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Section 1: Introduction to University of Wisconsin-Whitewater

The University of Wisconsin-Whitewater (UWW), founded in 1868 and part of the University of Wisconsin System since 1971, enrolls about 11,000 students, offering 61 bachelor's and 21 master's programs. UWW emphasizes individual development, integrity, diversity, and global perspectives through its academic and co-curricular programs. The university focuses on sustainable excellence in programs, diversity, regional engagement, and integrity. Accredited by the Higher Learning Commission, UWW expands graduate offerings and excels in research and regional engagement, exemplified by projects like the Whitewater University Technology Park. UWW boasts a top collegiate athletic program with national championships in various sports and strong academic performance among student-athletes. Located in a safe community in Whitewater, WI, UWW spans 593 acres and provides regional and global educational opportunities, including study abroad programs.

Current University Info: UW-Whitewater is a thriving public university located in southeastern Wisconsin. It leads the way in providing world-class, affordable higher education programs to more students than neighboring regional comprehensives in the University of Wisconsin System. A collaborative team of 1,300 faculty and staff are devoted to the success of the university's 11,000 students at its main and Rock County campuses. The team provides high-impact practices and academic programs - online and in person - from associate to doctoral levels. Recognized nationally for affordability, inclusion, and career development, UWW has approximately one-third first-generation students and boasts strength in many areas, especially business and education. The campus and community embrace the Warhawk Family spirit, supporting the university's arts and nationally recognized NCAA Division-III level championship athletics. As a proud institution of access, more than 10 percent of undergraduate students use the acclaimed Center for Students with Disabilities - a priority mission since the 1970s.

UW-Whitewater's campuses are located centrally near Milwaukee, Madison, and Chicago, offering easy access to the cultural and commercial opportunities of major metropolitan areas. Near both Lake Geneva and the Wisconsin Dells, the area attracts numerous visitors from across the country. Whitewater is a vibrant college community near the Kettle Moraine State Forest offering area residents seasonal outdoor enjoyment. The nearby Rock County campus is located in Janesville, a town of 60,000 located on the Rock River and known as Wisconsin's Park Place.

Belonging and mattering are central to the university's culture, and UW-Whitewater strives to maintain an environment where individual and collective efforts are valued and celebrated. The University of Wisconsin-Whitewater is an Equal Opportunity and

Affirmative Action Employer, and actively seeks and encourages applications from women, people of color, persons with disabilities, and veterans.

For additional information about UWW click this link: <https://www.uww.edu/about-uw-whitewater>



UW-Whitewater Facts

Vital statistics about student enrollment, costs and campus resources

Location:	Whitewater, Wisconsin
Founded:	1868
Type:	Four-year, coeducational, residential
Affiliation or Support:	State
Accreditation:	North Central Association of Colleges and Secondary Schools
Calendar:	Semester
Enrollment:	11,752
Chancellor:	Corey King
General Information:	(262) 472-1234

Student Body	Enrollment:	11,752
	Undergraduates:	10,090
	Freshmen:	2,447
	Sophomore:	2,646
	Juniors:	2,019
	Seniors:	2,274
	Others:	704
	Graduate & Professional Students:	1,626
	Percent of students who are female:	51.3%
	Wisconsin residents:	9,668
	Number of states represented:	45
	Number of countries represented:	25
Admitted new freshman	Mean Composite ACT:	20.9
Tuition Per Semester 2024-2025	Resident Undergraduate:	\$4,523
	Non-resident Undergraduate:	\$9,573
	Resident Graduate:	\$5,531

	Non-resident Graduate:	\$11,429
	Resident Business Graduate:	\$5,883
	Non-resident Business Graduate:	\$11,429
Academic Programs	Undergraduate majors:	62
	Graduate programs:	22
	Student-Faculty ratio:	20 to 1
Campus area in Acres	Main campus:	404
	Drumlin/nature preserve and recreation:	122
	Prairie:	67
	Number of major buildings:	41
Computer Technology	Number of computer labs on campus:	35
	General access computers on campus:	394
Library	Holdings:	1 million+
Staff	Employees:	1,296
	Faculty:	355
	Academic Staff:	478
	University Staff:	264

UW-W Mission Statement

The University of Wisconsin-Whitewater is a preeminent academic institution driven by the pursuit of knowledge, powered by a spirit of innovation, and focused on transforming lives. As part of the University of Wisconsin System, UW-Whitewater embraces the Wisconsin Idea and is an economic and cultural driver of our region. We are nationally and internationally recognized for the accomplishments of our students, faculty, staff,

and alumni. Grounded in a rigorous core curriculum, students receive a well-rounded education and every academic program prepares students to be creative, innovative and adaptable in dynamic and diverse work and life environments.

We are an inclusive educational community with a deep commitment to access that inspires us to serve students from diverse backgrounds, experiences, identities, and abilities. We have a longstanding special mission to serve students with disabilities. By supporting all students, we champion education, opportunity and prosperity for all. As engaged global citizens, members of our community make positive contributions to the State of Wisconsin, to our nation, and to the world.

Our academic programs serve undergraduate and graduate students, including online learners, and span the disciplines, from the theoretical to the applied, and encompass study in the arts, business, education, humanities, natural sciences, social sciences, technology, and professional and interdisciplinary programs. High-quality programs are offered at the associate, bachelor, master, and doctoral levels. These programs prepare students to become lifelong learners who lead successful lives and enjoy productive careers.

Approved by UW System Board of Regents on October 7, 2021.

UWW Vision

The University of Wisconsin-Whitewater will be a national and international leader in providing transformational and empowering educational experiences.

UWW Values

Collaboration

We invest in meaningful relationships that leverage our respective talents and strengthen the Warhawk family, and we champion the endeavors of our faculty, staff, students, and alumni.

Inclusivity and opportunity

We believe in the dignity of all individuals and we cultivate an accessible, inclusive, and equitable culture where everyone can pursue their passions and reach their potential in an intellectually stimulating and respectful environment.

Integrity

We embrace principles of honesty, fairness, and ethical standards to foster an environment of mutual trust.

Learning and academic excellence

We engage all members of the campus community in learning, research, scholarship, and creative endeavors through powerful academic and co-curricular experiences in an environment that values academic freedom.

Service and social responsibility

We bring the knowledge and resources of the university into the communities we serve to solve problems, improve the quality of life, and create a more sustainable society.

Shared governance

We make decisions based on strategy, evidence, and transparent, collegial dialogue and we hold one another accountable.

Chancellor's Office Statement on Inclusivity

The University of Wisconsin-Whitewater is committed to inclusion and belonging as universal human rights in every aspect of our institution. Our commitment drives continued growth and development as an institution widely recognized for inclusive excellence and equity-minded, high-impact educational practices and experiences. We create equitable, accessible learning and working environments for all people by enriching the quality of daily life and preparing them to serve the university, the community, the State of Wisconsin, and the world.

UWW Land Acknowledgement

The University of Wisconsin-Whitewater has chosen to formally recognize and honor the lands on which it resides. The University acknowledges that numerous Native peoples were stewards of these lands for thousands of years, and university leadership wishes to respect the sacredness of these lands.

The Land Acknowledgement Statement was originally conceived by Dr. Anthony Gulig, Associate Professor of History in the College of Letters and Sciences and Cody Wing, former president of the Native American Cultural Awareness Association. These individuals engaged the help of Dr. Kenny E. Yarbrough, Chief Equity, Diversity and Inclusion Officer to move the statement forward. Upon submitting a draft of the statement to the Great Lakes Inter-Tribal Council, the statement received feedback and ultimately gained approval from the council and UW System as the official Land Acknowledgement Statement for the University of Wisconsin-Whitewater.

Land Acknowledgement Statement

The following statement may be read at any event to acknowledge the willingness of the University to honor the numerous Native peoples who occupied these lands:

“As We Gather”

As we gather here for (insert activity, i.e. commencement, meeting, etc.), we acknowledge that the University of Wisconsin-Whitewater exists today on the traditional lands of many Native people. We welcome the duty and opportunity to share stewardship of these lands.

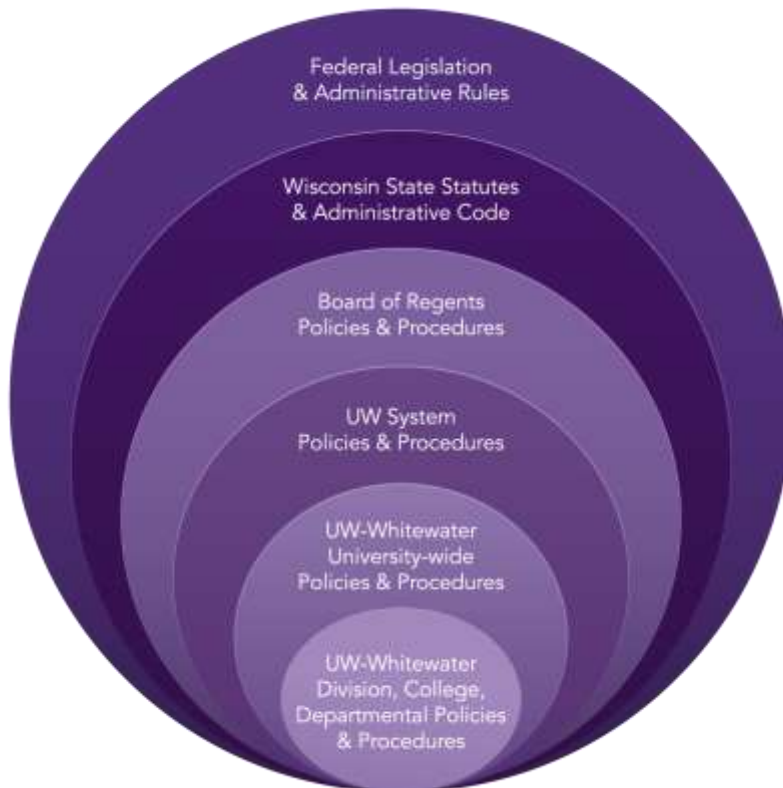
While this State institution has a rich history, for thousands of years, this region, and these lands, were home to diverse Native peoples. In the knowledge and understanding of this history, we acknowledge that the land on which the University of Wisconsin-Whitewater now exists was and remains the historic and traditional territory of many Native peoples. The Ho-Chunk grew corn and gathered a living from these lands. The Potawatomi, then closely related to the Ojibwa and Odawa peoples, called this land home as well. We welcome and are honored, by the responsibility to be good stewards of these lands and good neighbors to all Wisconsin Indigenous populations. In concert with the Native American Cultural Awareness Association, Native Students, with faculty and staff, the University continues to explore durable and meaningful ways of acknowledging our relationship. We recognize these great Native nations and their respective sovereignties, and are thankful to be positioned in such prominent, historic, and meaningful landscapes, as we continue to provide educational opportunities for all whom the University serves.

Student Affairs Mission Statement

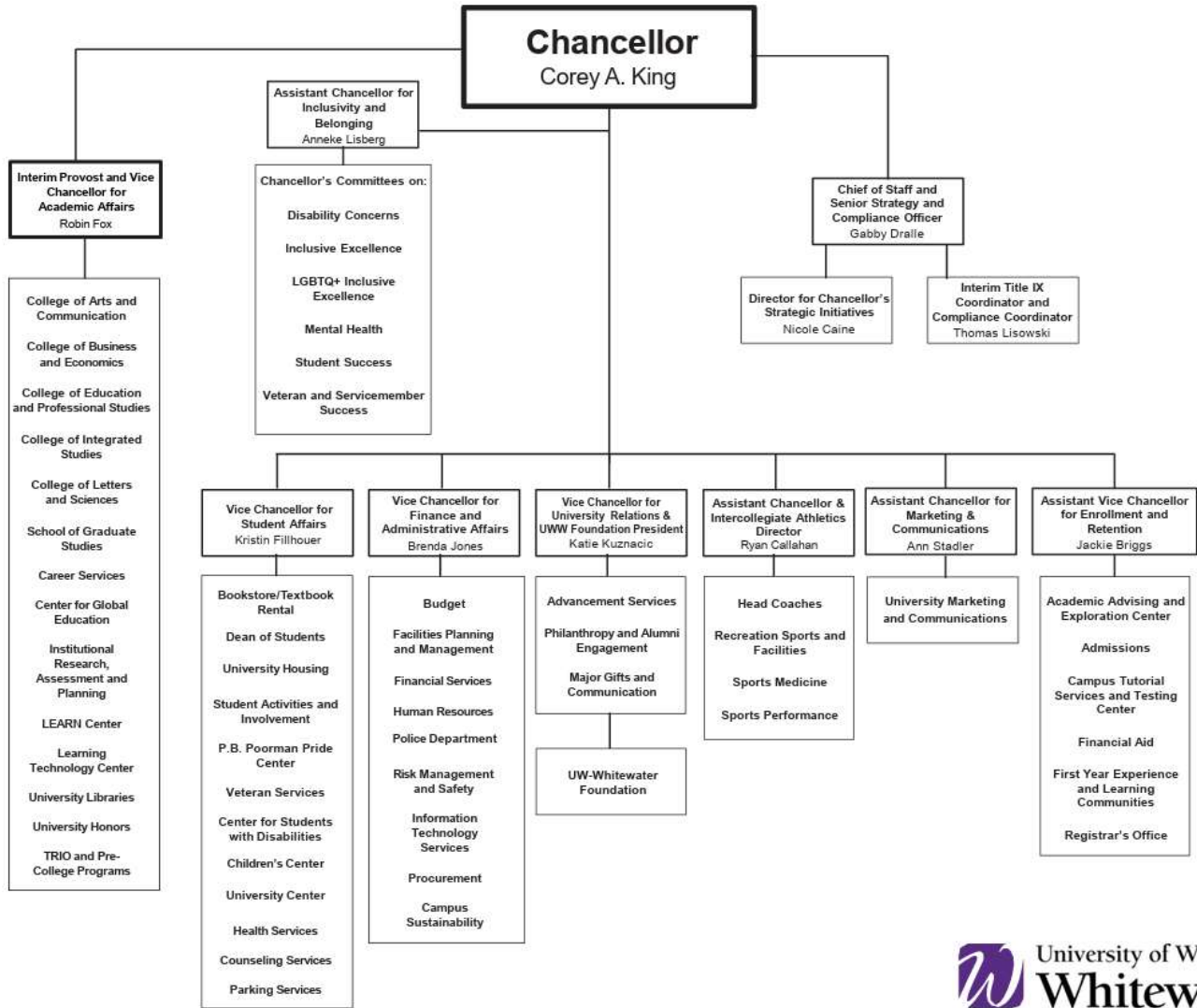
Maximizing student success, including academic, personal and professional development is the primary goal of the Division of Student Affairs at the University of Wisconsin-Whitewater. In collaboration with students, faculty, staff and others, the Division of Student Affairs promotes student success by creating and enriching the learning environment.

We should all strive to acquire/improve upon social and behavioral patterns that initiate new processes in our lives and those of our students. In this way, we may be indeed interrupting our way of being toward a common goal — the learning, growth and development of both our students and ourselves.

Administrative and Governing Structure of UWW



Organizational Structure of UWW



Section 2: Introduction to University Health & Counseling Services

UHCS Mission

The University Health and Counseling Services promote student success and well-being through accessible, high-quality physical and mental health care, outreach, and consultation. We provide time-sensitive, goal-oriented support with a wellness-centered approach, fostering emotional, academic, social, and personal development. Our culturally responsive care ensures an inclusive and supportive campus environment, empowering students to thrive in their lifelong health and wellness journey.

UHCS Vision

We are committed to the following:

- Supporting the educational mission of the UWW campus
- Specializing in the unique and diverse needs of college students
- Providing timely and quality services that meet national accreditation standards
- Actively engaging the campus community by providing expertise that helps to inform decisions and actions with an understanding of health and wellness
- Providing students the knowledge and skills for life-long healthy living
- Addressing physical and mental health obstacles that interfere with academic success
- Fostering a multi-culturally competent environment
- Providing wellness information to the community
- Working with the campus and greater Whitewater community to advance the mission of public health, assist in all hazard preparation, and promote life-long wellness
- Utilization of evidence-based practices in both clinical and non-clinical services

UHCS Values

We value the following:

- Commitment to student welfare
- Confidentiality
- Continuity of care
- Continuous quality improvement
- Diversity of staff
- Ethical delivery of care
- Excellence
- Inclusivity
- Maintaining accreditation through a nationally recognized accrediting body
- Multiple dimensions of wellness
- Professional staff development
- Services that are physically and financially accessible to students

UHCS Diversity and Inclusion Statement

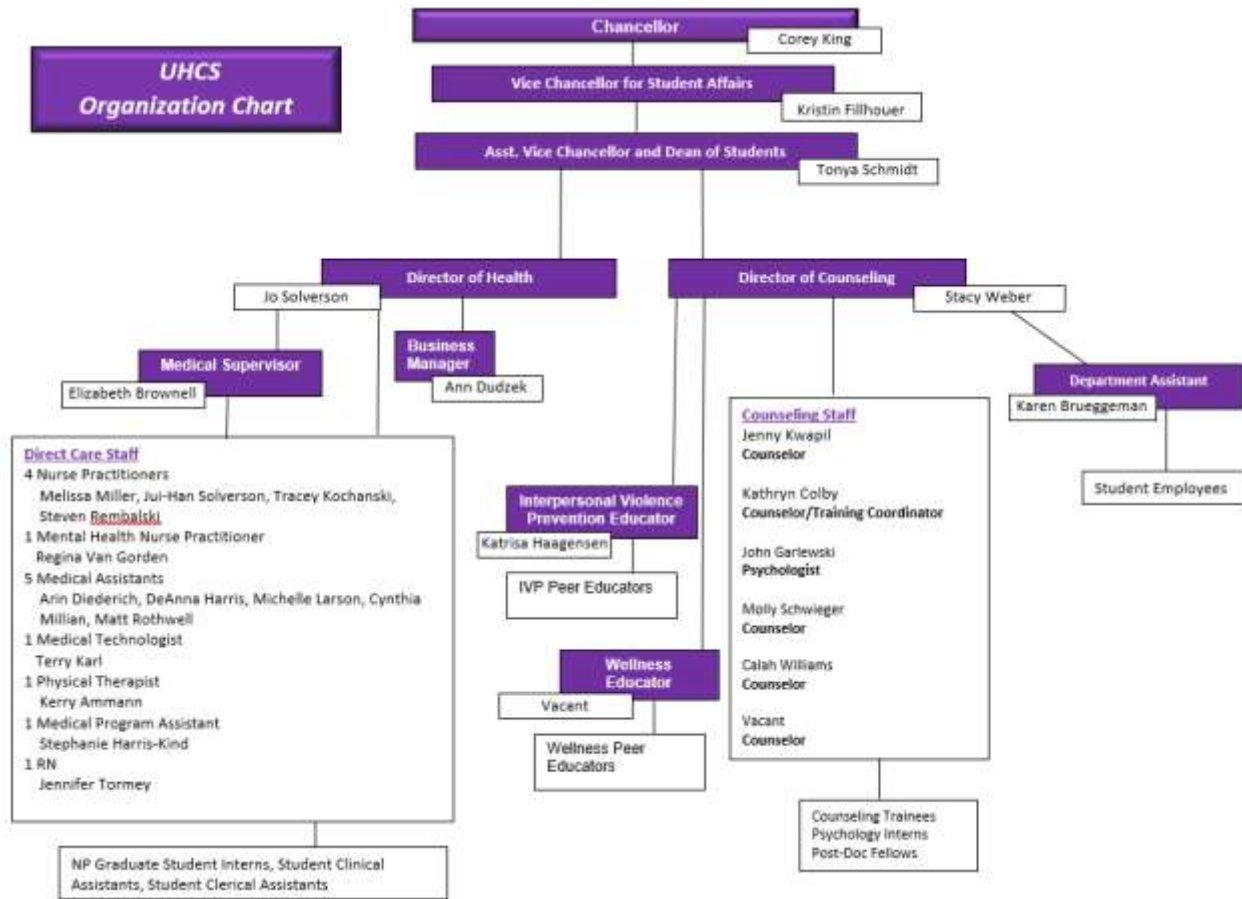
UHCS strives to provide high quality physical and mental health care, outreach, and consultation. Because of this mission, we hold a strong commitment to the diverse UW-Whitewater community and the promotion of equity and justice. We recognize and acknowledge that discrimination, prejudice, and inequitable systems of power and privilege impact the wellbeing of our campus community. As a healthcare organization, we work to:

- Create and sustain an environment that respects and welcomes people from diverse backgrounds including, but not limited to: race, color, ethnicity, religion, sex, citizenship, national origin, age, ancestry, physical/mental ability, political beliefs, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression, body size, mental health, and socioeconomic status;
- Challenge systems of oppression to create a more inclusive campus community;
- Recognize and eliminate the prejudice, discrimination, and health disparities that have traditionally affected healthcare delivery;
- Cultivate our cultural awareness and humility through professional development and encouragement of ongoing self-examination of our biases.

UHCS demonstrates this commitment within our center through various initiatives:

- Diversity Committee
- Trans Health Treatment Team
- Services for Trans and non-binary students
- LGBTQ* Support group
- Diversity Seminars for counseling residents
- Semiannual Diversity training for staff and throughout the campus via UHCS staff membership on:
 - Committee on LGBT* Issues
 - Committee on Disability Concerns
 - Veterans and Military Service Members Committee
 - Warhawk Emergency Fund Committee
 - Hate/Bias Committee
 - Women's Issues Committee

UHCS Staff



UHCS Training Committee & Clinical Supervisors

The UHCS Training Committee comprises the clinical training director, a multidisciplinary group of clinical supervisors, and the UHCS Department Assistant. We invite a postdoctoral fellow to serve as a trainee liaison to the committee (if applicable). The training committee meets regularly during the academic year to discuss administrative needs, accreditation, training program development, trainee and faculty recruitment, and Resident performance issues. The training committee meets to discuss trainees' progress toward goals and provide feedback to primary supervisors.

Section 3: Introduction to University of Health & Counseling Services Clinical Training Program

APPIC Membership and APA Status Information

The University of Wisconsin- Whitewater's Internship program in Health Service Psychology is fully accredited by the American Psychological Association (APA). Our APPIC Program Member Code is #231311. The internship program in Health Service Psychology was approved for membership in the Association of Psychology Postdoctoral Internship Centers (APPIC) by the APPIC Board on 11/12/2015 and was initially accredited on 4/7/2019. The site will be due for a re-accreditation site visit in 2028. Questions related to the program's APA accreditation status should be directed to the:

Commission on Accreditation:
Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
202-336-5979
Email: apaaccred@apa.org
Web: apa.org/ed/accreditation

Training Philosophy

The UHCS Residency Program in Health Service Psychology aligns with the university's teaching mission by providing a dynamic and engaging training experience. We emphasize experiential, developmental, and humanistic approaches to training, aiming to support residents' professional, clinical, and interpersonal growth. Our training is tailored to meet residents at their developmental level, addressing individual needs. We believe that a competent mental health practitioner should be guided by clinical theory, applied research, ethical and professional standards, sensitivity to diversity, and a commitment to lifelong learning. We provide a balanced environment of support and challenge, fostering residents' growth as emerging professionals with appropriate autonomy and responsibility.

Our program aims to produce competent, versatile generalists ready to practice as entry-level professionals in college and university counseling centers and other clinical settings. Residents are expected to develop core competencies in professional psychology and be ready for autonomous practice by the end of the training year.

Practitioner-Scholar & Local Reflective Practice Models

The UHCS training program follows a practitioner-scholar developmental model, emphasizing experiential learning. Residents apply scholarly and scientific knowledge to clinical practice while engaging in the study of psychotherapy. This model promotes service delivery and professional development, aiming for greater autonomy and independent practice by year's end. Residents learn through experience, reflection, active experimentation, and mentoring relationships. The UHCS training program also follows the Reflective Local Practice approach. Reflective local practice is an approach that involves regularly reflecting on one's experiences, actions, and decisions in a specific local context. This practice emphasizes:

1. **Self-Awareness:** Practitioners think critically about their own thoughts, feelings, and behaviors.
2. **Contextual Sensitivity:** Understanding and considering the unique cultural, social, and environmental factors of the local setting.
3. **Continuous Learning:** Using reflection to learn from experiences and improve future practice and direct future research and/or learning needs.
4. **Adaptability:** Adjusting methods and strategies based on reflections to better meet the needs of the local community.

By engaging in reflective local practice, residents aim to enhance their effectiveness and provide more context-sensitive services.

Effective practice must be informed by science. Residents are taught theory and research in their academic programs and continue their education throughout the residency, emphasizing lifelong learning. Practitioners must integrate theory and research into their clinical work, stay updated with professional literature, engage in ongoing self-reflective practice, and adapt their practices accordingly.

Value of Supervision and Collaboration

UHCS values supervision and collaboration, with supervisors and staff serving as role models for residents. Residents interact with staff through formal supervision and informal open-door policies, emphasizing consultation and collaboration. Residents are encouraged to develop their own professional identities without adhering to a specific theoretical orientation. Supervisors and staff facilitate skill development, self-efficacy, and professionalism through frequent contact and the open exchange of knowledge.

Appreciation for Diversity

We value and respect differences in national origin, race, gender, gender expression, sexual orientation, ethnicity, functional ability, socio-economic status, age, and religious/spiritual affiliation. Our program emphasizes the importance of appreciating individual differences and lifelong learning. We believe that valuing cultural diversity enhances human growth, development, and quality of life on campus, in the community, and globally.

Value of a Multidisciplinary Team within a Merged Health Service

Training at UHCS is enhanced by a multidisciplinary model within a merged health service. Our team includes social workers, counselors, psychologists, wellness coordinators, nurse practitioners, physicians, medical assistants, and other specialized staff, providing a comprehensive and collaborative learning environment.

Aims

The Aims of the residency program are as follows:

Aim 1: To promote the development of clinical skills and professional identity of a generalist psychologist that includes the provision of individual and group counseling, crisis intervention, and supervision within a framework of evidence-based practice and professional ethics.

Aim 2: To cultivate a life-long interest in developing the ability to understand, appreciate, and competently interact with individuals from diverse cultures and belief systems.

Aim 3: To competently engage in consultation and outreach to outside providers and the campus community within an integrated counseling, health, and wellness center.

Profession Wide Competencies (PWCs)

The Nine Profession Wide Competencies (PACs) that residents are expected to obtain during their residency year are as follows:

Research: Residents will demonstrate the integration of science and practice by demonstrating the knowledge, skills and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems and to disseminate research.

Ethical and legal standards: Residents will demonstrate knowledge and application of professional ethical principles, laws, standards and regulations related to the professional practice of psychology.

Individual and cultural diversity: Residents will demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

Professional values, attitudes, and behaviors: Residents will conduct themselves professionally during all activities, including clinical practice, interactions with peers, supervisors and other professionals and during all consultation and outreach activities.

Communication and interpersonal skills: Residents will demonstrate strong oral and written communication skills and will effectively function interpersonally.

Assessment: Residents demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.

Intervention: Residents will demonstrate appropriate knowledge, skills, and attitudes in the selection, implementation, and evaluation of interventions that are based on the best scientific research evidence; respectful of clients' values/preferences; and relevant expert guidance.

Supervision: Residents will provide competent, culturally sensitive and collaborative clinical supervision of residents in the field of psychology.

Consultation: Residents will demonstrate appropriate knowledge, skills, and attitudes regarding inter-professional and interdisciplinary collaboration in relevant professional roles.

Training Method Overview

The primary training method is experiential. Residents spend approximately 55% of their time in direct service activities including providing individual, relationship, and group (as appropriate) counseling; conducting clinical intakes; providing clinical supervision; engaging in consultation and outreach; and conducting psychological assessments. In addition, residents may be allotted protected time each week to engage in scholarly activities or professional development.

While the UHCS residency is generally a 40 hour per week experience, there is some variability due to the academic calendar and university holidays. Certain times during the academic cycle may be less heavily scheduled; whereas other times in the semester the direct service activity demands may be heightened. We make every effort to clearly outline scheduling expectations and provide “compensated time” to make up for scheduled activities that occur outside the regularly scheduled training day. The residency program is defined as a 2000-hour experience. Therefore, in a year comprising 50 weeks, residents will average 40 hours per week to fulfill residency requirements. One-quarter of this time, or 500 hours, will be spent in the provision of direct “face-to-face” service.

During the first 3 weeks of residency the doctoral residents receive extensive training through an orientation program that prepares them for their job duties. This includes an orientation to the university designed to acquaint them with residency’s major competency areas, structure and culture of UHCS. During this time, they meet many UWW staff and faculty, become familiar with agency procedures and are introduced to their supervisor. Individual learning contracts are developed with each Resident and their Fall schedule is established.

Training methods and activities are sequential, cumulative, and graded in complexity. For example, residents acquire skills for conducting intake interviews in the following sequence:

1. During Orientation, they receive didactic instruction in the policies and procedures for conducting intake interviews, read the UHCS How-To Guidebook regarding intake interviews, watch role plays of intake interviews by UHCS clinical staff members, and engage in role-played interviews with peers.
2. Residents observe, in vivo, clinical staff members conducting actual intake interviews.
3. When prepared, residents conduct intake interviews in the presence of a clinical staff member who observes and provides feedback; this is repeated until a clinical staff member approves the Resident to conduct intake interviews independently. This is referred to as being "cleared" for independent intakes.

4. Residents conduct intake interviews independently.
5. In the multidisciplinary Case Consultation meeting, residents present brief case conceptualizations and oral summaries of the intake assessment for case disposition, incorporating clinical interview assessment with data from the CCAPS.
6. Residents receive feedback from staff regarding their intake presentations.
7. Residents may consult with their primary supervisor or any other permanent clinical staff regarding problematic intake interviews either during or after the session.
8. Residents can test their intake hypotheses by comparing their clinical interview assessments to CCAPS scores of intake clients and by following up with the ongoing assigned therapist to determine the accuracy of their initial evaluations.

Training in other service delivery areas of UHCS is similarly sequential, cumulative, and graded in complexity.

Training methods and activities also utilize the Reflective Local Practice approach which leverages the unique local context of UWW and the local Whitewater community to provide comprehensive training and experience in principles of multiculturalism. For example, providing training related to local culture and health, education, and housing disparities early in the training cycle centers residents in the cultural issues most pressing to the local community. Residents can use this knowledge and awareness with their clients to communicate accurate empathy and develop appropriate treatment plans that respect clients' religious, spiritual, and cultural values.

The UHCS training program believes that cultural “competency” suggests an endpoint to self-reflection and growth; thus, our program strives to promote cultural humility. Cultural humility is an on-going, never-ending process. We have attempted to “bake-in” multiculturalism and diversity considerations into all aspects of our training program and hold space for ongoing discussion and self-reflection. Additionally, through the Diversity Outreach Project residents will be expected to develop and implement a project using their theoretical and experiential knowledge and relevant empirical literature. This project should center the voices of underserved populations and/or the embodied wisdom of those who live with different issues in order to better serve our campus community.

Psychology residents typically receive at least 4 hours of supervision per week. Residents receive two hours each week of regularly scheduled individual supervision with their primary supervisor, a licensed psychologist. All residents have two different primary supervisors at UHCS during the training year (one for the fall semester, and another for the spring/summer semesters). Residents also receive 2 hours of regularly scheduled group supervision weekly, facilitated by a licensed psychologist. Residents typically receive additional individual supervision on research, testing, and outreach/consultation activities

from the persons responsible for training in those areas. Residents also may receive individual supervision/consultation from any permanent, licensed staff member as needed.

Residents typically receive 3-4 hours per week of consultation and seminar groups. Residents are scheduled for a weekly didactic seminar, a weekly assessment seminar, and a weekly Clinical Case Consultation seminar. Residents are scheduled for a bi-weekly diversity outreach project seminar and a bi-weekly Supervision-of-Supervision seminar. These provide a forum for presentation of cases, discussion of clinical and multicultural issues, exchange of ideas, mini-lectures on selected topics, review of research and theoretical articles, and monitoring of ethical concerns. Some training seminars are exclusively for psychology residents (e.g., Supervision of Supervision Seminar), some are for social work, counselor ed., and psychology residents (e.g., Didactic Seminar, Diversity Outreach Seminar), and others are attended by residents and permanent clinical staff members (e.g., Clinical Case Consultation).

University Agencies Associated with Training

Many university agencies provide residents with opportunities for outreach and consultation. These agencies include (but are not limited to): Career & Professional Development Center, Center for Equity & Student Belonging, Women's Resource Center, Center for Student Wellness, CSW's Victim-Survivor Advocates, Academic Advising Center, Center for Disability & Access, International Student & Scholar Services, Veterans Support Center, LGBT Resource Center, Housing and Residential Education, and University Student Apartments.

UHCS Direct Service Activities

Counseling and Psychotherapy

Individual and Relationship /Couple Counseling	<p>Doctoral residents see an average of 15-17 individual clients per week. UHCS functions primarily within a brief psychotherapy model, with clients being allotted a maximum of 14 sessions per academic year. The decision to exceed the 14 session limit needs to be discussed in the Clinical Case Consultation seminar and approved by the Clinic Director. Clients assessed to need intensive or long-term therapy beyond the scope of the UHCS are referred to outside treatment programs or providers.</p>
Groups and Experiential Workshop Classes	<p>Residents are strongly encouraged to co-lead at least one group with a staff member. UHCS offers various counseling groups throughout the year, ranging from skills-based groups to process groups. Group offerings change periodically based on feedback from student surveys and staff experience and expertise. Examples of groups offered by UHCS include Understanding Self and Others; Prism EnGendering Support Group; Mindful Journaling; Tame your Inner Critic; First Generation College Student Support Group; and DBT-focused skills groups. UHCS also offers group programming for specific student populations, such as Resident Advisor Wellness group and a Student Athlete group.</p>
Intakes	<p>Residents will conduct individual counseling intake sessions during their regularly scheduled direct care slots. Intakes may be conducted virtually or in-person and require the same paperwork and survey completion regardless of modality. Residents will be scheduled to conduct a maximum of 5 intakes per week, with a cap at no more than two intakes in a single clinical day. Detailed intake procedures and forms/surveys are available for reference in the “UHCS How-To Guidebook.”</p>
Crisis Intervention	<p>Crisis shifts are set aside each day in both morning and afternoon “shifts” to assist students in crisis. If there is an acute crisis, any available staff member(s) will see a student at any time during clinic hours (8:00-4:30). Students scheduled to be seen during the crisis shifts are usually those who can wait a few hours but are distressed. Doctoral residents are expected to provide one shift of on-call coverage per week (during regular working hours) during the fall and spring semesters and as needed during the summer. Residents may rotate additional crisis coverage shifts as needed. Residents are expected to consult with a senior staff member during any crisis session, but most especially when they are working with a client who is experiencing thoughts of hurting her/himself or others. Residents always have licensed UHCS clinical staff back-up</p>

	<p>while they are providing these services. UHCS does not provide formal after-hours emergency services; students who call the UHCS number will be forwarded to an after-hours crisis line.</p>
<p>Assessment</p>	<p>Residents conduct assessments including clinical interviews and ADHD screening assessments. Residents can also utilize selected standardized measures of ability, personality, and achievement with individual clients. Residents receive training and supervision on the ADHD assessment battery conducted at UHCS and are expected to complete two ADHD screening assessment cases per month, which includes generating an integrated report with recommendations.</p> <p>UHCS has a variety of instruments that can be used (e.g., TOVA, CAARS, BDI, BAI, MMPI-2, MCMI-III, EAT, ETI, etc.) and has computer scoring and narrative reports available for some of the instruments (e.g., TOVA, CAARS, MMPI-2, MCMI-III, EAT, ETI, etc.). Residents should consult with their supervisors regarding which clients would benefit from formal assessment prior to conducting any assessments, and assessments should be interpreted in consultation with resident’s supervisors. ADHD assessments are conducted through a formal referral process; residents should consult with their supervisor prior to referring a student for ADHD testing.</p> <p>Residents participate in an Assessment Seminar, a module within the Didactic Seminar, where principles of assessment in clinical practice are discussed and test reports are reviewed, with particular attention to social justice issues in assessment.</p>

Consultation & Outreach Activities

<p>Outreach Events/Presentations</p>	<p>From the beginning of residency, residents are expected to provide consultation and outreach, under supervision. As the year progresses and they gain more experience with outreach and knowledge of campus and community resources, residents are asked to handle general consultation requests on their own. Senior staff members frequently invite residents to co-present workshops during the fall semester to assist the Resident in gaining experience in making presentations. Residents also participate in outreach activities such as the Open Doors, Boxes and Walls and the Wellness Fair. Outreach may include synchronous or asynchronous presentations for classes, student organizations, or staff/faculty groups, as well as participation in campus-wide events (e.g., the yearly Wellness Fair), and content creation for UHCS' social media platforms.</p>
<p>Diversity Outreach Project</p>	<p>An important application of consultation and outreach for UHCS residents is the design and implementation of a Diversity Outreach Project. Residents are encouraged to work collaboratively on a project that has either been identified as a UHCS or campus need, or to identify a service need for a population which may be societally or structurally marginalized and/or traditionally underserved. Residents are expected to develop and implement a novel project using their theoretical and experiential knowledge and relevant empirical literature. This project should center the voices of underserved populations and/or the embodied wisdom of those who live with different issues in order to better serve our campus community.</p> <p>In the fall semester, residents design an intervention to meet the needs of an underserved population on campus; this initiative is then typically implemented in spring and the results are presented in summer. These initiatives may involve collaboration with other Student Affairs agencies or student groups on campus. Some examples of projects completed at other Institutions include:</p> <ul style="list-style-type: none"> – A workshop series on academic success for students diagnosed with ADHD – A 3-part training for all UHCS mental health providers on working effectively with South Asian clients

	<ul style="list-style-type: none"> – A collaboration with Academic Advising to train advisors in trauma-informed approaches when working with students – A campus-wide "community read" centering Indigenous writings about the experiences of Indigenous students – "Feeling Your Feed: A Panel Discussion about Social Media and Mental Health" – A survey of BIPOC clients about their experiences at the UHCS, and an analysis and training to UHCS staff about the results
Drop-Ins, LIFE, and Let's Talk Consultations	<p>Residents have the opportunity to facilitate drop-in consultation appointments around campus. Consultation visits are brief, non-clinical contacts to help students gain support, insight, and information regarding their concerns. Drop in consultations are conducted in several spaces on campus, and services are specifically tailored to these spaces, including the UWW LIFE program for students with developmental disabilities, UWW Student Athletes, and the UWW Warhawk Connect Center. These drops ins are <u>not</u> a substitution for formal counseling. Drop in providers may share resources, recommendations, provide skill interventions, and refer when appropriate. If a student is found to be in crisis or at risk to themselves or others, they will be referred to a UHCS emergency session. Drop in sessions are documented separately from the electronic health record, do not count toward counseling session limits, and are coded as outreach services.</p>
Clinical Supervision	<p>Residents provide individual clinical supervision to master's intern counselors who are 3rd-year students in the UWW's Counselor Education Master's program. UHCS counseling interns have two individual supervisors with whom they meet each week: a Resident supervisor, and a licensed clinical staff member. Residents participate in a weekly Supervision of Supervision Seminar which includes small-group supervision of supervision, discussions of models of clinical supervision, case presentations of supervision, and discussions of supervision issues. This supervision model allows excellent training for Resident supervisors and extensive oversight of master's interns' counselor development.</p>

Training & Supervision Activities

<p>Didactic Series</p>	<p>Residents participate in a weekly training seminar focused on a variety of advanced training topics geared for residents who have several semesters of graduate training and clinical experience. Training seminars assume a foundational level of knowledge on the topic. Topics include suicide and risk assessment, ethics & boundaries, eating disorders, AODA assessment & treatment, Acceptance & Commitment Therapy, Dialectical Behavior Therapy, sexual violence, etc. The residents are expected to provide one diversity related seminar for all of the trainees and staff during the spring semester. Seminars are provided by a multidisciplinary team of licensed mental health, medical and psychiatric professionals as well as wellness staff.</p>
<p>Case Consultation Series</p>	<p>All residents meet weekly to present intake assessments, manage disposition of clients, and acquire their case loads. They observe permanent staff presenting cases, giving and receiving feedback, and providing recommendations. They learn to collaborate with colleagues to provide the best disposition and treatment planning for each client. This is also a clinical space to discuss difficult or complex cases, share clinical and research literature, and provide space for self reflection and support of colleagues.</p>
<p>Assessment Seminar</p>	<p>Residents will meet weekly with the training director to review ADHD assessment cases. Residents will be expected to present the case, including relevant developmental history, review of symptoms, review of survey and assessment data, and provide rationale for differential diagnoses. Residents are encouraged to discuss relevant lived experience and identity and cultural factors as they impact diagnostic impression. Residents can utilize the assessment seminar space to role-play feedback sessions and collaborate on resources and recommendations.</p>
<p>Diversity Outreach Project Seminar</p>	<p>Residents will meet every other week with other trainees, the postdoctoral fellow, the training director, and other relevant stakeholders to collaboratively work on a diversity outreach initiative on campus. The seminar space will allow practical workspace and collaborative self-reflection, learning, and problem solving as trainees delve into diversity topics.</p>

<p>Individual Supervision</p>	<p>Effective supervision is believed to be one of the most essential elements of a strong training program. Doctoral residents receive 2 hours per week of regularly scheduled supervision from a licensed psychologist. Additional unscheduled supervision and consultation with the supervisor and other staff members are available and encouraged. Although individual supervision may focus mainly on a resident’s counseling cases, ethics and other professional issues are considered valuable topics for discussion. Primary supervisors will be rotated at mid-year so that residents can experience different supervisory styles. The primary supervisor is responsible for ensuring that all the resident’s cases are being supervised and that the Resident receives comprehensive experience in terms of types of cases and activities. The primary supervisor will monitor all written and verbal communications regarding cases and will co-sign all documentation notes and reports. The primary supervisor will also monitor the resident’s adherence to legal and ethical guidelines, Wisconsin State, Student Affairs, UWW and UHCS policies and procedures. Additionally, the primary supervisor is responsible for evaluating the resident’s performance at UHCS and providing formal and informal feedback to the Resident. Supervisors may vary in style and approach to supervision, but there are some requirements that apply to all residents/supervisors. Residents should keep progress notes and records up to date and bring information about clients to be discussed for supervision. The primary supervisor must co-sign all types of clinical documents including progress notes, initial consultation notes and any other notes documented in Point N’ Click. Residents are also required to maintain and update the client caseload log on Point N’ Click and print out a copy of it for each supervision session. Residents must be prepared to review all cases in their current caseload with their supervisor during each supervision session. The Resident is responsible for keeping his/her/ their supervisor apprised of any potentially dangerous or troublesome cases. If a supervisor is unavailable for one or more days (e.g., is attending a conference, on vacation, sick, etc.), the supervisor should consult with another senior staff member to ensure supervision coverage.</p>
<p>Group Supervision</p>	<p>Doctoral residents engage in group supervision with the Training Director or licensed psychologist for two hours each week to gain additional clinical support, to provide an opportunity for Resident cohort interaction, as well as to discuss developmental issues.</p>

Supervision of Supervision	Theoretical and experiential supervision issues are discussed, and small group supervision-of-supervision is provided every other week. Trainees present their supervision work with master’s Resident counselors via electronic recordings and discussion. They give and receive feedback on their supervisory skills. This training group meets every other week for one hour throughout the academic year and is facilitated by the Training Director.
Special Workshops & Trainings	From time to time, special workshops and trainings are made available to UHCS clinical staff. For example, all staff and trainees receive yearly, mandated training on workplace harassment. Other examples include ACCTA, WPA, and CCMH workshops and presentations. Residents are encouraged to present at the Wisconsin Area College Counseling Centers Conference, and their attendance fee is paid by UHCS. There are also various staff development-oriented webinars and inservice workshops offered throughout the year.

Professional Development Release Time

Doctoral residents receive up to two hours of release time per week each semester to work on their dissertations, licensing exam or other research/professional development activities and are required to keep a log of their activities for this time. In weeks where there are mandatory professional development activities scheduled (such as a CEU conference, etc) residents forego their 2 hours and schedule other activities such as client hours, consultation, etc.

Example Weekly Schedule for Clinical Training Program

When you are completing your Individual Learning Contract and weekly schedule, there is always some variation among residents for targeted hours depending on the activities and training goals they have each semester. This description provides a guide but not a template, so you are likely to have questions while mapping out your schedule. Be sure to talk to the Training Director and your primary supervisor as you are working on the plan for your Fall Semester service delivery and training activities. We also have time scheduled into Orientation to work on your Individual Learning Contract together. Please refer to UHCS How-To Guidebook for specifics on how to build a schedule and for blank schedule forms.

Clinical Activities (Direct Service)

- 15-17 hrs Individual/Group/Couples Counseling (including Intakes)
- 2 hrs Crisis Intervention Shift (one 4-hour shift/week [counts as 2 direct service hours])
- 1 hr ADHD Assessments (2 cases/month averages to 1 hour per week)
- 0-1 hrs Group Therapy (varies)
- 1 hrs Outreach Presentations (approximately 1-2/month)

Training Activities/Supervision

- 1 hr Didactic Seminar
- 1 hr Supervision-of-Supervision Seminar
- Diversity Outreach Seminar
- 1 hr Assessment Seminar
- 1 hr Case Consultation Seminar
- 2 hrs Group Supervision
- 2 hrs Individual Supervision
- 1 hr Co-supervision (Spring semester)

Administrative/Professional Development Activities

- Administrative Hours (clinical documentation, assessment report writing, supervision prep, treatment planning, hours tracking, etc.)
- 1 hr Counseling Staff Meeting
- 1 hr Wellness Hour
- 2 hrs Dissertation/Research Release Time (varies)
- Professional Development (16 hours for the year, varies weekly)

TOTAL

~40 hours

Completion Requirements/Residency Assignments

Hours Tracking

You'll be asked to hand in a report of all your hours based on the Point n Click activities at mid-year and again at the end of the year. Be sure to document all your hours and specific activities in your Point n Click schedule. This means that if you were at UHCS for 8 hours on a particular day, your PnC schedule needs to reflect that with appointment and activity codes that match how you spent your time. This includes all direct service, training activities, professional development, case documentation, staff meetings, and any other activity that counts toward your residency hours. Canceled and no-show appointments should be supplanted with what you actually did that hour. I strongly encourage you to review a summary printout on a monthly basis to help you track your progress and make any changes in your schedule that might be needed to ensure that you will have accumulated the necessary hours and service delivery hours by the end of your residency. You may also choose to utilize a weekly hours tracking log. UHCS has a direct hours tracking log which signals in real time whether residents are “on track” for direct hours or you may choose to use your own system. Ensure that you have discussed how you will track hours with your primary supervisor.

Residency Assignments

UHCS Checklist of Assignments and Training Tasks	
Name:	Training Year:
TASK	Check when completed
Verification of Completed Review of the UHCS Internship Training Manual form	
UHCS Trainee Acceptance Response Form	
Sexual Harassment Training Certificate	
Confidentiality/Privacy Practices Quiz	
Orientation Checklist	
Supervision Contract	
<i>Beginning Self Assessments (completed in Qualtrics)</i>	
<i>Fall Weekly Schedule</i>	
<i>Fall Individualized Learning Contract (Due August 15th)</i>	
<i>Assessment Case Presentation #1 done- saved on T-Drive</i>	

<i>Assessment #1 presented</i>	
<i>Clinical Case Presentation #1 saved on T-Drive</i>	
<i>Clinical Case Presentation #1 presented</i>	
<i>Diversity Outreach Project Proposal saved on T-drive</i>	
Mid-year Summary of Hours/Experience (Point N Click summary)	
Mid-year Site Evaluation	
Mid-year Self Assessment	
Mid-year Supervisor Evaluation	
Spring Weekly Schedule (saved on T-drive)	
<i>Spring Individualized Learning Contract (Due First day of Second Semester)</i>	
<i>Assessment #2 done- in file- saved on T-Drive</i>	
<i>Assessment #2 presented in case consultation</i>	
<i>Clinical Case Presentation #2 saved on T-Drive</i>	
<i>Clinical Case Presentation #2 presented</i>	
<i>Diversity Outreach Project Presentation- saved on T- Drive</i>	
<i>Dissertation Presentation presented and saved on T-Drive</i>	
Final Point N Click Hours Report	
Final Direct Service Excel Report	
End of year Site Evaluation	
End of year Self Assessment	
End of year Supervisor Evaluation	
Return Books	
Return Camera, Tri-pod & adapters	
Return Training Manual, other training materials	
Return Key to FP & M, name tag to Karen	
Complete employee exit checklist	
Provide TD with contact information	
*Formal assignments are delineated by italicized font	

Section 4: Compensation & Benefits

Vacation, Sick Time, & Leave

UHCS is aware that situations will arise (i.e., illness, death, conflicts) in which residents need to be away from the center. If a resident needs to miss a training day, a phone call should be made to Counseling Services (262-472-1305) and a message left with Department Assistant indicating that the resident's schedule needs to be canceled for the day. The Resident should also communicate this information via email to their/her/his direct supervisor and the Training Director. If able, residents are also encouraged to post a message via the UHCS webex group to alert the team of the absence. If a Resident needs to request off a workday in advance, the Resident must complete an Absence Request Form (see UHCS How-To Guidebook for detailed procedure) and submit it to their primary supervisor. Once the primary supervisor approves the leave request, it will be routed to the training director for approval. After receiving final approval from the clinic director, the form will be returned to the Resident. At that point, the Resident must alert the Department Assistant to block the leave on the clinic schedule.

You have the following vacation and leave benefits:

Vacation: 80 hours (10 days)

Sick Leave: 40 hours (5 days)

Legal Holidays: 72 hours (9 days)

Professional Development: 2 days (16 hours)

Dissertation/Research Release Time: up to 2 hours/week

Financial Compensation

The psychology Resident stipend for the 2024-25 year is \$30,000. HR will set residents up with payroll and arrange for your paychecks. Psychology residents receive several benefits in accordance with university policy and as described in our APPIC Directory and UHCS Training website materials. These benefits include health insurance, dental insurance, life insurance, vacation, sick leave, professional development time, and dissertation/research release time. Psychology residents also enjoy full campus library privileges, a discount at the University Bookstore, discounts to campus cultural events, access to the Relaxation Room at UHCS, and access to the Fitness and Recreation facilities on campus. UHCS provides some professional development funds for psychology residents, pending approval. For example, UHCS may sponsor each resident's attendance at the Wisconsin Area College Counseling Center's Conference, pending approval. In addition, the UWW internship program has the ability to be flexible

and accommodating to an intern's physical needs/ abilities, and religious and cultural practices.

Facilities & Administrative Support

Counseling Services, along with Wellness and Interpersonal Violence Prevention, are on the 2nd floor of the Ambrose Health Center with Health Services on the first floor. Ambrose Health Center provides individual offices for residents, group therapy rooms, a relaxation room, and a professional library with reference materials. Individual offices are equipped with network-linked personal computers and digital recording and viewing equipment. Via the UWW Computer Network one can access Microsoft Office Suite, WebEx and Zoom conferencing platforms, and various library databases. The agency uses an electronic scheduling and medical records software system accessible in every Resident office.

Section 5: Office Procedures & Compliance

We strive to create a fair, equitable, and safe environment for all clients, trainees, and staff. We view residents as junior colleagues, and thus, generally expect residents to comply with the same office procedures as permanent staff.

Residents should review the UHCS policy and procedure manual for a high level overview of operating principles. Residents should utilize the UHCS How-To Guidebook for comprehensive, step-by-step instructions on UHCS procedures (administrative and clinical procedures). Residents are always encouraged to seek information from the UHCS How-To Guidebook first. Residents are always welcome to direct procedural questions to their primary supervisor, the training director, or the department assistant.

While most clinical and office procedures are outlined in the UHCS How-to Guidebook, several with specific impacts to residents will be discussed here:

Accommodations

UHCS strives to accommodate any and all physical or cultural needs of our clients, residents and employees. Residents should promptly notify their individual supervisor and/ or the Training Director regarding any accommodations that would be of use. In addition, we ask that our residents be advocates for others who may be in need of accommodations. If you become aware of any aspect of our clinic which you feel is not sensitive to the physical, emotional or cultural needs of our clients, please discuss this issue immediately with the Training Director.

Emergency Procedures

UHCS emergency procedures exist for several possible scenarios and are updated annually by the Safety Committee. Documentation of emergency procedures can be found in the UHCS Policy manual and UHCS How-To Guidebook. Emergency policies and procedures are reviewed annually in a UHCS all-staff meeting and reviewed with trainees in orientation

Administrative Time

Each Resident should schedule enough administrative time during their allotted time at UHCS. This time should be used to write case notes, review video tapes, prepare for upcoming counseling and supervision sessions, engage in treatment planning, research any applicable tools to use with clients, and/or other therapeutic activities. Residents should not use this time for personal errands or be out of the office for any long time.

Office Phones

UHCS providers do not have direct lines or voicemail. If a call comes into UHCS for a resident or staff member, the front desk answers the call and checks the schedule to determine if the provider is available to answer a call or is in session and unavailable. Please provide any family members or partners with the UHCS office line (262-472-1305) to use in case of needing to contact you in an emergency. For specific phone instructions, refer to UHCS How-To Guidebook.

UHCS Library & Biofeedback Equipment

UHCS has a clinical resources library available for staff and trainees. It is in the Counseling Center. Trainees are welcome to utilize the library and are asked to sign out materials on the log in the library. UHCS also has two biofeedback units available.

Work Hours

The workday at UHCS is Monday-Friday 7:45am-4:30pm. Residents should keep their regular hours during finals week of the fall and spring semesters. Residents are expected to keep their regular hours during academic breaks, such as winter break, Thanksgiving break, and Spring break. Any changes to this schedule must be discussed with their/his/her direct supervisor and the Training Director. Occasionally, events occur outside of clinic hours; in such cases, consult with your supervisor or the training director about how to adjust your hours to compensate. A resident's commitment to UHCS only ends when all clinical notes have been written, reviewed, revised (if needed), signed by the Resident and signed by the supervisor.

Lunch hour

The 12:00-1:00 PM hour is reserved as the UHCS "lunch hour" and clients are not typically seen during this time. Due to needing to accrue a specific number of hours to successfully complete residency, Doctoral residents are provided with a 15 minute "paid break" from 12:00-12:15 and then a 45 minute "lunch hour." This hour is considered the residents' time to use as seen fit and counts toward the total number of hours present at UHCS.

Section 6: Professional Conduct

Expectations of Counseling Residents

During the training year, the general expectation of UHCS is that residents will:

- Adhere to their appropriate code of conduct: APA www.apa.org/ethics/; See this ethics code in the Appendix, Section D of this Manual.
- Practice within the bounds of the laws and regulations of the State of Wisconsin;
- Practice in a manner that conforms to the professional standards of University of Wisconsin- Whitewater and University Health & Counseling Services.

Rights and Responsibilities of Counseling Residents

Counseling residents are expected to learn clinical skills and the ethics of practice, as well as to do much self-examination, focusing on their intra- and interpersonal processes. At all stages of training, University Health & Counseling Services assumes responsibility for evaluation and continual feedback to students in order to improve skills, remediate problem areas, and/or to prevent individuals, unsuited in either skills or interpersonal difficulties, from entering the field. Supervisors, then, are responsible for monitoring Resident progress to benefit and protect the public and the profession, as well as the Resident.

Rights of Residents:	<p>The residents will have access to clear statements of the standards and expectations by which they are evaluated at midterm and semester end.</p> <p>Residents have opportunities to provide input and suggest changes and modifications regarding the training program. Regular meetings of residents and the Training Director will provide residents direct access to center administration and enable the Training Director to assess the progress and problems confronted by the residents and to discuss their developmental tasks and issues.</p> <p>The residents have the right to initiate an informal resolution of problems that might arise during training (i.e., regarding supervision, case assignments, and professional consideration) through a request to the individual concerned and/or to the Training Director.</p> <p>Residents have the right to activate a formal review when they believe that their rights have been infringed upon. When the evaluation process is completed at the end of the semester, residents have the right to contest criticisms in the evaluation, to disagree with the primary supervisor's summary evaluation, and/or to request an appeal. Violations of resident's rights include, but are not limited to, exploitation, sexual</p>
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	<p>harassment, arbitrary, capricious or discriminatory treatment, unfair evaluation criteria, inappropriate or inadequate supervision or training, and violation of due process.</p> <p>Residents have the right to expect appropriate levels of personal privacy (see Training Program Policy 1.9 Personal Disclosure Policy For UHCS Trainees)</p>
<p>Responsibilities of Residents:</p>	<p>Residents have the responsibility to meet training expectations by developing an acceptable level of competency throughout the training year.</p> <p>Residents have the responsibility to be open to professionally appropriate feedback from supervisors, professional staff, and center personnel.</p> <p>Residents are responsible for behaving in a manner that promotes professional interactions within UHCS and the University community.</p> <p>Residents have the responsibility to conduct oneself in a professionally-appropriate manner if Due Process is initiated.</p>

Personal Disclosure Policy for UHCS Trainees

In general, trainees at UHCS are not required to disclose personal information. In particular, unless the information is required to evaluate or assist a trainee whose personal problems impede competent clinical practice, UHCS training programs do not require trainees to engage in personal self-disclosure in program-related activities either orally or in writing (i.e., we do not require disclosure of sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others).

Goals of our training program include professional and personal growth, and we will therefore offer opportunities for personal exploration and reflection during the training year. When appropriate, trainees are encouraged to explore historical influences and personal information that may affect their clinical practice. Please review Training Policy 1.9 Personal Disclosure Policy for UHCS Trainees.

Section 7: Clinical Practice Issues for Residents & Clinical Guidelines

As colleagues in training, residents follow the standard of good professional practice formulated by the American Psychological Association and general principles of ethical practice that apply to senior professional staff. In addition, because of their status as students, several other issues will be discussed below which may require special attention.

1. Identification of Oneself and One's Credentials

One special responsibility of the Resident is to clearly identify their/her/himself to the client as a student, so that the client understands that a consultative relationship exists between the Resident and the supervisor, and that this relationship requires that the Resident share tapes and information with the supervisor.

Acknowledging the consultative relationship with the supervisor also gives the Resident the freedom to indicate that s/he/they is concerned with an event in the course of counseling and would like to consult with a colleague. It is important that the Resident describe their/him/herself in terms that are consistent with our state's licensing requirements. Thus, it is appropriate to state, for example, "I am a graduate student in a masters/doctoral program in counseling/ psychology/ social work and I receive supervision from a licensed counselor/ social worker/ psychologist." See the UHCS How-to Guidebook for instructions on how to document this aspect of informed consent using a text macro.

2. Taping Sessions

A second major issue presented by the Resident status is the strong preference that the Resident tape sessions. Residents are expected to indicate to clients that this provision exists to help ensure that the client receives good quality service. Residents must obtain client's permission to be videotaped verbally in session along with the documentation on the UHCS telemental health consent form. See the UHCS How-to Guidebook for instructions on how to document this aspect of informed consent using a text macro.

3. Avoidance of Simultaneous Multiple Roles

While it is good practice to avoid multiple roles with clients, it is common in a small campus community to encounter clients in different roles outside of the counseling setting. If the Resident discovers the existence of such dual role after beginning therapy with the student, it is advisable to discuss with a supervisor any circumstance in which you feel that a dual role situation presents special problems of confidentiality or ethics.

4. Termination

Because the residents' stay at UHCS is limited, the client should be informed that if further work is necessary after the Resident terminates, the Resident will assist the client by making an appropriate referral to another therapist. During their summer at UHCS, it is wise for the residents to inform the client that the Resident will terminate training at the end of the summer and that the client may need to be transferred to a different therapist.

5. "Never Alone"

It is our goal for residents to feel supported. Residents are encouraged to reach out at any time for any clinical, consultation, or administrative support.

Clinical Guidelines/Procedures

Residents should review the Counseling Services Policy Manual in PowerDMS for a high level overview of operating principles. Residents should utilize the UHCS How-To Guidebook for comprehensive, step-by-step instructions on UHCS procedures (administrative and clinical procedures). The How-to Guidebook provides detailed instructions on the procedures and links to forms and resources.

Residents are always encouraged to seek information from the UHCS How-To Guidebook first. Residents are always welcome to direct procedural questions to their primary supervisor, the training director, or the department assistant.

Clinical Procedures and Administrative Procedures included in the UHCS how-to guidebook:

Point and Click Schedule Basics	All About Consulting	Copying
Scheduling Appointments and Other Things	Referral Process and Resources	Faxing
Point and Click Documentation	All About Webex	Scanning
Understanding Point and Click Chart	Campus Dashboard	Shredding
Point and Click Messaging	Professional Development Approval	Phones
Release of Information	Travel/Absence Requests	Mailboxes
Safety Plan	All About Microsoft	Safety and Emergency Procedures
Peer Review	Computer/Laptop Information	General Info for Working at UHCS

Trainee Specific	DUO Mobile	Resources for Our Students
Appointment Type Processes	Working Remotely	

Section 8: Evaluation

During orientation and training sessions at the beginning of the training year, residents work with the Training Director to plan and set goals for service delivery and training activities which include counseling, assessment, outreach/consultation, research, and providing clinical supervision. This includes creating a weekly schedule of activities. This initial plan, including goals and schedule, is reviewed at scheduled intervals and refined as needed, so that residents can adapt their training experiences to their own needs and those of the Center.

Residents are required to obtain a Minimum Level of Achievement (MLA) of a “3” (“Competent”) at the end of their residency year in each of the 9 PWC goal areas described above. This is on a Likert scale ranging from 1-5. Evaluation is both formative and summative. Evaluation is an ongoing formal and informal process. The Training Committee expects all staff who participate in training and supervision to provide ongoing feedback to residents.

Members of the training committee and all supervisors will meet midway through the Fall semester to discuss their observations of each resident’s performance. If deficits are identified, then the primary supervisor discusses the concerns with the Resident, and together they plan training experiences to increase the resident’s level of skill. This process will be repeated in the Spring/Summer Semester. There are two Formal Evaluations, one at the end of fall semester and one just before the end of the residency, where residents receive oral and written feedback about their performance. Once formal evaluations are completed, a signed copy will be provided to the resident’s academic institution and the Training Director. If a resident’s performance is not considered to be at the Minimum Level of Achievement, then the supervisor, along with the Director of Training, works with the Resident to develop a remediation plan so the Resident can achieve the necessary level of proficiency to successfully complete the residency.

Residents provide verbal and written feedback regarding their experiences with group supervision, their supervisors, orientation, didactic seminars, co-supervision, the diversity outreach project seminar, and the residency site. These evaluations are provided by and returned to the Training Director. Residents meet weekly with the Training Director, which provides ongoing informal feedback on training issues. See all evaluation forms in the Appendix.

Proximal evaluation measures include:

- Review of the content of residents' Individual Learning Contract and activity summaries.
- Contributions to training seminars.

- Staff observations and feedback in the mid-semester review and in the two formal performance evaluations.
- Point N Click reports and documentation of number of intakes and ongoing counseling hours completed.
- Primary supervisor’s written evaluation of resident’s performance.
- Client reports of behavior change via the CCAPS.
- Ratings by practicum/Resident supervisee(s) on co-supervisor evaluation forms.
- Distal evaluation measures include:
 - Length of time to complete doctoral degree following residency.
 - Obtaining a professional position in psychology relevant to the resident’s long term career goals.
 - Achieving licensure as a psychologist.
- Professional contributions of former residents to their institutions or agencies, their communities, the discipline of psychology, and/or national or international issues related to research and practice in psychology.
- Presentation records of former residents at national, regional, state and local professional meetings.
- Publication records of former residents who are in academic and applied settings.
- Participation of former residents in local, regional, national, and international professional organizations.
- Alumni Follow-up Survey.

Section 9: Grievances & Due Process

The following guidelines have been drawn from multiple sources including:

- Clover Educational Consulting Group Sample Doctoral Internship Program Due Process Procedures
- College of William & Mary Due Process and Grievance Procedures for Psychology Residents
- Texas A & M University Student Counseling Services Due Process and Grievance Procedures for Psychology Residents.
- Texas State University Counseling Center Residents Evaluation, Review & Grievance Procedures

General Guidelines for Due Process

The training program follows due process guidelines to ensure that decisions about residents are not made arbitrarily or personally biased. The training program has adopted specific evaluation procedures which are applied to all residents. The appeals procedures below are available to the Resident so that s/he/they have ample opportunity to ensure fairness is involved in the decision making process.

The due process guidelines include the following:

1. All residents receive a written statement of program expectations for professional functioning at the outset of training
2. Evaluation procedures are clearly stipulated, including when and how evaluations will be conducted (Section III of this Manual).
3. The procedures and actions for making decisions about problematic performance or conduct are outlined in written statements given to all residents.
4. All residents receive a written description of procedures they may use to appeal the program's actions, and procedures they may use to file grievances.
5. Decisions or recommendations regarding the resident's performance or conduct are based on input from multiple professional sources, including resident's formal evaluations.
6. Program actions and their rationale are documented in writing to all relevant parties.
7. Residents are given sufficient time to respond to any action taken by the program.
8. Graduate programs are informed about difficulties with residents.

9. When appropriate, remediation plans are instituted for identified inadequacies. These include time frames for remediation and specify consequences for failure to rectify the inadequacies.

Expectations of Psychology Residents

During the training year, the general expectation of UHCS is that residents will:

- Adhere to their appropriate code of conduct: APA www.apa.org/ethics/; See the ethics code in the Appendix of this Manual.
- Practice within the bounds of the laws and regulations of the State of Wisconsin;
- Practice in a manner that conforms to the professional standards of University of Wisconsin- Whitewater and University Health & Counseling Services.

Rights of Residents:

- The residents will have access to clear statements of the standards and expectations by which they are evaluated at midterm and semester end.
- Residents have opportunities to provide input and suggest changes and modifications regarding the training program. Regular meetings of residents and the Training Director will provide residents direct access to center administration and enable the Training Director to assess the progress and problems confronted by the residents and to discuss their developmental tasks and issues.
- The residents have the right to initiate an informal resolution of problems that might arise during training (i.e., regarding supervision, case assignments, and professional consideration) through a request to the individual concerned and/or to the Training Director.
- Residents have the right to activate a formal review when they believe that their rights have been infringed upon. When the evaluation process is completed at the end of the semester, residents have the right to contest criticisms in the evaluation, to disagree with the primary supervisor's summary evaluation, and/or to request an appeal. Violations of resident's rights include, but are not limited to, exploitation, sexual harassment, arbitrary, capricious or discriminatory treatment, unfair evaluation criteria, inappropriate or inadequate supervision or training, and violation of due process.
- Residents have the right to expect appropriate levels of personal privacy.

Responsibilities of Residents:

- Residents have the responsibility to meet training expectations by developing an acceptable level of competency throughout the training year.
- Residents have the responsibility to be open to professionally appropriate feedback from supervisors, professional staff, and center personnel.
- Residents are responsible for behaving in a manner that promotes professional interactions within UHCS and the University community.
- Residents have the responsibility to conduct oneself in a professionally-appropriate manner if Due Process is initiated.

The Evaluation Process

Evaluation is both formative and summative. Evaluation is an ongoing formal and informal process. The Training Committee expects all staff who participate in training and supervision to provide ongoing feedback to residents.

Members of the training committee and all supervisors will meet midway through the Fall semester to discuss their observations of each resident's performance. If deficits are identified, then the primary supervisor discusses the concerns with the Resident, and together they plan training experiences to increase the resident's level of skill. This process will be repeated in the Spring/Summer Semester. There are two Formal Evaluations, one at the end of fall semester and one just before the end of the residency, where residents receive oral and written feedback about their performance. Once formal evaluations are completed, a signed copy will be provided to the resident's academic institution and the Training Director. Residents are required to obtain a Minimum Level of Achievement (MLA) of a "3" ("Competent") at the end of their residency year in each of the 9 PWC goal areas described above. This is on a Likert scale ranging from 1-5. If a resident's performance is not considered to be at the Minimum Level of Achievement, then the supervisor, along with the Director of Training, works with the Resident to develop a remediation plan so the Resident can achieve the necessary level of proficiency to successfully complete the residency.

Residents provide verbal and written feedback regarding their experiences with group supervision, their supervisors, orientation, didactic seminars, co-supervision, the diversity outreach project seminar, and the residency site. These evaluations are provided by and returned to the Training Director. Residents meet weekly with the Training Director, which provides ongoing informal feedback on training issues. See all evaluation forms in the Appendix.

Determining Adequate Resident Performance

Categories for consideration in determining adequate performance include:

- Application of professional standards (APA Standards of Ethics, applicable laws)
- Skill development (intervention skills)
- Personal functioning (management of personal issues, professional behavior, use of supervision)

Problematic Behavior

Problem behaviors are present when supervisor(s) perceive that a resident's behaviors, attitudes, or characteristics are disrupting the quality of his/her/their clinical services; his/her/their relationships with peers, supervisors, or other staff; or his or her ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when a resident's problem behaviors are serious enough to fit the definitions of problematic performance or conduct rather than merely being typical problem behaviors often found among residents.

The program defines problematic performance and problematic conduct as when there is interference in professional functioning that renders the Resident unable and/or unwilling to:

- A. Acquire and integrate professional standards into his/her/their repertoire of professional behavior;
- B. Unable to acquire professional skills that reach an acceptable level of competency;
- C. An inability and/or unwillingness to integrate ethical standards,
- D. An inability to manage personal stress, psychological problems, and/or excessive emotional reactions which interfere with professional functioning.

More specifically, problem behaviors are identified as problematic performance and/or problematic conduct when they include one or more of the following characteristics:

1. The quality of the resident's service delivery is negatively affected and may be considered to be destructive to clients,
2. The problem is not merely a reflection of a skill deficit which can be rectified by further academic or didactic training,
3. The Resident does not acknowledge, understand, or address the problem when it is identified,
4. The identified aspect of professional functioning is linked to a clear pattern and not based on an isolated incident,

5. Multiple and similar observations are made by at least one supervisor and/ or senior staff member,
6. A disproportionate amount of attention by training personnel is required, compared to other residents, and/or
7. The resident's behavior does not change as a function of feedback, remediation efforts, and/or time.

Problematic behavior is noted on written evaluations in addition to being discussed with the Resident by primary supervisors. Problem behaviors noted on written evaluations are discussed with the Training Committee, who determines when, if, and how, remediation is necessary.

Due Process Procedures for Responding to Problematic Performance by a Resident

As a training program it is imperative that UHCS has a meaningful course of action to address professional impairments. In implementing remediation or sanction alternatives, staff diligently balance the needs of the Resident, the clients involved, the Resident cohort, other UHCS staff, the Training Committee, and others affected by the behavior(s). The fact that a Resident is going through a remediation plan process is kept confidential. The following procedures are followed in cases of problematic Resident performance or conduct.

When supervisors' and/ or other senior staff member evaluations (whether formal, informal or through observation) indicate that a resident's skills, professionalism, or personal functioning are inadequate for a Resident at her/ his/ their level of training, the Training Committee (with input from other relevant supervisory staff), initiates the following procedures:

Informal Review:

The resident's primary Supervisor meets individually with the Resident and clearly reviews with the Resident the areas identified as requiring improvement. This informal discussion occurs as soon as is feasible in an attempt to resolve the problem informally and must provide the Resident with clear, concrete examples of expectations and include a timeframe in which improvement is expected. This discussion is documented, with the resident's initials, on the Supervision Record Form, but does not become a part of the

resident's professional file. The areas of functioning requiring improvement are documented in the resident's formal evaluation.

If the Resident successfully makes improvement in the identified growth areas, this is discussed with the Resident, noted in the resident's formal evaluations and no further action is taken unless additional significant growth areas are identified at a future point during the training year.

Formal Review:

If the resident's problem behavior persists following an attempt to resolve the issue informally, or if a Resident receives a rating below a "3" on any competency on a supervisory evaluation, the following process is initiated:

1. Within 10 working days of the evaluation or failure to resolve the issue informally, a meeting is held between the Resident, Supervisor & Training Director, with consultation provided by the Training Committee as needed, and a determination is made as to what action needs to be taken to address the problem(s). The Resident has the opportunity to provide a written statement related to his/her/their response to the problem.
2. After discussing the problem and the resident's verbal and/or written response, the Training Committee may adopt one or more of the following steps, or take other appropriate action.
 - a. The committee may elect to take no further action.
 - b. The committee may issue a written Acknowledgement Notice within 10 business days that formally states the following:
 - The committee is aware of and concerned about the evaluation and/or problems identified therein.
 - The evaluation has been brought to the resident's attention and the committee or other supervisors will work with the Resident to rectify the problem within a specified time frame.
 - The behaviors associated with the negative evaluation are not significant enough to warrant more serious action at the time.
 - c. Alternatively, the committee may issue a Remediation Plan, which specifies that the committee, through the supervisors and Training Director, will actively and systematically monitor the degree to which the Resident addresses, changes, and/or otherwise improves the problem behaviors. The Remediation Plan is a written statement to the Resident that includes the following items:
 - A description of the problematic performance or conduct.

- A time frame for the probation during which the problem is expected to be ameliorated.
 - Procedures to assess whether the problem has been appropriately rectified.
 - Specific recommendations for rectifying the problem(s). Possible remedial steps include (but are not limited to) the following:
 - Increased supervision, either with the same or other supervisors.
 - Change in the format, emphasis, and/or focus of supervision
 - A recommendation that personal therapy be undertaken. A reduction in clinical load.
 - Recommendation of a leave of absence (this may impact the resident's ability to successfully complete the required 2,000 hours within a year's time).
3. Following the delivery of an Acknowledgment Notice or Remediation Plan, the Resident and her/ his/ their supervisor and the Training Director will meet with the Resident within 10 working days to review the required remedial steps. The Resident may elect to accept the conditions or may challenge the committee's actions as outlined in the procedures below. In either case, within 10 working days the Training Director will inform the resident's sponsoring graduate program, and indicate the nature of the inadequacy and the steps taken by the Training Committee. The Resident shall receive a copy of the letter sent to the sponsoring graduate program within 5 business days of it being sent. Both the Acknowledgement Notice and Remediation Plan become part of the resident's permanent file.
 4. Once the Training Committee has issued an Acknowledgement Notice or Remediation Plan, the resident's progress will be reviewed weekly during supervision and will be expected to be resolved within the specified time frame, or the next formal evaluation, whichever comes first.

Due Process Procedures When a Resident Fails to Correct Problems

If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violation that have caused or have the potential to cause harm, the training program may need to take more formal action.

If a Resident has not improved sufficiently to rectify the problems under the conditions stipulated by a Remediation Plan, the Training Committee will conduct another formal meeting within 10 business days and then inform the Resident in writing that the conditions for successfully resolving the remediation plan have not been met.

The Training Committee may then elect to take any of the following steps, or other appropriate action:

1. It may continue the Remediation Plan for a specified time period.
2. It may suspend the Resident whereby the Resident is not allowed to continue engaging in certain professional activities until there is evidence that the problem behaviors in question have been rectified.
3. It may inform the Resident and the resident's sponsoring graduate program, that, at the discretion of the Training Director of University Health & Counseling Services, the Resident will not successfully complete the residency if his/her/their behavior does not change.
 - a. If by the end of the training year, the Resident has not successfully completed the training requirements, the Training Committee may deem that the Resident has not successfully passed the residency.
 - b. The Resident and the resident's home program will be informed that the Resident has not successfully completed the residency.
 - c. Alternatively, the Committee may specify those settings in which the Resident can or cannot function adequately.
4. If the Training Committee's deliberations lead to the conclusion that a Resident is not suited for a career in professional clinical practice, UHCS may collaborate with the resident's graduate program to recommend and assist in implementing a career shift for the Resident.
5. In the case of extremely egregious behavior, or a persistent inability or unwillingness to correct problematic conduct or behavior, The Training Committee may inform the Resident that the Committee is recommending that the Resident be terminated from the residency program, and inform the Counseling Director of UHCS of their recommendation to terminate the Resident.
 - a. The Counseling Director of UHCS, the Assistant Vice Chancellor for Student Affairs and a representative from Human Resources will then conduct a review of all documents submitted and render a written decision. They will render their decision within a reasonable time frame of receipt of the Training Committee's report, and within 10 working days of receipt of a resident's request for further review if such request was submitted.
 - b. The Counseling Director of UHCS, the Assistant Vice Chancellor for Student Affairs and the Human Resources representative may either accept the Training Committee's recommendation, reject the Training Committee's recommendation and provide an alternative, or refer the matter back to the Training Committee for further deliberation.

- c. If the Training Committee has recommended that the Resident be terminated and the Counseling Director of UHCS, the Assistant Vice Chancellor for Student Affairs and the Human Resources representative agree that the resident's behavior or conduct is egregious enough to no longer provide clinical care, but deem that the behavior does not reach the threshold for dismissal as an employee from UWW, the Resident will be given the choice to be assigned non-clinical duties for the duration of the residency, and not successfully complete the residency, or be given the option to withdraw from the residency program and not successfully complete the residency.
 - d. The Counseling Director of UHCS, the Assistant Vice Chancellor for Student Affairs and the Human Resources representative will then make a final decision regarding actions to be taken.
 - e. All due process procedures will be dictated by University of Wisconsin-Whitewater personnel policies.
6. Once a final and binding decision has been made, the Resident, sponsoring graduate program and other appropriate individuals, including the Association of Psychology Postdoctoral and Internship Centers (APPIC), will be informed in writing of the action taken within 5 working days of the decision.
7. All the above steps will be appropriately documented and implemented in ways that are consistent with due process procedures, including opportunities for residents to initiate the grievance proceedings below to challenge the decisions.

Resident Appeals Process

Residents who receive an Acknowledgment Notice or Remediation Plan, or who otherwise disagree with any Training Committee decision regarding their status in the program, are entitled to appeal the Committee's decision. Appeals must be made in writing (an email will suffice) to the Training Director within 5 working days of receipt the Training Committee's notice or other decision. The Resident must provide an explanation of why the Resident believes the Training Committee's action is unwarranted. Failure to provide such information will constitute a withdrawal of the challenge. Following receipt of the resident's challenge, the following actions will be taken.

1. Within 10 business days of receiving an appeal request the Training Director will conduct and chair a review hearing with the Resident and all members of the Training Committee in which the resident's challenge is heard and any evidence is presented by the Training Director and/or resident's supervisors.
2. Within 10 working days of completion of the review hearing, the Training Committee will issue a written summary of its decisions and recommendations and will inform the Resident of its decision(s).
3. Once the Training Committee has informed the Resident and submitted its report, the Resident has 10 working days within which to seek a further review of his or her appeal by submitting a written request to the Counseling Director of UHCS. The resident's request must contain brief explanations of the appeal and of the desired settlement he or she is seeking, and it must also specify which policies, rules, or regulations are believed to have been violated, misinterpreted, or misapplied. In addition, the Resident must forward copies of the request to the Assistant Vice Chancellor for Student Affairs and the UHCS Human Resource Partner in the University of Wisconsin- Whitewater Human Resources office.
4. The Counseling Director of UHCS, the Assistant Vice Chancellor for Student Affairs and a representative from Human Resources will then conduct a review of all documents submitted and render a written decision. They will render their decision within a reasonable time frame of receipt of the Training Committee's report, and within 10 working days of receipt of a resident's request for further review if such request was submitted.
 - a. The Counseling Director of UHCS, the Assistant Vice Chancellor for Student Affairs and the Human Resources representative may either accept the Training Committee's action, reject the Training Committee's action and provide an alternative, or refer the matter back to the Training Committee for further deliberation.

- b. The committee will report back to the Counseling Director of UHCS, the Assistant Vice Chancellor for Student Affairs and the Human Resources representative within 10 working days of the request for further deliberation.
 - c. The Counseling Director of UHCS, the Assistant Vice Chancellor for Student Affairs and the Human Resources representative will then make a final decision regarding actions to be taken.
5. If the Counseling Director of UHCS, the Assistant Vice Chancellor for Student Affairs and the Human Resource representatives' final decision does not resolve the resident's written request for further review to his or her satisfaction, the Resident has three working days within which to appeal in writing to the University of Wisconsin Whitewater Director of Human Resources. The Director of Human Resources or his/her/their designees shall conduct a review of the grievance and render a written decision that will be final and binding.
 6. Once a final and binding decision has been made, the Resident, sponsoring graduate program and other appropriate individuals will be informed in writing of the action taken.

Resident Grievance Procedures

The UHCS staff strives to create a warm and collegial working environment for all staff members. One component of this effort involves dealing with conflict in an open, direct, and timely fashion. We strongly recommend that when a conflict occurs, staff members (including residents) approach each other directly to resolve the conflict. However, the training staff acknowledges that the power differential between residents and supervising staff can make this process difficult and anxiety provoking for residents. In addition, the training program acknowledges that there may be situations in which the Resident has a complaint or grievance against a supervisor, staff member, another Resident, or the program itself, and in which the Resident wishes to file a formal complaint.

The following steps are intended to provide the Resident with a means to resolve perceived conflicts that cannot be resolved by informal means. Residents who pursue complaints in good faith will not experience any adverse personal or professional consequences.

Informal Review	First, the Resident should raise the issue as soon as possible with the supervisor, staff member, other Resident, or Training Director in an effort to resolve the problem informally.
Formal Review	1. If the matter cannot be resolved informally the Resident may submit a formal grievance in writing (email will suffice) to the Training Director.

	<ul style="list-style-type: none"> a. If the Training Director is the object of the grievance, or is unavailable, the grievance should be submitted in writing to the Executive Director of UHCS. 2. The individual being grieved will be asked to submit a response in writing within 10 business days. 3. The Training Director (or other appointed party) will meet with the Resident and the individual being grieved within 10 working days. The Training Director has the discretion to meet with the Resident and the individual being grieved separately first. 4. The goal of the join meeting is to develop a plan of action to resolve the matter. The plan of action will include: <ul style="list-style-type: none"> a. the behavior associated with the grievance b. the specific steps to rectify the problem c. procedures designed to ascertain whether the program has been satisfactorily rectified 5. The Training Director (or other appointed party) will document the process and outcome of the meeting. 6. The Resident and the individual being grieved will be asked to report to the Training Director (or other party) in writing within 10 working days of the plan of action being implemented to determine whether the issue has been adequately resolved. 7. If the plan of action fails, the Training Director (or other party) will convene a review panel consisting of him/herself and at least two other members of the Training Committee within 10 working days of this determination. The Resident may request one specific member of the Training Committee to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. Decisions of the review panel are final and binding on the Resident and all persons or entities connected with UWW. 8. If the review panel determines that a grievance against a staff member cannot be resolved Residentally or it is not appropriate to be resolved internally then the issue will be turned over to the University of Wisconsin-Whitewater Department of Human Resources & Diversity in order to initiate the due process procedures outlined in the staff member's employment contract. 9. If the review panel determines that the grievance against the staff member has the potential to be resolved internally, the review panel will develop a second action plan which will include: <ul style="list-style-type: none"> a. the behavior associated with the grievance b. the specific steps to rectify the problem c. procedures designed to ascertain whether the program has been satisfactorily rectified
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	<ol style="list-style-type: none">10. The process and outcome of the panel meeting will be documented by the Training Director (or other party).11. The Resident and the staff member being grieved will again be asked to report back in writing regarding whether the issue has been adequately resolved within 10 working days of the issuance of the second action plan.12. The panel will reconvene within 10 working days to again review the written documentation and determine whether the issue has been adequately resolved.13. If the issue has not been resolved by the second meeting of the panel, the issue will be turned over to the employer agency for successful resolution.14. In the case of legal or harassment concerns, the Resident is entitled to pursue University of Wisconsin- Whitewater's reporting procedures available through the Equal Employment Opportunity/Affirmative Action Office and/or reporting procedures of the individual's professional organization.
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* Any changes to these policies will be provided in writing to all UHCS Psychology residents.

Appendix A. Policies and Procedures

DOCTORAL INTERNSHIP POLICIES AND PROCEDURES			
POLICY 1.1 RESIDENT RECRUITMENT AND SELECTION			
APPROVAL SIGNATURE (S) AND DATE:			
AUTHOR	TD	TRAINING DIRECTOR	TD
MANUAL COORDINATOR			

SUBJECT: Resident Selection and Academic Preparation Policy

POLICY/PROCEDURE: This procedure outlines the requirements for resident recruitment and selection and also any required prior preparation and experiences.

Minimum Requirements for Applicants:

- A minimum of 300 intervention hours;
- Dissertation proposal defended;
- Successful completion of the doctoral comprehensive exams;
- Clinical experience with college student population preferred.

Application Process

We utilize the uniform psychology internship application (AAPI Online) developed by The Association of Postdoctoral and Psychology Internship Centers (APPIC). To locate the AAPI Online, and to complete our application process, visit the APPIC website at www.appic.org and click on the AAPI Online icon. Information on the APPIC National Matching Process and the details regarding registration procedures can be found at www.natmatch.com/psychint.

A complete application consists of the following materials:

1. A completed Online AAPI (APPIC's standard application)
2. Cover Letter (as part of the AAPI)
 - a. Candidates should address the question "How would you contribute to a college or university counseling center?" in their cover letters.
3. A current Curriculum Vitae (as part of the AAPI)
4. Three Standard Reference Forms:
 - One from an academic advisor

- Two from licensed clinicians who have supervised your clinical work
5. Copies of Official transcripts of all of your graduate coursework

Application Screening and Interview Process

All applications will be screened by the UHCS Resident Selection Committee, using a standard Application Rating form, and evaluated for potential goodness of fit with the residency program. The Selection Committee will meet to determine which applicants will be invited to interview. Applicants who are invited for an interview will be notified by or before December 15th. Interviews will be held during the first two weeks in January. Interviews will be held via Institutionally-approved virtual teleconferencing platform.

Following the interviews, the Selection Committee will meet in order to determine applicant rankings. Applicants will be ranked according to their overall fit with UHCS as determined by the application materials and interview process.

As a member of the Association of Psychology and Postdoctoral Internship Centers (APPIC) we will participate in the national internship ranking process by submitting applicant rankings to the National Matching Service

We fully endorse and agreed to abide by the APPIC policy summarized in the following statement:

"This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant."

Our APPIC Program Member Code is: 231311

Any questions about UWW- UHCS or regarding the resident selection may be directed to the Training Director.

All interns who match to UHCS must provide proof of citizenship or legal residency and must successfully pass a criminal background check before beginning employment. Factors considered to successfully pass the background check include the nature of the crime, the timeframe of that conviction and how that conviction relates to their job duties as a doctoral counseling resident.

DOCTORAL INTERNSHIP POLICIES AND PROCEDURES			
POLICY 1.2 ADMINISTRATIVE AND FINANCIAL ASSISTANCE			
APPROVAL SIGNATURE (S) AND DATE:			
AUTHOR	TD	TRAINING DIRECTOR	TD
MANUAL COORDINATOR			

SUBJECT: Administrative and Financial Assistance

POLICY/PROCEDURE: This procedure outlines administrative and financial assistance available to doctoral residents.

Each residency position is a full-time (40 hours per week) university employee position. Consequently, interns are provided with certain employee benefits and are given opportunities to take advantage of others. These benefits are listed below.

Salary:

Interns in the 2024-25 cohort will receive a stipend of \$30,000. The salary will be received in monthly direct deposit installments on or around the first day of the month.

Vacation & Sick Time:

Interns are provided with 10 days of paid vacation and/or sick time as needed.

Holidays:

The State of Wisconsin grants nine days of paid legal holidays per calendar year to eligible employees. UWW holidays follow the official University holiday schedule. See link for the specifically recognized holidays: <https://uwservice.wisc.edu/calendars-schedules/legal-holidays.php>

Health Insurance:

Interns are provided with the opportunity to have Health/ Dental/ Vision Insurance. Insurance information may be found at <https://www.wisconsin.edu/ohrwd/benefits/med/>

Facilities:

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

We have an essentially paperless office and interns will learn to use Point N/ Click, our electronic note-taking and appointment system.

Resources:

Clerical assistance is provided by the Department Assistant and Student Assistants who work in the reception area. They are responsible for all scheduling, IT and general office assistance.

Training materials are provided by the Training Director for Counseling Services. There is also a staff library that is available for resident use.

Attendance at professional conferences is encouraged and funded by UHCS when opportunities are available.

DOCTORAL INTERNSHIP POLICIES AND PROCEDURES			
POLICY 1.3 INTERN EVALUATION, RETENTION AND TERMINATION POLICY			
APPROVAL SIGNATURE (S) AND DATE:			
AUTHOR	TD	TRAINING DIRECTOR	TD
MANUAL COORDINATOR			

SUBJECT: Evaluation, Retention and Termination Policy

POLICY/PROCEDURE: This procedure outlines requirements for successful residency performance, including evaluation, feedback, retention and termination.

Resident Evaluation, Retention and Termination

UHCS requires that interns demonstrate minimum levels of achievement across all competencies and training elements. The Training Committee expects all staff who participate in training and supervision to provide ongoing informal feedback to interns. Evaluation occurs in two ways.

Members of the training committee and all supervisors will meet midway through the Fall semester to discuss their observations of each resident’s performance. If deficits are identified, then the primary supervisor discusses the concerns with the Resident, and together they plan training experiences to increase the resident’s level of skill. This process will be repeated in the Spring/Summer Semester. There are two Formal Evaluations, one at the end of fall semester and one just before the end of the residency, where residents receive oral and written feedback about their performance. Once formal evaluations are completed, a signed copy will be provided to the resident’s academic institution and the Training Director. If a resident’s performance is not considered to be at the Minimum Level of Achievement, then the supervisor, along with the Director of Training, works with the Resident to develop a remediation plan so the Resident can achieve the necessary level of proficiency to successfully complete the residency.

The resident evaluation form was developed to reflect the UWW-UHCS competency-based training model. Objectives for resident growth are grouped into the profession-wide competencies and reflect the critical areas of knowledge, awareness, and skills for the practice of health service psychology. Aims are operationalized and measured by multiple behaviorally grounded indicators. Residents are provided feedback based on their level of professional development, not relative to their peers. Evaluations are conducted using a standard rating form, which includes comment spaces where supervisors include specific written feedback regarding the residents' performance and progress. Supervisors are expected to review these evaluations with the residents and provide an opportunity for discussion at each time point.

The Nine Profession Wide Competencies (PWCs) that are assessed within this evaluation are as follows:

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

The rating scale used for all evaluation items is as follows: 5 = Highly Competent, 4 = Consistently Competent, 3 = Competent, 2 = Emerging Competence, 1 = Below Expected Competency Level, N/O Not Observed/ Applicable. A minimum level of achievement on the evaluation is defined as a rating of "3" for each competency. If a resident does not achieve a rating of "3" for each competency, the resident Remediation Process will be implemented to assist the resident in developing skills within that competency area.

Residents provide verbal and written feedback regarding their experiences with group supervision, their supervisors, orientation, didactic seminars, co-supervision, the diversity outreach project seminar, and the residency site. These evaluations are provided by and returned to the Training Director. Residents meet weekly with the Training Director, which provides ongoing informal feedback on training issues. See all evaluation forms in the Appendix.

Doctoral residents at UHCS are expected to complete 2000 hours (500 direct service hours) during the residency year. Meeting the hour requirement and obtaining sufficient ratings on all evaluations demonstrates that the resident has progressed satisfactorily through and completed the residency program. Doctoral programs are contacted within

one month following the end of the residency year and informed that the resident has successfully completed the program.

If successful completion of the program comes into question at any point during the residency year, or if a resident enters into Due Process or grievance procedures, the home doctoral program will be contacted. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the interns' progress, is kept engaged in order to support a resident who may be having difficulties during the residency year. The home doctoral program is notified of any further action that may be taken by UHCS as a result of the Due Process procedures, up to and including termination from the program.

DOCTORAL INTERNSHIP POLICIES AND PROCEDURES			
POLICY 1.4 DUE PROCESS AND GRIEVANCE PROCEDURE POLICY			
Approval Signature(s):			
AUTHOR	TD	TRAINING DIRECTOR	TD
MANUAL COORDINATOR		REVISED	5/9/18

SUBJECT: Due Process and Grievance Procedure

POLICY/PROCEDURE: This policy outlines the due process and grievance procedure.

The Academic Staff policy for complaints, grievance and due process is found at <http://www.uww.edu/Documents/uww/ASRules.pdf>

The training program follows due process guidelines to ensure that decisions about residents are not arbitrary or personally based. The program has appeal procedures that permit any resident to challenge program decisions.

**Due Process Procedures for Responding to
Problematic Performance by an Intern**

As a training program it is imperative that UHCS has a meaningful course of action to address professional impairments. In implementing remediation or sanction alternatives, staff diligently balance the needs of the resident, the clients involved, the resident cohort, other UHCS staff, the Training Committee, and others affected by the behavior(s). The fact that an resident is going through a remediation plan process is kept confidential. The following procedures are followed in cases of problematic resident performance or conduct.

When supervisors' and/ or other senior staff member evaluations (whether formal, informal or through observation) indicate that an Intern's skills, professionalism, or personal functioning are inadequate for an Intern at her/ his/ their level of training, the Training Committee (with input from other relevant supervisory staff), initiates the following procedures:

Informal Review:

The Intern's primary Supervisor meets individually with the Intern and clearly reviews with the Intern the areas identified as requiring improvement. This informal discussion occurs as soon as is feasible in an attempt to resolve the problem informally and must provide the Intern with clear, concrete examples of expectations and include a timeframe in which improvement is expected. This discussion is documented, with the Intern's initials, on the Supervision Record Form, but does not become a part of the resident's professional file. The areas of functioning requiring improvement are documented in the resident's formal evaluation.

If the resident successfully makes improvement in the identified growth areas, this is discussed with the resident, noted in the resident's formal evaluations and no further action is taken unless additional significant growth areas are identified at a future point during the training year.

Formal Review

If the resident's problem behavior persists following an attempt to resolve the issue informally, or if a resident receives a rating below a "3" on any competency on a supervisory evaluation, the following process is initiated:

1. Within 10 working days of the evaluation or failure to resolve the issue informally, a meeting is held between the Intern, Supervisor & Training Director, with consultation provided by the Training Committee as needed, and a determination is made as to what action needs to be taken to address the problem(s). The resident has the opportunity to provide a written statement related to his/her/their response to the problem.
2. After discussing the problem and the resident's verbal and/or written response, the Training Committee may adopt one or more of the following steps, or take other appropriate action.
 - a. The committee may elect to take no further action.
 - b. The committee may issue a written *Acknowledgement Notice* within 10 business days that formally states the following:
 - The committee is aware of and concerned about the evaluation and/or problems identified therein.
 - The evaluation has been brought to the resident's attention and the committee or other supervisors will work with the resident to rectify the problem within a specified time frame.
 - The behaviors associated with the negative evaluation are not significant enough to warrant more serious action at the time.
 - c. Alternatively, the committee may issue a *Remediation Plan*, which specifies that the committee, through the supervisors and Training Director, will actively and systematically monitor the degree to which the Intern addresses, changes, and/or otherwise improves the problem behaviors. The *Remediation Plan* is a written statement to

the Intern that includes the following items:

- A description of the problematic performance or conduct.
 - A time frame for the probation during which the problem is expected to be ameliorated.
 - Procedures to assess whether the problem has been appropriately rectified.
 - Specific recommendations for rectifying the problem(s). Possible remedial steps include (but are not limited to) the following:
 - Increased supervision, either with the same or other supervisors.
 - Change in the format, emphasis, and/or focus of supervision
 - A recommendation that personal therapy be undertaken. A reduction in clinical load.
 - Recommendation of a leave of absence (this may impact the Intern's ability to successfully complete the required 2,000 hours within a year's time).
3. Following the delivery of an *Acknowledgment Notice* or *Remediation Plan*, the Intern and her/ his/ their supervisor and the Training Director will meet with the resident within 10 working days to review the required remedial steps. The resident may elect to accept the conditions or may challenge the committee's actions as outlined in the procedures below. In either case, within 10 working days the Training Director will inform the resident's sponsoring graduate program, and indicate the nature of the inadequacy and the steps taken by the Training Committee. The resident shall receive a copy of the letter sent to the sponsoring graduate program within 5 business days of it being sent. Both the Acknowledgement Notice and Remediation Plan become part of the resident's permanent file.
4. Once the Training Committee has issued an *Acknowledgement Notice* or *Remediation Plan*, the resident's progress will be reviewed weekly during supervision and will be expected to be resolved within the specified time frame, or the next formal evaluation, whichever comes first.

Due Process Procedures When an Intern Fails to Correct Problems

If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violation that have caused or have the potential to cause harm, the training program may need to take more formal action.

If a resident has not improved sufficiently to rectify the problems under the conditions

stipulated by a *Remediation Plan*, the Training Committee will conduct another formal meeting within 10 business days and then inform the Intern in writing that the conditions for successfully resolving the remediation plan have not been met.

The Training Committee may then elect to take any of the following steps, or other appropriate action:

1. It may continue the Remediation Plan for a specified time period.
2. It may suspend the resident whereby the resident is not allowed to continue engaging in certain professional activities until there is evidence that the problem behaviors in question have been rectified.
3. It may inform the Intern and the resident's sponsoring graduate program, that, at the discretion of the Training Director of University Health & Counseling Services, the resident will not successfully complete the Internship if his/her/their behavior does not change.
 - a. If by the end of the training year, the resident has not successfully completed the training requirements, the Training Committee may deem that the Intern has not successfully passed the Internship.
 - b. The Intern and the Intern's home program will be informed that the resident has not successfully completed the Internship.
 - c. Alternatively, the Committee may specify those settings in which the resident can or cannot function adequately.
4. If the Training Committee's deliberations lead to the conclusion that a resident is not suited for a career in professional clinical practice, UHCS may collaborate with the Intern's graduate program to recommend and assist in implementing a career shift for the Intern.
5. In the case of extremely egregious behavior, or a persistent inability or unwillingness to correct problematic conduct or behavior, The Training Committee may inform the resident that the Committee is recommending that the Intern be terminated from the Internship program, and inform the Executive Director of UHCS of their recommendation to terminate the Intern.
 - a. The Executive Director of UHCS, the Assistant Vice Chancellor for Student Affairs and a representative from Human Resources will then conduct a review of all documents submitted and render a written decision. They will render their decision within a reasonable time frame of receipt of the Training Committee's report, and within 10 working days of receipt of an Intern's request for further review if such request was submitted.
 - b. The Executive Director of UHCS, the Assistant Vice Chancellor for Student Affairs and the Human Resources representative may either accept the Training Committee's recommendation, reject the Training Committee's recommendation and provide an alternative, or refer the matter back to the Training Committee for further deliberation.

- c. If the Training Committee has recommended that the Intern be terminated and the Executive Director of UHCS, the Assistant Vice Chancellor for Student Affairs and the Human Resources representative agree that the Intern's behavior or conduct is egregious enough to no longer provide clinical care, but deem that the behavior does not reach the threshold for dismissal as an employee from UWW, the resident will be given the choice to be assigned non-clinical duties for the duration of the residency, and not successfully complete the residency, or be given the option to withdraw from the residency program and not successfully complete the residency.
 - d. The Executive Director of UHCS, the Assistant Vice Chancellor for Student Affairs and the Human Resources representative will then make a final decision regarding actions to be taken.
 - e. All due process procedures will be dictated by University of Wisconsin-Whitewater personnel policies.
6. Once a final and binding decision has been made, the Intern, sponsoring graduate program and other appropriate individuals, including the Association of Psychology Postdoctoral and Internship Centers (APPIC), will be informed in writing of the action taken within 5 working days of the decision.

All the above steps will be appropriately documented and implemented in ways that are consistent with due process procedures, including opportunities for Interns to initiate the grievance proceedings below to challenge the decisions.

Intern Appeals Process

Interns who receive an *Acknowledgment Notice* or *Remediation Plan*, or who otherwise disagree with any Training Committee decision regarding their status in the program, are entitled to appeal the Committee's decision. Appeals must be made in writing (an email will suffice) to the Training Director within 5 working days of receipt the Training Committee's notice or other decision. The Intern must provide an explanation of why the Intern believes the Training Committee's action is unwarranted. Failure to provide such information will constitute a withdrawal of the challenge. Following receipt of the Intern's challenge, the following actions will be taken.

1. Within 10 business days of receiving an appeal request the Training Director will conduct and chair a review hearing with the Intern and all members of the Training Committee in which the Intern's challenge is heard and any evidence is presented by the Training Director and/or Intern's supervisors.
2. Within 10 working days of completion of the review hearing, the Training Committee will issue a written summary of its decisions and recommendations and will inform the Intern of its decision(s).

3. Once the Training Committee has informed the Intern and submitted its report, the Intern has 10 working days within which to seek a further review of his or her appeal by submitting a written request to the Executive Director of UHCS. The Intern's request must contain brief explanations of the appeal and of the desired settlement he or she is seeking, and it must also specify which policies, rules, or regulations are believed to have been violated, misinterpreted, or misapplied. In addition, the Intern must forward copies of the request to the Assistant Vice Chancellor for Student Affairs and the UHCS Human Resource Partner in the University of Wisconsin- Whitewater Human Resources office.
4. The Executive Director of UHCS, the Assistant Vice Chancellor for Student Affairs and a representative from Human Resources will then conduct a review of all documents submitted and render a written decision. They will render their decision within a reasonable time frame of receipt of the Training Committee's report, and within 10 working days of receipt of an Intern's request for further review if such request was submitted.
 - a. The Executive Director of UHCS, the Assistant Vice Chancellor for Student Affairs and the Human Resources representative may either accept the Training Committee's action, reject the Training Committee's action and provide an alternative, or refer the matter back to the Training Committee for further deliberation.
 - b. The committee will report back to the Executive Director of UHCS, the Assistant Vice Chancellor for Student Affairs and the Human Resources representative within 10 working days of the request for further deliberation.
 - c. The Executive Director of UHCS, the Assistant Vice Chancellor for Student Affairs and the Human Resources representative will then make a final decision regarding actions to be taken.
5. If the Executive Director of UHCS, the Assistant Vice Chancellor for Student Affairs and the Human Resource representatives' final decision does not resolve the resident's written request for further review to his, her or their satisfaction, the Intern has three working days within which to appeal in writing to the University of Wisconsin Whitewater Director of Human Resources. The Director of Human Resources or his/her designees shall conduct a review of the grievance and render a written decision that will be final and binding.
6. Once a final and binding decision has been made, the Intern, sponsoring graduate program and other appropriate individuals will be informed in writing of the action taken.

Intern Grievance Procedures

The UHCS staff strives to create a warm and collegial working environment for all staff members. One component of this effort involves dealing with conflict in an open, direct, and timely fashion. We strongly recommend that when a conflict occurs, staff members (including interns) approach each other directly to resolve the conflict. However, the

training staff acknowledges that the power differential between interns and supervising staff can make this process difficult and anxiety provoking for interns. In addition, the training program acknowledges that there may be situations in which the Intern has a complaint or grievance against a supervisor, staff member, another resident, or the program itself, and in which the resident wishes to file a formal complaint.

The following steps are intended to provide the resident with a means to resolve perceived conflicts that cannot be resolved by informal means. Interns who pursue complaints in good faith will not experience any adverse personal or professional consequences.

Informal Review:

First, the resident should raise the issue as soon as possible with the supervisor, staff member, other resident, or Training Director in an effort to resolve the problem informally.

Formal Review

1. If the matter cannot be resolved informally the resident may submit a formal grievance in writing (email will suffice) to the Training Director.
 - a. If the Training Director is the object of the grievance, or is unavailable, the grievance should be submitted in writing to the Executive Director of UHCS.
2. The individual being grieved will be asked to submit a response in writing within 10 business days.
3. The Training Director (or other appointed party) will meet with the resident and the individual being grieved within 10 working days. The Training Director has the discretion to meet with the resident and the individual being grieved separately first.
4. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:
 - a. the behavior associated with the grievance
 - b. the specific steps to rectify the problem
 - c. procedures designed to ascertain whether the program has been satisfactorily rectified
5. The Training Director (or other appointed party) will document the process and outcome of the meeting.
6. The resident and the individual being grieved will be asked to report to the Training Director (or other party) in writing within 10 working days of the plan of

action being implemented to determine whether the issue has been adequately resolved.

7. If the plan of action fails, the Training Director (or other party) will convene a review panel consisting of him/herself and at least two other members of the Training Committee within 10 working days of this determination. The resident may request one specific member of the Training Committee to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. Decisions of the review panel are final and binding on the resident and all persons or entities connected with UWW.
8. If the review panel determines that a grievance against a staff member cannot be resolved internally or it is not appropriate to be resolved internally then the issue will be turned over to the University of Wisconsin-Whitewater Department of Human Resources & Diversity in order to initiate the due process procedures outlined in the staff member's employment contract.
9. If the review panel determines that the grievance against the staff member has the potential to be resolved internally, the review panel will develop a second action plan which will include:
 - a. the behavior associated with the grievance
 - b. the specific steps to rectify the problem
 - c. procedures designed to ascertain whether the program has been satisfactorily rectified
10. The process and outcome of the panel meeting will be documented by the Training Director (or other party).
11. The resident and the staff member being grieved will again be asked to report back in writing regarding whether the issue has been adequately resolved within 10 working days of the issuance of the second action plan.
12. The panel will reconvene within 10 working days to again review the written documentation and determine whether the issue has been adequately resolved.
13. If the issue has not been resolved by the second meeting of the panel, the issue will be turned over to the employer agency for successful resolution.
14. In the case of legal or harassment concerns, the resident is entitled to pursue University of Wisconsin-Whitewater's reporting procedures available through the Equal Employment Opportunity/Affirmative Action Office and/or reporting procedures of the individual's professional organization.

* Any changes to these policies will be provided in writing to all UHCS Psychology Interns.

DOCTORAL INTERNSHIP POLICIES AND PROCEDURES			
POLICY 1.5 SUPERVISION REQUIREMENTS POLICY			
Updated 8/31/18			
Approval Signature(s):			
AUTHOR	TD	TRAINING DIRECTOR	TD
MANUAL COORDINATOR			

SUBJECT: Supervision Requirements

POLICY/PROCEDURE: This policy outlines supervision requirements.

Minimum Supervision:

Interns receive an average of 6.5 hours of supervision each week during the academic year. This includes 2 hours of weekly Individual Supervision, 2 hours a week of Group Supervision, 1 hour of case consultation, and 1 hour per week of Assessment Seminar ,1 hour every other week of supervision of supervision and 1 hour every other week of Diversity Outreach Seminars.

Interns also attend at least 1 hour per week of Didactic Seminars.

Individual Supervision, Group Supervision, Assessment Seminar, and Supervision of Supervision are provided by licensed psychologists.

Case consultation and the Didactic Seminars are provided by all the counseling staff (licensed psychologists, social workers and counselors).

DOCTORAL INTERNSHIP POLICIES AND PROCEDURES			
POLICY 1.6 MAINTENANCE OF RECORDS POLICY			
Approval Signature(s):			
AUTHOR	TD	TRAINING DIRECTOR	TD
MANUAL COORDINATOR			

SUBJECT: Records Maintenance

POLICY/PROCEDURE: This policy outlines how and where resident records are maintained.

The UWW-UHCS Doctoral residency program maintains all resident records via a secure electronic server and/or a locked and secured filing cabinet. Intern applications, their responses to the interview questions and ranking forms are maintained on a secure server by the UHCS Department Assistant. The UHCS Program Assistant, Training Director and senior counseling staff are the only individuals who have access to these files. All interns who match with UHCS have both a hard copy personnel file and a secure electronic file which contains their match letter, mid and end of the year evaluations, a description of their training experiences and their certificate of completion. The UHCS Program Assistant and the Training Director have access to the hardcopy files which are maintained indefinitely in a locked filing cabinet behind three locked doors. These documents are also maintained indefinitely by the Training Director on a secure electronic server. There have been no formal resident complaints or grievances received by or known to the residency site.

These records include:

- Evaluations
- Certificates of Completion
- Application materials
- Record of data collected (client hours/total hours)

DOCTORAL INTERNSHIP POLICIES AND PROCEDURES			
POLICY 1.7 PROGRAM NONDISCRIMINATION POLICIES			
Approval Signature(s):			
AUTHOR	TD	TRAINING DIRECTOR	TD
MANUAL COORDINATOR			

SUBJECT: Equal Opportunity and Non-Discrimination Policy

POLICY/PROCEDURE: This policy outlines UWW-UHCS Doctoral Residency Program’s Equal Opportunity and Non-Discrimination Policy

The University of Wisconsin-Whitewater (UWW) –University Health and Counseling Services (UHCS) Doctoral residency program values an appreciation for all differences among people. We believe that valuing cultural diversity from a global perspective maximizes human growth and development, and enhances the quality of life on our campus, in our community, and throughout the world.

The Doctoral Residency program prohibits discrimination because of race, color, national origin, gender, gender identity or expression, religion, age, disability, veterans status, ancestry, creed, sexual orientation, marital status, arrest record, pregnancy, genetic information, military service, guard or reserve status.

The Doctoral Residency program will provide equal opportunity in all terms, conditions or privileges of employment, including, but not limited to, recruitment, hiring, performance evaluation, selection, job assignments, working conditions, fringe benefits, compensation, promotion, training, transfer, layoffs, disciplinary actions, and termination.

The Doctoral Residency program is fully committed to equal opportunity in employment and affirmative action in employment and to being in compliance with all federal and state laws, executive orders, policies, plans, rules and regulations, including:

1. The Equal 1. Pay Act of 1963
2. Title VI of the Civil Rights Act of 1964, as amended
3. Title VII of the Civil Rights Act of 1964, as amended (Employment)

4. Title IX of the Education Amendments of 1972, as amended
5. Age Discrimination in Employment Act of 1967
6. Civil Rights Act of 1991
7. Sections 503 and 504 of the Rehabilitation Act of 1973, as amended
8. Executive Order 11246, as amended by EO 11357 and 12086
9. Immigration Reform & Control Act of 1986, as amended
10. Title I & II of the Americans with Disabilities Act (ADA) of 1990
11. Vietnam-Era Veterans Readjustment Assistance Act of 1974
12. Retirement Equity Act of 1984
13. Wisconsin Fair Employment Act (Wisc.Stat.111)

DOCTORAL INTERNSHIP POLICIES AND PROCEDURES			
POLICY 1.8 VIDEO/AUDIO TAPING OF TRAINEE COUNSELING SESSIONS			
Approval Signature(s):			
AUTHOR	TD	TRAINING DIRECTOR	TD
MANUAL COORDINATOR			

SUBJECT: Video/ Audio Taping of Trainee Counseling Sessions

POLICY/PROCEDURE:

1. All Counseling trainees are encouraged, but not required, to video and/or audio tape their counseling sessions.
2. Following the trainees’ initial direct observation period, in which trainees first observe staff and then are directly observed conducting initial consultation sessions by senior staff members, the training committee, including the trainees’ Supervisors and the Training Director, will decide if the trainees as a cohort can conduct sessions without video and/or audio recording.
 - a. In the event the training committee determines that trainees must video and/or audio record sessions, the decision will be reviewed bimonthly at the training committee meeting.
3. At the start of an Initial Consultation session with a new client the trainee is required to ask the client to consent to video recording the session.
4. If the trainee has been approved to conduct sessions without recording, the trainee will give the client the option to:
 - a. Work with the trainee and provide verbal consent acknowledging awareness of the trainee’s training status and the fact that each session will be video and/or audio recorded. This must be documented in health record; see UHCS How-to Guidebook for guidance on documenting consent using text macros.

or

- b. Work with the trainee and provide verbal consent acknowledging awareness of the trainee's training status but not consenting to ongoing audio and/or video recording of sessions.

Or

- c. Choose not to be video and/or audio recorded and work with a Senior Staff member.

- 5. If it is prior to the direct observation period, or if the training committee has decided that the trainee must video and/or audio record sessions, and a client would prefer not to be video and/or audio recorded, the following steps will be taken:

- i. The trainee is to inform the client of the need to see if a Senior Staff member is available at that time to complete the Initial Consultation session.
- ii. If no Senior Staff member is available, and the client is not in a state of crisis, the Initial Consultation session is to be rescheduled at a time when both the client and a Senior Staff member are available.
 - 1. If the client is in a state of crisis, the staff member covering Emergency Hours will be notified and that staff member will meet with the client.

- 6. At the end of each semester the Department Assistant or Training Director will delete all video and/or audio recordings of the trainees' counseling sessions, with the exclusion of recordings that are required for the special project or training and/or as required for supervision needs.

DOCTORAL INTERNSHIP POLICIES AND PROCEDURES			
POLICY 1.9 PERSONAL DISCLOSURE POLICY FOR UHCS TRAINEES			
Approval Signature(s):			
AUTHOR	TD	TRAINING DIRECTOR	TD
MANUAL COORDINATOR			

The Ethical Principles of Psychologists and Code of Conduct (APA, 2010) address the issue of requiring personal disclosure by trainees in applied and academic training situations:

7.04 Student Disclosure of Personal Information

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

In general, trainees at UHCS are not required to disclose personal information. In particular, with the exception noted in (2) above, the UCC training programs do not require trainees to engage in personal self-disclosure in program-related activities either orally or in writing (i.e., we do not require disclosure of sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others).

Goals of our training program include professional and personal growth, and we will therefore offer opportunities for personal exploration and reflection during the training year. When appropriate, trainees are encouraged to explore historical influences and personal information that may affect their clinical practice. Thus, we value awareness and use-of-self as an important component of the professional practice of psychology. Similarly, we believe that the behavior and demeanor of the therapist is an important factor

contributing to therapeutic change. This means that in training we assist trainees in exploring and understanding the qualities and dynamics they bring to each interpersonal encounter and how these facilitate or hinder effective interactions. Personal reactions in therapy sessions, classrooms, or workshop presentations also may provide valuable information about the course and conduct of the intervention. Therefore, supervisors often ask supervisees for self-reflections.

It is our experience that voluntary personal disclosures related to clinical work can be quite useful in the context of a supervisory relationship. We value personal exploration in the course of supervision and want trainees to feel free to engage in personal disclosures when they wish. We expect the supervisory relationship to be characterized by mutual respect. We interact with trainees as healthy colleagues who may choose with whom and for what purposes to share personal information. We believe that it can be helpful to discuss personal issues and reactions arising from clinical work in the supervisory relationship. Such discussions assist trainees in using their personal reactions as tools in understanding and intervening appropriately with clients and in preventing personal issues from adversely affecting the psychotherapy process. Supervisors also may disclose personal experiences and reactions as they relate to clinical work, the supervisory alliance, or the trainee's learning and performance. At the same time, trainees may decline to share personal information and are not penalized in their performance evaluations for doing so.

Self-disclosure in supervision may occur in a variety of ways. The following are example situations that illustrate this concept:

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 a bearing on their professional functioning.

A supervisor may notice 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 resident may manifest difficulties that have a severe enough impact on competent professional functioning to cause initiation of remediation strategies. Therapy might be recommended. However, trainees would not be required to sign releases to disclose the content of their therapy to supervisors or administrators at the Counseling Center.

Possible exceptions to the general policy include:

Trainees are required to disclose some personal information in their applications for training positions and as required by the Division of Human Resources at the University of Wisconsin Whitewater. Also, all benefitted University employees are subject to a background check.

Sometimes we require trainees to take self-assessment instruments, such as the Multicultural Counseling Inventory, as part of various training seminars. Similarly, we may ask trainees to take standardized assessment instruments such as the Minnesota Multiphasic Inventory-2 or TOVA, for the purpose of learning about the instruments and their interpretation prior to using them with clients. Results of these inventories and tests are used to increase trainees' awareness and understanding of the instruments and themselves. They are not used to evaluate trainees' performance in the agency.

Similarly, trainees may have the option to participate in research during the training year, and this research may involve disclosure of personal information. Research participation is voluntary and not required by the training program.

We might require trainees to provide information necessary to evaluate or obtain assistance for them if it appeared that personal problems were likely to be preventing the trainee from performing their training, clinical, or other professional duties in a competent and ethical manner or were posing a threat to themselves (i.e., suicidal) or others (i.e., homicidal). [This policy is consistent with exception #2 of Item 7.04 of the Ethical Principles of Psychologists and Code of Conduct (APA, 2010)].

If you have questions or concerns about self-disclosure policies at the UHCS, please talk to the Training Director or your primary supervisor for further clarification.

DOCTORAL INTERNSHIP POLICIES AND PROCEDURES			
POLICY 1.10 UHCS POLICY REGARDING ACADEMIC PROGRAMS REQUESTING ADDITIONAL CONTRACTS AND/OR EVALUATIONS			
Approval Signature(s):			
AUTHOR	TD	TRAINING DIRECTOR	TD
MANUAL COORDINATOR			

The UHCS Health Service Psychology internship program at the University of Wisconsin-Whitewater endorses the APPIC Match process as binding. **UHCS therefore does not enter into additional training contracts or written training agreements beyond what is required to participate in the APPIC Match. If an applicant’s academic program requires such a contract, they are strongly encouraged to consult with their Director of Clinical Training (DCT) about this requirement prior to submitting a Match list ranking.**

Similarly, as detailed above, residents at UHCS receive ongoing formative and summative evaluative feedback from supervisors throughout the training year. These evaluations are based on our program's philosophy of training, training model, and the goals, objectives, and competencies that define the UHCS residency. At mid-year and again at the end of the year the residency Training Director sends the academic program DCT a letter summarizing the resident's performance to date. If requested, the DCT may also receive a copy of the primary supervisor's evaluation of the resident. Therefore, if an applicant is enrolled in an academic training program that requires additional departmental program evaluations, these will not be completed by UHCS training staff at the UW-W. A program may choose to use the data from our evaluations to complete their own forms. Again, applicants are strongly encouraged to consult with their DCT if they have questions about such requirements.

Appendix B. Institutional Level Policies

Institutional Policies can be found on the UWW website here:

<https://www.uww.edu/policies>



Human Resources and Personnel Policies, Nondiscrimination, Accommodations, and grievance procedures are available for review on the UWW website, including:

- UWW Equal Opportunity & Affirmative Action Policy
- Nondiscrimination on Basis of Disability
- Reasonable Modifications
- Policy and Procedure for Disability accommodations for UWW employees
- UW-WHITEWATER DISCRIMINATION COMPLAINT PROCEDURES

Appendix C. Evaluations

UHCS uses the following evaluation forms:

- Doctoral Resident Evaluation
- Supervisor Evaluation
- UHCS Doctoral Site Evaluation
- Co-Supervisor Evaluation
- Clinical Case Presentation Evaluation Form
- Assessment Case Presentation Evaluation Form
- Dissertation Presentation Evaluation Form
- Diversity Outreach Project Evaluation Form
- UHCS Orientation Evaluation Form
- UHCS Didactic Feedback Evaluation

Appendix D. APA Code of Ethics

The full APA code of Ethics can be found here:

<https://www.apa.org/ethics/code>



Appendix E.

Attestation of Review of the UHCS Health Service Psychology Resident Training Manual

By signing below, I am acknowledging that I have read the UHCS Health Service Psychology Resident Training Manual and that I agree to abide by its policies and procedures.

I acknowledge that I have had the opportunity to have any questions or concerns answered by the Training Director.

I also acknowledge that I have been informed that I can ask questions or seek clarification on any information, policies, and procedures delineated in the Training Manual at any point during the training year.

Resident Signature

Date

Resident Name:

Training Director Signature

Date

Stacy L. Weber, PhD