



Counseling and Psychological Services

*“Helping you weather any storm”*

# Training Manual

Last Revised: August 9, 2022

The purpose of this material is to describe the doctoral internship and practicum training programs of the University of Houston Counseling and Psychological Services, and to specify guidelines for implementation of these programs.

This document is a work in progress. As policies are created and changed, the manual on the file server is updated. If you are unsure if a policy is still accurate, check the most current manual located at O:\CAPS\Training.

If you find mistakes or omissions in the manual, please inform the Training Director.

<b>INTRODUCTION TO CAPS TRAINING.....</b>	<b>4</b>
OVERVIEW OF CAPS TRAINING PROGRAMS.....	4
INTERNSHIP PROGRAM ACCREDITATION.....	4
TRAINING ASSIGNMENT PRIORITY.....	4
PRACTICUM TRAINING LEVELS.....	4
DEVELOPMENTAL TRAINING MODEL.....	4
OPEN-DOOR POLICY.....	5
<b>TRAINING ORGANIZATIONAL STRUCTURE.....</b>	<b>5</b>
ROLES OF TRAINING DIRECTOR AND PRACTICUM COORDINATOR.....	5
FUNCTION OF THE TRAINING TEAM.....	6
PRIMARY SUPERVISORS MEETINGS.....	6
TRAINEE MEETINGS WITH TRAINING DIRECTOR OR PRACTICUM COORDINATOR.....	6
<b>SUPERVISION STRUCTURE.....</b>	<b>6</b>
REQUIRED SUPERVISION FOR INTERNS.....	6
REQUIRED SUPERVISION FOR PRACTICUM TRAINEES.....	7
PRACTICUM SUPERVISION TIERED STRUCTURE.....	7
SUPERVISION ASSIGNMENTS.....	7
INTERN PREFERENCES FOR PRIMARY SUPERVISORS.....	8
EVALUATIONS.....	8
TRIAGE SUPERVISION.....	8
TREATMENT PLANNING SUPERVISION.....	9
GROUP THERAPY SUPERVISION.....	9
CONSIDERATIONS FOR GROUP AND COUPLES CO-FACILITATORS.....	10
COUPLES THERAPY SUPERVISION (INTERNS ONLY).....	10
SUPERVISION OF SUPERVISION.....	11
ESSENTIAL SKILLS WORKSHOPS SUPERVISION.....	11
OUTREACH SUPERVISION.....	11
SPECIALTY CONCENTRATION SUPERVISION.....	12
<b>GENERAL SUPERVISION/CONSULTATION POLICIES.....</b>	<b>12</b>
SUPERVISORY DISCLOSURE.....	12
RISK ASSESSMENT CONSULTATION.....	12
CONSULTING A SUPERVISOR OR ADMINISTRATOR AFTER HOURS.....	12
SUPERVISION SCHEDULE.....	13
SUPERVISOR REVIEW OF CLINICAL DOCUMENTATION.....	13
WEEKLY DEADLINE FOR PRACTICUM TRAINEE NOTES.....	13
SIGNING NOTES IN TITANIUM.....	13
SUPERVISOR REVIEW OF LETTERS AND OTHER WRITTEN DOCUMENTS.....	14
SUPERVISOR REVIEW OF EMAIL.....	14
TRAINEE SELF-DISCLOSURE.....	15
<b>PRIMARY SUPERVISION.....</b>	<b>16</b>
TRAINEE SCHEDULE.....	16
ACTIVE “MY CLIENTS” CHART.....	16
TRAINEE CASELOAD.....	16
SUPERVISOR TRACKING OF NEW CLIENTS.....	16
DIGITAL VIDEO RECORDING POLICIES.....	16
V: DRIVE ACCESS.....	17

STORAGE AND DELETION OF VIDEO RECORDINGS .....	17
REVIEW OF VIDEO RECORDED SESSIONS IN SUPERVISION.....	17
REVIEW OF VIDEO RECORDED SESSIONS OUTSIDE OF SUPERVISION .....	18
NOTES “IN PROGRESS” .....	18
ETHICAL STANDARDS AND CONDUCT .....	18
OPENNESS TO FEEDBACK .....	18
ACADEMIC PROGRAM REQUIREMENTS.....	18
<b>TRAINEE PERFORMANCE EXPECTATIONS .....</b>	<b>18</b>
PASSING CRITERIA .....	19
DEFICITS IN COMPETENCE.....	20
TRAINEE EVALUATIONS AND SUPERVISOR EVALUATIONS.....	20
EVALUATION OF THE TRAINING PROGRAM .....	21
COMMUNICATION WITH THE TRAINEE’S GRADUATE PROGRAM .....	21
<b>REMEDICATION AND APPEAL PROCEDURES .....</b>	<b>21</b>
GENERAL GUIDELINES .....	21
REMEDICATION FOR DEFICITS IN PERFORMANCE / COMPETENCE .....	22
PROCEDURES FOR APPEAL .....	23
<b>MULTIPLE RELATIONSHIP AND PRIVACY CONSIDERATIONS .....</b>	<b>24</b>
FAIR TREATMENT OF TRAINEES .....	24
PROFESSIONAL VS. PERSONAL COMMUNICATION TOOLS .....	24
POLICY ON TRAINING AND RECEIVING SERVICES.....	25
<b>TRAINEE LEAVE POLICIES .....</b>	<b>25</b>
INTERN VACATION REQUIREMENTS.....	25
PLANNED ABSENCES.....	25
UNEXPECTED ABSENCES / RUNNING LATE.....	26
RETURNING FROM AN ABSENCE .....	26
INTERN PROFESSIONAL DEVELOPMENT TIME .....	26
FAMILY AND MEDICAL LEAVE VS. PARENTAL LEAVE.....	26

## ***Introduction to CAPS Training***

### Overview of CAPS Training Programs

CAPS offers a twelve-month 2000 hour doctoral internship in professional psychology open to counseling and clinical psychology doctoral candidates. There are currently 2 internship positions available each year. These are full-time, paid positions offered solely through the APPIC Match (<http://www.appic.org>). The internship year begins in August and ends one calendar year later.

CAPS offers a nine-month 500 hour clinical practicum open to doctoral and/or masters students in counseling and clinical psychology. There are currently 2 practicum positions available each year. These are part-time (16-20 hours/week), unpaid positions. All placements are two semesters long, beginning in August and ending in May at the closing of the University of Houston Spring semester. There is an option to continue the placement in the summer if desired.

### Internship Program Accreditation

The CAPS internship in professional psychology has been continuously accredited by the American Psychological Association (APA) since 1988. The term “accredited” provides public notification that the CAPS internship program meets standards of quality set forth by the APA Commission on Accreditation. Recognition by the accrediting agency also reflects the internship’s commitment to continuous self-study and external review, with the aim of enhancing the quality of education and training provided. More information about the accreditation of programs in professional psychology is available at <http://www.apa.org/ed/accreditation/>. For information regarding accreditation contact: Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street, NE Washington, DC 20002-4242, (202) 336-5979.

### Training Assignment Priority

When new clinical or outreach opportunities become available during the course of a placement, interns are given priority over practicum trainees in training assignment.

### Practicum Training Levels

CAPS accepts practicum trainees at all stages of clinical experience, thus a practicum cohort may be comprised of both first practicum and advanced practicum trainees. First practicum trainees come to CAPS with 0 or 1 semester prior supervised experience providing individual therapy. Advanced Practicum trainees come to CAPS with 2 or more semesters prior supervised experience providing individual therapy. See the main CAPS Policies and Procedures (P&P) Manual, Chapter 7 for guidelines for appropriate case assignment to practicum trainees.

### Developmental Training Model

CAPS uses a developmental model to guide decisions about skills training. Specifically, an individual trainee’s clinical skills, experience, professional behavior, and progress are

considered when determining that trainee's assignment to and level of participation in various agency activities, as well as the appropriate level of supervisory support needed. As trainees progress, they are typically given more challenge, responsibility and autonomy. CAPS trainees and supervisors are expected, both individually and collaboratively, to assess the trainee's needs and goals over the course of the training placement.

For many new skills (whether completely new to the trainee or new only in terms of CAPS procedures), the trainee is first paired with a senior staff supervisor. The supervisor models the skills and provides explanation, often in the context of co-therapy with the trainee, and moves to observing the trainee conduct the skills with increasingly less supervisor intervention. Thereafter, the trainee typically conducts the skills without the supervisor present, but with regular consultation and supervision. The supervisor may utilize session video recording, verbal and/or written reports as means of supervision in order to provide continued feedback regarding the skills. Supervisors are expected to assist trainees to move through these stages at a rate that supports and challenges the supervisees at their individual developmental levels. This developmental model is used as a framework for CAPS training, most notably in triage, treatment planning, group therapy, couples therapy, and provision of supervision.

This developmental approach is used at both the practicum and intern levels, but with different goals and expectations for the trainees. The practicum training program is focused on the trainee's acquisition of consistent service delivery skills and ethical/professional behavior in the context of specific supervised clinical activities. Skills development is also a focus of the doctoral internship, but occurs within a broader planned sequence of full-time training that is graded in complexity, designed to promote interns' professional identity development and socialization into the profession.

#### Open-Door Policy

The agency has an open-door policy that promotes a productive working alliance between staff and trainees. When a trainee needs to consult and their primary supervisor is not available, guidance can be sought from any "open door". With CAPS clinicians located in multiple buildings, we have developed a practice of using Skype for Business to phone or send an instant message to a staff member, who appears available in Titanium, to request a consultation. This structure encourages the practice of consultation, and provides opportunities for professional interaction with all members of the training staff. It is the trainee's responsibility to inform the primary supervisor as soon as possible following an open-door consultation of the consultation question and outcome, and to document that consultation in the client's record as appropriate.

### ***Training Organizational Structure***

#### Roles of Training Director and Practicum Coordinator

The Training Director directs and oversees the internship and practicum training programs. The Practicum Coordinator reports to the Training Director, and has primary responsibility for the coordination of the practicum program. Responsibilities of the Training Director (for internship) and Practicum Coordinator (for practicum) include coordination of trainee selection,

implementation of training activities, evaluation of the program's philosophy, goals and activities, and documentation of training records. The Training Director is also responsible for maintaining compliance with internship Match and accreditation procedures. In consultation with the other members of the administrative team and the training team, the Training Director assigns staff to training activities, develops and reviews training policies and procedures, monitors trainee progress and supervisory issues, and conducts future planning.

### Function of the Training Team

The training team is comprised of the senior staff who directly participate in the training of interns and practicum students. The training team provides input and feedback to the Training Director and/or Practicum Coordinator regarding the above tasks regularly throughout the training year. Routine training items are shared with the entire agency at staff meetings. Separate training team meetings also occur at regular intervals, typically at mid-semester and mid-year, to review trainee progress and to support trainee development. While it is important to us to respect the individual privacy of trainees, information considered essential to the development of the trainee and/or operation of the agency may be shared with the training team.

### Primary Supervisors Meetings

Primary supervisors meet at least biweekly for supervision consultation and peer support. Once per month, the Training Director, Practicum Coordinator, and other training team members may join these meetings and provide/receive input regarding their roles with the trainees (e.g., group, outreach, seminars, cohort supervision, supervision of supervision).

### Trainee Meetings with Training Director or Practicum Coordinator

The Training Director or Practicum Coordinator also meets with each of their trainees individually at the beginning, the mid-point and the end of the training experience to set and assess progress toward goals, hear training concerns/feedback and give the trainee feedback about their progress. The Training Director or Practicum Coordinator also meets with each training cohort at regular intervals throughout the placement. Trainees may also approach the Training Director or Practicum Coordinator individually at any time to discuss any concerns they have or problems they are experiencing which may involve or impact their training experience.

## ***Supervision Structure***

### Required Supervision for Interns

Interns receive at least 4 hours of supervision per week, 2 hours of which are face-to-face individual supervision by the primary supervisor. In accordance with APA accreditation guidelines, the primary supervisor is a doctoral level licensed psychologist who is involved in an ongoing supervisory relationship with the intern and has primary clinical responsibility for the cases on which they provide supervision. An intern is expected to change primary supervisors at mid-year. An intern may also receive additional supervision from other mental health professionals (e.g., psychiatrists, masters level licensed clinicians, doctoral level unlicensed clinicians). It is the responsibility of the intern's primary doctoral level licensed psychologist

supervisor to help the intern integrate the supervision provided by other mental health professionals with psychological research and practice.

The other 2+ hours of supervision are comprised of the following regularly scheduled meetings: intern cohort supervision (1 - 1.5 hours per week), group therapy supervision (30 minutes per week per group), supervision of supervision (1 hour per week). At different points in the internship year, supervision is also provided for Consultant on Duty, outreach, and specialty concentration activities.

#### Required Supervision for Practicum Trainees

Practicum trainees receive at least 2 hours of supervision per week, 1 hour of which is face-to-face individual supervision by the primary supervisor. The primary supervisor is involved in an ongoing supervisory relationship with the trainee and has primary professional clinical responsibility for the cases on which they provide supervision.

The other 1+ hour of supervision is regularly scheduled practicum cohort supervision (1 hour per week) and group therapy supervision (30 minutes per week per group). At different points in the practicum placement, additional supervision is provided for outreach activities.

#### Practicum Supervision Tiered Structure

Practicum supervision is a two-tiered structure, comprised of three people: the practicum trainee, the primary supervisor (unlicensed doctoral psychology intern or staff), and the supervisor of record (psychologist). The first tier of supervision is the supervisory relationship between the practicum trainee and the primary supervisor. The primary supervisor meets weekly with the practicum trainee, views video recordings, and provides edits/feedback on the trainee's case notes and reports. The primary supervisor signs the trainee's case notes on Line 2 in Titanium. When the primary supervisor is a doctoral psychology intern, the supervision sessions are video recorded to facilitate intern training.

The second tier of supervision is the oversight of the first tier provided by the supervisor of record. The supervisor of record is a licensed psychologist who meets weekly with the doctoral intern cohort for Supervision of Supervision. The supervisor of record provides consultation to the primary supervisor regarding the practicum trainee's cases and supervision, and provides the final signature on the practicum trainee's case notes (Line 3 in Titanium, which locks the notes).

#### Supervision Assignments

Supervision assignments are made each semester for interns and practicum students. Both trainees and the training team give input to the Training Director and/or Practicum Coordinator about possible supervision matches based on trainee needs. The criteria for supervision assignments in order of priority are: needs of the trainee as assessed by the training team, trainee preferences for primary supervisors (interns only), contractual workload of supervisory staff, preferences and experience level of supervisory staff. These steps are followed when making supervision assignments:

1. Interns only: The Training Director gathers rank ordered preferences for primary supervisors for the upcoming semester.
2. The Training Director consults with the training team concerning proposed supervision pairings.
3. The Training Director consults with the administrative team concerning contractual commitments and reserves the right to make changes in the supervision assignments.

Supervision assignments are final for each semester unless a change is deemed appropriate by the Training Director.

#### Intern Preferences for Primary Supervisors

During orientation, time is set aside for the interns to meet with the available Fall semester primary supervisors to learn about their professional backgrounds, professional interests, areas of supervisory competence, and supervision styles. Interns then submit in writing to the Training Director a rank order list of supervisor preferences. Interns are encouraged to make their lists independent of one another. The Training Director does not share the interns' individual lists with the training staff. Guided by the supervision assignment criteria above, the Training Director generates several supervision pairing combinations, and shares these when consulting with the training and administrative teams. An attempt is made to assign interns their first or second supervisor choices when possible.

Interns are required to change primary supervisors mid-year in order to experience different supervisory styles. Toward the end of the Fall semester, interns are informed of the available supervisors for the next period. They also meet with any new supervisor options before being asked to submit their supervisor preferences. If new supervisor options are available, an additional meeting is held in which these supervisors discuss their training backgrounds with trainees.

#### Evaluations

Trainees are evaluated and continually provided feedback during their time at CAPS. The intent of evaluation is to provide sufficient feedback to help trainees gauge their progress toward their goals and to allow ample time and opportunity to modify their behavior and/or goals as needed. During the mid-point of each evaluation period (e.g., October, March) they receive verbal feedback from their primary supervisor, Training Director/Practicum Coordinator, and any other applicable supervisors they have. In addition, at the end of the each evaluation period (December and April for practicum, January and July for interns) they will receive formal, written evaluations. This may occur for any or all of the following areas: individual therapy, group therapy, outreach, and provision of supervision. Signed copies of the evaluations are provided to the Training Director/Practicum Coordinator. The Training Director uses this information to assess trainee progress, and to make needed changes in the supervision process and/or the training programs.

#### Triage Supervision

Note: Practicum trainees are not responsible for conducting triages, but opportunities to

observe triages conducted by senior staff may be possible during the early weeks of practicum.

Interns are paired in their early weeks with several staff members to observe triages. For the very first triage appointment with a given staff member, the staff member should conduct the interview and write the corresponding triage note (Data Form) in Titanium and share with the trainee as a model. Thereafter, the intern can be responsible for writing subsequent triage notes and forwarding to that staff member for review/edits. The triage outline(s) should be shredded once the final signature is on the note.

The staff member serving as Triage Supervisor for a given CoD shift should complete two Triage Evaluation forms documenting their supervisee's triage skills during the initial orientation period. The completed evaluation form should be reviewed with the trainee as soon as possible, and signed by both parties (written or digital signature preferred, but a typed name will suffice under remote work conditions), prior to being emailed to the Training Director. Additional support and observation will be provided as needed until the intern is consistently demonstrating the skills on the checklist.

#### Treatment Planning Supervision

Note: Practicum trainees are responsible for conducting Treatment Planning sessions and are paired with a senior staff member at the beginning of the fall semester to assist with orientation to CAPS procedures.

Interns are paired with their primary supervisor.

For the very first Treatment Planning appointment with a given staff member, the staff member should conduct the interview and write the corresponding Treatment Planning note (Data Form) in Titanium and share with the trainee as a model. Thereafter, the trainee can be responsible for writing subsequent Treatment Planning notes and forwarding to the staff member for review/edits. The handwritten outline(s) should be shredded once the final signature is on the note.

The primary supervisor should observe the trainee (live or via video recording) conducting at least 2 full Treatment Planning sessions within the first 3 weeks of supervision and provide feedback.

#### Group Therapy Supervision

All trainees are expected to gain experience with general interpersonal process groups. Interns are assigned as co-facilitators with senior staff who serve as group therapy supervisors. Practicum trainees are assigned as process observers or co-facilitators, depending on trainee experience and availability of group offerings in a given semester.

The co-facilitators and process observer, if applicable, comprise the group facilitation team. The facilitation team is expected to meet for 30 minutes each week (typically after each session to debrief and discuss the group dynamics and/or to plan for next session). The group

supervisor is expected to model appropriate group skills, provide supervision to the trainee co-facilitator and process observer, exchange regular feedback, and provide oversight and timely review of case notes. The group supervisor also is expected to complete an individual written evaluation of the trainee [co-facilitator](#) and [process observer](#) at the end of each semester. The trainees also each complete an [evaluation of their group supervisor/co-leader](#) at the conclusion of each semester, in order to provide constructive feedback. The group supervisor and the trainee should sign the trainee's group therapy evaluation and the evaluation of group supervisor, and email to the Training Director or Practicum Coordinator.

The evaluation form is to be used by the trainee and the group supervisor as a checklist for regular assessment of the trainee's group skills. Interns may complete the form as a self-assessment of their group skills prior to the first group. In addition to weekly supervision provided by the group supervisor, interns have the opportunity to process their work with other group facilitators. Biweekly during the semester, the CAPS Groups Coordinator conducts a Group Therapy Case Conference with the current group leaders.

#### Signatures on Group Notes

If a trainee is co-leading with a senior staff member, that senior staff would review and sign all notes written by trainee.

#### Considerations for Group and Couples Co-facilitators

Since trainees must disclose their supervisory status in the first session, a hierarchy of leadership can easily become established in the minds of group or couples clients. It is important for staff to reinforce the trainees' credibility as true co-facilitators. The following suggestions are offered in support of this goal:

- Arrange for the trainees to make the initial telephone contacts with the clients, or share responsibility for contacting clients.
- When referring to leadership decisions, speak of 'we', rather than 'I'.
- At the first session, arrange for the trainees to address the clients before the staff clinician does and to lead introductions.
- In early meetings, encourage the trainees to start and end the sessions.
- In supervision, address differences in facilitator activity levels and/or speeds of response in session, and try to balance these. It usually requires effort on both parts to accomplish this.
- Have the staff clinician plan to be absent from session once. Trainees often benefit from the experience of leading a session alone.

Also, CAPS has resources available regarding the establishment of the co-leadership relationship that would be helpful for both group supervisors and trainees to review and utilize.

#### Couples Therapy Supervision (Interns Only)

Conducting couples therapy is not a required component of the internship, and is not offered at the practicum level. An intern may see a couple as part of a co-therapy team with a senior staff member. The co-therapists are expected to meet for 15 minutes supervision related to each

session. The senior staff co-therapist is expected to provide feedback to the intern co-therapist, model appropriate intervention skills, and provide oversight and timely review of progress notes for the couples case. Based on the senior staff co-therapist's assessment of this first case, and upon approval of the intern's primary supervisor and Training Director, an intern may be released to conduct subsequent couples treatment planning and couples counseling without a staff co-therapist. When released, the intern would video record all couples sessions and forward those case notes to an identified couples supervisor (typically the primary supervisor, or other staff if appropriate).

### Supervision of Supervision

The Training Director surveys the interns at the start of the internship year regarding their experience providing supervision. Each qualified intern may be assigned as the primary supervisor for a practicum trainee in the Spring semester. A doctoral level senior staff member is the supervisor of record in this tiered supervision structure, provides the third signature on the practicum trainee's notes, and facilitates a weekly Supervision of Supervision meeting with the intern cohort focusing on their supervision skills. The Sup of Sup facilitator completes a [Provision of Supervision Evaluation](#) form for each intern supervisor at the end of the supervision period.

All supervision sessions in the tiered structure are to be video recorded and stored in the designated Supervision folder for the practicum trainee on the secure V: drive. Only the relevant practicum trainee, primary supervisor, supervisor of record, Practicum Coordinator, and the Training Director have access to that practicum trainee's Supervision folder. Interns should prepare for Supervision of Supervision by previewing their recorded work, formulating questions for supervision, and selecting relevant portions of session recordings to share with the Supervision of Supervision facilitator and supervisor peers.

### Essential Skills Workshops Supervision

All trainees will initially be paired with a senior staff member to deliver Essential Skills workshops, and will share in the content delivery and receive feedback from the senior team member. Once released to deliver Essential Skills workshops solo, an intern may subsequently be paired with a practicum trainee and serve as the senior team member.

### Outreach Supervision

All trainees are expected to gain experience with outreach services, which include: presentations delivered to a group outside of CAPS, recorded presentations to be used for website or social media, and media interview responses. The Assistant Director for Outreach provides outreach training during orientation and subsequently supports each trainee individually with preparation for their outreach activities. For trainee presentations, the ADO or a staff delegate also attends to provide support and feedback. Trainees begin by observing staff outreaches.

Interns are expected to conduct 2 outreaches in the Fall semester and 2 outreaches in the Spring semester. Practicum trainees are expected to conduct 1 outreach each

semester.

Additionally, interns are expected to observe one QPR (suicide prevention) training, but not to deliver one. Interns are also expected to provide Let's Talk consultation at least 2 times during the academic year. Let's Talk can fulfill the outreach requirement listed above.

#### Specialty Concentration Supervision

Interns have the opportunity to identify an area of more concentrated focus during the internship year, that aligns with CAPS mission and goals. This could be a clinical concentration (e.g., couples therapy, working with international students), an outreach collaboration (e.g., joining in liaison meetings with a partner unit, developing programming), a training focus (e.g., developing supervision/training resources), or other (assessment project, committee work). A staff supervisor with experience in the concentration area will be assigned to mentor and support the intern in their concentration goals and activities. The time allotment for the activities is flexible, and considers factors such as intern progress in other expected competency areas, and optimal timeframe / time of year for the specific concentration activities. It is possible for the concentration to occur over multiple semesters.

### ***General Supervision/Consultation Policies***

The policies in this section apply to all forms of clinical supervision provided to trainees (e.g., primary supervision, CoD, group, couples, Essential Skills, provision of supervision, specialty concentration).

#### Supervisory Disclosure

In accordance with Texas licensing laws, CAPS trainees must use titles (e.g., Practicum Clinician, Doctoral Psychology Intern) that clearly indicate their supervised status. Trainees must provide the name of their supervisor during the first contact and document that disclosure in the corresponding case note. If the supervisor is a doctoral intern, the trainee should also provide the name of the psychologist who is the supervisor of record. Supervisory disclosure gives the client information about who is involved in their treatment, whom to request in a crisis if the trainee is not available, and assists in identifying and preventing potential dual role relationships between clients and supervisors.

#### Risk Assessment Consultation

Trainees routinely ask clients questions to assess suicidal and homicidal risk. Whenever a client endorses suicidal or homicidal intent, a senior staff member must be consulted before the client leaves the appointment. The trainee should first seek out the licensed supervisor of record, if available, or the Consultant on Duty, then any open door. Trainees are highly encouraged to consult with senior staff before making all levels of risk assessment decisions. Trainees should inform their primary supervisor as soon as possible regarding any risk assessment consultation that occurred outside of routine supervision.

#### Consulting a Supervisor or Administrator After Hours

After hours contact numbers for all CAPS team members are available to trainees via the CAPS Communication Chain (O:\CAPS\CAPS Communication). Trainees should not hesitate to contact the Training Director, Practicum Coordinator, administrator or supervisor should a situation arise outside of CAPS business hours that requires clinical or professional consultation.

#### Supervision Schedule

Weekly supervision is expected to occur at regularly scheduled times, for the length of the scheduled timeslots. If either party has a known scheduling conflict or is unexpectedly absent, notification and arrangements should be made as soon as possible to reschedule supervision for a mutually convenient time. Supervision should occur without interruption.

#### Supervisor Review of Clinical Documentation

CAPS clinicians use Titanium software to document all activity related to clients. Training in the use of Titanium is provided during CAPS New Clinician Orientation. Trainees must write and sign notes in accordance with the CAPS timeline for completing documentation and forward the notes to the relevant supervisor as soon as each note is written. Feedback and edits should then be exchanged as promptly as possible. It is expected that the supervisor's final signature will be provided within 10 business days from the date of the supervisee's client contact.

#### Weekly Deadline for Practicum Trainee Notes

Since there is regularly a gap of several days in a practicum trainee's CAPS schedule, practicum trainees must forward all notes to their supervisors before leaving CAPS each week.

#### Signing Notes in Titanium

There are 3 case note signature lines available in Titanium to support supervision. A signature on Line 1 protects the note from modification by any other clinician. The original clinician can later remove the protection if needed (by clicking Line 1 again) in order to make the edits recommended by their supervisor. If there are signatures on both Lines 1 and 2, the original clinician can no longer make edits to the note without the supervisor first unclicking the signature on Line 2. A note is permanently locked when there is a signature on Line 3, which cannot be unclicked. Locked notes cannot be changed; they can only be amended by using the Addendum feature. Supervisees and supervisors use the Forward feature to place notes requiring attention on one another's Task Lists.

The signature procedures are as follows:

*Practicum Trainees (IC, Treatment Planning Sessions):* The practicum trainee signs on line 1. The primary supervisor signs on line 2. The licensed supervisor of record signs on line 3.

*Practicum Trainees (Group):* The practicum trainee signs on line 1. The staff co-leader signs on line 3.

*Interns (IC, triages, Treatment Planning Sessions, group, couples, Essential Skills):* The intern signs on line 1. The supervisor signs on line 3.

*Tiered supervision:* The practicum trainee signs on line 1. The intern or postdoc providing supervision signs on line 2. The staff supervisor of record signs on line 3.

### Supervisor Review of Letters and Other Written Documents

Trainees must inform their supervisors in advance when they plan to send a form letter, customized letter, or other written document containing clinical information out of the agency. This information should also be documented in a case management note including the date and content of any letter sent. Letters containing any modifications from the standard CAPS form letters must also be reviewed by the trainee's supervisor for that clinical activity before being sent out of the agency. Also, trainees should ensure that an Authorization to Release Information Form is completed by the client prior to releasing records, when applicable.

### Supervisor Review of Email

Trainees must inform their supervisors in advance when they plan to send email to a client if the scope of content extends beyond routine scheduling. Emails from trainees need to:

- be sent from the trainee's University of Houston email account
- contain the appropriate header/footer disclaimers (see main P&P, Use of Email)
- contain the names, degrees and titles of the trainee and the licensed supervisor of record (please set up as an email signature)
- Please also include UH logo, CAPS Facebook, Twitter in your routine signature

Example of Email Signature:

Sample Trainee, M.A.,  
Doctoral Psychology Intern (or Practicum Clinician)  
University of Houston  
Counseling & Psychological Services (CAPS)  
713.743.5454 (Phone) | [www.uh.edu/caps](http://www.uh.edu/caps)  
[trainee@Central.UH.EDU](mailto:trainee@Central.UH.EDU)  
Pronouns: he/him/his

Supervised by Dr. Senior Staff, Psychologist



\*\*\*\*\*

### *EMAIL NOTICE:*

*Our office seeks at all times to maintain and respect the confidentiality of each client, including not only the details of any services rendered, but also the fact that an individual may be in contact with us. With this in mind, we wish to remind each person that email is not a secure form of communication. Because confidentiality cannot be assured, the use of email is discouraged in regard to communications with us. Our office may be called directly at [713-743-5454](tel:713-743-5454).*

*CONFIDENTIALITY NOTICE:*

*The information in this email and any attachments may be confidential and/or privileged. This email is intended to be reviewed by only the individual or organization named above. If you are not the intended recipient or an authorized representative of the intended recipient, you are hereby notified that any review, dissemination or copying of this email and its attachments, if any, or the information contained herein is prohibited. If you have received this email in error, please immediately notify the sender by return email and subsequently delete this email, as well as your "return email" from your system.*

Trainee Self-Disclosure

Self-awareness is a key component in becoming an effective clinician. A trainee's willingness to address personal issues that affect the provision of professional services can be very helpful in resolving difficulties and in promoting professional growth. Opportunities for personal exploration and reflection occur throughout the year. When appropriate, trainees are encouraged, but not required, to explore historical influences and personal data which may affect subsequent clinical practice. The protection from being required to share information is in accordance with Ethical Standard 7.04 (Student Disclosure of Personal Information) as contained in the Ethical Principles of Psychologists and Code of Conduct (APA, 2010).

A positive working alliance is also essential for effective counseling or supervision. The trainee makes a choice about how much to share in supervision and trainees are not penalized for choosing not to share personal information that does not directly impact their work with clients. Any exploration of trainee's personal qualities and history must focus on enhancing the trainee's effectiveness in a helping relationship, as opposed to attempting to conduct therapy or for any other inappropriate purpose.

Self-disclosure in supervision may occur in a variety of different ways. The following are offered as examples to illustrate this concept in action:

- The trainee, with awareness that their professional activities may be impacted by personal experiences, may choose to disclose such experiences. Trainees are welcome and encouraged to share personal information they determine may have bearing on their professional functioning.
- A supervisor may notice single significant incidents or patterns in behavior that suggest that a trainee's professional behavior may be influenced by personal issues. The supervisor may ask the trainee to reflect on this in the context of encouraging professional growth.
- A trainee may manifest difficulties that have a severe enough impact on competent professional functioning to cause the initiation of the formal due process procedures. As part of remediation, therapy may be recommended.

Within the context of these examples, trainee self-disclosure in supervision would be for the purpose of providing the best possible services to clients as well as fostering the trainee's development as a therapist. As such, these behaviors are consistent with the responsible and ethical practice of psychology.

## ***Primary Supervision***

### Trainee Schedule

Trainees are expected to maintain an accurate weekly schedule in Titanium. Practicum trainees should use the recurring appointment code “Out: Part-Time Staff” to designate the days that they are not scheduled to be at CAPS. When a trainee is unexpectedly absent, it is the primary supervisor’s responsibility to ensure that the supervisee’s clinical and outreach responsibilities are appropriately staffed. The primary supervisor should also confirm that the front desk staff have cancelled the trainee’s scheduled appointments and have marked the trainee’s absence in Titanium to notify group supervisors and seminar leaders. Trainees should follow the Trainee Leave Policies provided in this document.

### Active “My Clients” Chart

Trainees are required to provide their primary supervisor with a regularly updated list of active clients. This can be accessed from the My Clients screen in Titanium and shared in supervision.

### Trainee Caseload

Interns are expected to provide **21-24 hours of direct service per week**, comprised of triages, scheduled individual clients, couples clients (optional), group therapy, Essential Skills workshops, outreach/consultation including Let’s Talk, and provision of supervision.

Practicum trainees are expected to provide an *average* of **8 hours of direct service per week**, comprised of 5-8 scheduled individual client hours, 1.5 hours of group therapy, and occasionally provide psychoeducational workshops.

These requirements for scheduled hours take into consideration the likelihood of cancellations and no-shows throughout the year and are designed to ensure that trainees are able to meet an appropriate number of direct contact hours for their placement. Supervisors are expected to track the trainee’s caseload and assist with caseload management. Trainees who are having difficulties maintaining their caseload or completing paperwork within the expected time frame should inform their supervisors (sooner rather than later).

### Supervisor Tracking of New Clients

Supervisors should routinely review clients assigned to their trainees to verify the therapist training level and any other factors specific to their trainee (variety of clients on caseload, difficulties with particular diagnoses, etc.).

### Digital Video Recording Policies

Intern and practicum offices are equipped with a Logitech web camera and recording software. During orientation, trainees should test their video recording setup to record in-person client sessions, and confirm that the recordings save automatically to the trainee’s V: drive folder. Please ask your supervisor for assistance with this if needed.

Trainees are also provided with a HIPAA-compliant Zoom licensed account for telehealth services. During orientation, trainees should practice doing the following activities in Zoom: test audio and video settings, create meeting invitations, record a meeting.

All video recordings (whether Logitech or Zoom) must be saved directly to, or copied over to, your V: drive folder. Do not leave video recordings on the computer desktop or C: drive.

In general, every clinical activity that an intern or practicum trainee performs at CAPS without a senior staff clinician in the room must be video recorded. The exceptions are:

- triage interviews (during which recording procedures are reviewed and clients are given the option to opt out)
- Group therapy when staff co-leader is absent

Please confirm prior to scheduling with a client that they have not opted out of video recording. Trainees must inform clients when scheduling the first appointment that the sessions will be video recorded.

#### V: Drive Access

Each clinician is provided with a secure storage folder on the V: drive. All client and supervision videos must be saved here. Trainees can only access their own video folders. A trainee's video folder can only be accessed by the following CAPS training staff: primary supervisor for the current training period, trainee cohort supervisor, and the Training Director or Practicum Coordinator. These training staff may review recordings from their own computer at any time. Other training staff (group therapy supervisor, Clinical Director) may be granted access as needed to view certain cases, with prior notification of the supervisee. V: drive access changes each semester according to supervision assignments.

#### Storage and Deletion of Video Recordings

A clinician's video camera should be set up to record directly to a clinician's V: drive folder if possible. Recordings should be labeled with the date of the session and the client's initials. In general, recordings should be deleted by the trainee once the case has been adequately reviewed by in supervision (typically within 2 weeks of the recorded session, and no longer than 1 semester). The exceptions are:

- if a supervisor determines that the trainee's work with a particular client or clients requires more thorough review
- if a supervisor or supervisee is absent for a period and the recording is pending review

#### Review of Video Recorded Sessions in Supervision

Trainees should prepare for supervision by previewing their recorded work, formulating questions for supervision, and selecting relevant portions of session recordings to share with their supervisor. Primary supervisors may also view other sections of recorded work. Primary supervisors are required to view an average of 10 minutes of recorded work per hour of

supervision during weekly supervision. This means that there can be some supervision sessions with no viewing of recordings, and other sessions with more viewing.

#### Review of Video Recorded Sessions Outside of Supervision

Trainees and primary supervisors are also both expected to view and comment on the trainee's video recorded work outside of weekly supervision. Trainees are required to view a minimum of 2 full sessions outside of supervision per semester, one before the mid-semester review period (October, February), and another before the end of semester evaluation (December, May). Primary supervisors are required to review and provide feedback on 1 full session outside of supervision during each semester.

#### Notes "In Progress"

Trainees frequently have handwritten notes pertaining to their clinical work (e.g., triage notes, case note edits) for which the formal clinical documentation is still in progress. Please store securely and shred as soon as no longer needed. If typing drafts into Microsoft Word, remember to save in your I: drive folder and then delete when no longer needed.

#### Ethical Standards and Conduct

Supervisors should routinely discuss with trainees the APA Ethical Code as applied to the trainee's clinical work and professional conduct. Examples include discussion of ethical dilemmas, multicultural considerations in treatment and supervision, sexual attraction to clients, multiple relationships, starting and ending client sessions on time, maintaining clear boundaries with clients and supervisees, consulting with staff. Trainees should uphold these standards and raise ethical issues routinely in supervision.

#### Openness to Feedback

Supervisors should promote a healthy training environment for their trainees characterized by trust, support, and effective challenge. Trainees are expected to be open to receiving feedback from their supervisor regarding strengths and areas for growth. Trainees should also inform their supervisor of progress or difficulties in other training activities.

#### Academic Program Requirements

Trainees should notify their supervisor and the Training Director/Practicum Coordinator at the beginning of the semester of any additional paperwork (hour logs, evaluation forms) required by their academic department.

### ***Trainee Performance Expectations***

With regard to trainee behavior and performance during the training year, the general expectations of the CAPS training program are that the trainee will:

- Adhere to the APA Ethical Principles of Psychologists and Code of Conduct and the Acts and Rules of the Texas State Board of Examiners of Psychologists
- Operate within the bounds of the laws and regulations of the State of Texas.
- Adhere to the policies and procedures of Counseling and Psychological Services of the

- University of Houston.
- Practice in a manner that conforms to the professional standards of Counseling and Psychological Services.

Expectations of trainees also take into account developmental level, pace of learning, response to supervision, professional behavior, and changes in the types of clients assigned. Professional demeanor that contributes to the positive working environment at CAPS is always expected. Considering these and other factors, each trainee's performance is reviewed by the full training staff at the mid-semester meeting. If there are concerns, the student will be informed by his or her supervisor after the meeting. Trainees who are not performing up to expectation will be given feedback and suggestions for improvement and will be reviewed again at the end of the semester.

#### Passing Criteria

Trainees are expected to perform professionally at a level of proficiency appropriate to the trainee's developmental level. Trainees will be formally evaluated in various areas of clinical and professional competence, consistent with the APA Standards for Accreditation. If problem areas are identified in the first evaluation, the trainee should demonstrate responsiveness to feedback and show efforts towards improvement by the next evaluation. All interns are expected to have strengths and areas in need of further development. However, to meet competency goals and requirements of the internship program, an intern must receive an E (Expected Level) rating or above on all rated criteria at the end of internship.

The evaluation rating scale on the Trainee Evaluation by Primary Supervisor form is as follows:

#### (N) NEEDS IMMEDIATE ATTENTION

Shows lack of basic mastery of most or the majority of skills and abilities or severe deficits in select skills or abilities. Lack of basic mastery means that skills or abilities are inconsistently or unreliably mastered. Deficits mean that mastery of the skills and abilities in a particular area are insufficient and will need immediate and focused attention. Main priority of supervision should be on remediating insufficient areas or on achieving a basic level of mastery in fundamental skills.

#### (G) GROWTH AREA

Shows basic mastery of some or many skills and abilities, but struggles to achieve basic mastery of some or many others. Areas of struggle do not indicate a severe deficit, but inconsistent or unreliable mastery of a particular skill or ability. Main priority of supervision should be on achieving a basic level of mastery in growth areas.

#### (E) EXPECTED LEVEL (PASS)

Shows basic mastery of most or all skills and abilities, and may also show advanced-level mastery of select others. Basic mastery is defined as having a solid grasp of fundamental knowledge in this area and a generally reliable and consistent implementation of that knowledge. Difficult or challenging cases may temporarily show lack of knowledge or

inconsistencies in implementation, or bring out lack of advanced-level expertise. Main priority of supervision should be on refining basic mastery of skills to achieve advanced-level expertise.

#### (A) ADVANCED LEVEL

Shows basic mastery of all skills and abilities, and advanced level mastery of several or the majority of these skills or abilities. Advanced-level mastery is defined as having particularly detailed and nuanced knowledge in this area and a highly context specific, flexible, and tailored implementation of that knowledge. It might also include knowledge and implementation even in difficult or challenging cases or situations that present exceptions to the norm. Main priority of supervision should be on refining advanced level competence.

#### Deficits in Competence

Failure to meet performance standards is considered a deficit in competence. Not meeting performance standards is defined broadly as an interference in professional functioning that is manifested in one or more of the following ways:

1. Professional Standards: An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior. This would include negligent, unethical or unprofessional conduct.
2. Skills: An insufficient level of competence in the skill areas outlined in the CAPS Trainee Evaluation form.
3. Personal Functioning: An inability to address personal stress, psychological difficulties, and/or excessive emotional reactions such that they would interfere with professional functioning.

Corrective action will be taken to assist a trainee whose performance on any of the regular periodic evaluation procedures is unsatisfactory, and/or in the event that deficient work by the trainee is observed by any CAPS senior staff member.

#### Trainee Evaluations and Supervisor Evaluations

Trainees and their supervisors are involved in mutual formal and informal evaluations throughout the year. In addition to reviewing areas delineated in the Trainee Evaluation forms included in this manual, evaluative sessions with primary supervisors may address the following areas: the trainee's experience in the CAPS training program, trainee goals and expectations, time commitments and plans for involvement in various training activities, relationships with other trainees and training staff as they impact the trainee's training experience, professional development concerns and general personal and professional functioning. Trainees are also expected to provide feedback to supervisors regarding the areas delineated in the Evaluation of Supervisor form.

In the middle of each semester, each supervisory dyad exchanges verbal feedback in conjunction with the supervisee's informal self-assessment. At the end of each semester, the trainee and supervisors complete formal written evaluations of each other and the supervisory experience. Trainee evaluations are based on direct observations, recorded material, and information obtained during the process of supervision.

### Evaluation of the Training Program

Evaluation of the CAPS training program by both trainees and training staff occurs on an ongoing basis through supervisory relationships, meetings with the Training Director, and through the regularly scheduled meetings of the training team staff. Trainees provide written evaluations of all seminars throughout the year. Upon completion of the training experience, trainees are expected to complete and review with the Training Director a written [Evaluation of CAPS as a Training Site](#) that addresses supervision, seminars, and the overall structure and format of the training program.

### Communication with the Trainee's Graduate Program

1. A written acknowledgment will be sent to the trainee's Director of Clinical Training (DCT) at the trainee's home program once the trainee has accepted the CAPS placement.
2. In October / November, if the trainee's graduate program is in the Houston area, the Training Director may visit with the DCT to provide a verbal progress update.
3. In December (practicum) or January (interns), a summary of trainee progress will be sent to the trainee's graduate program, including a copy of the first written evaluation by the trainee's primary supervisor. The DCT may also request to meet with the trainee and the primary supervisor.
4. In February/March, if the trainee's graduate program is in the Houston area, the Training Director may visit with the DCT to provide a verbal progress update.
5. In April/May, practicum final evaluation will be sent to the trainee's graduate program. The DCT may also request to meet with the trainee and the primary supervisor.
6. In June/July, a summary of intern progress will be sent to the intern's graduate program.
6. The CAPS Training Director will notify the academic program when serious problems occur, such as inability to perform duties, incidents of unethical behavior, or particular behavioral/interpersonal difficulties. If such problems continue, the trainee's academic program may be notified in writing. A copy will be placed in the trainee's permanent file, maintained at CAPS.
7. In August (interns), a summary of the internship experience and notice regarding internship completion will be sent to the home department, including a copy of the final written evaluation by the intern's most recent primary supervisor.

### ***Remediation and Appeal Procedures***

#### General Guidelines

The CAPS training program has adopted specific evaluation procedures which are applied to all trainees.

General guidelines include:

- presenting to trainees, in writing, the program's expectations in regards to professional performance at the outset of training;
- stipulating the procedures for evaluation, including when, how, and by whom

- evaluations will be conducted;
- using input from multiple professional sources when making decisions or recommendations regarding the trainee's performance;
  - articulating the various procedures and actions involved in making decisions regarding competence problems and skill deficits;
  - communicating, early and often, with graduate programs about any suspected difficulties with trainees;
  - instituting, with the input and knowledge of the trainee's graduate program, a remediation plan for identified competence problems or skill deficits, including a time frame for expected remediation and consequences of not rectifying the inadequacies;
  - providing the trainee with a written statement of procedural policy describing how the trainee may appeal the program's actions or decisions regarding the trainee's performance / competence
  - ensuring that trainees have a reasonable amount of time to respond to corrective action(s) taken by the program; and
  - documenting, in writing and to all relevant parties (e.g., the Director of Clinical Training (DCT) at the trainee's home program, CAPS clinical supervisors), the corrective action(s) taken by the program and the rationale.

#### Remediation for Deficits in Performance / Competence

In the case of a deficit in a trainee's performance / competence, the following process will ensue. The trainee will be advised before each step is taken and will be encouraged to provide any information regarding their position on the issue.

The trainee's primary supervisor will discuss the problem(s) with the trainee and will inform the Training Director and/or Practicum Coordinator. Depending on the degree and number of deficits in competence, the Training Director may choose to join the primary supervisor in discussions with the trainee. The trainee will be given a reasonable opportunity to respond fully to the concerns. If inadequate improvement is made, step 2 will be taken.

Step 2: The Training Director attempts to resolve the concern at this level through designing, in collaboration with the trainee and his or her individual supervisor(s), a written program of corrective action to remedy the deficit in performance / competence. At this point, a letter will be sent to the trainee's academic program to inform the program of the problem area(s).

Corrective action might include, among other things:

- additional individual supervision
- change in the format, emphasis, and/or focus of supervision
- additional review of session recordings
- recommended readings
- didactic training
- contracting for specific behavioral changes within a given timeframe

- reducing or suspending direct client hours or other responsibilities
- changing the type of clients the trainee sees (e.g., less severe diagnoses)
- recommending a leave of absence

If insufficient improvement in performance / competence is made and barring any significant extenuating circumstances, a recommendation for dismissal shall be given to the trainee and sent to the academic program.

Any trainee who knowingly and intentionally violates ethical and legal guidelines governing the practice of psychology may be subject to termination and/or failure of the internship/practicum. Likewise, failure to abide by University rules and policies may also lead to termination and/or failure of the internship/practicum. Trainees are expected to familiarize themselves with and abide by these ethical and legal guidelines.

#### Procedures for Appeal

The appeal procedures presented below are available to the trainee so that they may challenge the program's corrective action or dismissal. Within five days of the written communication of corrective action or dismissal, a trainee may submit a letter to the Training Director requesting an appeal. An appeal may be requested on one or both of the following grounds:

- Failure of the program to follow these remediation and appeal procedures.
- Denial of the opportunity to fairly present data to refute the basis of the corrective action or dismissal.

Within five working days of the receipt of the appeal request, the Training Director will request that the CAPS Director convene an Appeal Committee. The Appeal Committee will consist of three staff members not involved in direct supervision of the trainee. The CAPS Director will select two members and the trainee will select one member. Trainees may not serve as Appeal Committee members.

The Appeal Committee will adhere to the following procedures:

The trainee and their supervisor or the staff member(s) involved will be notified that a special review meeting will be held by the Appeal Committee.

The Appeal Committee may request personal interviews and/or written statements from individuals as it deems appropriate.

The trainee may submit to the Appeal Committee any written statements they believe to be appropriate, may request a personal interview, and/or may request that the Appeal Committee interview other individuals who might have relevant information. The supervisor or staff members involved will also be afforded the same privilege.

Following the review by the Appeal Committee, the Appeal Committee will communicate in

writing its recommendations to the CAPS Director within two business days of the end of their deliberation. The committee may choose to recommend that the previous corrective action(s) or dismissal be sustained, reversed, or to recommend a new course of action, as it deems appropriate. The CAPS director may choose to accept or reject the Appeal Committee's recommendation and/or implement a new course of action as they deem appropriate. Absent extenuating circumstances, the CAPS Director will communicate their decision in writing to the Training Director and the trainee within five business days of receiving the Appeal Committee's recommendation. The decision of the CAPS Director is final.

To the extent the "Employee Grievances" procedures of the University of Houston found at MAPP 02.04.01: <http://www.uh.edu/mapp/02/020401.pdf> (hereinafter, "UH Employee Grievances procedures") are available to CAPS paid trainees, then, and in that event, the UH Employee Grievances procedures shall be followed as opposed to the "Procedures for Appeal" contained in these Remediation and Appeal Procedures for CAPS Trainees.

### ***Multiple Relationship and Privacy Considerations***

#### Fair Treatment of Trainees

Even minor considerations accorded to one trainee can be perceived as differential treatment by other trainees. Therefore, any opportunity for training or professional development should be offered to all equivalent level trainees and should be discussed with the Training Director before arrangements are made. Individual invitations to trainees for more informal workplace activities (such as eating lunch together or running a campus errand) should also be considered with regard to potential risks (e.g., misperception by the trainee, other trainees, or other staff; the trainee's ability to decline the invitation). The staff member should extend the invitation to all equivalent level trainees whenever possible.

#### Socializing between Staff and Trainees

There are many opportunities for collegial activities including meals, social hours, agency attendance at cultural events. The members of the training team are also reminded that they are in evaluative roles with trainees for the entire duration of the training year, and must maintain objectivity in order to perform these roles effectively. Thus, social activities with trainees should be thought through carefully in keeping with the APA Ethical Code, Standard 3.05 Multiple Relationships, i.e., to minimize entering into multiple relationships with CAPS trainees.

#### Professional vs. Personal Communication Tools

Due to personal privacy concerns, all clinicians should consider carefully the benefits, risks, and methods of their personal use of communication technology (e.g., blogs, professional and social networking sites etc.) Clinicians are encouraged to familiarize themselves with the safety and privacy options available for these tools.

CAPS clinicians should only communicate with clients using the following methods:

- CAPS telephones / CAPS voicemail

- letters sent on CAPS letterhead and co-signed by a licensed supervisor
- email sent only from the trainee's UH central.uh.edu email account with the appropriate disclaimers and containing the name of the licensed supervisor (and only if the client specifically requests use of email)

If a situation arises in which a clinician's personal phone must be used to contact a client, the clinician should block the number of their phone by dialing \*67 before dialing the client's number. E.g, \*67 (555) 555-5555

If a client has discovered another method of contacting a clinician (e.g., social networking website, alternate email address or phone number) and attempts to contact the clinician via this method, the clinician should consult before responding to the client or taking any other action. Trainees should consult their supervisor immediately.

#### Policy on Training and Receiving Services

CAPS discourages former CAPS clients from seeking training at CAPS, and therefore provides informed consent to enrolled UH graduate psychology students who may be interested in seeking therapy services at CAPS. This information is provided to UH graduate psychology students both through their graduate programs and at CAPS. Please review the main P&P Appendix: Informed Consent for UH Graduate Psychology Students.

### *Trainee Leave Policies*

#### Intern Vacation Requirements

Interns are expected to use all of their vacation time during the internship year. Five of those days must be taken on the last five working days of the internship if possible, both to allow the agency some transition time between intern classes, and interns some transition time before their next professional steps.

#### Planned Absences

Interns are expected to follow the staff procedures for Sick Leave, Vacation Time and Other Approved Leave. When the intern has received approval from the Director for the leave request, the trainee should also notify the primary supervisor and the Training Director of the planned absence.

Practicum trainees who need to request time off should email the Practicum Coordinator with the following information:

- the dates and reason for the planned absence
- whether the absence coincides with any scheduled clinical or outreach activities, and a proposed plan for rescheduling these or finding coverage
- a plan for making up the missed practicum hours

The Training Director/Practicum Coordinator will reply by email, with a copy to the trainee's

primary supervisor. Whenever leave is approved, trainees should mark themselves out for the corresponding period on the Titanium schedule. The Code “Out: Part-Time Staff” may be used, with an added notation “approved by Training Director”.

#### Unexpected Absences / Running Late

Interns should follow the Sick Leave, Vacation Time and Other Approved Leave procedures outlined in the P&P, chapter 15.

Practicum trainees should contact the Practicum Coordinator and call the CAPS front desk as soon as possible regarding any unplanned absence. Interns should text the Training Director and call the CAPS front desk as soon as possible regarding any unplanned absence. The Training Director/Practicum Coordinator will notify the Administrative Team, Primary Supervisor, and other relevant parties. Practicum trainees may be required to make up the missed time depending on the trainee’s progress toward accruing supervised hours and the nature and number of unexpected absences to date.

#### Returning from an Absence

After an absence, trainees should contact cancelled clients as appropriate, reschedule any missed supervision, and touch base with the Training Director/Practicum Coordinator for information updates.

#### Intern Professional Development Time

Interns may be authorized to use Professional Development Time to support activities appropriate for professional development at the intern level, i.e., dissertation preparation or defense; EPPP preparation; job interviews; conferences. One day of professional development time may be granted to support interns’ attendance at their graduation ceremonies. The time must be requested in advance via a Leave Request form and approved on a case-by-case basis by the Training Director. Conference attendance must be directly relevant to the intern’s duties within this agency. Interns are expected to provide a brief presentation to the staff upon return from a conference. CHATS meetings, the Texas Counseling Center Intern Conference, Division of Student Affairs activities, CAPS in-services, and receiving Cougar Allies Training are pre-approved Professional Development benefits.

#### Family and Medical Leave vs. Parental Leave

The Family and Medical Leave Act (FMLA) is a Federal law enacted in 1993 that provides employees with up to twelve (12) weeks of job protection for covered family and medical situations. To be eligible for FML, an employee must have worked for the University of Houston at least twelve (12) months within the last five (5) years in a non-student role, thus typically interns are not eligible for FML.

Interns might meet the criteria for Parental Leave, a UH System Policy that provides up to twelve (12) weeks of unpaid leave for birth, adoption of a child under 3, or foster placement of a child under 3. When the need for Parental Leave arises, CAPS administration works proactively with the intern, their academic program, and APPIC, to come to mutually agreeable

solutions that are supportive of the intern's transition to parenthood, and that ensure that the intern will be able to meet the internship program's aims, competencies and outcomes, and receive a sufficient number of hours of training to complete internship.

UH Parental Leave Policy:

<https://uh.edu/policies/docs/mapp/02/020202.pdf>

APPIC Guidelines for Parental Leave:

[https://www.appic.org/Portals/0/downloads/APPIC\\_GUIDELINES\\_FOR\\_PARENTAL\\_LEAVE\\_1-21-16.pdf](https://www.appic.org/Portals/0/downloads/APPIC_GUIDELINES_FOR_PARENTAL_LEAVE_1-21-16.pdf)