Interns at the University of New Hampshire Counseling Center are immersed in a training experience with its major goal being the facilitation of the growth and development of interns into competent entry-level professionals psychology. In service of this goal, senior staff psychologists serve as educators, supervisors, mentors, and role models to interns in the development of the foundational competencies of Professionalism, Relationship, Science, Application, Education and Systems. Through the supervised activities of individual therapy, group intervention, outreach, consultation, the provision and receipt of peer supervision, scholarly inquiry and administrative tasks, interns gain enhanced ability to function as health service providers in psychology. Learning is developmental and predominantly experiential in nature with didactic work supplementing supervised practice. Over the course of the internship year, interns experience the expansion and deepening of competencies developed through prior training and educational experiences. At the completion of the internship, interns are ready to assume independent practice with the values and skills of our profession.

In addressing specific competencies, it is helpful to look at the particular foundational and functional competencies associated with each. Because the predominant method of training at the internship level is supervised practice, a more integrated approach to the curriculum plan is adopted. Competencies in Professionalism, Relationship, and Science serve as the scaffolding for, or basis of, all practice as Health Service Providers in Psychology at a university counseling center. Training in these foundational competences and the functional competencies supporting them are integrated into all activities and through implicit and explicit processes in supervised practice, and are developed through clinical, supervisory, and administrative work.

I. Foundational Competency: PROFESSIONALISM

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

1A. Integrity
   1. Exhibits honesty, personal responsibility and adherence to professional values.
   2. Identifies potential conflicts among personal belief systems, APA Ethic Code, issues in practice and agency policies. Seeks consultation around those conflicts as needed.

1B. Deportment
   1. Conducts self in a professional manner across settings and situations.
   2. Is attentive to detail, follows through on tasks, etc.
   3. Is prompt for and participates in staff meetings, case sharing, intern seminar, and professional seminar.

1C. Accountability
   1. Independently accepts personal responsibility across settings and contexts.
2. Accepts constructive criticism in a reasonably non-defensive manner, rather than engaging in defensive maneuvering.

**1D. Concern for the welfare of others**

1. Independently acts to safeguard the welfare of others.

2. Demonstrates ability to empathize with client, to see the client’s situation from client’s point of view. Demonstrates a non-judgmental stance.

3. Takes appropriate steps when others behave unprofessionally.

**1E. Professional Identity**

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

2. Is developing competent professional identity appropriate to his or her level of training. This integrates the unique needs and qualities of the individual with the standards and norms of the profession.

This competency area is taught and evaluated in all of the activities in which the intern engages at the Counseling Center. Training in this competency area is “immersion” based with instruction and supervision added. Senior Staff Psychologists serve as role models with respect to the qualities of Integrity, Depormt, Accountability, Concern for the Welfare of Others, and Professional Identity and their integration into all work as psychologists. In addition, on a more concrete level, interns are provided with basic expectations of professional functioning during Orientation in meetings with the Director of Training. These expectations are presented in written and verbal form in the Intern Manual and the UNH CC Policy and Procedure Manual, as well as during the discussions had about these manuals. Seminars during Orientation focus on establishing and explaining norms of and values for professional functioning at the Center. Seminars on Ethics and Professional Issues, Multicultural and Social Justice Competencies, Recordkeeping, and the History of the Counseling Center include attention to both the values and principles, as well as specific policies of the Center. A two part seminar series on Power and Responsibility in Therapy is also an important part of the training in this competency area. Continual attention is paid to professional and ethical issues in all supervision meetings, Case Sharing, Professional Development Supervision, Staff Meeting, and Seminars. Professional identity is a consistent topic of discussion in Professional Development Supervision with the DOT. A Professional Issues Seminar Series is presented in July and August to allow for more in-depth processing of complex professional issues. By this time, interns have had some experience with difficult ethical dilemmas and/or professional issues and this material is incorporated into the seminar series. In addition, post-doctoral fellows provide important mentoring and preparation for professional identity consolidation. Beginning during orientation, fellows meet with interns to assist them in making the transition to fellowship. Later during the year, in June, July and August, fellows and interns meet weekly to discuss fellows experience with job search, licensure and interns transition to fellowship.

Evaluation of competency in this area is ongoing and occurs not only in primary supervision but also in all contacts with senior staff, i.e., case conference, consultations, and intern meetings. Interns also evaluate themselves on these skills.
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

1. Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation.

2. Shows awareness of own individual and cultural diversity and context and understands their impact in all clinical work.

2B. **Others as Shaped by Individual and Cultural Diversity and Context**

1. Independently monitors and applies knowledge of others’ as cultural beings in assessment, treatment, and consultation.

2. Shows awareness of others’ individual and cultural diversity and context and understands their impact in all clinical work.

2C. **Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context**

1. Independently monitors and applies knowledge of diversity in others’ as cultural beings in assessment, treatment, and consultation.

2. Shows awareness of interaction of own and others individual and cultural diversity and context and uses this to inform clinical work.

3. Shows an understanding of own and others’ individual and cultural diversity and context and behaves in a way that is respectful of staff, supervisees, consultees, and clients.

2D. **Applications based on Individual and Cultural Context**

1. Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work.

2. Shows respect for individual differences including but not limited to: race, religion, nationality, gender, ethnicity, primary language, sexual orientation, ability, age, economic status, educational history, which may influence psychological assessment and therapy. Interventions in all areas of professional functioning reflect this awareness, understanding and skill.

3. Appropriately considers clients’ individual and cultural diversity and context in the design, facilitation and evaluation of workshops.
4. Appropriately considers own and client’s individual and cultural diversity and context in the consultation.

5. Uses culturally relevant best practices.

This competency area is taught and evaluated in all of the activities in which the intern engages at the Counseling Center. Training in this competency area is “immersion” based with instruction and supervision added. The awareness of, sensitivity to and skills required to work with diverse individuals within diverse contexts is a competency that is emphasized in all of the UNH CC work and is made explicit in our written materials and our approach to clinical work and training. Interns are welcomed into a system with a long history of commitment to and action toward social justice and the acknowledgement, examination, and integration into behavior of individual and cultural diversity and context. Prior to applying to our site, intern candidates are informed via our website of our value of social justice and the ways that this manifests on and for our staff. During our interview process, commitment to social justice and advocacy work is an important selection criterion and discussed with each candidate. All of the candidates that come to our site for an interview meet with our colleagues at the Office of Multicultural Student Affairs (OMSA) and discuss the ways that we collaborate and the importance of this work. This serves many purposes including: 1) role modeling for all candidates the awareness of, sensitivity to and skills of psychologists in the competency area of individual and cultural diversity and context; 2) beginning for those with whom we match, the process of education, mentoring, and social justice advocacy through connection; and 3) securing a good match for our training program.

Interns’ competency in this area is further assessed in the Spring Semester prior to their arrival at UNH. Incoming interns are asked to complete a self-assessment form in order to gage their strengths and training needs in this competency area. (Please see Appendix B for this form). This data is shared with senior staff psychologists to aid in their development of seminars and to assist them in preparing for the intern class. Once at UNH, interns participate in a 13 session seminar series on social justice and multicultural work. This seminar series begins on the second day of internship and continues through the internship year. Attention is paid to understanding self, other and the interaction of self and other in clinical and other work as a psychologist. Topics include: Worldview, Working with Students of Color at a Predominately White University, Working with International Students at UNH, Working with Students with Disabilities, Identity and Intimacy in the Academy: LGBTQ Students Today, and Working with First Generation College Students. Individual and cultural diversity and context are consistent considerations in all supervisory relationships.

Evaluation of competency in this area is ongoing and occurs not only in primary supervision but also in all contacts with senior staff, i.e., case conference, consultations, and intern meetings. Interns also evaluate themselves on these skills.

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

2. Understands and maintains professional ethical behavior in accordance with APA standards and upholds state laws pertaining to the practice of psychology (e.g., informed consent, reporting requirements, confidentiality) in all work.

3B. Awareness and Application of Ethical Decision Making
1. Independently utilizes and ethical decision-making model in professional work.

3C. Ethical Conduct
1. Independently integrates ethical and legal standards with all competencies.

This competency area is taught and evaluated in all of the activities in which the intern engages at the Counseling Center. Training in this competency area is “immersion” based with instruction and supervision added. Interns work in a system that carefully considers ethical and legal issues and constantly evaluates its policies, procedures and practices in light of these issues. During Orientation, interns are provided with basic expectations of ethical, legal and professional functioning. They participate in seminars including: Ethics and Professional Issues, Recordkeeping, and UNH Counseling Center Policy and Procedures as well as meetings with the DOT reviewing and discussing ethical and legal issues in training, supervision and clinical practice. Continual attention is paid to professional and ethical issues in all supervision meetings, Case Sharing, Professional Development Supervision, Staff Meeting, and Seminars.

Evaluation of competency in this area is ongoing and occurs not only in primary supervision but also in all contacts with senior staff, i.e., case conference, consultations, and intern meetings. Interns also evaluate themselves on these skills.
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**
1. Demonstrates reflectivity in context of professional practice (i.e., reflection-in-action); acts upon reflection; uses self as a therapeutic tool.

2. Demonstrates an ability to consult with and use feedback from other trainees and senior staff about assessment issues.

3. Invites, accepts, evaluates, and implements feedback from others, sets appropriate professional development goals.

4. Is able and willing to analyze and discuss own behavior as a therapist, (i.e., thoughts, feelings, or actions) during supervision or case discussion.

5. Seeks consultation or supervision when uncertain about diversity issues including those within self, concerning others or in interactions with others.

**4B. Self-Assessment**
1. 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.

2. Demonstrates professional objectivity in being aware of, and in working through transference and counter-transference reactions. In so doing, minimizes personal over-involvement, self-focus, or excessive distance in therapeutic interactions.


**4C. Self-Care** (attention to personal health and well-being to assure effective professional functioning)
1. Self-monitors issues related to self-care and promptly intervenes when disruptions occur.

2. Shows an awareness of and ability to cope with personal problems or issues, which might interfere with professional duties and services.

**4D. Participation in Supervision Process**
1. Independently seeks supervision when needed.

2. Knows when to seek consultation, and takes responsibility for arranging professional experiences in areas where increased understanding and/or skills are desired.

Reflective Practice is taught and evaluated in all of the activities in which the intern engages at the Counseling Center. Training in this competency area is “immersion” based with instruction and supervision added. Interns are part of a reflective and self-aware staff that values life-long learning and self-care. Senior staff psychologists actively participate in ongoing peer supervision and continuing
education. Similarly, with senior staff guidance, interns engage in a continuous process of self-
assessment and evaluation. This process is both formal in the case of the completion of a self-evaluation
and evaluation by supervisor (please see Appendix B for evaluation procedures and forms) and informal
as occurs in regular supervision meetings and interaction with intern peers. Seminars such as Self-Care for
the Therapist, Crisis Management, and the Topics in Multicultural and Social Justice Issues are important
components of the facilitation of this competency area.

Evaluation of competency in this area is ongoing and occurs not only in primary supervision but also in all
contacts with senior staff, i.e., case conference, consultations, and intern meetings. Interns also evaluate
themselves on these skills

II. Foundational Competency: RELATIONAL

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

5A. Interpersonal Relationships
   1. Develops and maintains effective relationships with a wide range of clients, colleagues,
      organizations and communities.

   2. Exhibits capacity for interpersonal relatedness (e.g. social perceptiveness, emotional resonance
      and responsiveness, motivation to help, compassion, self-understanding, self-discipline, flexibility,
      conflict negotiation, and appropriate boundaries. etc.)

5B. Affective Skills
   1. Manages difficult communication; possesses advanced interpersonal skills.

   2. Has established effective working relationships with the majority of individuals on the senior,
      training, and support staff. Is able to address conflict and difference appropriately.

5C. Expressive Skills
   1. Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated,
      and well-integrated; demonstrates thorough grasp of professional language and concepts.

   2. Completes clinical documentation in a thorough and timely manner. Notes (including intakes and
      treatment summaries) are concise and comprehensive.

Much of the learning that takes place in this competency area occurs within the supervisory and peer
relationships developed during the internship year. The staff at the UNH Counseling Center is a working
group with varied theoretical orientations and clinical experiences that strives for good relationships and a
positive work environment. Our goal is for effective, efficient and satisfying work relationships,
processes and outcomes. We value clear and direct communication and are committed to approaching
conflict in a direct and respectful way. We see ourselves as lifelong contextual learners. Our commitment
to our relationships with each other and our positive work environment requires each of us to consider the
impact of our thoughts, actions and decisions on others. It is in this context and through the process of
supervision that interns are further socialized into the field of psychology, a field that values enhanced
flexibility, openness, inquisitiveness, self-awareness, knowledge of limits, and competency.
Interacting with professionals of other disciplines often provides interns with a chance to explore other professional cultures and to solidify their own professional identities. In the course of clinical work, interns consult with numerous other health and educational professionals. In addition, each intern is required to participate on a multidisciplinary team with other campus health professionals. For the most part, these teams consist of Health Services and Counseling personnel working together toward common goals. Senior staff supervisors and interns process their experiences with these teams and the work that is accomplished.

Written communication is critical to full functioning as a psychologist and consequently, at the UNH Counseling Center. Interns participate in Record Keeping Seminar as well as receive feedback from supervisors on all notes, projects, and reports. In addition, all clinical correspondence going out of the center is reviewed and co-signed by senior staff supervisors.

Evaluation of competency in this area is ongoing and occurs not only in primary supervision but also in all contacts with senior staff, i.e., case conference, consultations, and intern meetings. Interns also evaluate themselves on these skills.

**III. Foundational Competency: 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**
1. Independently applies scientific methods to practice.
2. Demonstrates an ability to establish rapport and gather relevant information during the assessment process.
3. Is able to articulate and document diagnostic impressions, hypotheses and appropriate theoretical formations.
4. Plans effective intervention strategies that are informed by an integration of scientific literature and clinical intuition.

6B. **Scientific Foundation of Psychology**
1. Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior).
2. Demonstrates awareness and knowledge of current literature regarding client issues where relevant.
3. Applies knowledge of evidence-based practice to clinical work as appropriate.
4. Conceptualizes and articulates knowledge of theoretical concepts of and research on psychotherapy and psychopathology.
6C. **Scientific Foundation of Professional Practice**

1. Independently applies knowledge and understanding of scientific foundations to practice.

2. Integrates data from intake assessment tools into client conceptualizations and dispositions.

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**

1. Generates knowledge.

2. Able to integrate scientific and scholarly literature into professional functioning.

7B. **Application of Scientific Method to Practice**

1. Applies scientific methods of evaluating practices, interventions, and programs.

2. Is able to critically evaluate presentations and integrate appropriate feedback into future workshops design.

3. Evaluates practice and improves upon activities using accepted techniques (including but not limited to CCAPS, Client Satisfaction Form, Evaluation Forms, Verbal Feedback from Clients, peers and supervisors)

Interns receive formal training in Scientific Knowledge and Methods in evidence-based practices via seminars such as Contextual Cognitive Behavioral Therapies (Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, and Dialectical Behavioral Therapy), Eye Movement Desensitization and Reprocessing (EMDR), Integrated Approaches to the Treatment of Anxiety, Brief Treatment of Trauma, and Mindfulness-based Psychotherapy (Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapy). Current literature on these topics, as well as on other topics related to client issues, is available to interns on the shared electronic drive and through the staff library. Interns have the opportunity to share ideas regarding client conceptualizations, diagnostic impressions, and theoretical formations during Case Share, Individual Supervision, Peer Supervision, and Assessment Seminar meetings. Interns integrate assessment results from the PAI, MCCI, as well as pre- and post-data from the CCAPS-62 into client conceptualizations, as well as test hypotheses that are used to evaluate and modify current dispositions, treatment approaches, and treatment plans. Interns critically evaluate their outreach and consultation work through written evaluation as well as continuous observation of self and process. In discussing these observations with each other and senior staff supervisors, they engage each other in applying a scientific method to practice. Outcome measures, such as Client Satisfaction and Evaluation forms, are also used to inform clinical practice. Interns may also work on our outcome data report “Therapy Works” and/or our yearly report to our constituents “Year in Review”.

An additional opportunity interns have to increase understanding and competence in this area comes in the form of the intern project. Interns complete a project in the form of a seminar, a research project or other substantial piece of work. The topic for the project is decided upon in conjunction with the Director of Training. In scheduling this project and the Clinical Specialty Project during the Summer Session, it is our intent to show interns how they can continue their professional learning and scholarly work in the midst of
the immense clinical demands of counseling center work. Because clinical demands typically drop in the Summer Session and the Winter Break, we believe that these times are ideal for research and other scholarly pursuits. (As needed, dissertation research also takes a high priority at these times and there is substantial time available during the Winter Break and Summer Session for this work.)

Evaluation of competency in this area is ongoing and occurs not only in primary supervision but also in all contacts with senior staff, i.e., case conference, consultations, and intern meetings. Interns also evaluate themselves on these skills.

**IV. Foundational Competency: 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**

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

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

**9A. Knowledge of Measurement and Psychometrics**

1. Independently 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 context.

2. Demonstrates an ability to formulate appropriate assessment questions.

3. Shows awareness and understanding of the role of assessment in the clinical setting.

**9B. Knowledge of Assessment Methods**

1. Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning.

2. Is familiar with a variety of tests, and is able to accurately administer, score, and interpret clinical assessment tools.

**9C. Application of Assessment Methods**

1. Independently 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.

Interns meet with the Coordinator of Assessment for six didactic seminars during the Fall semester and receive supervision on their testing in the Spring semester. Initially interns are introduced to the Counseling Center Assessment of Psychological Symptoms (CCAPS), the Personality Assessment Inventory (PAI), and the Millon College Counseling Inventory (MCCI). In addition, they are introduced
to the various evaluation methods used for the training and clinical programs at the UNHCC. Over the course of the academic year, they work to incorporate these tools into their clinical work. During the Spring Semester, interns present two assessment clients to their intern cohort and the Coordinator of Assessment. Other supervision time, as needed, is determined on an individual basis.

Competency in this area is assessed based on a rubric shared with the interns during first semester. Interns also evaluate themselves on these skills.

9D. Diagnosis
1. Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity.

2. Gathers information regarding the client’s presenting problem and history relevant to such.

3. Effectively screens for possible medical/organic or psychotic disorders.

4. Makes appropriate disposition of intake client (e.g. individual, group, outside referral, etc.)

9E. Conceptualizations and Recommendations
1. Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment.

2. Integrates assessment results within the context of treatment goals and plan.

9F. Communication of Assessment Findings
1. Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.

Interns receive training on the intake process during Orientation and early in the Fall semester by attending Intake, Risk Assessment, Recordkeeping, Risk Management, Clinical Procedures at the Counseling Center, Consultation and Referral, and Crisis Intervention Seminars, and then observing and being observed by senior staff. Interns and senior staff discuss these joint intakes and emergency intakes. Initially, interns may write the report and receive feedback from the senior staff member. As the interns and their primary supervisors become more comfortable with the interns’ level of competence within our system, interns conduct intakes independently. Interns are then assigned three intakes per week. Once ready to conduct emergency intakes, interns move into our emergency rotation and cover one morning per week with Sr. Staff back up.

As part of the intake assessment process, interns review CCAPS and resiliency data that clients provide prior to the beginning of intake. They integrate this data and use it both to inform the content and process of the intake and also the disposition. For every intake, interns make a determination (often in consultation with their primary supervisor) of the appropriate disposition for the clients. Options include individual or group counseling at the Counseling Center or an outside referral. Each intern is provided with a notebook listing referrals. Interns also provide a five-axis DSM-IV-TR diagnosis for each intake client.
Primary supervisors read intake reports written by interns, provide feedback when appropriate, and sign off on notes. Other senior staff who have subsequent contact with intake clients may also provide feedback and supervision on this competency area. Interns also evaluate themselves on these skills.

10. **Intervention**: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

10A. **Intervention planning**
1. Independently plans interventions; case conceptualizations and intervention plans are specific to case and context.

2. Conceptualizes and articulates client problems effectively. Integrates relevant data into meaningful/coherent conceptualizations.

3. Formulates realistic treatment plans that are reflected in therapy notes and treatment summaries.

4. Allows, enables and facilitates clients’ exploration and expression of affectively difficult issues.

5. Demonstrates knowledge of theory of group work.

6. Is able to translate clinical skills into a group treatment setting.

Opportunities for developing competency in this area occur in both didactic and experiential learning. Supervised experience in individual therapy, group work, crisis intervention, and intake assessment provide ample opportunity for the deepening of existing skills and the development of new ones in this area. Primary supervision, supervision of group work and weekly case conference further support the development of this competency. Seminars on topics such as Relational Theory, Intake and Assessment, Interpersonal Neurobiology, Topics in Multicultural and Social Justice Competencies, and Professional Issues as well as on empirically validated therapies such as Contextual Cognitive Behavioral Therapies, Eye Movement Desensitization and Reprocessing, Integrated Approaches to the Treatment of Anxiety, Brief Treatment of Trauma, Mindfulness-based Psychotherapy, and special therapy issues (i.e., Eating Disorders, Domestic Violence) provide information and opportunities for discussing treatment planning and integration of clinical data into conceptualization. In addition, many interns choose to focus their Clinical Specialty Project on their theoretical orientation as it pertains to particular clients with whom they worked over the course of the internship year.

Evaluation of competency in this area is ongoing and occurs not only in primary supervision but also in all contacts with senior staff, i.e., case conference, consultations, and intern meetings. Interns also evaluate themselves on these skills.

10B. **Skills**
1. Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations.

2. Establishes effective rapport and structures productive inquiry during the intake process to facilitate disclosure.
3. Demonstrates effective communication as a therapist including appropriate amount, timing, and quality of verbal and non-verbal responses or interventions.

4. Facilitates utilization of other resources outside the therapeutic relationship including other campus offices, physical exercise, social and religious organizations, and self-help groups.

5. Conveys to client a sense of optimism/confidence regarding short-term work.

6. Establishes a time limit (and renegotiates it if clinically appropriate).

7. Conducts effective longer-term therapy, integrating historical material with emergent issues, including the dynamics of the therapy relationship.

8. Links the past to present-day concerns.

9. Exercises solid professional judgment and knows how to use psychiatric consultation, hospitalization procedures and community resources.

10. Demonstrates awareness of the process of group treatment, including group formation, conflict and termination.

10C. Intervention Implementation
1. Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate.

2. Demonstrates flexibility in approach: varying the degree of activity, support, structure, interpretations, self-disclosure, confrontations, etc., in accordance with the perceived needs of the client.

3. Works with a variety of clients and problems, including differences in type and severity of problems, as well as differences in personalities and levels of development.

4. Demonstrates competence and flexibility in doing crisis intervention, and in handling clinical emergencies.

5. Demonstrates effective interaction with other professionals in crisis situations.


7. Takes an educative role when appropriate (e.g. explaining how psychiatric evaluations work to client considering medication).

10D. Progress Evaluation
1. Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures.

2. Works effectively in the termination phase of therapy, includes planning for termination, appropriate timing and facilitation of closure, working through separation issues, coping with client relapses, etc.
3. Maintains the agreed upon focus, or makes an explicit, joint decision to shift the focus.

Interns are expected to carry an individual client caseload of 16 client hours per week throughout the academic year. Interns work with both short-term and longer-term psychotherapy clients. In addition, they provide intake assessment, group treatment and emergency intervention. Throughout the training year, interns receive a minimum of 2.5 hours per week of individual supervision, and 3 hours of group supervision; they also participate in training seminars on numerous clinical issues. There is ample time and opportunity for the development of competency in Skills, Intervention Implementation, and Progress Evaluation.

Through primary clinical supervision, case share, and seminars, interns learn and refine therapy work for a variety of therapeutic orientations, including feminist and multicultural, humanistic, psychodynamic, second wave cognitive behavioral, and contextual cognitive behavioral. Interns learn how to incorporate interventions from these frameworks depending on the client’s goals and background. Though clinical staff members have different therapeutic styles, these occur within a context of client-centered treatment.

Interns hone their therapeutic skills in a variety of ways. Through providing clinical services, particularly triage intakes, emergency intakes, short- and longer-term individual counseling, as well as group counseling, interns tailor their assessments and interventions to a wide range of client concerns and demographic backgrounds. Through formal supervision and seminars, interns further develop skills in disposition regarding the most clinically indicated modality (i.e., short-term counseling, longer-term counseling, group counseling, couples counseling, consultation and referral to off-campus counseling) based on the clients’ concerns and clinical symptoms; their history of strengths and challenges; as well as what the Counseling Center can realistically provide. Interns demonstrate flexibility in approach with individual counseling based on the duration of the treatment, the client’s presenting concerns as well as social and multicultural identities. Based on the type of group they are co-facilitating, interns adapt their interventions to be skill-based, process-oriented, supportive, or a combination of these styles.

Further, interns tailor their outreach workshops based on the needs of the participants. At times, the participants are known prior to the workshop being conducted and at other times, the interns have to adapt the content and even structure of their presentation based on the number of the people in attendance as well as their particular learning goals. Similarly, interns refine the frame of the goals of the consultation project based on the consultees’ needs and expectations. Feedback is ascertained after the completion of the consultation project report and interns process this with the consultation supervisor.

Several of our Intern and Professional Development Seminars address the need for sensitivity and versatility regarding particular client issues and client populations. Specifically, our Topics in Multicultural Counseling and Social Justice Work Seminar Series include topics such as: Worldview, Identity Development, Counseling with Gay, Lesbian, Bisexual and Transgender People, Working with International Students at UNH, Religious and Spiritual Issues in Counseling, Working with Students with Disabilities and First Generation Students at UNH, very directly address this need. Additionally, interns are provided with articles and other resources on issues in multicultural counseling as well as applying social justice principles within a clinical context.

Prior to assigning clients to interns' caseloads, supervisory pairs meet and discuss interns' experiences and goals. Intakes and emergencies are initially shared by supervisory dyads and case assignments are made
consensually by supervisors and interns. Once interns begin completing intakes independently, interns review cases with supervisors and decisions regarding disposition and assignments are made. Other files for potential cases for interns are first given to the primary supervisor for review; supervisory dyads then discuss and plan for each case. Supervisors carefully monitor progress in individual therapy work via audio and digital recordings of sessions, discussions in supervision, treatment planning, case sharing, and training seminars, and at times co-therapy. Information about competency in individual therapy is also obtained from a formal case report required each semester and evaluation surveys completed by clients at the end of treatment. Groups are co-led by interns and fellow supervisors. In this way, evaluation and feedback is continuous between interns and supervisors with modifications to interventions and approach made regularly. Consistent with our apprenticeship process, supervisors and interns engage in a continual feedback process in which both are evaluating and adjusting in response to client, intern and program needs. Throughout the supervisory relationship, interns engage in self-evaluation and communication of learning goals and objectives. Interns also evaluate themselves on these skills.

11. **Consultation**: The ability to provide expert guidance or professional assistance in response to a client’s needs or goals.

11A. **Role of Consultant**
   1. Determines situations that require different role functions and shifts roles accordingly to meet referral needs.
   2. Demonstrates sensitivity to organizational structure and group dynamics.

11B. **Addressing Referral Question**
   1. Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question.
   2. Integrates feedback from consultee into planning and implementation of consultation.
   3. Functions effectively as a consultant to university staff, faculty, or departments outside the counseling center.
   4. Demonstrates initiative and creativity in projects(s) undertaken.
   5. Establishes rapport with consultees and sets up realistic expectations.

11C. **Communication of Consultation Findings**
   1. Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations.

11D. **Application of Consultation Methods**
   1. Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases.

Interns are introduced to requirements and expectations in this area through seminars and readings beginning first semester. In conjunction with the Center Director, interns negotiate a year or semester long consultative relationship with at least one campus agency and design and implement a consultation project with a segment of the campus population. Biweekly consultation supervision facilitated by the
Center Director, and professional development supervision meetings with the Director of Training provide opportunities for discussion and support on these projects. In addition, the consultee provides feedback about the project to the Center Director and to the intern. Interns also evaluate themselves on these skills.

V. Functional Competency: EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.

12A. Knowledge
1. Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences.

2. Designs successful workshops.

12B. Skills
1. Applies teaching methods in multiple settings.

2. Demonstrates a clear presentation of material.

3. Shows ability to foster participant involvement in the context of workshops and other presentations.

4. Demonstrates effective didactic and leadership behavior within a workshop or training format.

Each semester, interns develop and present four workshops for campus offices, classes, or community organizations. They receive training on providing workshops through an intern seminar series on outreach and consultation that is supplemented by several articles on the topic. They may work with senior staff in preparing and giving these workshops. Interns receive feedback on their workshop design and delivery as well as biweekly supervision from the Outreach Supervisor. They also receive feedback from the Director of Training, other Senior Staff and/or workshop participants. They collect feedback from outreach participants and integrate this feedback into future workshops.

These presentations may be completed in conjunction with senior staff members, other trainees, or independently depending upon intern readiness. Interns present a Professional Development Seminar on a topic of their choice to the entire staff. Typically, interns present their dissertation research. Feedback is given by senior staff supervisors about intern presentation both after joint presentations and after intern presentations to staff. Interns also evaluate themselves on these skills.

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

13A. Expectations and Roles
1. Understands the ethical, legal, and contextual issues of the supervisor role.

2. Provides feedback in a respectful and sensitive way to peer supervisee.
3. Imparts awareness of and respect for own and supervisee’s individual and cultural diversity and context.

4. Imparts understanding and respect for individual and cultural diversity and context of client to peer supervisee.

13B. Processes and Procedures
1. Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise.

2. Articulates a model of supervision and reflects how this model is applied in practice.

3. Uses appropriate self-disclosure to facilitate learning and the development of the supervisory and other professional relationships.

4. Understands mistakes as part of the learning process. Tolerates and learns from own mistakes as a supervisor and assists peer supervisee in same.

13C. Skills Development
1. Engages in professional reflection about one’s clinical relationships with supervisees, as well as supervisees’ relationships with their clients.

2. Appropriately navigates the inevitable incongruences that occur between supervisor goals for self and peer supervisee needs.

13D. Supervisory Practices
1. Provides effective supervised supervision no less advanced students, peers, or other service providers in typical cases appropriate to the service setting.

2. Asks questions that stimulate peers to think and self reflect.

3. Helps peer supervisee to plan effective intervention strategies.

4. Facilitates peer supervisee’s integration of theory into practice.

5. Helps peer supervisee to formulate realistic treatment goals.

Interns are trained and supervised in a model of Peer Supervision that includes didactic seminars and a weekly 2-hour supervision meeting. This series allows interns to read and discuss issues on supervision as well as to provide peer supervision to one another and then receive supervision on their supervision. Specifically, during the first hour, interns present cases to their intern cohort and receive supervision on those cases. For the second hour, SOS helps the group focus on supervision skills. Additionally, interns review and discuss articles on supervision and training issues. Interns meet at the end of each semester with the SOS to evaluate their growth and development in the peer supervision process both in their role as supervisor and supervisee. Interns also evaluate themselves on these skills.
VI. Foundational Competency: SYSTEMS


14A. Knowledge of the Shared and Distinctive Contributions of Other Professions
   1. Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals.

   2. Consistently exhibits verbal and nonverbal communications that are appropriate to the professional context including in consultations with other health care providers and systems of care and more conflict interactions.

14B. Functioning in Multidisciplinary and Interdisciplinary Contexts
   1. Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning.

14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes
   1. Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals.

14D. Respectful and Productive Relationships with Individuals from Other Professions
   1. Develops and maintains collaborative relationships over time despite differences.

As mentioned previously, throughout the course of clinical work interns consult with numerous other health and educational professionals. These professionals include on-campus medical and health education/counseling staff at Health Services, Athletics, and Sexual Harassment and Rape Prevention (SHARPP) as well as off campus medical and mental health providers. In addition, interns often consult with colleagues at other Student and Academic Affairs offices such as the Office of Multicultural Student Affairs (OMSA), Office of International Students and Scholars (OISS), Residential Program staff, advising staff and faculty. This consultation is consistently discussed in individual and group supervision meetings.

In addition, each intern is required to participate on a multidisciplinary team with other campus health professionals. For the most part, these teams consist of Health Services and Counseling personnel working together towards common goals. Senior staff supervisors and interns process their experiences with these teams and the work that is accomplished. Interns also evaluate themselves on these skills.

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
   1. Develops and offers constructive criticism and suggestions regarding management and leadership of organization.
2. Is skilled in providing feedback and constructive criticism to others including peers, supervisors, and organizational leadership.

**15B. Management**

1. Participates in management of direct delivery of professional services; responds appropriately in management hierarchy.

2. Demonstrates conscientiousness and commitment to agency and policies and procedures.

3. Completes data and record keeping tasks, uses proper channels of communication.

4. Participates in and relates well to administrative decisions and goals.

5. Meets deadlines for work completion.

**15C. Administration**

1. Demonstrates emerging ability to participate in administration of service delivery program.

2. Actively contributes to establishing and maintaining a productive learning community.

3. Participates in intern search process. Offers feedback and perspectives regarding applicants and interviews.

**15D. Leadership**

1. Participates in system change and management structure.

2. Actively participates in evaluation improvement of policies, procedures and process.

Interns are an integral part of the UNH Counseling Center team and their participation in and commitment to agency functioning is critical both to their development of competency in this area and to the successful accomplishment of the CC’s mission. Considerable time is spent during Orientation explaining CC policy and procedures and requirements for practice. In addition, expectations and processes for feedback regarding the training program and agency policy and procedures are emphasized. Interns are an integral part of program evaluation at the UNH Counseling Center. They are required to provide feedback on their training experience and program. The concept of power and responsibility in providing feedback and evaluation is an evolving discussion in professional development supervision with the DOT. Written feedback is collected three times per year from interns (please see Appendix B). The DOT meets with each intern to discuss their feedback and how their ideas might be implemented. Intern feedback is shared with senior staff psychologists in aggregate form.

In addition, interns are active participants in our intern selection process and work closely with Senior Staff Psychologists in reviewing applications and conducting interviews. Their input is critical to our decision making process. Throughout this process they think critically about the UNH systems as well as the learning goals, strengths and challenges each candidate brings. Using this information, they make recommendations about match and ranking. This allows them to develop skills in management, administration and leadership. Specifically, they learn a great deal about the job search process as well as how a system works to identify, assess and subsequently fill its needs.
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**
1. Intervenes with client to promote action on factors impacting development and functioning.

16B. **Systems Change**
1. Promotes change at the level of institutions, community, or society.
2. Engages in and is skilled in social justice advocacy on campus and in the broader community.

This competency area is taught and evaluated in all of the activities in which the intern engages at the Counseling Center. Training in this competency area is “immersion” based with instruction and supervision added. As mentioned previously, interns are welcomed into a system with a long history of commitment to and social justice advocacy and the acknowledgement, examination, and integration into behavior of individual and cultural diversity and context.

In this context, interns begin their training in advocacy work during Orientation when they become familiar with UNH’s organizational structure and resources and they meet colleagues from different campus offices. Interns learn skills both by observation and didactic instruction through the Topics in Multicultural and Social Justice Work seminar series. As part of this series, interns participate in a two-part seminar that provides an opportunity for interns to examine themselves and their constructs of power and responsibility. Discussion includes a focus on how interns own and use their power on behalf of their clients. Throughout the training year, the issue of accepting, understanding and using professional and personal power in service of social justice and change is an important focus of professional development supervision. Inviting interns to recognize and use their own power are part of all supervisions. Interns also participate in a two day Social Justice Educators training and UNH Safe Zones. Both programs emphasize awareness, knowledge and skills regarding personal and systemic responsibility and change. Interns are evaluated on this competency area by senior staff supervisors as well as their own self-evaluation.