses to stay, you CANNOT physically restrain them. If a student leaves the center before you have had a chance to consult, call University Police (UPD) immediately at (716) 878-6333, inform a senior counselor of the situation, and discuss whether a call to Crisis Services is appropriate at (716) 834-3131. The Counseling Center Clinical Manager, Dr. Joan McCool should be notified of any emergency situation. You can also call Weigel Health Center at extension 6711 or UPD at 6333 for support/assistance with students of concern if needed.

Other Emergency Consultations: Always consult with a senior counselor if a student reports being sexually/physically assaulted, if they report being harassed/stalked/abused by another person, if they report feeling unsafe or threatened, if they report any ongoing abuse/neglect of a minor or an incapacitated person, or any time there appears to be a threat to safety of a client or person the client identifies.

The Counseling Center staff works as a team and we always consult with each other to ensure that we are providing the appropriate level of care for a client’s safety and wellbeing.

Social Media Policy

Staff members, interns, and practicum students with personal accounts on Facebook, Twitter, or other social media sites must set privacy settings to the **highest level of security to prevent clients from accessing personal information or sending messages to the staff member.** Counseling Center staff will not use social media sites to gain information on any enrolled student. Therapists will not send friend requests to students in any social media forum to protect confidentiality and to maintain appropriate boundaries for the integrity of the therapeutic alliance. Staff, interns, and practicum students will not accept friend

requests from current clients or former clients. Any questions about these guidelines should be discussed and documented.

In the past, the Counseling Center maintained a Facebook page in order to interact with on-campus groups such as Active Minds Buffalo State and Health Promotions Buffalo State. At this point it is minimally utilized for posting however this policy may be updated in the future. We do not allow posts from Buffalo State students in order to preserve confidentiality and due to the limited ability to consistently monitor potentially inappropriate postings.

The American Psychological Association (<http://www.apa.org/about/social-media.aspx>) 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 Center staff who use social media 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 Center staff should make every effort to minimize material that may be deemed inappropriate for a mental health professional. To this end, all security settings should be considered carefully and most likely set to "private." Counseling Center staff should avoid posting information/photos or using any language that could jeopardize their professional image. Staff 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 report doing, or are depicted on a website or in an email as doing something unethical or illegal, then that information may be used by the Counseling Center as they determine a course of disciplinary action. As a preventive measure, the Counseling Center advises that staff approach social media carefully.

PART 4: PERSONAL AND PROFESSIONAL DEVELOPMENT

Benefits and Compensation

Doctoral Interns complete a 2,000 hour, 40 hours per week, calendar year experience. As the internship experience is a required part of a doctoral program, interns are considered full-time one-year temporary professional employees of the SUNY Buffalo State Counseling Center. The annual stipend is \$43,372, with a generous benefit package. Benefits include medical insurance, paid time off, sick leave, 13 paid state holidays, leave time for professional development activities (e.g. dissertation, research, professional conferences or training workshops) with approval from the Clinical Manager, and access to campus recreational, athletic, and research facilities.

Financial and other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$ 43,372
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Annual Stipend/Salary for Part-Time Interns	N/A
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes

Annual Paid Personal Time off (Vacation): 1.25 days accrued per month

Annual Paid Sick Leave: 1.25 days accrued per month (Accommodations may be made for extenuating circumstances as appropriate.)

Legal Holidays: 13 days per year not charged as personal/sick days

Professional Development: up to 16 hours/ 2 days not charged as personal/sick days, with Clinical Manager approval.

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? Yes

Other Benefits (please describe):

Each intern has her/his own office, equipped with a computer, internet access and digital recording technology. Interns have SUNY Buffalo State e-mail accounts, access to library resources, and athletic facilities.

Cohort

Two doctoral interns are being sought for the 2025-2026 year. Interns will have different primary supervisors, but will work closely with each other in seminars and group consultation/supervision. APA reinforces that the value of an internship cohort is essential to the training experience. We strongly value teamwork among the interns (and the whole staff), and peer support is fostered throughout the year.

PART 5: ACCREDITATION AND APPLICATION

Accreditation process

The SUNY Buffalo State Counseling Center Doctoral Internship is currently unaccredited, and we are in the process of vigorously working toward APPIC membership and APA accreditation. As of 08/01/2024, our application for APPIC membership is submitted and awaiting decision. We are prohibited by APPIC guidelines from announcing any accreditation intentions beyond this clear milestone. (See the following link for more information: <https://www.appic.org/About-APPIC/APPIC-Policies/Public-Statements>.) We are looking for interns who are interested in learning about the accreditation process, such as participating in a self-study and/or an APA site visit. While the work of this process would only be done by the training director and other staff, observing the accreditation experience would be particularly useful for interns who have career goals involving supervision/training, accreditation, and administration. Please be advised that there is no assurance that we will be able to successfully achieve accreditation.

Application requirements

By the time of application

- A minimum of 300 supervised intervention hours
- Comprehensive exams passed by the start of the internship
- Endorsement by their academic department chair or training director regarding their readiness for internship

We will accept applications from any qualified candidates from Ph.D. or Psy.D. programs in Clinical or Counseling Psychology. Prior college/university counseling center experience is preferred but not required.

Application process

We aim to participate in phase 1 of the internship ranking/match during the 2024-2025 year, we use the uniform psychology internship application (AAPI Online) developed by The Association of Postdoctoral and Psychology Internship Centers (APPIC). To locate the AAPI Online, and to complete our application process, visit the APPIC website at www.appic.org and click on the AAPI Online icon.

The AAPI Online includes a cover letter, the summary of personal and educational information, the summary of your doctoral experience, 4 standard essays, a CV, letters of recommendation, and graduate transcripts.

1. A copy of your AAPI
2. Cover letter should address the question "Why are you interested in the doctoral internship at the SUNY Buffalo State Counseling Center?"
3. A current curriculum vita (CV)
4. 3 letters of recommendation - at least two from licensed psychologists who have supervised your clinical work, and the third may be from another clinical supervisor or a major academic advisor
5. Selected candidates will be invited for interview, which can be conducted in-person or via Skype, based on the candidate's preference.

This internship site follows all guidelines established by the Association of Psychology and Postdoctoral Internship Centers (APPIC). We fully endorse the APPIC policy summarized in the following statement: *"This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant."*

Applicants will use the APPIC application for psychology internship (AAPI). Information on the APPIC National Matching Process and the details regarding registration procedures can be found at www.natmatch.com/psychint.

Any questions should be directed to Jack Mack, Ph.D., Assistant Clinical Manager and Training Director. You can reach Dr. Mack by email at mackjp@buffalostate.edu (preferred method) or by telephone at 716-878-4436.

Jack Mack, Ph.D.

Pronouns: he/him/his- See mypronouns.org to learn more.

Assistant Clinical Manager, Training Director, and Licensed Psychologist

SUNY Buffalo State Counseling Center

219 Weigel Wellness Center

1300 Elmwood Avenue, Buffalo, NY 14222

Phone: [716-878-4436](tel:716-878-4436)

Fax: 716-878-3003

Email: counselingcenter@buffalostate.edu

Check out our website: <http://counselingcenter.buffalostate.edu/>

PART 6: GRIEVANCE/REMEDATION PROCEDURES

Due Process Procedures for Addressing Trainee Grievances

Given to trainees, reviewed, and acknowledged by trainees and training program during the first week of internship (see Appendix C).

Whenever a trainee has a problem or grievance about any aspect of the placement, informal resolution of this grievance is always encouraged. When informal attempts have been inadequate in sufficiently addressing this grievance, a more formal procedure will be necessary. Counseling Center expectations for informal and formal processes of addressing trainees' grievances are outlined below.

Potential Grievances may arise from various sources, including:

- Problem with peer
- Problem with support staff
- Problem with immediate clinical supervisor
- Problem with other UCC staff
- Problem with some aspect of the training program

Informal Process and Chain of Communication

1. The trainee is to first directly discuss the problem with the individual involved (consistent with APA, ACA, and NASW ethical guidelines).
2. If the grievance is in regards to some aspect of the training program, this should first be discussed with his/her immediate clinical supervisor and the Training Director.
3. Grievances involving interactions or activities related to the trainee's placement at the Counseling Center should be addressed first with Counseling Center staff. (*Note: This is consistent with APA, ACA, and NASW guidelines and will help prevent indirect communications and misunderstandings between the trainee, external program faculty, and Counseling Center staff.*)
4. If the trainee has attempted to address the problem directly with the individual involved and has not achieved satisfactory resolution, OR the trainee does not feel safe (e.g. sexual harassment) discussing the problem directly with the individual involved, he/she should move to the next person in the chain of communication. The expected chain of communication is as follows:
 - a. Immediate clinical supervisor
 - b. Counseling Center Training Director
 - c. Counseling Center Associate Director
 - d. Counseling Center Clinical Manager
5. At any point in this chain of communication, it may be appropriate to involve the trainee's external program faculty liaison or training director in the resolution process. However, this decision to include external program faculty should be made jointly with the trainee and UCC staff.
6. When this informal process is inadequate to address the problem, a more formal process may be engaged, as outlined below.

Formal Process

A. Initial Review

1. A review panel selected from Counseling Center Senior Staff is established.
2. The trainee and UCC staff member involved are informed that such a review is occurring and are given the opportunity to provide the committee with any information regarding the problematic situation.
3. The committee meets to review all relevant information and decide on a course of action.
4. The trainee and UCC staff involved will be notified of the panel's decision and recommendations in writing.
5. All aspects of this formal process should be documented. Panel members, trainee, and UCC staff involved are to sign and date appropriate documents.

B. Appeal Process

If either the trainee or the Counseling Center staff involved challenges the panel's decision:

1. The review panel is reconvened.
2. A hearing is conducted with the trainee or staff member and the panel.
3. The review panel submits recommendations to the Counseling Center Clinical Manager.
4. The Counseling Center Clinical Manager accepts or rejects the recommendations or refers back to the review panel for further deliberations.
5. The ultimate decision is made by The Counseling Center Clinical Manager. Any action is communicated to the trainee, The Counseling Center Staff involved, and the Training Director.
6. Proceedings are summarized and results carefully described in writing for all parties (i.e., trainee, Counseling Center staff, and external faculty liaisons).
7. Documentation will include the nature of the grievance, recommendations of the panel and UCC Director, and the rationale for these recommendations. Panel members, trainee, and UCC staff involved are to sign and date appropriate documents.

Due Process Procedures for Addressing Trainee Lack of Competency

Definitions:

A. Problematic Behavior

A trainee who "has a problem" is different than a trainee with a "lack of competency." A problem refers to behaviors, attitudes or characteristics of a trainee, which, while of concern and requiring remediation, are not perceived to constitute lack of competency.

In cases where a trainee's behavior is problematic but not so serious as to constitute lack of competency, an informal process of evaluation, feedback, and remediation efforts is always encouraged before proceeding to a more formal process.

B. Trainee lack of competency

Trainee lack of competency will be defined broadly as an interference in professional functioning that is reflected in one or more of the following ways:

1. An inability 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; psychological dysfunction; and/or excessive emotional reactions which interfere with professional functioning

Problems may become identified as lack of competency when they include most of the following characteristics:

1. the trainee does not acknowledge, understand, or address the problem when it is identified,
2. the problem is more than a skill deficit which can be rectified by academic or didactic training,
3. the quality of services delivered by the trainee is consistently 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.

Informal Process of Addressing Trainee Deficiencies or Problematic Behaviors:

1. The trainee's supervisor or other involved Counseling Center senior staff member will discuss the concern with the trainee, and may consult informally with the Internship Training Director. If possible, the trainee and the staff member will come to agreement about the concern and appropriate action to be taken, including specific remedial recommendations. The Training Director will be informed of the agreement.
2. If the trainee and supervisor or other staff member cannot come to agreement, or if the agreed upon action does not correct the situation, then the supervisor or other senior staff member will notify the Training Director of the problem in writing, with a copy to the trainee. The Training Director will consult with the Counseling Center Clinical Manager and other senior staff member(s) as appropriate and decide on an appropriate course of remedial action. The Training Director will advise the trainee in writing of the decision and discuss the remedial process with him or her.
3. If the process outlined above is unsuccessful in remediating the problematic behavior, the Training Director, in consultation with the Director and the other senior staff member(s), will decide on further steps to be taken, including moving to a more formal process of addressing the concern.

Formal Process for Responding to Trainee Deficiencies or Lack of Competency:

When at any point in the training year, the trainee is assessed to be inadequate by either a clinical supervisor or Training Director, in at least one of the three major evaluation categories (Ethical Issues, Professional Behavior, Professional Skills), the following actions are taken.

All aspects of this formal process should be documented, signed and dated by relevant parties involved (e.g. panel members, trainee), and copies provided to all appropriate parties (e.g. trainee, UCC Training Director, external faculty liaison).

A. Initial Review

1. A review panel selected from Counseling Services senior staff and either Training Director or external program faculty is established. The Training Director will chair the committee. The committee members will be individuals who have no conflict of interest in objectively evaluating the trainee's need for remediation and in developing a fair intervention plan. If the Training Director is deemed to have such a conflict, he or she will be replaced as chair of the committee by a staff member appointed by the Counseling Center Clinical Manager. (Committee is set within 1 week of initiating the Formal Process.)
2. The trainee is informed that such a review is occurring and is offered a hearing, which is a formal process by which the identified trainee has an opportunity to hear and respond to concerns, including their response to the rating(s) and any additional information. (Hearing will be offered within two weeks of informing the intern that the formal process has been initiated.)
3. The committee meets to review ratings and decide on a course of action. (Within 2 weeks after the intern's hearing.)
4. As soon as is feasible after the committee's decision (and no longer than one week), the intern is informed of the results and proposed course of action. A trainee perceived by the committee as not performing at an adequate level is informed of the deficiencies and recommendations for remediation (as described in Section III). The intern is informed at this time of the possibility that satisfactory completion of the Internship may not be certified if significant progress is not made. Written documentation of the above will be provided to the trainee.

B. If the trainee accepts the decision and remedial recommendations:

1. The trainee should express his/her intentions in writing.
2. The Training Director meets with the trainee and relevant staff to review the decision and explicitly specify remedial procedures, including re-assessment process and time frame.
3. The trainee's progress will be reviewed by Counseling Center staff within a designated amount of time (e.g. 2 months). If progress toward identified goals is not observed, a decision is then made to continue present remediative procedures or to re-adjust them to increase their effectiveness. The trainee will be an active participant in these procedures.
4. The trainee is then re-evaluated within a designated amount of time (e.g. another 2 months). If the trainee does not demonstrate significant improvement, s/he will be informed of this judgment. It will also be noted that certification of satisfactory completion of internship is unlikely. This will be conveyed to the academic department.

C. Appeal Process

If the trainee challenges the panel's decision:

1. The trainee should express his/her intentions in writing.
2. The review panel is re-convened.
3. A hearing is conducted with the trainee and the panel.
4. The review panel submits recommendations to the agency director.
5. The Counseling Center Clinical Manager accepts or rejects the recommendations, or refers back to the review panel for further deliberations.
6. The ultimate decision is made by the Counseling Center Clinical Manager.
7. Proceedings are summarized and results carefully described in writing for all parties involved. Documentation will include the nature of the ratings, the remediation designed, and the rationale for such remediation.

Remediation Considerations:

It is important to have meaningful ways to address lack of competency once it has been identified. Several possible, and perhaps concurrent courses of action designed to remediate lack of competencies include but are not limited to:

1. Increasing supervision, either with the same or other supervisors
2. Changing the format, emphasis, and/or focus of supervision
3. Recommending and/or requiring personal therapy in a way that all parties involved have clarified the manner in which therapy contracts will be used in the trainee evaluation process
4. Reducing the trainee's clinical or other workload and/or requiring specific academic coursework
5. Recommending, when appropriate, a leave of absence and/or a second traineeship

When a combination of the above interventions do not, after a reasonable time period, rectify the lack of competency or when the trainee seems unable or unwilling to alter his/her behavior, the training program may need to take more formal action, including such actions as:

1. Giving the trainee a limited endorsement, including the specification of those settings in which s/he could function adequately,
2. Communicating to the trainee and academic department/program that the trainee has not successfully completed the internship,
3. Recommending and assisting in implementing a career shift for the trainee, and/or
4. Terminating the trainee from the internship program.

All the above steps need to be appropriately documented and implemented in ways that are consistent with the due process procedures.

Rights and Responsibilities of Interns and Counseling Center/Training Staff

Psychology interns are expected to learn psychological skills and the ethics of practice, as well as to do much self-examination, focusing on their intra- and interpersonal processes. Psychology interns are responsible for continual participation in the internship program, including incorporating feedback and demonstrating effort, learning, and growth. Counseling Center/Training staff share a primary responsibility for the wellbeing of clients, as well as the wellbeing of trainees, staff, the broader functioning of the Counseling Center, Training Program, and Buffalo State University. At all stages of training, the Counseling Center/Training staff assumes responsibility for assessment and continual feedback to trainees in order to improve skills, remediate problem areas, and/or to prevent individuals, unsuited in either skills or interpersonal difficulties, from entering the field. Trainers, then, are responsible for monitoring trainee progress to benefit and protect the public and the profession, as well as the trainee.

The interns have access to clear statements of the standards and expectations by which they are evaluated: the Training Manual at the start of their internship year, and formal written evaluations at midyear and year end. Throughout the year, interns receive two hours of individual clinical supervision weekly when they will be given informal verbal feedback on their performance. They have the opportunity to ameliorate deficiencies or misconduct prior to the semester evaluation and/or special review, unless continuation of service delivery would be to the detriment of clients.

Interns have opportunities to provide input and suggest changes and modifications regarding the training program. Regular meetings of interns and the training director will provide interns direct access to center

administration and enable the training director to assess the progress and problems confronted by the interns and to discuss their developmental tasks and issues.

Interns have the right to activate a formal review when they believe that their rights have been infringed upon. When the evaluation process is completed at the end of the semester, interns have the right to contest criticisms in the evaluation, to disagree with the primary supervisor's summary evaluation, and to request an appeal.

Violations of intern's rights include, but are not limited to, exploitation, sexual harassment, arbitrary, capricious or discriminatory treatment, unfair evaluation criteria, inappropriate or inadequate supervision or training, and violation of due process.

PART 7: MISCELLANEOUS

Office Space: You will be assigned an office for your time at The Counseling Center.

Mail: You will be assigned a mailbox with other staff members and you will each have your own place to receive phone messages, located in the copy room. It is your responsibility to check for phone messages and other important communications in your mailbox regularly (several times per day), as important announcements or information may be distributed.

Files, records, and tapes: All client files and records are kept in the mailroom in a file cabinet, and within our Titanium software. Client materials should never leave the Counseling Center -- the risk to confidentiality is simply too great. You must work on your files (session notes, intake write-ups, etc.) here at the Counseling Center. You should also store your supervision notes in this file. All tapes or digital recordings should be listened to here at the Center. Nothing client-related must ever leave the Center.

You are expected to audio/video tape a minimum of 3 sessions every semester. Tapes will be reviewed with your individual clinical supervisor. All recordings will be destroyed after they are reviewed or at the end of the training year, whichever comes first.

Computers: There are computers in all offices at the Center. All computers are linked to the campus main-frame. Each trainee has been assigned a BSU logon name and password to access the computers in the office. There will be a main computer you will be assigned to document client interactions and to check your email. Counseling Center computers should only be used for Counseling Center business.

Email: In the past, Buffalo State University has provided Counseling Center trainees with access to BSU computers. Please check your email frequently throughout the day and respond to emails promptly.

Titanium Software: Titanium is the scheduling and note-taking software we use at the Counseling Center. Each day, your schedule reflects counseling appointments with students, meetings you are scheduled to attend, your lunch hour, and administrative time to complete notes. Please check your schedule several times throughout the day to ensure that you are aware of your responsibilities. After each contact you have with a client (through individual or group session or phone call) you are expected to document the discussion, detail the main interventions that took place, and the disposition/plan at the end. The goal of adequate documentation is to capture the essence of the interaction; not only so that you as the clinician can remember what took place, but also as part of your ethical responsibility as a trainee clinician.

Each note you write will be signed by you and then forwarded to your supervisor to be reviewed and signed. Notes on client contact should be completed in a timely fashion to ensure that the Counseling Center is adhering to best practices in counseling and to maintain the highest ethical standard. For individual counseling session notes, the Session Data Form should be completed the same day and the narrative note is to be signed and forwarded no later than 3 days following the session. Triage/walk-in session and phone consult notes should be completed the same day they take place. Each time a lethality assessment is completed this must be documented same-day. The checklists on the Session Data Form serve the dual purpose of documenting session content and to remind clinician to discuss these issues in session when appropriate.

You may go over note-taking practices in with your supervisor or in group supervision. Please feel free to ask questions about record-keeping as they arise.

Professional attire is expected at all times, whether you are scheduled to see clients that day or not.

APPENDICIES

Appendix A – Intern Evaluation

Per APA policy, formal written evaluations are completed at mid-year and end-of-year.

Copies of this evaluation are shared with the intern, the interns’ Director of Clinical Training from their “home program,” and are kept on file at the BSU Counseling Center.



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BIANNUAL INTERN EVALUATION

Doctoral Intern:

Evaluation completed by:

Evaluation Period: August 1-January 31 / February 1-July 31

Evaluation is a collaborative process designed to facilitate growth, pinpoint areas of strength and difficulty, and refine goals. It is a tool for evaluation performance and also a vehicle for change. Copies of this evaluation are shared with the intern, the interns’ Director of Clinical Training from their “home program,” and are kept on file at the BSU Counseling Center.

Directions: Circle the number on the rating scale that best describes the intern’s competence. For items that require additional comment, please provide feedback at the end of each competence.

- Rating scale:
- 4** = Competence is above expected level of development for end of internship training; Intern is ready for entry to practice
 - 3** = Competence meets expected level of development for end of internship training; Intern is ready for entry to practice
 - 2** = Competence is below expected level of development; Intern displays some difficulties meeting basic expectations for end of internship training and is not ready for entry to practice
 - 1** = Competence is significantly below expected level of development; Intern is not meeting basic expectations for end of internship training and is not ready for entry to practice

Competence is above expected level of development; intern is ready for entry to practice	Competence is at expected level of development; intern is ready for entry to practice	Competence is below expected level of development; intern is not ready for entry to practice	Competence is significantly below expected level of development; intern is not ready for entry to practice
4	3	2	1

Methods of Evaluation (Check all that apply) Direct Observation Discussion in Group Supervision Video Recordings Review of Written Work Discussion in Individual Clinical Supervision Seminar Presentation Feedback from Other Contributors/Supervisors Other: _____**FOUNDATIONAL COMPETENCIES****I. PROFESSIONALISM**

1. Professionalism: Behavior and comporment that reflects the values, ethics, and attitudes of psychology.				
1A. Integrity				
Monitors and resolves situations that challenge professional values and integrity	4	3	2	1
1B. Deportment				
Conducts self in a professional manner across settings and situations	4	3	2	1
1C. Accountability				
Accepts personal responsibility across settings and contexts	4	3	2	1
1D. Concern for the welfare of others				
Acts to safeguard the welfare of others	4	3	2	1
1E. Professional Identity				
Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice	4	3	2	1

Comments:

2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.				
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context				
Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	4	3	2	1
2B. Others as Shaped by Individual and Cultural Diversity and Context				
Monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation	4	3	2	1
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context				
Monitors and applies knowledge of cultural interactions between self and others in assessment, treatment, and consultation	4	3	2	1
2D. Applications based on Individual and Cultural Context				

Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work	4	3	2	1
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Comments:

3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.				
3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines				
Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines	4	3	2	1
3B. Awareness and Application of Ethical Decision Making				
Utilizes an ethical decision-making model in professional work	4	3	2	1
3C. Ethical Conduct				
Independently integrates ethical and legal standards with all competencies	4	3	2	1

Comments:

4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.				
4A. Reflective Practice				
Demonstrates reflectivity in context of professional practice (reflection-in-action); acts upon reflection; uses self as a therapeutic tool	4	3	2	1
4B. Self-Assessment				
Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills	4	3	2	1
4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)				
Self-monitors issues related to self-care and promptly intervenes when disruptions occur	4	3	2	1
4D. Participation in Supervision Process				
Actively participates in supervision process	4	3	2	1

Comments:

II. RELATIONAL

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

Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities	4	3	2	1
5B. Affective Skills				
Manages difficult communication; possesses advanced interpersonal skills	4	3	2	1
5C. Expressive Skills				
Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts	4	3	2	1

Comments:

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.				
6A. Scientific Mindedness				
Applies scientific methods to practice	4	3	2	1
6B. Scientific Foundation of Psychology				
Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)	4	3	2	1
6C. Scientific Foundation of Professional Practice				
Applies knowledge and understanding of scientific foundations to practice	4	3	2	1

Comments:

7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.				
7A. Scientific Approach to Knowledge Generation				
Generates knowledge	4	3	2	1
7B. Application of Scientific Method to Practice				
Applies scientific methods of evaluating practices, interventions, and programs	4	3	2	1

Comments:

FUNCTIONAL COMPETENCIES

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.				
8A. Knowledge and Application of Evidence-Based Practice				
Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	4	3	2	1

Comments:

9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.				
9A. Knowledge of Measurement and Psychometrics				
Selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and contexts	4	3	2	1
9B. Knowledge of Assessment Methods				
Understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning	4	3	2	1
9C. Application of Assessment Methods				
Selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice	4	3	2	1
9D. Diagnosis				
Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity	4	3	2	1
9E. Conceptualization and Recommendations				
Accurately conceptualizes the multiple dimensions of the case based on the results of assessment	4	3	2	1
9F. Communication of Assessment Findings				
Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner	4	3	2	1

Comments:

10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations (i.e., behavioral health, campus-based services, group and individual counseling, on call).				
10A. Intervention planning				
Plans interventions; case conceptualizations and intervention plans are specific to case and context	4	3	2	1

10B. Skills				
Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations	4	3	2	1
10C. Intervention Implementation				
Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate	4	3	2	1
10D. Progress Evaluation				
Evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures	4	3	2	1

Comments:

11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.				
11A. Role of Consultant				
Determines situations that require different role functions and shifts roles accordingly to meet referral needs	4	3	2	1
11B. Addressing Referral Question				
Demonstrates knowledge of and ability to select appropriate and contextually-sensitive means of assessment/data-gathering that answers consultation referral question	4	3	2	1
11C. Communication of Consultation Findings				
Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations	4	3	2	1
11D. Application of Consultation Methods				
Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases	4	3	2	1

Comments:

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.				
12A. Knowledge				
Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences	4	3	2	1
12B. Skills				
Applies teaching methods in multiple settings	4	3	2	1

Comments:

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

Comments:

VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.				
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions				
Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates knowledge of common and distinctive roles of other professionals	4	3	2	1
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts				
Demonstrates knowledge and ability to display the skills that support effective interdisciplinary team functioning	4	3	2	1
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes				
Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals	4	3	2	1
14D. Respectful and Productive Relationships with Individuals from Other Professions				
Develops and maintains collaborative relationships over time despite differences	4	3	2	1

Comments:

15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).				
15A. Appraisal of Management and Leadership				

Develops and offers constructive criticism and suggestions regarding management and leadership of organization	4	3	2	1
15B. Management				
Participates in management of direct delivery of professional services; responds appropriately in management hierarchy	4	3	2	1
15C. Administration				
Demonstrates emerging ability to participate in administration of service delivery program	4	3	2	1
15D. Leadership				
Participates in system change and management structure	4	3	2	1

Comments:

16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.				
16A. Empowerment				
Intervenes with client to promote action on factors impacting development and functioning	4	3	2	1
16B. Systems Change				
Promotes change at the level of institutions, community, or society	4	3	2	1

Comments:

Intern's notable strengths:

Intern's necessary areas of growth:

Additional feedback from BSU Counseling Center staff:

Doctoral Intern

Date

Clinical Supervisor

Date

John P. Mack, Ph.D., Director of Training

Date

Revised 08/01/2024

Appendix B – Initial Assessment Narrative Overview

Initial Assessment notes are the longest and most detailed documentation you will complete at the Counseling Center. When documenting Initial Assessments, you will be asked to capture specific information about the client in your notes and will also be expected to present this information to staff at weekly disposition meeting. While IA notes may differ based on writer/supervisor style, certain information is necessary to include. Be prepared to document and present the following information:

Identifying Information: Includes identifiers that would discern one client from another, such as age, sex, race, sexual orientation, year in school, major, living situation, relationship status, etc. All information should be as the client self-identifies, or otherwise should be noted that the client did not self-identify. Much of this information can be found on the client's "Student Data Survey" that they complete prior to meeting with you. If there is any ambiguity on the SDS, you can ask the client directly.

Presenting Problem: Why is the client presenting for services? Were they referred for treatment? Basic details about the problem such as the symptoms. This should be quite brief. After you finish writing up your IA, you should check this again to make sure it captures what your client initially reported as their concern and any additional primary issues that came up during the interview.

Background/History of Presenting Concern: Provide greater detail around factors or situations that led up to current problem(s). When did the problem start, and was there a stressor/change around that time? What specific symptoms does the client report? Have there been periods of more/less intensity? Are there other symptoms the client reports/denies that could help with differential diagnosis?

A Note on Risk Assessment: The client's lethality risk (suicidal ideation, homicidal ideation, self-injurious behavior), it should be addressed either in the presenting concern (if the client identifies it as a primary problem) or in the background/HPC (if you are assessing SI/HI as a component of depression symptoms, for example). Under no circumstances should these questions go unasked or left until the end, because if there is a lethality concern you will need to consult with a senior staff member and make sure the client is safe before continuing with the other details of the interview.

Current Support Network: Describe the client's support system. Does the client have support from family, friends, or other professionals? How much do they know about the client's concerns? Are they local or far away? How often are they in touch?

Previous Treatment: Has the client been in counseling before? When, where and with whom? *A client must sign a consent form to authorize a release of information from any previous treatment provider.* Has the client ever been prescribed psychotropic medication? Has the client ever been hospitalized? Is there a family history of mental health concerns?

Alcohol or Other Drug Concerns: Describe current and past use of alcohol, illegal drugs, prescription drugs and OTC medication. Is there a family history of substance use/abuse?

Academic or Learning Concerns: Has the client been diagnosed with a learning disability? Are they having current academic difficulty? Is the client linked with disability services or any other academic support program on campus?

Psychosocial History: Document family constellation, for example: John is the older of two sons of a divorced couple. Include family history and client's current relationship with significant family members. What was notable about the client's development?

This is also a good place to describe other significant aspects of the client's life, such as religion/spirituality, romantic history, employment, living situation, trauma (physical abuse, verbal/emotional abuse, sexual abuse or unwanted sexual contact), losses, legal concerns, health/medical concerns, and other strengths/coping resources.

Mental Status Exam: Document client's appearance, their behavior during the intake, list any lethality concerns (if they weren't detailed earlier). Detail safety plan if client endorses harm to self or others.

REVIEWED CCAPS WITH CLIENT: Y N

Start (*) next to Y/N if you reviewed the CCAPS results with the client. If there was something notable about their response (agreement/disagreement with CCAPS results, critical items they endorsed on CCAPS but denied in person), include that here.

Plan/Additional Comments:

1. Include a brief clinical formulation and provisional diagnosis, for example: "At this time, client reports symptoms consistent with [diagnosis] based on [reasons]." Rule-outs or areas of further information to be gathered can be included here.
2. What is your treatment recommendation based on your formulation? Is individual or group counseling at the Counseling Center indicated? If so, indicate that you scheduled the client for a next appointment (such as an individual appointment or a group screen).
3. Was group counseling recommended? What group(s) specifically?
4. Were other recommendations given or plans made, on or off campus? For example, "Client planned to restart going to the gym and to talk to his academic adviser."
5. ALWAYS provide an overview of UCC Urgent Care services and the availability and contact information for Crisis Services.
6. Other comments - Was permission given for taping or recording sessions? Does the client have any preferences or restrictions? Was client informed about procedure regarding assigning clients to counselors?

Referrals to psychiatrists: As of this writing, we no longer have access to an in-house staff psychiatrist.

Any medication needs will be referred off campus. As a general rule, clients attend several individual and/or group sessions prior to a psychiatric referral to determine if their concerns can be addressed with non-pharmacological interventions. A trainee should not refer a client to see a psychiatrist until it is discussed with and approved by your individual clinical supervisor or other senior staff member.

A possible exception to the above would be if a client has already been prescribed medication by a previous provider (a primary care doctor or psychiatrist in the community) and is willing to contact them to reconsider that provider's medication recommendations. In that case, make it clear that you are not recommending medication (because that is outside of your clinical competency), you are recommending that they reconnect with a previous supporter to ask for their recommendations. For example, "Since client stopped taking medication, writer recommended client to make appointment with her PCP to discuss restarting if indicated."

Appendix C – Intern/Training Staff Agreement



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Confirmation of reading and agreeing to the policies and procedures outlined in the SUNY Buffalo State Counseling Center Manual for Psychology Interns. While the specific needs of a trainee or the clinical needs of the Counseling Center may change in a given year, we endeavor to have an ethically-grounded and developmentally-oriented rationale behind all decisions in the training program. This training manual serves as a foundation to answer questions or provide guidance for how the training team can approach new questions. New interns will read through this manual at the start of their training year and have time to ask questions as needed, then sign below. Signing below indicates reading the manual and agreeing to abide by its policies and procedures.

Intern Signature

Date

Direct Supervisor Signature

Date

Training Director Signature
(or Clinical Manager Signature if the direct supervisor is the Training Director)

Date