UNIVERSITY OF WISCONSIN
WHITEWATER

University of Wisconsin- Whitewater

University Health & Counseling Services

Doctoral Internship Training Manual

2021-2022

Updated 06/28/2021

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Verification of Completed Review of the UHCS Internship Training Manual

By signing below, I am acknowledging that I have read the UHCS Internship 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.

_____

Intern Name

_____

Date

_____

Training Director Signature

_____

Date

Checklist of Tasks

	Item	Date
1.	Verification of Completed Review of the UHCS Internship Training Manual form	
2.	Authorization to Exchange Information form	
3.	Sexual Harassment Training Certificate	
4.	Confidentiality Quiz	
5.	Orientation Checklist	
6.	*Reflection Essay*	
7.	Fall Schedule	
8.	Fall Learning Contract (Due August 15th)	
9.	*Assessment #1 done- saved on T -Drive*	
10.	*Assessment #1 presented in case consultation*	
11.	Fall Case Presentation** *(Diversity focused?) saved on T-Drive*	
12.	Mid-year Site Evaluation	
13.	Mid-year Evaluation of Self	
14.	Mid-year Supervisor Evaluation	
15.	Spring Schedule *(saved on T-drive)*	
16.	Spring Learning Contract (Due First day of Second Semester)	
17.	*Assessment #2 done- in file- saved on T-Drive*	
18.	*Assessment #2 presented in case consultation*	
19.	*Diversity focused Seminar Presentation- saved on T-Drive*	
20.	*Spring Case Presentation** (Diversity focused?) saved on T-Drive*	
21.	*Summer Project Proposal*	
22.	*In-service/ Summer Project Presentation- saved on T- Drive*	
23.	*Reflection Essay*	
24.	*Final Point N Click Hours Report*	
25.	*Final Direct Service Excel Report*	
26.	End of year Site Evaluation	
27.	End of year Evaluation of Self	
28.	End of year Supervisor Evaluation	
29.	Return Books	
30.	Return Camera, Tri-pod & adapters	
31.	Return Training Manual, Supervision Binders, Diversity binder	
32.	Return Key to FP & M, name tag to Karen	
33.	Complete employee exit checklist	
34.	Provide TD with contact information	

** *One of the case presentations must focus on a client from a diverse background.*

SECTION I:
INTRODUCTION TO THE UNIVERSITY OF WISCONSIN-WHITEWATER
AND
UNIVERSITY HEALTH AND COUNSELING SERVICES

University of Wisconsin- Whitewater

The University of Wisconsin-Whitewater has an enrollment of approximately 12,000 students, granting Bachelors and Master's degrees in 64 programs of study.

Profile of University of Wisconsin- Whitewater

The University of Wisconsin- Whitewater (UWW) was founded in 1868 and officially joined the University of Wisconsin System in 1971. UWW is committed to the development of the individual, the growth of personal and professional integrity and respect for diversity and global perspectives. These are met by providing academic and co-curricular programs that emphasize the pursuit of knowledge and understanding and a commitment to service within a safe and secure environment.

At the University of Wisconsin-Whitewater, we pursue sustainable excellence in five strategic areas including programs and learning, the scholar-educator community, diversity and global perspectives, regional engagement, and professional and personal integrity. We strive to build innovative, collaborative and interdisciplinary programs that provide students with an exceptional experience that is truly transformational, nothing less. At the forefront of all we do at the University of Wisconsin-Whitewater is the desire to make a difference - not only in the lives of our students, but at our University, in our communities, the state, and the world.

UWW is accredited by the Higher Learning Commission (North Central Association) and has earned special accreditation from professional and academic associations that set standards in their fields. The University continues to expand graduate offerings to meet the demands of its region.

The University of Wisconsin- Whitewater faculty and staff and students excel in research and engagement with our region. Our faculty and staff from all our colleges - Arts and Communication, Letters and Sciences, Education and Professional Studies, and Business and Economics - blend research and teaching. The joint project with the city of Whitewater known as Whitewater University Technology Park is just one of many examples of how we use our expertise on campus to help the region.

The University of Wisconsin-Whitewater is home to one of the finest collegiate athletic programs in the nation. With each season, the Warhawks build on a tradition of academic and athletic excellence. This decade has seen the Warhawks capture National Championships in baseball, volleyball, football, gymnastics and men's basketball. In fact, on May 27, 2014, UW-Whitewater made history as the first NCAA institution in any division to win national championships in men's football, basketball, and baseball in a single academic year. The success of Warhawk sports teams parallel the accomplishments inside the classroom of UW-Whitewater student-athletes. With 39 chancellor scholar-athletes, and a grade point average over 3.0, Warhawk student-athlete success happens both in the classroom and on the field of play.

Regardless of the sport played at the University of Wisconsin-Whitewater, the Warhawks compete in style, train in first-class facilities, and enjoy a decided home-court advantage. Kris Russell Volleyball Arena and Kachel Gymnasium, home of Warhawk volleyball and basketball, have been recently updated and compete among the finest arenas in Division III college athletics. Similarly, Perkins stadium is consistently ranked among

the nation's top 10 venues in attendance and Kachel Family Sport Complex is one of the area's chief track-and-field and soccer shrines.

Located in Whitewater, WI, a safe and classic Main Street community of approximately 14,390 residents an hour east of Madison, an hour west of Milwaukee, and two hours northwest of Chicago, UWW provides enriching opportunities for people of all ages. Comprising 593 acres of land, UWW benefits the region and state by engaging in research and providing public services that proffer creative solutions to regional challenges. The University also extends educational opportunities throughout the world to students by offering many study abroad experience options.

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:	12,159	
Chancellor:	Dwight Watson	
General Information:	(262) 472-1234	
Student Body	Enrollment:	12,159
	Undergraduates:	10,497
	Freshmen:	2,355
	Sophomore:	2,888
	Juniors:	2,322
	Seniors:	2,932
	Others:	286
	Graduate & Professional Students:	1,277
	Percent of students who are female:	51%
	Wisconsin residents:	8,921
	Number of states represented:	41
	Number of countries represented:	44
Admitted new freshman	Mean Composite ACT:	22.2
	Mean high school class percentile rank:	63
Tuition Per Semester 2019-2020	Resident Undergraduate:	$7,694
	Non-resident Undergraduate:	$16,416
	Resident Graduate:	$4,463
	Non-resident Graduate:	$9,212
	Resident Business Graduate:	$4,853
	Non-resident Business Graduate:	$9,711

Academic Programs		
	Undergraduate majors:	52
	Graduate programs:	12
	Courses:	1,303
	Student-Faculty ratio:	22 to 1
Alumni	Living Alumni:	79,898
	Residing in Wisconsin:	53,436
	Residing in Illinois:	5,203
	Residing in California:	1,259
	Residing in Minnesota:	1,317
	Residing in Florida:	1,299
Campus area in Acres	Main campus:	404
	Drumlin/nature preserve and recreation:	122
	Prairie:	67
	Number of major buildings:	40
Computer Technology	Number of computer labs on campus:	70
	General access computers on campus:	1,402
Library	Holdings:	1,863,919
Staff	Employees:	1,169
	Faculty:	364
	Academic Staff:	421
	Classified Staff:	365

University Mission

The University of Wisconsin-Whitewater is committed to the development of the individual, the growth of personal and professional integrity and respect for diversity and global perspectives. These are met by providing academic and co-curricular programs that emphasize the pursuit of knowledge and understanding and a commitment to service within a safe and secure environment.

The mission of the University of Wisconsin-Whitewater is:

1. To provide a range of undergraduate programs and degrees, including interdisciplinary programs, in letters, sciences, and the arts as well as programs and degrees leading to professional specialization.
2. To offer graduate education built clearly upon its undergraduate emphases and strengths with particular emphasis in the fields of business, education, communication, and human services.
3. To engage in scholarly activity, including research, scholarship and creative endeavor, that supports its programs at the associate and baccalaureate degree level, its graduate programs, and its select mission.
4. To create and maintain a positive and inviting environment for multicultural students, students with disabilities, and nontraditional students, and provide support services and programs for them.
5. To serve as a regional cultural and economic resource center through its service initiatives.
6. To provide continuing education and outreach programs as integrated institutional activities.
7. To provide a variety of co-curricular activities to enhance out-of-class learning opportunities.
8. To encourage and maintain a high level of personal and professional integrity in all University life and activities.

Approved by the UW System Board of Regents, February 11, 2005

University Values

The following values lie at the heart of UW-Whitewater:

1. Commitment to the pursuit of knowledge and understanding
2. Development of the individual
3. Personal and professional integrity
4. Commitment to serve
5. Commitment to develop a sense of community, respect for diversity, and global perspectives

Approved by the UW System Board of Regents, February 11, 2005

Mission of Student Affairs

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 interrupt our way of being toward a common goal — the learning, growth and development of both our students and ourselves.

Student Affairs Vision statement:

Shaping the learning experience by:

- Supporting successful student transitions throughout the total collegiate experience from admission through graduation
- Engaging in and encouraging campus and community partnerships
- Promoting opportunities for student responsibility and development
- Offering an array of high quality services and facilities
- Affirming and promoting individual differences as a valuable component of the learning process

Mission of University Health and Counseling Services

Building the foundation for life-long learning and wellness by providing high quality physical and mental health care, outreach, and consultation for our diverse campus community.

University Health and Counseling Services Vision

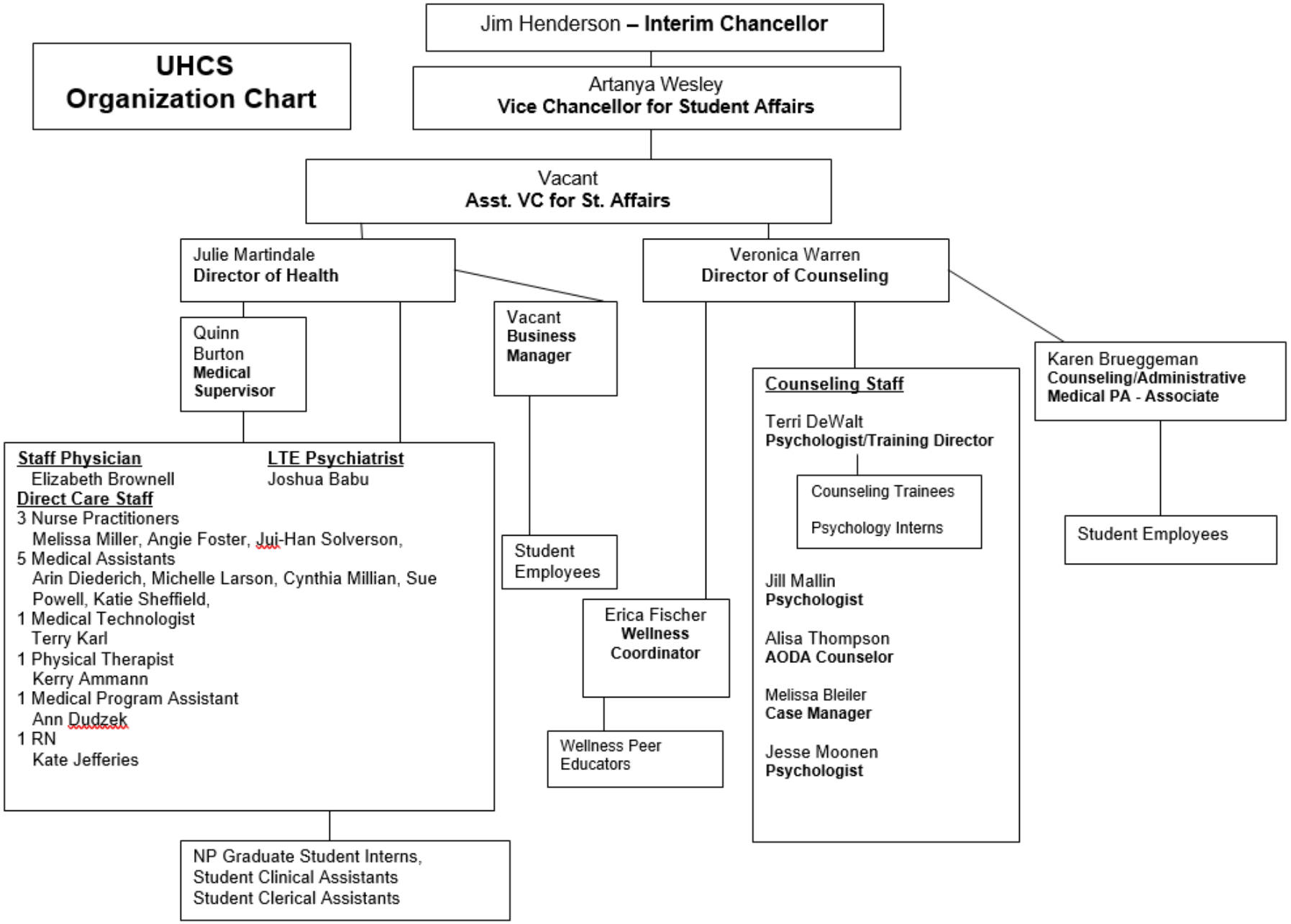
We are committed to the following:

- Supporting the educational mission of the UW-Whitewater 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

University Health and Counseling Services 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
- Training of students in the fields of health and counseling


UHCS
Organization Chart
Jim Henderson – Interim Chancellor
Artanya Wesley
Vice Chancellor for Student Affairs
Vacant
Asst. VC for St. Affairs
Julie Martindale
Director of Health
Veronica Warren
Director of Counseling
Quinn
Burton
Medical
Supervisor
Vacant
Business
Manager
Karen Brueggeman
Counseling/Administrative
Medical PA - Associate
Staff Physician
Elizabeth Brownell
LTE Psychiatrist
Joshua Babu
Direct Care Staff
3 Nurse Practitioners
Melissa Miller, Angie Foster, Jui-Han Solverson,
5 Medical Assistants
Arin Diederich, Michelle Larson, Cynthia Millian, Sue Powell, Katie Sheffield,
1 Medical Technologist
Terry Karl
1 Physical Therapist
Kerry Ammann
1 Medical Program Assistant
Ann Dudzek
1 RN
Kate Jefferies
Student
Employees
Erica Fischer
Wellness
Coordinator
Wellness Peer
Educators
Counseling Staff
Terri DeWalt
Psychologist/Training Director
Counseling Trainees
Psychology Interns
Jill Mallin
Psychologist
Alisa Thompson
AODA Counselor
Melissa Bleiler
Case Manager
Jesse Moonen
Psychologist
Student Employees
NP Graduate Student Interns,
Student Clinical Assistants
Student Clerical Assistants

Staff of University Health & Counseling Services

The UHCS staff is diverse in a number of areas including background, educational training, theoretical orientation, supervision style and areas of special interest and expertise. This diversity provides a breadth of perspective and richness that is essential in the service delivery of students, mentoring and supervision of interns, and professional dialogue between staff members.

Joshua Babu, MD
Psychiatrist
Started at UHCS in 2016

Elizabeth Brownell, MD
Physician
M.D.- St. Georges University
Started at UHCS in 2017

Quinn Burton, MD
Physician/Medical Supervisor
BA- Natural Science, Psychology- Lawrence University
MD- Chicago Medical School- Rosalind Franklin Univ. of Medicine & Science
Started at UHCS in 2020

Angie Foster, RN, DNP, PMHNP-BC
Mental Health Nurse Practitioner
BS- Nursing- Milw. School of Engineering
DNP- UW-Madison
Started at UHCS in 2019

Melissa Miller, MSN, AGPCNP-BC, APRN
Nurse Practitioner
BS - Kinesiology- UW-Milwaukee
Master of Science - Nursing - Marquette University
Started at UHCS in 2014

Jul-Han (Jo) Solverson, NP-C,APNP
Nurse Practitioner
BS Nursing-Loyola University Chicago
MSN- Wayne State University
Started at UHCS in 2020

Kerry Ammann, BS
Physical Therapist
Bachelor of Science - Physical Therapy - UW-Madison
Started at UHCS in 2019

Kate Jefferies, RN
Registered Nurse
BS - Nursing
Viterbo University
Started at UHCS in 2019

Terry Karl, MLS (ASCP)
Medical Technologist
Bachelor of Science
American Society of Clinical Pathologists Certification
Started at UHCS in 2018

Arin Diederich, LPN
Medical Assistant II
Started at UHCS in 2015

Michelle Larson, CMA
Medical Assistant II
Started at UHCS in 2019

Cindy Millan
Medical Assistant II
Started at UHCS in 2010

Sue Powell, CMA
Medical Assistant II
Started at UHCS in 2011

Katie Sheffield
Medical Assistant II
Started at UHCS in 2015

Erica Fischer, MPH
Wellness Coordinator
she/her/hers
B.S. Exercise & Sport Science, UW-La Crosse
Master of Public Health, UW-La Crosse
Started at UHCS in 2016

Business Manager
Vacant

Ann Dudzek
Medical Program Assistant
Started at LHCS in 2018

Karen Brueggeman
Medical Program Assistant - Associate
Started at LHCS in 1997

Counselor
Vacant

Melissa Steller, MS, LMFT, LPC
Case Manager & Counselor
she/her/hers
M.S. in Clinical Mental Health Counseling - UW-Whitewater
Started at LHCS in 2016

Terri DeWalt, PhD, LP, LPC
Licensed Psychologist & Training Director
she/her/hers
M.A. Counseling- Marquette University
Ph.D. Counseling Psychology- Marquette University
Started at LHCS in 2013

Jill Mallin, PhD, LP
Licensed Psychologist
she/her/hers
M.A. - Psychology - The University of Akron
Ph.D. - Counseling Psychology - The University of Akron
Started at LHCS in 2006

Allee Thompson, MS, LPC, NCC
Counselor
she/her/hers
M.S. Counseling
Started at LHCS in 2014

Jesse Moonen, MA, PsyD
Counselor
She/Her/Hers
M.A. Counseling & Psychological Services- Saint Mary's Univ of Minnesota
PsyD Counseling Psychology- Saint Mary's Univ of Minnesota
Started at LHCS in 2018

Lindsay Dombrowski, MA
Psychology Intern

Haley Braun, MA
Psychology Intern

SECTION II:

INTRODUCTION TO THE UHCS

COUNSELING TRAINING PROGRAM

APPIC Membership and APA Status Information

The program was approved for membership in the Association of Psychology Postdoctoral Internship Centers (APPIC) by the APPIC Board on 11/12/15. Our APPIC Program Member Code is #231311.

The University of Wisconsin- Whitewater's doctoral internship program in Health Service Psychology is fully accredited by the American Psychological Association (APA). The program, located within University Health and Counseling Services (UHCS), was initially accredited on April 7th 2019 and 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 and Values of Counseling Services

Training Philosophy:

The University Health & Counseling Service (UHCS) Counseling Training Program is committed to the university teaching mission by providing a dynamic experience in support of the professional development of graduate students from the fields of Counseling, Psychology, and Social Work. Although the training staff represent a variety of professional backgrounds and theoretical orientations, there is a shared valuing of experiential, developmental and humanistic approaches to training.

In valuing the opportunity to contribute to the growth of the counseling profession, UHCS seeks to support interns in their advancement professionally, clinically and interpersonally. We strive to meet interns at their developmental level and adapt their training to address their individual needs. Training at UHCS is based on the belief that a competent mental health practitioner should be guided by knowledge of clinical theory and applied research, awareness of ethical/legal/professional standards of practice, sensitivity to individual differences within a diverse society, and openness to lifelong learning.

We attempt to provide an atmosphere that is conducive to learning by providing interns with an appropriate blend of support and challenge. We see interns as emerging professionals and treat them accordingly, giving them appropriate amounts of autonomy and responsibility. At the same time, we try to provide the professional and emotional support necessary to allow for growth and development. We focus on interns' "growth edges" and attempt to facilitate interns' growth throughout the course of the year.

Our training program aims to produce competent and versatile generalists who are prepared to practice as entry level professionals in College and University Counseling Centers as well as other clinical settings. As

generalists, interns are expected to develop enhanced awareness, knowledge and skill in the core competency areas of professional psychology, counseling or social work. By the completion of the training experience, interns are expected to be ready to function as autonomous, entry level, practitioners exhibiting skills appropriate for early career practitioners.

Practitioner-Scholar Model:

The UHCS counseling training program utilizes a practitioner-scholar developmental model of training which emphasizes *experiential learning*. As a practitioner, the intern applies the knowledge gained from scholarly and scientific evidence to clinical practice. As a scholar, the intern is engaged in study of the science of psychotherapy, and is encouraged to contribute to the profession through involvement in scholarly and professional activities.

A focal point of this model entails a focus on service delivery with professional development being viewed as sequential in nature, and with the goal of helping interns move toward greater levels of autonomy and independent practice by the completion of the training year. This model also includes an emphasis on experiential learning which allows intern to learn through concrete experience, reflective observation, active experimentation, and an establishment of mentoring relationships where training is viewed as relational and reciprocal.

In order to be an effective practitioner, one's practice must be "informed by science." Interns are initially taught theory and research in their academic training programs. They continue their education throughout the training program and are taught the importance of becoming lifelong learners. The practice of psychotherapy is an intensely demanding endeavor which requires one to continue to evolve professionally. Practitioners must be able to integrate theory and research into their clinical work in meaningful ways. This includes keeping up with the professional literature on new developments in the field and changing one's practice as indicated.

Value of Supervision and Collaboration:

UHCS recognizes that supervisors and other staff serve as important role models for interns. Staff interact with interns both formally, through supervision and other training activities, and informally, through an open door policy, which highlights the value we place upon consultation and collaboration. There is no single theoretical orientation which guides the staff, so interns are not expected to adhere to a specific orientation. Rather, we strive to provide both challenge and support for interns as they develop their own professional identities. Supervisors and other staff are in frequent contact with interns and serve not only to facilitate the development of skills and competencies but also to facilitate the development of self-efficacy and professionalism. Furthermore UHCS appreciates the cyclical nature of learning that comes from the open exchange of knowledge between interns and staff.

Appreciation for Diversity:

We value appreciation for all differences among people, including those of national origin, race, gender, gender expression, sexual orientation, ethnicity, functional ability, socio-economic status, age, and religious/

spiritual affiliation. Woven into the program is the belief that every competent practitioner in the field should be guided by appreciation for individual differences within a diverse society, and an openness to lifelong learning. 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.

Value of a Multidisciplinary Team within a Merged Health Service:

We believe that training and learning is enhanced at UHCS by providing a multidisciplinary model that encompasses a merged service with health care providers. We have a multidisciplinary staff of social workers, counselors, psychologists, wellness coordinators, nurse practitioners, physicians, medical assistants and other specialized staff.

Outline of Training Experience

Interns will have the opportunity to enhance interviewing, assessment, documentation, treatment, and consultation skills. Interns are encouraged to co-facilitate a group with senior staff and participate in UHCS outreach activities.

1. Doctoral Internship.
    i. Doctoral interns complete a 2,000 hour, 40 hours per week, calendar year experience.
    ii. Interns have the opportunity to provide individual, couples (as appropriate) and group counseling as well as crisis appointments, supervision and outreach activities.
    iii. During the academic year Doctoral Interns receive 2 hours of weekly Individual Supervision, 2 hours a week of Group Supervision, 1 hour a week of Supervision of Supervision (spring semester), 2 hours a week Didactic Seminars, 1.5 hours of weekly case consultation, and an average of 1 hour every other week of Diversity Seminars.
    iv. During the summer months Doctoral interns receive 2 hours of weekly Individual Supervision, 2 hours a week of Group Supervision, 2 hours a week of Didactic Seminars, and 1.5 hour a week of case consultation.
    v. Individual and Group Supervision are provided by licensed psychologists.
    vi. Supervision of Supervision, Crisis Supervision, seminars and consultation are provided by a multidisciplinary team of masters and doctoral level licensed professionals.

Doctoral Orientation

During the first 3 weeks of Internship the doctoral Interns 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 Internship'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 Intern and their Fall schedule is established.

Direct Service Activities

A. Individual Counseling

Doctoral Interns see an average of 15-17 individual clients per week. UHCS functions primarily within a brief psychotherapy model, with clients being allotted up to 14 sessions per academic year. Although most students are seen within the 14 session allotment, clients may be seen over a longer period if they are able to function adequately while being seen on a biweekly or occasional weekly basis. The decision to exceed the 14 session limit needs to be addressed and approved by the intern's supervisor prior to extending the session limit. Clients who are assessed to be in need of intensive or long-term therapy beyond the scope of the UHCS are referred to outside treatment programs or providers.

B. Group Counseling & Experiential Classes

UHCS offers a variety of counseling groups throughout the year. Examples of counseling and support groups offered by UHCS include: Making Connections (Understanding Self and Others), Healing Group, a DBT focused groups called Wise Minds and Surviving and Thriving. Yoga is offered 2 x a week in the UC. Interns are strongly encouraged to co-lead at least one group with a staff member.

C. Psychoeducational Programming/ Consultation & Outreach

UHCS staff and interns provide staff development programs for other departments, present seminars or workshops for student groups, and provide other outreach services on campus. From the beginning of the Internship, Doctoral Intern 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, interns are asked to handle general consultation requests on their own. Senior staff members frequently invite interns to co-present workshops during the fall semester to assist the intern in gaining experience in making presentations. Interns also participate in outreach activities such as the Open Doors, Boxes and Walls and the Wellness Fair.

D. Psychological Assessment

Doctoral interns complete two assessment batteries (each battery utilizing at least two assessment instruments) during their Internship year. UHCS has a variety of instruments that can be used (e.g., BDI, BAI, MMPI-2, MCMI-III, EAT, ETI, etc.) and has computer scoring and narrative reports available for some of the instruments (e.g., MMPI-2, MCMI-III, EAT, ETI, etc.). Interns should consult with their supervisors regarding which clients would be benefit from formal assessment prior to conducting any assessments, and assessments should be interpreted in consultation with Intern's supervisors.

E. Crisis Intervention

"ER on-call times" are set aside each day at 10:00 am and 2:00 pm to provide assistance to 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 on-call time period are usually those who can wait a few hours to be seen, but who are fairly distressed. Doctoral Interns 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. The UHCS AODA Counselor time is "blocked off" during the Intern's on-call hour to ensure the availability of consultation with a senior staff member. Interns 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. Interns may also be asked to accompany another staff member on a crisis call outside of UHCS regular office hours. UHCS does not provide formal after-hours emergency services.

F. Co-Supervision

During the spring semester Doctoral Interns provide Co-Supervision to a Masters Intern or Doctoral Practicum student. This supervision will be provided in collaboration with the Master Intern/ Doctoral Practicum student's primary supervisor. The Co-Supervision will be focused on providing additional consultative support regarding 3-5 of the Masters Intern/ Doctoral Practicum student's caseload. The Doctoral Intern will meet with them during their second hour of individual supervision. The Master's intern Doctoral Practicum student's primary supervisor will initially remain in the room during peer supervision. Based on the progress of the supervision and the severity of their caseload, the primary supervisor may deem it appropriate to allow the Doctoral and Masters intern/Doctoral Practicum students to meet independently after the establishment of the relationships. ***Any supervision conducted without a primary supervisor in the room will be video recorded.*** The primary supervisor of the Master's intern/Doctoral Practicum student has the final authority over all of the Master Intern/ Doctoral Practicum student clinical caseload and signs all EMR documentation.

Supervision & Training Activities

Doctoral Supervision & Training Activities:

A. Individual Supervision (Year-Round: 2 hours/ week)

Effective supervision is believed to be one of the most essential elements of a strong training program. Doctoral interns 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 primarily on a intern's counseling cases, ethics and other professional issues are considered to be valuable topics for discussion. Primary supervisors will be rotated at mid-year so that interns will have an opportunity to experience different supervisory styles.

The primary supervisor is responsible for ensuring that all of the intern's cases are being supervised and that the intern is receiving a 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 Intern's adherence to legal and ethical guidelines, as well as to Wisconsin State, Student Affairs, UWW and UHCS policies and procedures. Additionally, the primary supervisor is responsible for evaluating the intern's performance at UHCS and providing formal and informal feedback to the intern.

Supervisors may vary in style and approach to supervision, but there are some requirements that apply to all interns/supervisors. Interns should keep progress notes and records up to date and bring information about clients to be discussed to 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. Interns 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. Interns are required to be prepared to review all cases in their current caseload with their supervisor during each supervision session.

During the first session with a client interns are required to obtain releases for recording/observation from clients and to video record every session. In addition, the intern should complete the top section of the "UHCS Supervision Record Form" for each new client and bring it to the next scheduled individual supervision session. Interns should upload all videos onto the T: drive as frequently as possible, but at least by the end of each day clients are seen. Recordings are deleted/destroyed after use in supervision, or, minimally at the end of each semester.

It is the responsibility of the intern to keep his/her supervisor apprised of any potentially dangerous or troublesome cases. In the event that 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.

B. Group Supervision (Year round: 2 hours/week)
Doctoral Interns engage in group supervision with the Training Director for two hours each week during the academic year and 1 hour per week during the summer to gain additional clinical support, to provide an opportunity for intern cohort interaction, as well as to discuss developmental issues.

C. Supervision of Supervision (Spring: 1 hour/ week)
During the spring semester when the Doctoral Interns are providing peer supervision to the Masters Interns they will receive group Supervision of Supervision from a licensed mental health provider experienced in providing clinical supervision. Supervision of Supervision will focus on the process and development of skills in providing clinical supervision. It will not be focused on the clinical needs of the cases being supervised. Articles, books and video recordings of the peer supervision sessions will be used to augment learning.

D. Diversity Seminars (Fall & Spring: 1 hour every other week)
Doctoral Interns attend a seminar, training or lecture series every other week specifically focused on a diversity related topic. These topics include ethnic and racial diversity, differing physical and cognitive abilities, sexual orientation, gender identity, and socio-economic status variables.

E. Case Consultation (Year round: 1.5 hours/week)
All UHCS senior staff & interns meet weekly to provide and receive consultation on cases. Case Consultation meets weekly for 1.5 hours/ week year round. Interns are expected to present client cases and give/ receive feedback about client cases as needed and appropriate. Interns are expected to present their two Assessment Reports during case consultation.

F. Didactic Training Seminars (Year round: 2 hours/ week)
Interns participate in a two-hour per week training seminar during Fall and Spring semesters, and a 1 hour per week seminar during the summer. These seminars are focused on a variety of advanced training topics geared for interns 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, cognitive-behavioral therapy, Dialectical Behavior Therapy, sexual violence, etc. The interns are expected to provide one diversity related seminar for all of the interns during the spring semester. Seminars are provided by a multidisciplinary team of licensed mental health, medical and psychiatric professionals as well as wellness staff.

G. Crisis Intervention Supervision (Fall: 1 hour/ week, Spring & Summer: as needed)
During the fall and spring semesters doctoral interns receive 1 hour per week of crisis intervention supervision with the UHCS Case Manager & Counselor. This supervision is focused on ensuring the Interns are prepared to conduct a thorough suicide & risk assessment and allows for the review and revision of written documentation of crisis sessions. In addition, during this supervision doctoral Interns receive additional information and support regarding conducting crisis intervention with clients. Due to low incidence of crisis intervention appointments during the summer months, supervision and/ or consultation is available as needed during the summer.

Professional Development

A. Professional Development Release Time (Doctoral Interns: up to 2 hours/ week)
Doctoral Interns 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) Interns forego their 2 hours and schedule other activities such as client hours, consultation, etc.

B. Summer Project (Doctoral Interns: up to 5 hrs/ week during Summer)
During the months of Mid-May- July, Interns are provided 5 hours per week to pursue a summer project. The summer project is to include the identification of a problem or need of UHCS followed by a review of the information available on the topic and the presentation of the Intern's findings. The summer project should result in a contribution to our center, in the form of a PowerPoint presentation, hand-outs, or training / resource materials. Goals and objectives for the summer project are developed individually with the Training Director and must be submitted to the Training Director by May 1st.

C. Case Presentations (Doctoral Interns: 2 x year)
Doctoral interns will present two formal case studies during the course of the internship year. The purpose of the case presentation is to learn to present a formal case to others, engage in case conceptualization, provoke discussion and learn to field interview questions**.** Interns are encouraged to present a client whose issues are challenging (e.g., cultural differences, complex presenting concerns, etc.). Senior staff members are invited to provide feedback during and after the case presentation.

D. Provision of a Diversity Seminar (1x during Spring semester)

Doctoral interns will provide a didactic presentation to their peers and the masters level interns on a diversity-focused topic of their choosing. This is an opportunity for the interns to explore an area of interest further, to address any areas of diversity training not covered in the UHCS seminar schedule, and to increase intern's multicultural competence. The presentation will include a 120-minute didactic experience that demonstrates the intern's integration of research, science, and practice. Interns can incorporate experiential components, group discussion, role plays, interactive exercises, clinical videos, etc.

Aims and Competencies of the Doctoral Training Program

The Aims of the internship 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 the context of an integrated counseling, health, and wellness center.

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

I. **Research:** Interns 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.

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

III. **Individual and cultural diversity**: Interns 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.

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

V. **Communication and interpersonal skills:** Interns will demonstrate strong oral and written communication skills and will effectively function interpersonally

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

VII. **Intervention:** Interns 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.

VIII. **Supervision:** Interns will provide competent, culturally sensitive and collaborative clinical supervision of interns in the field of psychology.

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

General Operating Procedures of UHCS

Hours of Operation
UHCS is open from 7:45 a.m. until 4:30 p.m. Monday- Friday. There will be at least one evening a week in the Fall 2020 when UHCS will be open for evening hours. That day has yet to be determined. Client hours start at 8:00 a.m. and typically end with the 3:00 p.m. hour. The 12:00 hour is typically reserved for lunch. In exceptional cases it may be necessary to meet with clients outside of "normal hours." In this event an intern should talk with her/his/their supervisor in advance to ensure that there is a senior staff member available to be on-site while the Intern meets with the client. Meeting with clients before or after regular office should only be done in crisis situations or extenuating circumstances and with a senior staff member present in the building.

Office Access and Decoration
Masters level Interns and Doctoral practicum students can pick up their office keys each day in the reception area (Room 2003). Doctoral Interns are employees of the university and will have their own set of keys for their office and UHCS external doors. We will make specific office assignments as we determine schedules and anticipate hours at UHCS. The offices are not decorated, so please feel free to bring in whatever you would like to make your office more comfortable (pictures, knick knacks, plants, etc.). In the rare circumstance that you are sharing an office with another intern please collaborate with that person regarding office set-up and decoration. In addition, please be mindful of the overall appearance and environment created by your office. It is important that your office conveys a feeling of inclusivity and sensitivity to diverse populations and perspectives.

Dress code
UHCS is considered a professional work environment and the dress code is business casual. Please be aware of the how your appearance affects the perception your clients have of you as a clinician. Please refrain from wearing sweatpants, revealing, ripped or inappropriate attire. Fridays are considered "Spirit Day" and providers are permitted to dress more casually in jeans and purple/ UWW shirts if you so desire.

Appointments
In Point and Click, your client's appointment slot will turn red when your client has checked in at the front desk. You may receive a phone call from the front desk to notify you that your client has arrived. However, it is your responsibility to check your schedule; please do not rely on the phone call. If 15 minutes has passed without the client checking in, the appointment is considered a "no-show" and the client will need to reschedule. No-show sessions will be marked pink.

Please be aware of your clinical schedule and start and end sessions promptly. It is your responsibility to end sessions *no later* than on the hour so as to not make your next client wait. It is *highly* recommended that you develop the practice of ending your sessions at 10 minutes to the hour to allow you some time to transition to the next client and write (or at least begin) the previous client's progress note. The practice of ending 10 minutes to the hour will help you to promptly begin sessions on time, allow you to stay up to date with your progress notes, provide you with some time to transition between clients and will encourage you to be more mindful of the structure of your counseling sessions.

When you finish a session with a client you can either schedule the next appointment yourself using the "Open Schedule" program on Point and Click on your computer or you can ask your client to schedule the next appointment with the front desk staff. If you do schedule the appointment with the client, give her or him an appointment card as a reminder. There are also 24-hour crisis line numbers on the appointment cards which depending on the clinical needs of your clients, you may want to mention.

Please remind your clients to check in with the front desk staff when they present for their next appointment. If for any reason you need to cancel or change an appointment, it is your responsibility to talk with your supervisor and to attempt to make arrangements with the client to reschedule. The front desk staff can also assist you with the process if you are not able to reschedule an appointment directly.

Demographic and presenting concern intake "SDS paperwork" is completed by clients via an online portal in the waiting room via iPads. This information is automatically uploaded into the client's first Initial Consultation session. You should read *and print* this information prior to bringing the client into your office for the initial consultation session. This intake information can be printed by selecting "Preview" and then "Print" and picking up the printout from the printer in the front desk area. This information should be reviewed prior to meeting with the client to be aware of any acute self or other harm concerns and can be used as a "guide" as you are completing the Initial Consultation session.

Any hard copy intake forms completed by clients (i.e the group therapy questionnaire) will be scanned by the front desk staff into the client's electronic medical record. Following completion of the initial consultation process please place the client's file and completed paperwork (minus any notes you may have written which should be shredded) into the front of Karen's far right desk drawer. Please be sure to hand in any client files as soon as possible and preferably by the end of the day.

If during the course of therapy other documents (safety plans, homework, risk reduction plans, etc.) are developed, a copy of them should be placed in the "scanned" box on top of the file cabinets in the back room of the front desk area. These documents will then be scanned into the client's electronic medical record.

Please be sure to shred any other paper documents that may contain identifying information when you are done with them. There is a shredder in the back room of the front desk area.

Assessment

The following formal testing options are available for use with clients. Interns should consult with your individual supervisor before administering any assessment tool.

- Beck Depression Inventory (BDI)
- Beck Anxiety Inventory (BAI)
- Beck Hopelessness Inventory (BHI)
- MMPI-2 (only available to doctoral Interns)
- MCMI-III (only available to doctoral Interns)
- Eating Disorder Inventory (EDI)
- AUDIT
- CUDIT

Administrative time
Each intern should make sure to schedule an adequate amount of 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. Interns should not plan on using this time for personal errands or being out of the office for any extended period of time.

Sick and Vacation Days
UHCS is aware that situations will arise (i.e., illness, death, conflicts) in which interns need to be away from the center. In the event that an intern needs to miss a training day, a phone call should be made to Counseling Services (262-472-1305) and a message left with Karen indicating that the intern's schedule needs to be canceled for the day. ***The intern should also communicate this information via email with her/his direct supervisor and the Training Director.*** In the event that an intern needs to request off a work day in advance, this request should be made of the intern's direct supervisor. After discussing the situation with the direct supervisor, the approved absence should be communicated to Karen so that she can document it appropriately on the schedule.

Inter-Office Communication
Each intern is provided with a "mailbox" and a location on the "message board" in the reception area. As UHCS providers do not have individual voicemail so please check both of these areas at least once per day to ensure that you are receiving important memos and/or phone messages. The front office staff should also send you an "Instant Message" via Point N' Click if you have a message waiting for you on the message board. In addition, each intern has a file slot in the locked file room in the reception area for any clinical notes or files that need to be locked overnight. Please do not store client information in your office, and be mindful of what you store in these slots.

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 in order to successfully complete Internship, Doctoral Interns 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 interns' time to use as seen fit and counts toward the total number of hours present at UHCS.

Break Room
There is a lunch room located on the second floor that is open and available for intern use. There are two shelves in the cabinets labeled "Interns." Please feel free to bring and store food on these shelves and/or store food in the refrigerator. Please be aware that these shelves are shared space and communicate your space needs with your fellow Interns. There is also a coffee maker, Keurig machine, toaster oven, and can opener in the break room for your convenience. Please be sensitive to basic cleaning etiquette in the break room and clean up any messes you make. Please be mindful of the ethics of client confidentiality and maintain basic professionalism in the break room.

Office phones
Office phones are only to be used for professional use. To place a call off campus dial 9 + 1 + area code + phone number. To place a call on campus, dial the last 4 digits of the phone number. It is the interns' responsibility to check Point and Click for provider availability prior to calling that individual's office phone. Interns will be provided with a list of office phone numbers for providers throughout UHCS.

UHCS providers do not have direct lines or voicemail. If a call comes in to UHCS for an Intern 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.

If your phone rings during a session it is your responsibility to answer the phone. Seeing as none of the UHCS clinicians have direct phone numbers, if your phone rings it is most likely either the ***front desk staff or a senior staff member trying to contact you for a pertinent reason. Please apologize to your client for the interruption and answer the phone.***

If you do not end your sessions by the end of the hour and you have another client waiting the front desk staff or a senior staff member will call into your office to alert you to the next client. However, please do not rely on this reminder and ***end your sessions on time.*** Failure to consistently end your sessions on time will become an issue to be addressed in supervision and/ or if needed, through the use of a remediation plan.

Facsimile
The UHCS fax number is (262) 472-1435. The fax machine is located in the back locked file room and can be used by interns for professional communication. Instructions for use are on the machine.

End of Semester Expectations
Interns should expect to keep their regular hours during finals week of both the fall and spring semesters. This is true even if the minimum number of hours have been accrued for the intern's academic requirements. Although clients may not be seen during this time, these hours will be spent writing termination summaries and reviewing the semester's case notes with his/her direct supervisor to ensure all notes are appropriately signed. Any changes to this schedule must be discussed with his/her direct supervisor and the Training Director.

Please note that an intern's commitment to UHCS only ends when *all* clinical notes have been written, reviewed, revised (if needed), signed by the intern and ***signed by the supervisor.***

Doctoral level interns are required to complete a 2,000 Internship with UHCS and their last day will be determined in conjunction with her/ his supervisor and the Training Director and will only occur after all notes have been reviewed and signed be the intern's supervisor.

Accommodations

UHCS strives to accommodate any and all physical or cultural needs of our clients, interns and employees. Interns 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 interns 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.

Doctoral Internship Training Weekly Activities

Clinical Activities:

Direct Service Counseling Contact Hours (*Individual/Couples Counseling & IC sessions*)	15- 17 hours/ week
Provision of group therapy	0-1 hours/ week
Walk-in "Crisis" hours	~2 hours/ week
Outreach presentations	~4 hours/ semester
Total:	*~20 hours/week*

Educational/Supervision Activities:	**Average Hours/ week**
Individual Supervision	2 hours/ week
Group Supervision	2 hours/ week
Didactic Training Seminar	2 hours/week
Crisis Intervention Supervision (fall semester)	1 hour/ week
Supervision of Supervision (spring semester)	1 hour/ week
Case Consultation	~1.5 hours/ week
Diversity Seminar	~.5 hours/ week
Consultation & Outreach Seminars	~1 hour/ month
Total:	*~10 hours/week*

Administrative & Professional Development Activities:

Administrative hours (note writing, treatment planning, etc.)	8 hours/week
Intern Dissertation/ Research Release Time	2 hours/ week
Professional Development	~16 hours/ year
Summer Project	5 hours/ week during Summer
Total:	*10 hrs/week*

TOTAL: ~ 40 hours/ week

SECTION III:

CODE OF PROFESSIONAL CONDUCT
FOR INTERNS

Expectations of Counseling Interns

During the training year, the general expectation of UHCS is that interns 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 Interns

Counseling interns 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 intern progress to benefit and protect the public and the profession, as well as the intern.

Rights of Interns:

1. The interns will have access to clear statements of the standards and expectations by which they are evaluated at midterm and semester end.

2. Interns have opportunities to provide input and suggest changes and modifications regarding the training program. Regular meetings of interns and the Training Director will provide interns direct access to center administration and enable the Training Director to assess the progress and problems confronted by the interns and to discuss their developmental tasks and issues.

3. The interns 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.

4. Interns have the right to activate a formal review when they believe that their rights have been infringed upon. When the evaluation process is completed at the end of the semester, interns have the right to contest criticisms in the evaluation, to disagree with the primary supervisor's summary evaluation, and/or to request an appeal. Violations of intern's rights include, but are not limited to, exploitation, sexual harassment, arbitrary, capricious or discriminatory treatment, unfair evaluation criteria, inappropriate or inadequate supervision or training, and violation of due process.

5. Interns have the right to expect appropriate levels of personal privacy.

Responsibilities of Interns:

1. Interns have the responsibility to meet training expectations by developing an acceptable level of competency throughout the training year.

2. Interns have the responsibility to be open to professionally appropriate feedback from supervisors, professional staff, and center personnel.

3. Interns are responsible for behaving in a manner that promotes professional interactions within UHCS and the University community.

4. Interns have the responsibility to conduct oneself in a professionally-appropriate manner if Due Process is initiated.

Evaluation Procedure for Interns

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 interns.

Formal evaluation occurs in two ways. At mid-semester in the fall, interns meet with their supervisors to receive verbal feedback regarding their performance. At the end of the semester, the intern meets with her/ his supervisor and receives both verbal and written feedback. This evaluation process is repeated again in the spring semester (or summer rotation). Once formal evaluations are completed, a signed copy will be provided to the intern's academic institution and the Training Director. Interns are required to obtain a Minimum Level of Achievement (MLA) of a "3" ("Competent") at the end of their internship year. This is on a Likert scale ranging from 1-5.

Interns provide verbal and written feedback to regarding their experiences with group supervision, their supervisors, the Internship site as a whole and the didactic seminars. These evaluations are provided by and returned to the Training Director. Interns meet weekly with the Training Director which provides for the opportunity for ongoing informal feedback regarding training issues. See all evaluation forms in Section XIII.

SECTION IV:

DUE PROCESS & GRIEVANCE PROCEDURES

Due Process, Appeals and Grievance Procedures for Psychology Interns
Rev'd 5/9/18

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 Interns
Texas A & M University Student Counseling Services Due Process and Grievance Procedures for Psychology Interns.
Texas State University Counseling Center Interns Evaluation, Review & Grievance Procedures

General Guidelines for Due Process

The training program follows due process guidelines to ensure that decisions about interns are not made arbitrarily or personally biased. The training program has adopted specific evaluation procedures which are applied to all interns. The appeals procedures below are available to the intern 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 Interns 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 Interns.
4. All Interns 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 Intern's performance or conduct are based on input from multiple professional sources, including Intern's formal evaluations.
6. Program actions and their rationale are documented in writing to all relevant parties.
7. Interns are given sufficient time to respond to any action taken by the program.
8. Graduate programs are informed about difficulties with Interns.
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 Interns

During the training year, the general expectation of UHCS is that interns 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 Interns:

6. The interns will have access to clear statements of the standards and expectations by which they are evaluated at midterm and semester end.
7. Interns have opportunities to provide input and suggest changes and modifications regarding the training program. Regular meetings of interns and the Training Director will provide interns direct access to center administration and enable the Training Director to assess the progress and problems confronted by the interns and to discuss their developmental tasks and issues.
8. The interns 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.
9. Interns have the right to activate a formal review when they believe that their rights have been infringed upon. When the evaluation process is completed at the end of the semester, interns have the right to contest criticisms in the evaluation, to disagree with the primary supervisor's summary evaluation, and/or to request an appeal. Violations of intern's rights include, but are not limited to, exploitation, sexual harassment, arbitrary, capricious or discriminatory treatment, unfair evaluation criteria, inappropriate or inadequate supervision or training, and violation of due process.
10. Interns have the right to expect appropriate levels of personal privacy.

Responsibilities of Interns:

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

The Evaluation Process

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 interns.

Formal evaluation occurs in two ways. At mid-semester in the fall, interns meet with their supervisors to receive verbal feedback regarding their performance. At the end of the semester, the intern meets with their supervisor and receives both verbal and written feedback. This evaluation process is repeated again in the spring semester (or summer rotation). Once formal evaluations are completed, a signed copy is provided to the intern's academic institution and the Training Director. Interns are required to obtain an average Minimum Level of Achievement (MLA) of a "3" ("Intermediate Skills/ Knowledge") on all competencies at the end of their internship year. This is on a Likert scale ranging from 1-5. If an intern receives a rating below an average of a "3" on any competency on a supervisory evaluation, due process procedures may be initiated.

Interns provide verbal and written feedback regarding their experiences with group supervision, primary supervisors, the Internship site as a whole and the didactic seminars. These evaluations are provided by and returned to the Training Director. Interns meet weekly with the Training Director which provides for the opportunity for ongoing informal feedback regarding training issues. See all evaluation forms in Section XIII.

Determining Adequate Intern Performance

Categories for consideration in determining adequate performance include:

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

Problematic Behavior:

Problem behaviors are present when supervisor(s) perceive that an intern'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 an intern'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 interns.

The program defines problematic performance and problematic conduct as when there is interference in professional functioning that renders the Intern 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 intern'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 intern 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 interns, and/or
7. The intern'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 intern 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 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 intern, the clients involved, the intern cohort, other UHCS staff, the Training Committee, and others affected by the behavior(s). The fact that an intern is going through a remediation plan process is kept confidential. The following procedures are followed

in cases of problematic intern 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 Interns initials, on the Supervision Record Form, but does not become a part of the intern's professional file. The areas of functioning requiring improvement are documented in the intern's formal evaluation.

If the intern successfully makes improvement in the identified growth areas, this is discussed with the intern, noted in the intern'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 intern's problem behavior persists following an attempt to resolve the issue informally, or if an intern 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 intern has the opportunity to provide a written statement related to his/her/their response to the problem.

2. After discussing the problem and the intern'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 intern's attention and the committee or other supervisors will work with the intern 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 intern within 10 working days to review the required remedial steps. The intern 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 intern's sponsoring graduate program, and indicate the nature of the inadequacy and the steps taken by the Training Committee. The intern 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 intern's permanent file.

4. Once the Training Committee has issued an *Acknowledgement Notice* or *Remediation Plan*, the intern'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 an intern 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 intern whereby the intern 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 intern's sponsoring graduate program, that, at the discretion of the Training Director of University Health & Counseling Services, the intern will not successfully complete the Internship if his/her/their behavior does not change.
    a. If by the end of the training year, the intern 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 intern has not successfully completed the Internship.
    c. Alternatively, the Committee may specify those settings in which the intern can or cannot function adequately.
4. If the Training Committee's deliberations lead to the conclusion that an intern 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 intern 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 intern will be given the choice to be assigned non-clinical duties for the duration of the internship, and not successfully complete the internship, or be given the option to withdraw from the internship program and not successfully complete the internship.
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.

7. 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 appeals 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 Intern's written request for further review to his or her 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 intern, or the program itself, and in which the intern wishes to file a formal complaint.

The following steps are intended to provide the intern 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 intern should raise the issue as soon as possible with the supervisor, staff member, other intern, or Training Director in an effort to resolve the problem informally.

Formal Review

1. If the matter cannot be resolved informally the intern may submit a formal grievance in writing (email will suffice) to the Training Director.
    - 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 intern and the individual being grieved within 10 working days. The Training Director has the discretion to meet with the intern 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:
    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 intern 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 intern 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 intern and all persons or entities connected with UWW.

8. If the review panel determines that a grievance against a staff members 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 intern 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 intern 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.

Acknowledgment of Receipt

Acknowledgement

I acknowledge that I have received and reviewed the Due Process procedures of the Doctoral Psychology Internship program of UHCS. I agree to abide by the procedures outlined in this document. I have been provided with a copy to keep in my files.

_____

Print Name

_____

Signature

_____

Date

Please sign this acknowledgement page and return to the Training Director.

SECTION V:

PROFESSIONAL PRACTICE ISSUES

for INTERNS

Standards and Procedures for the Client-Therapist Relationship

The relationship between the therapist and client is a contractual one. It has been held that a contract exists between therapist and client at the initial time the therapist agrees to deliver services to the client and the client gives his/her informed consent to accept the services. Clients are best able to give informed consent when therapists carry out the therapist's responsibilities outlined below.

This contract carries a set of mutual expectations. Some of these are that the therapist (a) has the necessary skills to deal with the clients, and (b) will use those skills in a timely and appropriate manner.

1. Regarding the Counseling Relationship

- Interns should introduce themselves to their clients by name and by their intern status, (e.g., Psychology Intern, etc.).
- Interns must ask each client to sign the Acknowledgment of Trainee Status Form (see Section VIII: UHCS Clinical Documents)
- Therapists should not make promises, either of results or of total confidentiality.
- Therapists should make clear to clients that the Initial Consultation (IC) or a walk-in contact might not lead to continuing therapy with this therapist.
- Therapists should inform clients about the nature of the proposed therapy.
- Therapists should inform clients of therapeutic alternatives.
- Therapists should inform clients of potential risks in counseling intervention.
- Therapists should inform clients of foreseeable (hoped for) benefits.
- Therapists should refer clients to appropriate agencies or individuals if the counselor is not competent to handle the problem.
- Therapists should make reasonable efforts to maintain working relationships with the clients. These efforts should include:
    - returning phone calls
    - keeping appointments with clients
    - following up by phone or letter if a client contacts him/her
- Therapists and clients should reach a mutual understanding of why the therapeutic relationship is being terminated.
- Therapists should carefully document the course of therapy with the client (see case note section).
- Therapists should avoid multiple simultaneous relationships with clients.
- Therapists should not have social relationships with clients.

2. Regarding Deliberate Wrongful Acts

The following therapist behaviors are considered deliberate wrongful acts when they occur in the therapy relationship:

- Sexual Activity - Therapists may not engage in sexual activity with clients. This includes all forms of sexual contact.
- Assault and Battery - Unwanted touching or physical restraint may be interpreted as assault and battery.
- Substantial Gifts - Therapists should not accept gifts of substantial value from clients.

3. Regarding Privacy

Confidentiality is a privilege of the client. The following guidelines should be followed to assure confidentiality of information:

- Therapists should never use counseling materials such as tests, tapes, etc., which can in any way be identified, without the written permission of the client.
- Therapists should never discuss a client outside of the office. Even if persons there do not know your client, you are disclosing information you have no right to disclose.
- Therapists should avoid using client's full name in public office areas such as at the reception desk.
- Therapists should not give information about a client over the phone, or even say that they are seeing a particular client, without the written consent of the client. This includes if a parent of professor of a client should call stating that they know the client receives services from the therapist.
- Therapists should keep files and test data signed out to them in their office. Care must be taken not to misplace client materials.
- Therapists should never take folders, tapes or other materials out of the building, except for training purposes. When tapes are required to be taken out of the building for training purposes the interns must first receive permission and instruction from their primary supervisor.

4. Regarding Consultations

- Therapists should consult with professional colleagues when in doubt about a client.
- Therapists may consult with out-of-agency professionals as long as any discussion or materials used do not identify the client.
- Therapists may use identifiable client materials only if they have secured a written release of information form signed by the client.

5. Regarding Release of Information

- Written documentation of this release of information must be obtained prior to the release of any confidential information.
- Therapists should ensure that clients and fully informed about the nature/ extent of the release of information and for what purpose.
- Therapists should verify the identity of the recipient of the information and his/her competence to deal with the information.

Professional Practice Issues for Interns

As colleagues in training, interns 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 intern is to clearly identify himself or herself to the client as a student, so that the client understands that a consultative relationship exists between the intern and the supervisor, and that this relationship requires that the intern share tapes and information with the supervisor.

Acknowledging the consultative relationship with the supervisor also gives the intern the freedom to indicate that she or he is concerned with an event in the course of counseling and would like to consult with a colleague. It is important that the intern describe himself or 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."

2. Taping Sessions

A second major issue presented by the intern status is the requirement that the intern tape sessions. Interns are expected to indicate to clients that this provision exists to help ensure that the client receives good quality service.

The intern may very briefly and simply say something like the following: "I am a psychology intern in a doctoral level counseling psychology program and I am required to video record all sessions."

Interns must obtain client's permission to be videotaped. In the rare event that a client refuses to give consent, the intern should inform the client that s/he will not be refused services. Then the intern should contact his/her supervisor if possible and follow the "Video/ Audio Taping of Intern Counseling Sessions" policy (See Section C of the Appendices) and make provisions accordingly. Clients must give written permission to tape sessions.

3. Avoidance of Simultaneous Multiple Roles

Good professional practice for all therapists requires caution to avoid circumstances in which the therapist might simultaneously have another role with the same client which either interferes with the therapy relationship or places the client at a disadvantage in another setting. If the intern 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 interns' stay at UHCS is limited, the client should be informed that if further work is necessary after the intern terminates, the intern will assist the client by making appropriate referral to another therapist. During their summer at UHCS, it is wise for the interns to formulate contracts with clients that acknowledge that the intern will terminate training at the end of the summer and that the client may need to be transferred to a different therapist.

In addition, interns are expected to follow the procedures listed below when terminating with their clients:

- Write termination notes to those clients with whom a session termination hasn't been done; this officially closes their files and takes them off of "active client" status
- Write up a termination summary for each client.
- Shred any extraneous notes or materials.
- Make sure all case notes are completed and ***signed by your supervisor*** prior to exiting the training program.

Professional Relationships and Multiple Role Relationships

The issue of multiple role relationships in mental health professions is a complex one. By nature of their duties and responsibilities, staff members at UHCS become involved in a wide variety of roles, as do our interns. Multiple role relationships are defined as those situations in which an individual functions in two or more professional roles, or functions in a professional role and some other non-professional role. Because of the power differentials and evaluative responsibilities that exist between supervisors and supervisees, both senior staff and interns need to be mindful of appropriate boundaries in their professional relationships.

Guidelines for Dealing with Potential Multiple Role Situations

In evaluating the possibility for conflict of interest or other difficulties in a potential multiple role relationship, the following guidelines are offered:

A. Refer to the guidelines outlined in the most recent draft of the ethical principles published by the American Psychological Association (APA www.apa.org/ethics/). The ethical principles are included at the end of this manual for your convenience.

B. In all situations of a possible multiple role relationship consider the following questions:

- Could this situation jeopardize the staff member's ability to evaluate or supervise a intern objectively? Conversely, could an intern's ability to evaluate a supervisor or program objectively and without fear of reprisal be impaired?
- Could this situation create a feeling of being exploited by or overly indebted to another staff member or intern?
- Could this situation make it more difficult for one staff member to maintain appropriate limits and boundaries with another staff member, particularly one who possesses more power in the agency? Likewise, could this situation make it more difficult for one intern to maintain appropriate limits and boundaries with another?
- Could this situation create the perception of favoritism, exclusion, or distrust in other staff members or interns?
- Could this situation affect the agency in some other negative way (e.g. negative perceptions of the agency as a whole)?

C. After considering these questions, one may choose to discuss with the other person(s) involved the possible conflicts, consequences, and solutions accompanying the anticipated multiple role relationship(s).

D. One may also choose to consult with other senior staff member colleagues to gain insights which the persons involved might have difficult ascertaining. There are numerous options for consultation

in either a formal or informal setting, however the Training Director should be involved in the consultation if the issue concerns an intern.

E. In some cases, (e.g., where an administrator is one of the parties involved in the multiple role relationship), other administrators within the agency or an external consultant might be utilized to provide insight or mediate the issues involved.

SECTION VI:

CRISIS INTERVENTION AND SUICIDE ASSESSMENT

Suicide: A Primer for Counselors

Client suicidal ideation/behavior is a challenging fact of life for all of us in helping professions. This summary of information is designed to help you become more familiar with the topic of suicide and better prepared to deal with suicidal clients. The following information was gleaned from a variety of resources; it is not meant to be an exhaustive review of the literature.

Incidence of Suicide with Emphasis on the College-Age Population

- For the overall United States population, the suicide rate is about 12 per 100,000.
    - More people die by suicide than homicide, and suicide is currently the 10th leading causes of death in the United States.
    - Each year there are approximately 30,000 deaths for which the cause of death is ruled a suicide.
    - In 2011, someone in the country died by suicide every 13.3 minutes.
- For people ages 15-24, suicide is the 3rd leading cause of death, behind accidents and homicide. On average, 1 young person (ages 15-24) dies by suicide every 2 hours and 7 minutes. It is estimated that for every death by suicide among young individuals, there are 25 individuals who attempt suicide.
- Spring is the season with the highest incidence of suicide. Friday is the most likely day for people to kill themselves, followed by Monday and Sunday.
- College students are more likely to attempt suicide at the beginning or end of an academic term. Freshmen are more than proportionately represented in attempts.
- College students who commit suicide are typically higher than average academic achievers, less involved socially, and less likely to discuss their feelings.

Among the general population:

- Gender:
    - Four times as many male identified people as compared to female identified people commit suicide.
    - 22%-43% of all transgender/ non-gender conforming people have attempted suicide

- Suicide rates are highest in old age.
- In 2011, the highest U.S. suicide rate was among Whites and the second highest rate was among American Indians and Alaska Natives**.**
    - Lower and roughly similar rates were found among Asians and Pacific Islanders, Blacks and Hispanics.
    - African-Americans commit suicide less often than Whites although the rates are now converging and young African-American men (ages 20-35) have a suicide rate as high as that of young White men.

- The individual more likely to attempt suicide is a woman under 30 years of age who acts impulsively, sometimes while others are nearby to intervene, and uses an unreliable means like wrist-slashing or a drug overdose.
- The person more likely to complete the attempt is a male identified person over 45 years of age who is depressed and/or alcoholic and has contemplated the act for some time and completes it in isolation using lethal methods such as gunshot, hanging or leaping from a high place.
- Case studies suggest that women are using increasingly violent methods.
    - One-third of adolescent female identified people who complete suicide shoot themselves.
- The risk of suicide among schizophrenics is 20-50% higher than that of the general population.
    - The lifetime risk of completed suicide among schizophrenics is between 9% and 13%.

Characteristics of People Who Attempt/Commit Suicide

- The majority of people who attempt or commit suicide are suffering from a mental or emotional disorder.
    - Depression is most common with estimates ranging from 30%-70% of all individuals who die by suicide suffering from depression or bipolar disorder.
- Despair is among the most immediate motives for suicide.
    - Hopelessness alone in one study accounted for most of the association between depression and suicide.
- Break-up with a partner is the #1 traumatic event associated with suicide attempts, but one study in a college setting reports no more than 25% of the attempters said a break-up was involved.
- Alcohol and chemical abuse are associated with suicidal behavior.
    - 5-20% of individuals who complete suicide experience problems with alcoholism.
    - Suicidal acts often occur during heavy chemical use when levels of anxiety and depression are up and inhibitions are down.
- Adolescents do not necessarily attempt suicide for the same reasons as adults.
    - Teens are going through a difficult transition and lack tolerance and skills for dealing with difficult situations.
    - Teens may overreact to relatively trivial frustrations such as believing that failure on a test may mean failure in life and a disappointing date means lifelong loneliness.
    - Suicidal adolescents, like their adult counterparts, may be deeply depressed but the signs may be hard to recognize because their sadness and hopelessness are often masked by boredom, apathy, hyperactivity, or physical complaints.
- Anxiety about schoolwork and examinations is an important cause of suicidality among college students.
    - Some investigators believe these young people have an emotionally lifeless relationship with their parents and overemphasize school as a defense.
- In one study conducted at a college counseling center:

  - Half of the clients identified a specific situational cause for their feelings while the other half described the crisis as a compounding of problems not easily delineated.
  - Clients tended to feel their suicidal crisis lasted longer than counselors thought it did.
  - Both therapists and clients agreed "family ties" were important reasons why threateners did not actually try killing themselves.
  - About 30% of the clients said a basic positive outlook was an important restraining factor while 20% did not try because they feared they would fail to kill themselves yet hurt themselves sufficiently such as they would have a disability for life.
  - Suicidal clients were perceived by their therapists as withholding their feelings more, having a shrinking social network, and being less conscientious or other-directed in meeting daily obligations.
- People threatening suicide rarely want to end their lives. Typically they want to end the psychological suffering, the hopelessness they feel.
- 4 out of 5 individuals who complete suicide give some warnings. "There is a very direct relationship between the talkers and the doers"

Source: American Foundation for Suicide Prevention: https://www.afsp.org/understanding-suicide/facts-and-figures

Assessing the Suicidal Client

Factors to consider:

- There is no single accurate predictor of suicide.
- Asking whether a client is considering suicide does not implant the thought and suggest the client should do so. Virtually everyone has had suicidal thoughts, and often suicidal clients are relieved that therapists are willing to openly discuss the topic in an objective, professional manner.
- In the suicide plan, note the proximity of other people. A person who does not want to die attempts suicide near other people who can intervene while the truly determined individual attempts in isolation to ensure no interference.

There is Increased Risk If:

- Client has made previous suicide attempts.
- Client has detailed suicide plan and has the means readily available.
- Client lacks goals or plans for the next few days.
- Client has inadequate resources to help manage the current crisis.
- Client selects highly lethal means (e.g. jumping from a high place, gunshot, driving car into bridge abutment at high speed, etc.)
- Client appears agitated, disoriented.

- Client uses alcohol or other drugs.
- Client has history of impulsivity.

Potentially Significant Indicators

None of the following signs alone may necessarily indicate suicidal potential or underlying depression. However, several indicators, particularly if they constitute a dramatic change from the person's usual mood and style or coping, may deserve serious consideration:

- Open or subtle references to dying. More covert ones may include inquiry about life insurance coverage, talk about life after death, about not needing to prepare for classes anymore.
- References to increased stress level and lack of resources to meet life's challenges.
- Purchase of lethal weapons.
- Apparent social withdrawal and isolation.
- Giving away prized possession.
- Persistent sleep disruptions.
- Sudden, dramatic change in physical health/condition.
- Job or academic performance drops without a clear reason.
- Evidence of excessive chemical use/abuse.
- Neglect of personal grooming.
- Persistent loss of appetite.
- Evidence of affective disorder.
- Neglect of daily routine or loss of interest in previously enjoyed activities.
- Getting personal and legal affairs in order for no apparent reason.
- Break up of a significant relationship.
- Loss of important life role (e.g. retiring from work).
- Decreased interest in sexuality.
- Frequent references to anxiety, despair, and especially hopelessness.

Intervention with a Suicidal Client

General crisis intervention strategies:

- Consult with supervisors and other senior staff members if you wish assistance in resolving an especially difficult situation or just want another perspective on the matter.
    - Interns are required to seek their supervisor's involvement.
    - When possible, the Executive Director of UHCS should be apprised of actively suicidal clients.
- Remain calm, confident, and patient.
    - Most clients will respond positively to your assumption of control when they are in a crisis.

    - If you appear overwhelmed by the clients' circumstance, they may interpret your behavior as confirmation that their situation is hopeless.
- Take whatever time is necessary to work with the client until you are reasonably assured that the client will not attempt suicide.
    - Have front desk staff postpone subsequent appointments as necessary.
- If despite your best intervention efforts, you perceive the client remains at significant risk, arrange for the client to be hospitalized.
    - We will work as a team to help support the transition of a client to a hospital

Although there are no 100% effective ways to prevent a suicide, here is a list of possible action steps to consider. It is likely that you will combine several steps in your overall intervention plan:

- Take any suicidal references seriously.
- Explore any and all suicidal references and clearly convey your willingness to deal with suicidal thoughts and related issues.
- Listen carefully with sufficient paraphrasing to assure the client you understand the client's concerns.
- Accept (without necessarily endorsing) each client's complaints and feelings.
- Assess intensity and severity of emotional disturbance.
- Within reason, be encouraging that alternatives to problems can be found, yet avoid offering false hope about specific solutions
- Prevent isolation. Activate client's social support system. Have someone stay with client. Involve other people (especially trusted family members and friends) in problem solving on the client's behalf or offering basic support. Recognize your own professional limits in caring for the client and trying to resolve the client's problems yourself.
- Obtain a commitment to treatment/safety plan.
- Negotiate with client to relinquish lethal device. Refuse to continue serving a client who retains means for self-destruction.
- Evaluate and bolster, if necessary, the client's available resources to address the immediate crisis.
- Explore alternatives to suicide. Stall for time; encourage client to wait a few days to see if alternatives other than suicide are feasible.
- Assure availability of professional help, yourself and other services. Provide client with a listing of who to contact 24 hours a day, 7 days a week.
- Encourage client to resume as many daily activities as possible. Help client to identify immediate, small goals and establish a reward system for accomplishing those goals.
- Encourage establishing lifestyle habits: regular eating, sleeping, exercise, etc.
- Explore and reinforce reasons mentioned by the client for wanting to continue living. Inquire about what the client believes may be awful about dying or attempting suicide. How upsetting it would be for

family and friends, religious beliefs, and fear of failing the suicide attempt are useful counter-arguments.
- Consult with supervisors, administrators and other staff.
- Encourage referral to the medical profession for evaluation.

If a client is hospitalized, the attending physician becomes the primary care provider. Clarify all future client involvement on your part with this physician to minimize possible confusion for the client and as a professional courtesy.

Be especially careful in monitoring a client's progress just after the worst of a suicidal crisis has passed … sometimes if the suicidal urge is strong; the "recovering" client may just garner up enough strength to complete the act the client was incapable of implementing earlier when in the depths of despair.

Campus Numbers that May be Useful in A Crisis

- Health Services: 472-1300 (x1300). They may be able to assist in medical emergencies.
- Dean of Student Life Office: 472-1533 (x1533)
- UWW Police Department: 472-4660 (x 4660)

Safety Plan

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that self-harm or suicidal thoughts/behaviors may be developing.

1._____

2._____

3._____

4._____

Step 2: Internal coping skills. Things that can do for myself that provide healthy distractions my thoughts or feelings.

1._____

2._____

3._____

4._____

Step 3: People and social settings that provide a healthy distraction from my self-harm or suicidal thoughts

1.Name:_____ Phone number_____

2.Name_____ Phone number _____

3.Place _____

4.Place_____

Step 4: People in my life to call for support or help when I am thinking or feeling badly about myself.

1._____ Phone number_____

2._____ Phone number_____

3._____ Phone number_____

Step 5: Making the environment Safe. What I need removed or away from me that I might use to do harm when I am thinking about suicide or self-harm.

1._____

2._____

3._____

Step 6: Professionals or Agencies I can call in a crisis:

1. University Health and Counseling Services (between 8-4:30 Monday through Friday) 262-472-1305

2. Walworth City Crisis Hotline 1-800-365-1587 or (262) 741-3200

3. 24 hour National Suicide Prevention Hotline 1-800-273-8255

4. Local hospital Emergency Department: _____
Phone:_____
Address: _____

Step 7: The most important reason to live is:_____.

SECTION VII:

INTERNAL AND EXTERNAL
REFERRAL RESOURCES FOR CLIENTS

Internal Referral Resources for Clients

Within UHCS referrals

Health Services:

- **Mental Health Initial Evaluation Appointment**
  - If you have a client who is interested in, and you believe would benefit from, medication for depression or anxiety, *consult with your supervisor.* If following that consultation it is deemed appropriate, the client should initially be referred to one of our medical providers downstairs. There are two main ways these appointments can be scheduled:
    - 1. With the client present in your office, call downstairs (x 1300) and tell the front desk staff that you have a client who needs a ***"Mental Health Initial Evaluation."***
    - 2. Walk with the client downstairs to the front desk and tell the front desk staff that your client needs a ***"Mental Health Initial Evaluation."***
    - 3. The client can call to schedule an appointment (262-472-1300) or walk downstairs to schedule an appointment on their own. Prompt them to ask for a ***"Mental Health Initial Evaluation."***
  - During any of these three scenarios, the front desk staff will then ask for the client's student number, name and availability. They will also ask about their medication history and if they have a previous provider. If they have a previous provider and have been on medication in the past they will want the client to sign a release of information (ROI) so that UHCS has access to those records. Ask the client to either complete a ROI or ask them to go to the front desk downstairs to complete the ROI.
- **Mental Health Medication Education Appointment**
  - If you have a client who does not know if they want medication, but is interested in learning more about psychotropic medications in general you can refer them to a provider downstairs for a "***Mental Health Medication Education"*** appointment. This is a 40 minute appointment that is a general educational appointment to teach the client more about medications in general and is not to be used for the client to be assessed about their specific symptoms. These appointments can be scheduled via the same three options listed above.
- **Provider Collaboration:**
  - ***If you schedule either of these appointment types you must send an instant message (IM) to the provider who the client is scheduled to see AND CC that provider with a copy of all of your notes from that point forward.*** Please send the provider an IM to explain why the client is being referred to them and what they are hoping to get out of their appointment. Also, please complete as much of the IC as possible prior to referring someone to the appointment, and again, send copies of that note and all others moving forward to the provider.

- **Medical Services**
  - General medical services can be utilized by clients for a wide range of health concerns (illness, injury, STI testing, undetermined pain, etc.). There is no cost for the appointment but typically the total price is around $15-25 if blood work is ordered. Many of the prescribed medications cost between $4 and $8. Clients can schedule appointments at the front desk of Health Services. Depending on provider availability, appointments are typically scheduled in the next

3-5 days. Every effort should be made to consult with the provider and to copy your note to him/her prior to that client's initial intake with the provider. Any other medical appointments should also follow this procedure.

- **Gender Affirming Hormone Therapy**
  - UHCS works as an integrated team that aims to provide high quality care to students seeking gender affirming hormone therapy (GAHT).
  - Students are not required to obtain a letter from a mental health provider prior to starting GAHT. However, they are asked to meet with a counselor to have additional support with beginning GAHT
  - If you have a client who is interested in GAHT, talk with your supervisor about referring them to Dr. Brownell.
  - To schedule an appointment for GAHT, students will be asked to provide their student ID number and can check in at the front desk with their last name.
  - They'll be asked to complete some initial paperwork which will ask a variety of different questions, including their preferred name, gender identity, and sexual orientation.
  - The forms use a drop down menu that offers the following options for gender identity: woman, man, transgender, and self-identify. In the self-identify option, they may write in their identity.
  - Our website outlines the process:
  - https://www.uww.edu/uhcs/wellness-information/az/transhealth
  - **Approximate Cost of Gender Affirming Hormone Therapy at UHCS: MTF**
    - **Transwomen (MTF) Lab costs:**
      Baseline labs:
      Lipids (Cholesterol): $20.00
      Chemistry Panel (Blood sugar, liver and kidney functions): $10.00
    - **Subsequent labs (including the above):**
      Luteinizing Hormone (LH): $38.00
      Testosterone: $54.00
      Estradiol: $63.00
      Prolactin $44.00
    - Labs are typically drawn at the time of the initial visit, 1 month, 3 months, 6 months, 1 year, 18 months and then yearly unless there is something we need to follow more closely.
    - **Transwomen (MTF) Hormonal Therapy:**
      Estrogen:
      Pills: $3-$5 for 30 day supply
      Patches: $35-$40 for 30 day supply
      Shot: $43 for 30 day supply
      Anti-androgen:

Spironolactone pills: $3-$10 for 30 day supply
Finasteride pills (alternative): $3-$9 for a 30 day supply

- **Approximate Cost of Gender Affirming Hormone Therapy at UHCS: FTM**
  - **Transmen (FTM) Lab costs:**
    Baseline labs: Lipids (Cholesterol): $20.00
    Chemistry Panel (Blood sugar, liver and kidney functions): $20.00
    Complete Blood Count (CBC): $10.00
  - **Subsequent labs (including the above):**
    Testosterone: $54.00
  - **Transmen (FTM) Hormonal Therapy:**
    Testosterone: Shot: $10 for 2 week supply, $70 for 10 week supply (State insurance usually covers the testosterone shot with a small co-pay, depending on the particular insurance plan)
    Transdermal Gel (pump): $32-$50 per month depending on insurance coverage; $180-$400 per month without insurance
    Patches: $10-$45 per month depending on insurance coverage; $600 per month without insurance

- **Nutritional guidance**
  - Interns should consult with their individual supervisor if you believe a client could benefit from nutritional guidance. Melissa Miller, AGPNCP- BC in Health Services, as well as the A'Viands dietician, Rachel Omdoll, RDN, provide these free services on a limited basis. A Release of Information and a Dietician Referral Form need to completed to refer a client to Rachel Omdoll as she is not a UHCS employee. These forms are in Karen's drawer under the "Dietician" file.

Psychiatrist:

- Joshua Babu, MD, the UHCS psychiatrist, is typically available for UHCS appointments on Tuesdays during the academic year and every other Tuesday during the summer months. Dr. Babu works with clients who either have more significant mental health concerns (bipolar disorder, psychotic symptoms, extensive trauma, etc.) or who have had at least one unsuccessful trial of medications with either a provider downstairs or a general physician. Dr. Babu is an excellent resource to ensure that clients are on the medication that is the best fit for their body, as well as a great resource about alternative interventions (vitamin regimes, acupressure mats, etc.). If you have a client who meets the above mentioned criteria and you feel would benefit from meeting with Dr. Babu, ***please consult with your individual supervisor about the potential referral.*** If, in collaboration with your supervisor, it is determined that it is appropriate for your client to meet with Dr. Babu an appointment can be scheduled by your supervisor directly onto Dr. Babu's calendar or by asking Karen Brueggeman to schedule an appointment following your session with the client. Please note that psychiatric intake sessions are allotted for one hour and all follow-up appointments are 30 minutes. *Dr. Babu should not be scheduled for more than three intake appointments in one day.*

Massage therapy:

- There will be no massage therapy being offered Fall of 2020 due to COVID-19.
- Typically we have massage therapist Tom Lightfield at UHCS on Wednesdays and Fridays (10:00-4:00) during the academic year.
- We offer massages at four different session lengths (prices as of 09/01/13):
    - 15 Minute chair massage = $15.00
    - 25 Minute table massage = $20.00
    - 50 Minute table massage = $35.00
    - 75 Minute table massage = $45.00
- When available, clients can pay by cash or check only (payable to UW-Whitewater); tips are not permitted.
- Appointments can be scheduled at the front desk of Counseling Services either in-person or by calling 262 472-1305.

Within Counseling Services:

- Interns should consult with their individual supervisor if you believe a client could benefit from meeting with another practitioner. The case can then be reviewed during case conference or with the identified provider.
- Some clinical specializations of providers include:
    - Disordered eating concerns: Jill Mallin, PhD
    - AODA: Alisa Thompson, LPC
    - Grief & Loss: Matt Mallin, LCSW
    - Non-gender conforming/ Transgender/ non-binary clients: Jesse Moonen, PsyD
    - Sexual and/ or interpersonal trauma: Terri DeWalt, PhD
    - Spiritual/ Religious concerns, Clergy abuse: Jim Freiburger, PsyD

Local Resources for
Inpatient Hospitalization, Partial Hospitalization and
Intensive Outpatient Programming

Elkhorn:
AURORA LAKELAND MEDICAL CENTER
Mental Health Intake Dept. (612) 672-6600
Hours of Operation: 24 hours/day, 7 days/week. Individual departments vary.
W3985 County Rd NN
Elkhorn, WI 53121
Phone: 262-741-2000
Fax: 262-741-2759

https://my.aurorahealthcare.org/ahc/portal/find-a-location/locationDetail/hospital/aurora-lakeland-medical-center

Janesville:
MERCY HOSPITAL AND TRAUMA CENTER
1000 Mineral Point Ave.
Janesville, WI 53548
(608) 756-6000
(608) 756-6508
(800) 756-4147
Emergency Department: (608) 756-6611
Hours of operation: 24 hours a day, 7 days a week
https://mercyhealthsystem.org/location/mercy-hospital-and-trauma-center/

Behavioral Health Unit - inpatient detoxification and mental health services
The adult inpatient program at Mercy Hospital Janesville offers 24-hour support, supervision and nursing care, with the goal of helping individuals through a period of unsafe behavior and symptoms. The behavioral health unit also provides medical detoxification services for safe withdrawal. The psychiatric and detoxification services are generally followed by treatment in a less-intensive program such as W.I.N.G.S. (partial hospitalization), Mental health, Addiction Day Treatment or clinic services.

- Inpatient hospitalization should be considered if an individual has:
- Suicidal thoughts with imminent risk
- Made a suicide attempt
- Homicidal thoughts with imminent risk
- Extreme or dangerous anger outbursts
- An inability to function due to psychiatric problems
- Acute/significant withdrawal symptoms requiring medical intervention

Addictions Day Treatment
903 Mineral Point Avenue
Janesville, WI 53548
(608) 756-6545

Addiction Day Treatment is for adults who are in need of more help than outpatient counseling, but do not require 24-hour hospitalization for detox. Treatment is provided by a multidisciplinary team of addications-certified physicians, certified addictions counselors and nurses. Sessions are held Monday through Saturday during the daytime.

WINGS Adult mental health day treatment
903 Mineral Point Avenue
Janesville, WI 53548
(608) 756-6530

"Working Interdependently for New Growth and Stabilization" for adults who need more help than outpatient counseling, but do not require 24-hour hospitalization. WINGS is appropriate for treating a number of mental health issues. Clients meet Monday through Friday in groups at Mercy Hospital Janesville. Sessions focus on stress management, medication education, problem solving, communication, social skills and other topics. W.I.N.G.S. may be appropriate for treating:

- Depression
- Anxiety
- Grief and loss
- Family conflict
- Mood swings
- Poor work performance
- Suicidal thoughts with no imminent risk
- Difficulty in completing normal daily responsibilities

Child and adolescent day treatment program
PO BOX 8190
Janesville, WI 53147
(608) 741-2117

Intensive day treatment services for children aged 6-17 who constantly struggle with mental health difficulties, behavioral symptoms, emotional/cognitive symptoms and/or basic life responsibilities such as school performance, following rules or getting along with family and friends. Services include evaluation, medication management, individualized treatment plans, case management nursing services, aftercare and group, individual and family counseling.

Clinic Mental Health and Addictions Treatment
(608) 756-5555

Counseling for individuals, groups and families affected by depression, anger, chronic pain, child and adolescent behavior problems, and other mental health issues. Provided by psychiatrists and other behavioral health professionals.

Madison:

Meriter's Adult Inpatient Psychiatry
Meriter Hospital - 1 East
202 S. Park Street
Madison, WI 53715
Phone: 608.417.5330
http://www.meriter.com/services/psychiatry-program/adult-psychiatry

Meriter Hospital's Adult Inpatient Psychiatric program is designed for those whose mental illness symptoms call for around-the-clock hospitalization for stabilization. The program provides safety, a healing environment, a caring professional staff and effective treatment approaches.

Their unit offers semi-private rooms and several common rooms for dining and activities. A more secure Acute Unit is available for patients when greater safety or reduced stimulation is needed; this area has private and semi-private rooms, as well as a common room for dining and casual activities.

Conditions they treat:
A variety of mental conditions can warrant an inpatient stay. Patients who come to Meriter for help include those with:

- Depression
- Bipolar disorders (manic-depressive illness)
- Schizophrenia
- Borderline personality disorder
- Anxiety disorders
- Post-traumatic stress disorder

An individual admitted for an inpatient stay often has one or more of the following conditions:

- Overwhelming depression
- Strong thoughts or urges of suicide, or a recent suicide attempt
- Strong thoughts or urges of harming others, or a recent attempt to do so
- A need for initiation to or adjustment of psychiatric medication
- Difficulty functioning due to symptoms of mental illness

Clinical Assessments and Screenings
Meriter's personalized mental health services begin with an evaluation to identify the scope and severity of problems. Depending on each patient's symptoms, the examination may include:

- Psychiatric evaluation
- Psychological testing
- Neurological examination and testing
- Behavioral assessment
- Suicide risk assessment
- Independent living skills assessment
- Medication trial and evaluation
- Social network and resources assessment
- Medical lab evaluations
- Family assessment

Therapeutic Activities Offered

- Communication skills training
- Assertive communication training
- Stress and anxiety management education
- Occupational therapy
- Medication management and education
- Mental health education
- Emotional support for patients and family members
- Education about and referral to additional community services
- Individual problem solving
- Safety planning
- Education about the recovery process

Referrals

Community Psychiatrists with admitting privileges at Meriter may admit patients to the inpatient unit. Typically, patient care is transferred to one of Meriter Adult Psychiatry's hospitalist psychiatrists, who work on the unit daily with patients.

Payment/Insurance Information

Most insurance policies, Medicare and Medicaid include coverage for inpatient services.

Accreditation

Meriter's mental health and substance use disorder programs are certified by the Joint Commission and by the Wisconsin Department of Health Services Division of Quality Assurance.

The St. Mary's Hospital Psychiatric Unit

700 S. Park St. Madison, WI 53715
(608) 258-6697
http://www.stmarysmadison.com/services/pages/psychiatry.aspx

The St. Mary's Hospital Psychiatric Unit provides a voluntary, 22-bed in-patient unit with semi-private rooms offers adults many features including:

- Treatment Planning

- Treatment Programs
- Group Therapy
- Occupational Therapy
- Medication Education
- Breathing and Relaxation Sessions
- Therapeutic Recreation
- Hope and Recovery Group
- DART - Daily Activity Reinforcement Therapy
- Discharge Planning

Additional information

Patients can make and receive calls between 7 a.m. - 10 p.m. Calls made to this number can be transferred to patients during regular phone hours.

Primary Nurse Coordinator: Patients will have a Primary Nurse who will work with them to plan and coordinate care. Their Primary Nurse is the resource person for them and their family.

Visitors: We encourage patients to maintain contact with family and friends. This decision rests with the patient and their psychiatrist. Children under the age of 12 are to visit in designated areas only.

Visiting Hours:
Monday - Friday, 3:30 - 8:00 p.m.
Saturday & Sunday, 11:00 a.m. - 8 p.m.

UW HEALTH

Behavioral Health and Recovery Clinic (608) 282-8270

1102 S. Park St. (Arboretum Clinic), Madison

Psychiatric Institute and Clinic (608) 263-6100
6001 Research Park Blvd.
Madison, WI 53719

http://www.uwhealth.org/mental-health/psychiatry-and-psychology/10665

Inpatient Care

UW Hospital and Clinics has an 18-bed inpatient unit for treatment of mental/emotional disorders that cannot safely be treated on an outpatient basis. Services include assessment, interdisciplinary treatment planning, medication management, individual and group therapy, and electroconvulsive therapy to restore patients to emotional stability and return them home. Comprehensive discharge planning refers patients for further treatment in their local communities.
Call (608) 263-7525 for more information about their inpatient unit.

Wauwatosa:
AURORA PSYCHIATRIC HOSPITAL
1220 Dewey Ave
Wauwatosa, WI 53213
Phone: 414-454-6600
Phone: 414-454-6777
Fax: 414-454-6656

https://my.aurorahealthcare.org/ahc/portal/find-a-location/locationDetail/hospital/aurora-psychiatric-hospital

Inpatient Hospitalization:
Phone: (414) 454-6777
The Adult Behavioral Health Program at Aurora Psychiatric Hospital utilizes medical, psychological and social interventions. The primary components of our program involve psychiatric evaluation and medication management, group therapy, family therapy and education. The treatment objectives of our program are to:

- Maintain safety
- Stabilize behaviors
- Provide education related to the illness
- Develop relapse prevention skills
- Maximize self-care abilities

Admissions and referrals:
The Intake and Admissions department at Aurora Psychiatric Hospital offer assessments 24 hours per day for inpatient care. Assessments can also be facilitated for the Adult Partial Hospitalization program and the Intensive Outpatient program through our Central Scheduling department at (414) 773-4312.

The Partial Hospitalization Program:
Phone: (414) 773-4312
The Partial Hospitalization Program provides intensive treatment six days per week, from 9 a.m. to 3:30 p.m. Programming uses cognitive behavioral therapy to develop better coping mechanisms, improve management of symptoms, and promote healthy-living skills. This comprehensive approach to patient care incorporates group education and therapy, individual and family therapy, psychiatric evaluation, and medication management. This multidisciplinary team consists of psychiatrists, nurses, psychotherapists and case managers.

Treatment goals
The Partial Hospitalization Program – Adult Mental Health Services at Aurora Psychiatric Hospital uses medical, psychological and social interventions to:

- Maintain safety for the patient
- Stabilize behavioral health symptoms

- Provide education related to the illness and its management
- Provide methods to identify early warning symptoms and relapse prevention skills
- Develop relapse prevention and self-care skills

The Intensive Outpatient Program
Contact Central Scheduling at (414) 773-4312
The Intensive Outpatient Program provides an alternative for individuals in need of longer and more frequent treatment sessions than can be provided with once-a-week individual outpatient therapy. The program is especially helpful for those struggling with severe depression or anxiety and who are using impulsive or avoidant coping strategies.
Program days and times:
Morning program:
Monday, Wednesday and Friday: 9:00 a.m. to 12:00 pm
Facilitator: Greg Schramka, PsyD
Monday, Tuesday and Thursday: 9:00 a.m. to 12:00 pm
Facilitator: Mark Jensen, MSW

Afternoon Program
Monday, Tuesday and Thursday: 1:00 p.m. to 4:00 p.m.
Facilitator: Greg Schramka, PsyD
Monday, Wednesday and Friday: 1:00 p.m. to 4:00 p.m.
Facilitator: Mary Pelman, LPC

Evening Program
Monday, Tuesday and Thursday: 6:00 p.m. to 9:00 p.m.
Facilitator: Mark Jensen, MSW

Referral process: To schedule an appointment to be assessed for admission into the Behavioral Health Intensive Outpatient Program, please contact Central Scheduling at (414) 773-4312. If you are looking for additional information or have questions about our programs, please call us at (414) 454-6675.

Waukesha:
WAUKESHA COUNTY MENTAL HEALTH CENTER
Address: 1501 Airport Rd, Waukesha, WI 53188
Phone:(262) 548-7666
After hours: (414) 455-1736 or toll free at 1-866-211-3380.

https://www.waukeshacounty.gov/MentalHealthServices/

The Department of Health and Human Services provides confidential, comprehensive mental health services to Waukesha County residents of all ages.

Eligibility: To be eligible for ongoing services, an individual must be a resident of Waukesha County.

Program Certification: All programs are certified by the State of Wisconsin.
Fee Information: Costs are covered by a variety of sources: Medicare, Medicaid, private insurance or HMO and patient fees. Medicaid (Title 19) covers case management, medication monitoring and psychiatric costs. Private insurance, including HMOs, may cover psychiatric and medication monitoring costs. Psychiatric costs not covered by Title 19 or insurance are billed based on ability to pay.
Information and Referral: The mental health intake worker is available 8:00 a.m. - 4:30 p.m., Monday-Friday, to answer questions and to help you find the right services to meet your needs. Call (262) 548-7666.
Crisis Intervention: During regular business hours, call the mental health intake worker at (262) 548-7666.

Inpatient Services
Inpatient Services operates a 28 bed (2-14 bed units) adult psychiatric hospital for the treatment of individuals in need of hospital care in order to stabilize symptoms, adjust medication as needed, and return to the community safely. Patients and their families work with a treatment team which includes a psychiatrist, psychologist, medical consultant, nursing staff, social worker, occupational therapy staff, and an alcohol and other drugs (AODA) counselor.

Inpatient services for children are arranged through a number of community based hospitals.

Psychiatric Day Treatment
Psychiatric Day Treatment is a highly structured outpatient program that serves adult clients with a diagnosis of a major mental illness such as schizophrenia, bipolar affective disorder, or personality disorder. The goals of the program are to provide a wide range of group therapies, psychiatric services, and medication management to assist individuals in structuring their daily activities to enhance independent functioning in all areas and to minimize the likelihood of re-hospitalization. Each client is assigned a case manager who develops an individualized treatment plan with the client and the rest of the treatment team. Day Treatment contracts with a variety of agencies to provide other services such as vocational support, group home and crisis respite services to meet individual client needs.
Crisis Intervention
Crisis Intervention services are available on at 24-hour basis. During regular business hours, call the mental health intake worker at (262) 548-7666. After hours dial **211** or dial (414) 455-1736 or toll free at 1-866-211-3380.

For additional information contact the Health and Human Services Department at (262) 548-7666.

Outpatient Clinic
The Outpatient Clinic provides mental health and alcohol and drug abuse services to individuals of all ages. Among these services are individual, group, and family therapy, psychiatric evaluation, consultation, and medication management, emergency mental health assessment and case management. Alcohol and other drug abuse treatment include individual and group therapy, education and evaluation services, medical detoxification and other programs provided directly or through contracted agencies. More information on AODA.

The Children's Mental Health Outreach Unit of the clinic provides specialized services for children with severe emotional disabilities and their families.

Community Support Program (CSP)
The Community Support Program provides treatment, rehabilitation, outreach and support services to adult individuals with a long-term mental illness. Program goals include reducing the incidence of inpatient stays and improving the client's quality of life in the community. Each person entering the program is assigned to a case manager who develops an individualized treatment plan, provides outreach, and coordinates all support services. The case manager works with each client to understand and manage his/her illness and provides consultation and education to family members and significant others.

CSP case managers work out regular visit times with their clients. Rehabilitative and social/recreational services are provided. Crisis intervention services are available on a 24-hour basis (See Crisis Intervention under General Information).

Rogers Memorial Hospital

Oconomowoc:
Adult Inpatient Hospitalization
34700 Valley Road
Oconomowoc, WI 53066
800-767-4411
262 646-4411
Fax: 262 646-3158
https://rogershospital.org/locations/oconomowoc

West Allis:
Adult Inpatient Hospitalization
11101 West Lincoln Ave
West Allis, WI 53227
414-327-3000
Fax: 414-328-3708
https://rogershospital.org/locations/west-allis

Call 800-767-4411 for admissions or request a screening online

Rogers offers an inpatient hospitalization program for adults dealing with a range of psychiatric symptoms and diagnoses at their Oconomowoc and West Allis locations. Rogers provides separate and distinct mental health inpatient hospitalization programs for children, adolescents and adults dealing with a wide variety of acute psychiatric symptoms. Rogers also offers withdrawal management (detoxification) services for adults.

Inpatient care is short-term, intensive treatment provided on a secure unit. Treatment services are under the direction of board-certified psychiatrists, who work with a team of therapists to provide a comprehensive diagnostic assessment and develop a plan to end harmful behaviors, stabilize medical and emotional concerns and develop a solid plan for transition to a less intensive level of care.

Screenings

Screenings are completed at no charge over the phone with one of their intake specialists and take approximately 30 minutes. There is an online screening request form that can be completed. Once this request form is submitted, a specialist will call back as soon as possible.

Insurance Coverage

As each insurance plan has different restrictions regarding benefit availability, service providers, and medical necessity criteria, Rogers strongly recommends that clients contact their insurance carrier to verify their benefit coverage prior to seeking treatment.

Call the toll-free number on the insurance card to check about the behavioral health services, medical services and prescription drug coverage. Make sure there is a clear understanding about what is covered by the plan and if there are any restrictions or exclusions.

Health Plan Contracts

Rogers Memorial Hospital is contracted with many national health plans, including most Aetna, Blue Cross Blue Shield, Cigna, Humana and United Behavioral Health plans. Please contact the admissions department for the most current information.

Medicare is accepted for inpatient services. Please note that Wisconsin Medicaid coverage varies depending on age and if the client is enrolled in an HMO. *Medicare and/or Medicaid do not cover our residential treatment programs.*

What to Expect:

- **Mandatory Items:** Insurance cards; current medications in original containers with dosages and times; name, address, and phone number of current and previous providers; dates and locations of past hospitalizations.
- **Recommended Items:** comfortable, seasonal clothing (nothing too revealing, too tight or too short); proper footwear (without strings or laces), gym shoes, hard-soled slippers; robe, sleepwear; personal hygiene products (comb, brush, shampoo, conditioner, soap, deodorant, toothbrush, toothpaste, cosmetics).
- **Optional Items:** While we provide bedding, you may wish to bring your own pillow and a quilt to help you feel more comfortable while you are here. If you wish to bring a hair dryer, please note that they will need to be inspected and tagged by a hospital electrician prior to use and will be stored in a storage locker for you to check out and check in with staff as needed.
- **Items Not Allowed:** Any item restricted by law; candles and incense; food and soda; TVs, stereos and boom boxes; laptop computers, cell phones, ipods or any electronic device with a camera or recording capabilities; video games; radios or alarm clocks with cords; glass containers, bottles, picture frames with glass, mirrors; aerosol cans, matches, lighters; Items containing alcohol, such as mouthwash; clothing that is torn or imprinted with inappropriate messages on drugs, alcohol or which shows disrespect to anyone; disposable straight razors (the hospital has electric razors available for your use);

any items with strings (if you would like we can remove the strings; however, we will not be able to replace them).

Oconomowoc

The Oconomowoc campus is located on 50 acres of wooded, lakefront property and is home to their nationally respected residential centers. Inpatient and partial hospitalization care is also available at our Oconomowoc campus.

Oconomowoc is located in southeastern Wisconsin, just outside of metropolitan Milwaukee. The campus is less than an hour from Madison and approximately two hours from Chicago.

Rogers Memorial Hospital's Oconomowoc campus is located about halfway between Madison and Milwaukee, Wisconsin, approximately one mile north of Interstate 94, just east of the City of Oconomowoc.

By Car:
When using GPS or any online map program to locate Rogers, please enter our street address:
34700 Valley Road, Oconomowoc, WI 53066

From Milwaukee:
Travel west on Interstate 94 to exit 283 at County Hwy P/Sawyer Road – at this exit there are two roundabout traffic circles. Bear right through both and travel north approximately 1 mile to first stop sign. Turn right (east) onto Hwy B (Valley Road). Rogers Memorial Hospital is approximately 1/4 mile on your left.

From Madison:
Travel east on Interstate 94, exit 282 at State Hwy 67 and turn left (north). Travel north on Hwy 67 approximately 1/2 mile to the third stop light. Turn right (east) onto Hwy B (Valley Road). Rogers Memorial Hospital is about 2 mile
s on Valley Road – approximately 1/4 mile on your
left after the Sawyer Road intersection.
Please watch your speed as you travel on Hwy B – there is an elementary school on this road and the 15 mph speed limit is strictly enforced!

Parking:
As you enter the hospital campus, bear to the left at the fork in the road and follow the west drive to the visitor parking lot (watch for the sign on your right). Park and then walk to the main hospital lobby – it's the large red brick building with white columns marking the entrance.

Check-in:
Once you enter the hospital lobby please let the receptionist know you are here for an admission. The receptionist will direct you to a seating area where an admission specialist will come to meet you.
If you have any questions, please contact our admissions department at 800-767-4411, ext. 5340.

West Allis

Rogers Memorial Hospital has two locations in West Allis, WI a suburb of metropolitan Milwaukee. Our hospital, on Lincoln Avenue, provides inpatient and day treatment services for children, adolescents and adults. Approximately one mile from the hospital at our location in the Lincoln Center 1 building, you can find additional intensive outpatient and partial hospitalization programs.

West Allis, in Milwaukee County, is located in southeastern Wisconsin. It is approximately an hour and a half from Madison and approximately 1.5 hours from Chicago.

SECTION VIII:

UHCS CLINICAL DOCUMENTS

Overview of Counseling Services Forms

UHCS routinely utilizes a number of forms. If you need additional copies of any of the paper forms ask the front office staff. If you have any questions or concerns about the use of any of these forms, please ask your Supervisor.

These forms are completed by the client at intake:

Online (Portal) Forms

- *Client Information Form:* This form is generally completed by the client via an ipad prior to the first session. If the client is unable to complete the form by her or himself due to a visual or physical impairment you will be asked to talk through the form with the client in your office and complete the form together.
- *Rights and Responsibilities and Informed Consent Form:* These forms constitute agreement and informed consent with respect to the client receiving services and require the client's signature.
- *Counseling Center Assessment of Psychological Symptoms (CCAPS)*: The 62 item version of the CCAPS is completed on the ipad prior to beginning their first session annually at UHCS.

Telemental Health Forms

- **Telemental Health Informed Consent Form**
- Clients must acknowledge their understanding of the risks and benefits of telemental health prior to telemental health treatment begins.
- **Intern Status, Supervisory Disclosure and Video Taping Consent Acknowledgment Form**
- Clients must acknowledge interns' trainee status prior to beginning telemental health with them

Paper Forms:

- *Group Interest Form:* This form assesses a client's interest in the various groups offered through UHCS.
- *Intern Status, Supervisory Disclosure and Video Taping Consent Form:* Intern's clients must be informed of the intern's status as a graduate student in training. The client is asked to sign this form acknowledging knowledge of this status and consent to be audio and/or video recorded.

Note: All paperwork completed by clients will be scanned by the front desk staff into the client's electronic medical record. Following completion of the initial consultation process please place the client's file and completed paperwork (minus any notes you may have written) into the front of Karen's far right desk drawer.

These are other forms (paper or online) that you may complete during the clinical process:

- *Authorization for Disclosure of Counseling Records form:* This is a Release of Information Form that allows for the sharing and receiving of protected health information between treatment professionals. The client's signature of understanding of this process is *very* important.

- *Sexual Assault Reporting Form (online):* This form is to be completed and turned into the Dean of Student's Office *within 24-hours* after being told of a client having been sexually assaulted during her or his time as a UWW student. It does not matter whether that student was sexually assaulted on campus or off campus (including out of state). This form can be completed without entering confidential information (names, etc) but it does need to be completed to document the occurrence of a sexual assault to a UWW student. Please talk with your Supervisor if you have any questions.
- *Mental Health Consultation Log:* This form is used to document any contact you have with other professionals or parties involved (parents, family members, etc.) with a client. Remember that contact is *only allowable with a valid Release of Information form*. This log is to be completed every month and handed in to Karen by the end of the month.

Electronic Medical Record Forms (Point and Click program templates)

- *Initial Assessment Template:* This template is used when you complete an Initial Consultation session (intake session) with a client. It reflects specific background information, assessment and planned interventions drawn from the initial intake session(s). Please see Section XI for more information about Initial Consultation sessions.
- *Progress Note Template:* This template is used to reflect what specifically took place in the counseling session, your assessment of the client and your plan for the next session. Please see Section X for more information on Progress Notes.
- *Termination Summary Template:* This template is used when you have either come to the mutual decision with a client that it is time for treatment to terminate or when a client has failed to return for services. Please talk with your Supervisor about the process of how and when to make a decision to complete a termination summary following the failure of a client to return for services.
- *Phone Message Template:* This template is used when either you have called a client or a client has called you between sessions.
- *Student Contact Template:* This template is used when you have a brief (usually in-person) contact with a student. This may occur if a client walks into UHCS and asks to meet with a counselor to learn about the counseling process, for example.

Case Management and Documentation

Interns are allotted time in their weekly schedules for the purposes of clinical documentation and associated follow-up tasks such as clinically-oriented phone calls, resource management, etc. <u>All Intern documentation must be co-signed by an appropriate, licensed supervisor.</u>

All notes must be submitted to your supervisor within 2 business days following a session. Ideally notes will be sent to your supervisor within 24 hours following a session. If the supervisor requests revisions to a note, Interns will have 2 business days to satisfactorily complete any and all revisions and return the note to the supervisor for a second review. Interns are expected to consider supervisors' suggestions and make any required changes prior to signing their notes and forwarding these to supervisors for final signatures. Once the note is approved by the supervisor, the supervisor will indicate to the Intern that the Intern should formally "sign" the note. When electronically signing the note, Interns should "Cc" the note to the supervisor for co-signature. Notes should be finalized (i.e., signed by both Intern and supervisor) no longer than within a 1-week time period. In rare cases,

notes may require significant reviews and revisions, causing the note to remain open for longer than 1 week. In these instances, notes should not remain open longer than a total of 2 weeks from the date of the session

Clients without Risk Factors

Interns must complete an initial draft of all clinical case notes (including intake summaries, client contact notes, etc.) within 2 business days of the session/contact for clients who present without risk factors. Supervisors are expected to review and edit or approve their Interns' clinical notes within 2 business days of receiving the note. If the supervisor requests revisions to a note, Interns will have 2 business days to satisfactorily complete any and all revisions and return the note to the supervisor for a second review.

Clients with Risk Factors

Interns must complete an initial draft of all clinical case notes within 2 business days of the session/contact for clients who present with risk factors. While the full first draft is expected within 2 business days, ***Interns must complete at least the Risk Assessment portion of the note prior to leaving the agency for the day.*** The risk documentation must include: the risk factors present, any risk assessment completed (including assessment of protective factors), any interventions provided (including safety planning), and the disposition and follow-up plan. When forwarding risk notes to a supervisor, Interns should designate it as a note containing risk by indicating "RISK" in the forwarding comments. Supervisors will review and return notes within 2 business days.

Risk factors that must be documented immediately include:

<u>Whenever you are completing a CPS report or sending a student to the hospital</u>.

<u>Within the past year</u>:

- suicidal ideation or attempts
- homicidal ideation or attempts
- self-injurious behavior
- psychotic symptoms
- mental health hospitalizations

<u>Within the past month:</u>

- Experience of domestic violence
- Experience of sexual violence

<u>Within the past 2 weeks:</u>

- Excessive substance use
- Eating concerns that require immediate medical consultation or intervention

University of Wisconsin – Whitewater

UHCS Counseling Services

CONFIDENTIAL CLIENT INFORMATION FORM (completed via the online portal)

Student ID # _____ Today's Date_____ DOB_____
birthdate

Name_____ I prefer to be called: _____
Last first

Local Address (room)_____
Street city state zip

Cell Phone_____ Home Phone_____

Home Address_____
Street city state zip

I am concerned about the following (check all that apply):

□ Problems related to school and grades
□ Choice of major / career
□ Attention / concentration
□ Procrastination / motivation
□ Stress / stress management
□ Low self-esteem / confidence
□ Anxiety / fears / worries (other than academic)
□ Shyness / social discomfort
□ Depression / sadness / mood swings
□ Grief / loss
□ Anger / irritability
□ Seeing / hearing things others don't
□ Childhood abuse (physical, emotional, sexual)
□ Suicidal thoughts / urges
□ Self-injury (cutting, hitting, burning)
□ Urge to injure / harm someone else
□ Sexual orientation
□ Gender identity
□ Cultural adjustment
□ Bullying / harassment
□ Prejudice / discrimination
□ Marital / couple / family concerns
□ Friends / roommates / dating concerns
□ Sexual assault / dating violence / stalking / harassment
□ Sleep difficulties
□ Eating behavior / weight problems / eating disorders / body image
□ Physical symptoms / health (headaches, stomachaches, pain)
□ Alcohol / drug use
□ Other (please specify) _____

What is your main reason for visiting the Counseling Center? _____

Please indicate the degree to which you agree/disagree with the following statements:

I am struggling with my academics.
○ Strongly Disagree ○ Disagree ○ Neutral ○ Agree ○ Strongly Agree

I am thinking of leaving school
○ Strongly Disagree ○ Disagree ○ Neutral ○ Agree ○ Strongly Agree

My academic motivation and/or attendance are suffering.
○ Strongly Disagree ○ Disagree ○ Neutral ○ Agree ○ Strongly Agree

I am having a hard time focusing on my academics.
○ Strongly Disagree ○ Disagree ○ Neutral ○ Agree ○ Strongly Agree

Please indicate if and when you have had the following experiences:

Attended counseling for mental health concerns
○ Never ○ Prior to college ○ After starting college ○ Both

Taken a prescription medication for mental health concerns
○ Never ○ Prior to college ○ After starting college ○ Both

Please indicate how many times *and* the last time you had each of the following experiences:

Been hospitalized for mental health concerns	○ Never	○ 1 time	○ 2-3 times	○ 4-5 times	○ More than 5 times	
Been hospitalized for mental health concerns (last time)	○ Never	○ Within the last 2 weeks	○ Within the last month	○ Within the last year	○ Within the last 1-5 years	○ More than 5 years ago
Felt the need to reduce your alcohol or drug use	○ Never	○ 1 time	○ 2-3 times	○ 4-5 times	○ More than 5 times	
Felt the need to reduce your alcohol or drug use (last time)	○ Never	○ Within the last 2 weeks	○ Within the last month	○ Within the last year	○ Within the last 1-5 years	○ More than 5 years ago
Others have expressed concern about your alcohol or drug use	○ Never	○ 1 time	○ 2-3 times	○ 4-5 times	○ More than 5 times	
Others have expressed concern about your alcohol or drug use (last time)	○ Never	○ Within the last 2 weeks	○ Within the last month	○ Within the last year	○ Within the last 1-5 years	○ More than 5 years ago
Received treatment for alcohol or drug use	○ Never	○ 1 time	○ 2-3 times	○ 4-5 times	○ More than 5 times	
Received treatment for alcohol or drug use (last time)	○ Never	○ Within the last 2 weeks	○ Within the last month	○ Within the last year	○ Within the last 1-5 years	○ More than 5 years ago
Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, etc.)	○ Never	○ 1 time	○ 2-3 times	○ 4-5 times	○ More than 5 times	
Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, etc.) (last time)	○ Never	○ Within the last 2 weeks	○ Within the last month	○ Within the last year	○ Within the last 1-5 years	○ More than 5 years ago
Seriously considered attempting suicide	○ Never	○ 1 time	○ 2-3 times	○ 4-5 times	○ More than 5 times	
Seriously considered attempting suicide (last time)	○ Never	○ Within the last 2 weeks	○ Within the last month	○ Within the last year	○ Within the last 1-5 years	○ More than 5 years ago
Made a suicide attempt	○ Never	○ 1 time	○ 2-3 times	○ 4-5 times	○ More than 5 times	
Made a suicide attempt (last time)	○ Never	○ Within the last 2 weeks	○ Within the last month	○ Within the last year	○ Within the last 1-5 years	○ More than 5 years ago
Considered causing serious physical injury to another person	○ Never	○ 1 time	○ 2-3 times	○ 4-5 times	○ More than 5 times	
Considered causing serious physical injury to another person (last time)	○ Never	○ Within the last 2 weeks	○ Within the last month	○ Within the last year	○ Within the last 1-5 years	○ More than 5 years ago
Intentionally caused serious physical injury to another	○ Never	○ 1 time	○ 2-3 times	○ 4-5 times	○ More than 5 times	
Intentionally caused serious physical injury to another (last time)	○ Never	○ Within the last 2 weeks	○ Within the last month	○ Within the last year	○ Within the last 1-5 years	○ More than 5 years ago
Someone had sexual contact with you without your consent (e.g., you were afraid to stop what was happening, passed out, drugged, drunk, incapacitated, asleep, threatened or physically forced)	○ Never	○ 1 time	○ 2-3 times	○ 4-5 times	○ More than 5 times	
Someone had sexual contact with you without your consent (e.g., you were afraid to stop what was happening, passed out, drugged, drunk, incapacitated, asleep, threatened or physically forced) (last time)	○ Never	○ Within the last 2 weeks	○ Within the last month	○ Within the last year	○ Within the last 1-5 years	○ More than 5 years ago

Experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, or authority figure)	○ Never	○ 1 time	○ 2-3 times	○ 4-5 times	○ More than 5 times	
Experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, or authority figure) (last time)	○ Never	○ Within the last 2 weeks	○ Within the last month	○ Within the last year	○ Within the last 1-5 years	○ More than 5 years ago

Think back over the last two weeks. How many times have you smoked marijuana?

○ None ○ Once ○ Twice ○ 3 to 5 times ○ 6 to 9 times ○ 10 or more times

Are you registered, with the office for disability services on this campus, as having a documented and diagnosed disability?

○ Yes ○ No

If you selected, "Yes" for the previous question, please indicate which category of disability you are registered for (check all that apply):

□ Attention Deficit/Hyperactivity Disorders □ Deaf or Hard of Hearing □ Learning Disorders
□ Mobility Impairments □ Neurological Disorders □ Physical/health related Disorders
□ Psychological Disorder/Condition □ Visual Impairments
□ Other (please specify) _____

Age _____

What is your gender identity?

○ Woman ○ Man ○ Transgender ○ Self-identify (please specify) _____

Do you consider yourself to be:

○ Heterosexual ○ Lesbian ○ Gay ○ Bisexual ○ Questioning ○ Self-identify (please specify) _____

What is your race / ethnicity?

○ African American / Black ○ American Indian or Alaskan Native ○ Asian American / Asian
○ Hispanic / Latino/a ○ Native Hawaiian or Pacific Islander ○ Multi-racial
○ White ○ Self-identify (please specify) _____

What is your country of origin? _____

Are you an International student?

○ Yes ○ No

Relationship status:

○ Single ○ Serious dating or committed relationship ○ Civil union, domestic partnership, or equivalent
○ Married ○ Separated ○ Divorced ○ Widowed

Religious or spiritual preference:

○ Agnostic ○ Atheist ○ Buddhist ○ Catholic ○ Christian
○ Hindu ○ Jewish ○ Muslim ○ No preference
○ Self-identify (please specify) _____

Current academic status:

○ Freshman / First-year ○ Graduate / professional degree student
○ Sophomore ○ Faculty or staff
○ Junior ○ Other (please specify) _____
○ Senior

What kind of housing do you currently have?

○ On-campus residence hall/apartment ○ On/off campus fraternity/sorority house
○ On/off campus co-operative house ○ Off-campus apartment/house
○ Other (please specify) _____

With whom do you live? (check all that apply)

○ Alone ○ Spouse, partner, or significant other ○ Roommate(s)
○ Children ○ Parent(s) or guardian(s) ○ Family other
○ Other (please specify) _____

What is your current GPA? _____

Have you ever served in any branch of the US military (active duty, veteran, National Guard, or reserves)?

○ Yes ○ No

Did your military experiences include any traumatic or highly stressful experiences which continue to bother you?

○ Yes ○ No

What is the average number of hours you work per week during the school year (paid employment only)?

_____

How would you describe your financial situation right now:

○ Always stressful ○ Often stressful ○ Sometimes stressful
○ Rarely stressful ○ Never stressful

Credits this semester: _____ Major:_____

Are you currently taking any medication for mental health needs? ___ No ___ Yes For physical health needs? _ No _____ Yes If yes to either, list medications: _____

_____

Special medical concerns (disabilities/medical conditions – include allergies) you would like us to know about:

_____

Your Parent/Guardians' relationship status:

__ married __ separated __ divorced __ widowed __ domestic partner __ remarried __ single
__ Other: Please Specify: _____

Relationship	Age	If deceased, how old were you when s/he died?
Parent/Guardian: Name:		
Parent/Guardian: Name:		
Step-Parent/Guardian: Name:		
Step-Parent/Guardian: Name:		
Other Adult Caregiver: Name:		

Sibling names:	Age	If deceased, how old were you when s/he died?

Names and Ages of Children:_____

The Counseling Center participates in a University of Wisconsin (UW) System study designed to evaluate the impact of counseling/mental health services on student well-being and academic success. Anonymous data provided by those who use our services (and are over 18 years old) are contributed to a database managed by researchers at UW Oshkosh. Data are stripped of all personally identifying information and then combined with anonymous data from other UW schools. Because data cannot be linked to specific individuals, there are virtually no risks to contributing data. With your permission, we would like to contribute anonymous data from the questionnaire you completed today. Your participation is voluntary and will not affect the services you receive. If you have questions or concerns, you may contact the Counseling director, **Jim Freiburger, Psy.D.**, at **262-472-1305** or **freiburj@uww.edu** or the researcher:

Erin Winterrowd, Ph.D.
Department of Psychology
University of Wisconsin Oshkosh
Oshkosh, WI 54901
(920) 424-7171
winterre@uwosh.edu

If you have any complaints about your treatment as a participant in this study, please contact the Chair, below. Although the chairperson may ask for your name, all complaints will be kept in confidence.

Denise Ehlen, Director
Office of Research and Sponsored Programs
University of Wisconsin-Whitewater
2243 Andersen Library, 800 West Main Street
Whitewater, Wisconsin 53190-1790
Telephone: 262-472-5212
Fax: 262-472-5214

Will you allow your anonymous responses to be contributed? **YES NO**

University of Wisconsin – Whitewater
University Health and Counseling Services- Division of Student Affairs

Your Rights & Responsibilities & Informed Consent

1. The right to be treated with respect, consideration and dignity without regard to race, national origin, age, gender, sexual orientation, religion, political belief, or handicap.
2. The right to request and receive information concerning your diagnosis, evaluation, treatment and prognosis, in easily understandable terms. This includes your right to review your medical record and/or receive a copy of it. When it is medically inadvisable to give such information to you, such as being physically, mentally or emotionally incapacitated, the information will be provided to a person designated by you or to a legally authorized person.
3. The right to receive enough information to give informed consent before a procedure is performed and when possible, to participate in all decisions affecting your health.
4. The right to have opportunity to participate in decisions involving your health care, except when such participation is contraindicated for medical reasons, such as being physically, mentally or emotionally incapacitated.
5. The right to be informed regarding your treating professional's credentials, record keeping, goals, techniques to be used, limitations of treatment, and to receive a response to any other questions you may have. The right to expect your health care provider to adhere to all ethical standards of his/her profession.
6. The right to refuse any medical or counseling services and to request and receive information about the potential risks and benefits associated with not receiving care.
7. The right to privacy regarding all aspects of your treatment.
8. The right to have your personal health information held in confidence as protected by state and federal law. This information cannot be shared with anyone outside UHCS without your written permission or under circumstances prescribed by law, such as a life threatening situation; court order; reporting of certain communicable diseases and actual or potential abuse of vulnerable individuals; or providing confidential information to authorized officials conducting security investigations under the Patriot Act (which prohibits us from notifying you when a release occurs). Student workers handling your record must meet the same confidentiality standards as staff. Serious breach of confidentiality is grounds for dismissal for students or staff.
9. The right to receive and review a current copy of our NOTICE OF PRIVACY PRACTICES. It can be found on the UHCS web site which is updated as indicated.
10. The right to reasonable response to your request for services, to offer suggestions for improving services, to file a grievance, information on procedures for filing a grievance and how to make external appeals. Procedures for expressing suggestions, complaints and grievances are posted on our website or are available with the receptionist.
11. The right to quality health care, health maintenance and health education with an emphasis on prevention.

    Upon request, we can provide information regarding:

    - Diagnostic and clinical services on-site, our hours, fees, and special preventive and therapeutic services for certain high risk groups
    - Contact information for health care providers when UHCS is closed.
    - Our policies on treatment of un-emancipated minors
    - Health education programs
    - Access to in-patient care, dental services, and consultation by specialists.
12. The right to expect that when we are not open, you will have information on how to access urgent or emergency care.
13. The right to be informed of continuing health care needs and the right to expect reasonable continuity of care when referrals to other agencies or services are made. In addition, you have a right to know about our relationships with other institutions and services as they affect your care.
14. The right to expect UHCS to inform you of any plans to engage in research affecting your care, and to give you the right to refuse to participate.
15. The right to expect UHCS to advocate control of environmental problems or factors affecting your health, (e.g. nutrition, sanitation, noise, crowding, safety, stress, etc.)
16. The responsibility to take an active role in your own health care by:
    - Providing us complete and accurate information to the best of your ability about your health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities
    - Following the treatment plan prescribed by your provider
    - Providing a responsible adult to transport you home from our facility and remain with you for 24 hours, if required by the provider
    - Informing your provider about any living will, medical power of attorney, or other directives that could affect your care
    - Accepting personal financial responsibility for any charges (student bill, purple points, cash or check)
    - Being respectful of all health care providers and staff, as well as other patients
    - Canceling appointments, allowing us to schedule this time with another patient needing services
17. The right to change health care providers if other qualified health care providers are available.
18. UHCS is an integrated health and counseling service. All providers involved in your care have full and ready access to your health or counseling chart for the purpose of coordinating your care. You have a right to limit sharing of information between providers. If you have concerns, discuss with your provider.
19. The right to receive this information in the manner you prefer.

Your Rights & Responsibilities & Informed Consent

Prompt Service

We try always to be prompt, but during certain times of the year, you may experience appointment delays. If you are experiencing an urgent problem, please inform our staff. You may receive services on a walk-in basis. In that instance, please remember that you may have to wait for an opening in the clinical schedule. Staff are available by phone and in person to answer your questions. Clinic hours: Monday-Friday, 8AM -4:30PM. Staff checks the triage line twice a day and will return calls to patients who leave a contact number.

Medical Emergencies

UHCS is not an emergency facility. If you experience a **medical emergency** (threat to life or limb or function), call **911** to access the City of Whitewater Rescue Squad. If you have health questions when the Health Services is closed, you may call the Fort Atkinson Memorial Health Services emergency room at **920-568-5333** or Mercy Whitewater at **262-473-0400**.

Mental Health Emergency

UHCS is not an emergency facility. During regular hours, Monday – Friday, 8:00 – 4:30, a senior staff member is available for urgent Mental Health needs. If you have a **mental health emergency** after the facility is closed, call the Walworth County Crisis Hotline at **1-800-365-1587**

Counseling

If you receive counseling services, your initial session(s) will be devoted to defining your concerns as clearly as possible to determine how our service can best meet your needs. Your counselor will be either a fully trained therapist or a graduate student intern. If you see a graduate intern, a senior staff member will supervise your counselor. Counseling is available Monday through Friday, 8 AM to 4:30 PM. If we feel that our services will not meet your needs, we will assist you by making a referral. In order to assure a maximum number of students can access Counseling Services, Counseling is limited to 14 individual sessions per academic year. Group therapy is not session-limited. Counseling does not perform court-ordered counseling, but will assist you in finding a community counselor who will.

Cancellation

Your appointment time is reserved exclusively for you. We try to be ready for you at the appointed time. When you miss an appointment, you make valuable professional time unavailable to other patients. *Show consideration for others by letting us know ASAP that you can't keep your appointment. That allows us to give that time to someone else. Failure to cancel your appointment at least 2 hours prior to your appointment time will result in a no-show charge ($10 for health, $15 for counseling, $25 for psychiatry).* Secure reminder emails are sent one or two nights prior to your appointment and state you are to check-in 15 minutes prior to your appointment. We may make reminder phone calls for appointment times that are in particularly high demand. Late arrivals might not be seen and you may need to re-schedule your appointment. If you wish to limit how we contact you, let us know of that need. If you miss a Counseling appointment and do not reschedule within a week, your clinician has the option of closing your case. You will need to request a new appointment to continue.

Evaluation/Continuous Quality Improvement Program

As an accredited agency, UHCS continually evaluates how it can improve its services. Your feedback is important to us. When you receive a service, please complete a comment/suggestion slip (available in the waiting areas) and put it in the comments box or campus mail.

You may also send comments from the UHCS website: http://www.uww.edu/uhcs/

Twice a year, we ask patients to complete a brief customer satisfaction survey. We may call to ask how you felt about the services you received at UHCS. The caller will know nothing about your reasons for receiving services and will only ask questions related to your thoughts regarding our service.

Advanced Directives

The Patient Self Determination Act (PSDA) requires us to provide to you written information about Advanced Directives. Wisconsin Advanced Directive forms may be downloaded from http://www.dhs.wisconsin.gov/forms/AdvDirectives/index.htm Or visit your State's Department of Health Services.

Research

Provisions are made to ensure that the rights & welfare of all research subjects are adequately protected and that the informed consent of each subject is obtained by adequate and appropriate methods in the language spoken by the patient.

We periodically distribute survey questionnaires to better acquaint us with student health practices and needs. Your participation in any survey or research is absolutely voluntary and will not affect the services you receive at UHCS.

Communication

UHCS will primarily be contacting your campus email via a special secure message sent from the "My UHCS" portal (In an effort to protect your privacy, you'll get an initial email with instructions on how to access information sent by your provider at UHCS). In some cases, we may text, call, or send you a letter. If you do receive an email, follow all instructions for accessing "My UHCS" portal (uww.edu/uhcs). At the provider's discretion, you may be sent a standard email to your campus email address. Reasonable requests for restriction to routes of communication will be considered. To request a restriction please submit Restriction of Communication Form. To obtain this form, please call 262-472-1300 or inquire at UHCS reception. Form must be submitted in person to UHCS reception.

Physician-patient or Counselor-client Relationship

A professional relationship and privileged communication between yourself and a UHCS provider begins at the time of professional consultation, examination or interview for services at UHCS. Submission of medical information, documentation and/or authorization forms does not create an official patient/client and health care provider relationship.

Please *sign below, indicating that you have read and understand both sides of this information form. Upon your request, we will gladly make you a copy of this document to keep for personal reference.

*Portal Acknowledgement is equivalent to signature

*Signature	ID Number	DOB	Date

Division of Student Affairs
University Health and Counseling Services
Ambrose Health Center
800 W. Main Street
Whitewater, WI 53190
262-472-1305

ACKNOWLEDGEMENT OF INTERN STATUS, SUPERVISORY DISCLOSURE and VIDEO TAPING FORM

Please be advised that _____ is providing therapy at University Health & Counseling Services (UHCS) as part of her/his graduate training in psychology/ social work/ counselor education. As such, they are being supervised by provider(s) at UHCS and may also be supervised by a faculty member from their department.

Further, to ensure the best possible treatment, your counseling sessions will be video recorded. The video recordings are maintained on a secure server and are deleted routinely at the end of every semester or after they have been utilized in supervision, whichever comes first. It is possible that select videos may be used as a training tool in confidential settings. UHCS supervisors have full access to all relevant treatment records and recordings in order to perform supervision responsibilities. The video recordings are not considered a part of your clinical record and are not included in any record's request. Your Counseling Intern's Supervisor's name and credentials are listed below. If needed, you may reach your Counseling Intern's Supervisor via the UHCS office number at (262) 472-1305.

Primary Supervisor: _____ Title & Credential:_____

Secondary Supervisor (if applicable): _____ Title & Credential:_____

Client name: _____ Student ID # _____

Client Signature: _____ Date: _____

TO BE REVIEWED ANNUALLY. LAST REVIEWED 7.13.20

University of Wisconsin – Whitewater
University Health & Counseling Services
800 W. Main Street
Whitewater, WI 53190
Phone: 262-472-1305 Fax: 262-472-1435

AUTHORIZATION FOR DISCLOSURE OF COUNSELING RECORDS

1. Regarding Patient COMPLETE IN FULL (See reverse side for instructions)

Name – Last, First, MI		
UW ID#	Birth-date	
Street Address		Telephone #
City	State	Zip Code

I hereby authorize: Two way written communication between 2 and 3 YES NO
Two way verbal communication between 2 and 3 YES NO

2. Records Released From

Name – (I.e. Health Facility, Physician)	
Street Address	
City State Zip Code	
Phone #	Fax #

3. Records Released to

Name – (Counseling Facility, Physician)	
Street Address	
City State Zip Code	
Phone #	Fax #

4. INFORMATION TO BE RELEASED: (Check all applicable categories)

☐ Complete Copy of All Records ☐ Lab Reports ☐ Allergy Records
☐ Telephone/verbal communication ☐ Itemization/Coding ☐ X-ray Reports/films
☐ Counseling & Consultation Visits ☐ Immunization Records
☐ Clinic records pertaining to outpatient treatment of: (Specify approximate date(s) or condition)_____
☐ Other (specify) _____

FOR THE FOLLOWING DATES: _____

In compliance with Wisconsin Statutes which require special permission to release otherwise privileged information, please release records pertaining to: (Check all applicable conditions)

☐ Mental Health ☐ Developmental Disabilities ☐ Alcohol Treatment/Evaluation
☐ AIDS/AIDS-Related Illness ☐ Drug Treatment/Evaluation ☐ HIV Test Results

5. PURPOSE OR NEED FOR DISCLOSURE: (Check applicable categories)

☐ Further Medical Care ☐ Payment of Insurance Claim ☐ Application for Insurance
☐ Legal Investigation ☐ personal ☐ School Disability
☐ Academics ☐ Other: _____

*****PLEASE SEE REVERSE FOR FURTHER INFORMATION*****

6. **EXPIRATION DATE:** This authorization is valid for 1 year from the date of signature (or specific date up to 2 years, please list below) and covers records that were outlined in the dates above. Written consent is necessary to revoke this request.
☐ Additional time period. Specify: _____ ☐ None
☐ Include future records generated during the additional time period.

7. I authorize release of my medical records in accordance with the specification listed above. I understand that I have a right to inspect and receive a copy of the disclosed material. A photocopy of this consent shall be valid as the original.

8. Signature of Patient: _____ **Date**: _____
(If signed by person other than patient, state relationship and authority to do so.)

9. NOTE TO RECIPIENT OF INFORMATION: This information has been disclosed to you from confidential records, which are protected by law. Unless you have further authorization, laws may prohibit you from making any further disclosure of this information without the specific written consent of the patient or legal representative involved.

ADDITIONAL INFORMATION REGARDING DISCLOSURE OF PATIENT MEDICAL INFORMATION

University Health & Counseling Services (UHCS) honor a patient's right to confidentiality of medical information as provided under federal and state law. Please read the following guidelines before signing this authorization.

No Obligation to Sign. You are under no obligation to sign this form, and you may refuse to do so. Except as permitted under applicable law, UHCS may not refuse to provide you treatment or other health care services if you refuse to sign this form.

Revocation. You have the right to revoke this authorization, in writing, at any time before it ends. However, your written revocation will not affect any disclosures of your medical information that the person(s) and/or organization(s) listed on the reverse side of this form have already made, in reliance on this authorization, before the time you revoke it. In addition, if this authorization was obtained for the purpose of insurance coverage, your revocation may not be effective in certain circumstances where the insurer is contesting a claim. I also am aware that I may revoke this Authorization by notifying the medical records/health information department in writing.

Re-release. If the person(s) and/or organization(s) authorized by this form to receive your medical information are not health care providers or other people who are subject to federal health privacy laws, the medical information they receive may lose its protection under federal health privacy laws, and those people may be permitted to re-release your medical information without your prior permission.

Right to Inspect. You have the right to inspect or copy the medical information whose disclosure you are authorizing, with certain exceptions provided under state and federal law. If you would like to inspect your records, contact University Health & Counseling Services (262) 472-1300 for further information.

Copying Fees. If you are requesting disclosure/release of medical information to other hospitals, clinics, or physicians for further medical care, or to yourself, no copying fees will be charged. You must pay for copies you request for other reasons.

Signatures. Generally, if you are 18 years of age or older, you are the only person who is permitted to sign a form to authorize the disclosure of your medical information. If you are under the age of 18, your parent or guardian must sign this form for you. However, there are many situations in which this general rule does not apply. For more information regarding who is authorized to sign this form, contact University Health & Counseling Services (262) 472-1300.

Revised: 03/18/15

SEXUAL ASSAULT REPORTING FORM

Completed online at:
https://cm.maxient.com/reportingform.php?UnivofWisconsinWhitewater&layout_id=4

Federal and state laws require faculty and staff to report any information about sexual misconduct they are made aware of, regardless of the location. To report a sexual misconduct incident to the Dean of Students Office (Hyer 200), complete this form and submit it below. Please provide as much information and detail as possible. For more information, please visit UW-Whitewater's Sexual Misconduct Policy.

As a staff member, please provide your information below in the event we need to contact you for follow-up questions.

Your Full Name:

Your Position/Title:

Your Phone Number:

Your Email Address:

Nature of this report(Required):

Please Choose...

Date of incident(Required):

Open Calendar

Time of incident:

Location of incident(Required):

Please select a location ...

Specific location:

Involved Parties

Include names of the complainant (victim), respondent (offender), and any witnesses. Please provide all information that you know.

Name

Select Gender Please choose...

Select Role Please choose...

ID Number

DOB (YYYY-MM-DD)

Phone number

Email address

Hall/Address

Questions

Please provide as much information as possible.

Please specify the student status of the alleged complainant:(Required)

Please Choose...

Please specify the student status of the alleged respondent:(Required)

Please Choose...

Were alcohol or other substances involved?(Required)

Yes No Unknown

If yes, list the substance and which party used it:

If there was a weapon involved, list the type here:

Were there any injuries sustained? If so, please specify:

Did the victim receive medical care?(Required)

Yes No Unknown

If the victim received medical care, list the location:

Please describe the incident with as much detail that you know:(Required)

Complete this section if what you are reporting is a sexual assault. Section 940.225 of the Wisconsin Statutes creates four degrees of sexual assault. The degrees are based upon the amount of force used by the assailant and the harm done to the victim. First, second and third degree sexual assaults are felonies; fourth degree sexual assault is a misdemeanor. Please select the degree of sexual assault committed:

First Degree Sexual Assault: Sexual intercourse or sexual contact without consent which causes pregnancy or inflicts great bodily harm, or sexual intercourse or sexual contact without consent accomplished by using or threatening to use a dangerous weapon, or sexual intercourse or sexual contact without consent while aided by one or more persons.

Second Degree Sexual Assault: Sexual intercourse or sexual contact without consent through the use or threat of violence, or sexual intercourse or sexual contact without consent which causes injury, including illness, disease, or impairment of a sexual or reproductive organ, or mental anguish requiring psychiatric care, or sexual intercourse or sexual contact with a person known by the perpetrator to be unconscious or mentally ill or mentally deficient. Sexual contact or sexual intercourse with a person who is under the influence of an intoxicant to a degree which renders that person incapable of giving consent if the defendant has actual knowledge that the person is incapable of giving consent and the defendant has the purpose to have sexual contact or sexual intercourse with the person while the person is incapable of giving consent.

Third Degree Sexual Assault: Having sexual intercourse with a person without that person's consent

Fourth Degree Sexual Assault: Having sexual contact with a person without that person's consent. Sexual contact means any of the following: Intentional touching, by the complainant or defendant, either directly or through clothing by the use of any body part or object, of the complainant's or defendant's intimate parts if that intentional touching is either for the purpose of sexually degrading or humiliating the complainant, or sexually arousing or gratifying the defendant. **Degree Unknown**

The misconduct was reported to:(Required)

UWW Police City of Whitewater Police Jurisdiction Police where alleged incident took place Dean of Students Office No reporting

Has the victim been informed of support services and of their rights? Please visit UW-Whitewater Sexual Misconduct Information for more information.(Required)

Yes No Unsure

Does the victim wish to speak with a counselor? Please call Counseling Services at (262) 472-1305 for more information or to schedule an appointment.(Required)

Yes No Unsure

The victim wishes to initiate:(Required)

No official action Law enforcement investigation / criminal action University investigation / disciplinary action Unknown

If you have any other information, please provide it here:

Supporting Documentation

Photos, video, email, and other supporting documents may be attached below. 1GB maximum total size.
Attachments require time to upload, so please be patient after submitting this form.

TO BE REVIEWED ANNUALLY. LAST REVIEW: 7.13.20

SECTION IX:

INITIAL CONSULTATIONS

Initial Consultation Overview

The first 1-3 sessions that a counselor has with a client are called "Initial Consultation" sessions. The purpose of these sessions is to gather background information on the client to assist in developing a cohesive picture of the client's needs for treatment planning and implementation. This information may be obtained in one session, or it may require up to three sessions to be obtained. These sessions do not count toward the client's 14 session "limit." Information gathered during the initial consultation sessions include:

1. Presenting problem and relevant background
2. Current work/ academic functioning and educational history
3. Relevant medical conditions and medications
4. Mental health treatment history
5. Family mental health history
6. Family history
7. Social history
8. Trauma/ relationship violence history
9. Symptoms review of
    - Depression
    - Anxiety
    - Substance Abuse
    - Eating Disorders
    - Self-Harming behaviors
    - Obsessive Compulsive Disorders
    - Manic symptoms
    - PTSD symptoms
    - Psychotic symptoms
    - Sleep history
    - ADHD symptoms
10. Suicide/ Homicide risk assessment
11. Assessment: Diagnostic impression

This information is gathered by the clinician verbally with the client through the use of the "Initial Consultation Cue Sheet" which provides the clinician a template from which to formulate her or his questions.

All paperwork completed by clients will be scanned by the front desk staff into the client's electronic medical record. Following completion of the initial consultation process please place the client's file and completed paperwork (minus any notes you may have written which should be shredded) into the front of Karen's far right desk drawer.

See the following "Blank Cue Sheet" and "Cue Sheet with Prompts" for more information. Consult with your Supervisor if you have questions about the Initial Consultation process.

Client Name: Client ID: Date:

COUNSELING SERVICES
UNIVERSITY OF WISCONSIN-WHITEWATER
INITIAL CONSULTATION – BLANK CUE SHEET

INFORMED CONSENT **Referred by:**

1. COUNSELOR PRESENTING CONCERNS NARRATIVE:

2. CURRENT WORK/ACADEMIC FUNCTIONING/EDUCATIONAL HISTORY

3. RELEVANT MEDICAL CONDITIONS/MEDICATION

4. MENTAL HEALTH/TREATMENT HISTORY (INCLUDE MEDICATION HISTORY)

5. FAMILY MENTAL HEALTH HISTORY (Counseling/psychiatric, AODA history, suicide/homicide/violence history)

6. FAMILY HISTORY (death, divorce, relationship with parents/siblings)

7. CLIENT SOCIAL HISTORY (include legal, relationship history and social support)

8. TRAUMA/RELATIONSHIP VIOLENCE HISTORY

☐ physical ☐ sexual ☐ verbal ☐ emotional ☐ legal history ☐ other

9. SYMPTOMS REVIEW

Depressive signs or symptoms?

☐ Depressed mood
☐ Sleep problems (e.g. insomnia, hypersomnia)
☐ Diminished interest or pleasure in activities (e.g. anhedonia)
☐ Loss of libido
☐ Feelings of worthlessness
☐ Feelings of guilt
☐ Hopelessness
☐ Decreased energy (e.g. fatigue)
☐ Marked functional impairment
☐ Psychomotor retardation
☐ Psychomotor agitation
☐ Weight fluctuation
☐ Changes in appetite
☐ Indecisiveness
☐ Difficulty with concentration

Anxiety signs or symptoms?

☐ Panic attacks
☐ Excessive general anxiety
☐ Excessive worrying
☐ Excessive fear of social situations
☐ Agoraphobia
☐ Trembling
☐ Twitching
☐ Restlessness
☐ Muscle aches
☐ Irritability
☐ Trouble concentrating
☐ Trouble falling asleep
☐ Trouble staying asleep
☐ Chest pain
☐ Palpitations
☐ Trouble breathing
☐ Trouble swallowing
☐ Lightheadedness
☐ Sweating
☐ Cold clammy sensation
☐ Parensthesias
☐ Nausea
☐ Diarrhea
☐ Abdominal distress
☐ Frequent urination

Substance Abuse Issues?

☐ No substance abuse history ☐ Alcohol use History ☐ Prescription drug history

☐ Non-prescription drug history ☐ Negative Consequences (blackouts, legal issues, regrettable behavior, missing class or work, interference in personal relationships)

Past Use (e.g. How much how often)?

Current Use (e.g. How much how often)?

☐ Nicotine ☐ Caffeine

Eating disorder signs and symptoms?

☐ Negative body image ☐ Restrictive eating ☐ Binging ☐ Purging
☐ Excessive exercise ☐ Laxatives ☐Diet pills ☐ Diuretics

Self Harming Behavior?

☐ Cutting ☐ Burning ☐ Hitting

Frequency:

Severity:

Duration:

☐ Coping mechanism
☐ Attention seeking
☐ Acknowledges intent to die
☐ Others aware of self-harm behavior
☐ Medical attention needed for treatment of self-inflicted wounds
☐ History of self-harm

10. SUICIDE/HOMICIDE RISK ASSESSMENT

a. Level I
   i. Suicidal ideation w/in the past month? ☐ Yes ☐ No
   ii. Homicidal ideation w/in the past month? ☐ Yes ☐ No
b. Level II

Suicide	
Ideation present?	☐ Yes ☐ No
Plan or Method?	☐ Yes ☐ No
Intent?	☐ present ☐ absent
Impulse control?	☐ impaired ☐ intact
Other risk factors: Agitation Perceived burdensomeness	 ☐ present ☐ absent ☐ present ☐ absent
Lifetime history?	☐ Yes ☐ No
Homicide	
Ideation present?	☐ Yes ☐ No
Plan or Method?	☐ Yes ☐ No

Intent?	☐ present ☐ absent
Impulse control?	☐ impaired ☐ intact
Lifetime history?	☐ Yes ☐ No
History of violent behavior?	☐ Yes ☐ No

Notes

11. Diagnostic Assessment

OCD
Time spent on rituals?

Obsessions:

Compulsions:

Manic Symptoms

☐ Distractibility
☐ Risk taking behaviors (reckless driving)
☐ Grandiosity
☐ Irritability
☐ Euphoria
☐ Decreased need for sleep
☐ Talkative
☐ Flight of ideas
☐ Careless financial decisions (e.g. buying sprees)
☐ Sexual indiscretions
☐ Elevated/expansive mood
☐ Labile effect
☐ Increase in activity
☐ Racing thoughts
☐ Pressured speech

PTSD Sx

☐ Recurrent and intrusive distressing recollections
☐ Recurrent distressing dreams
☐ Re-experiencing traumatic events (e.g. dissociative flashback episodes
☐ Avoidance behaviors
☐ Recall impairment
☐ Feelings of detachment
☐ Restricted range of affect
☐ Psychological hyper-reactivity
☐ Physiological hyper-reactivity
☐ Increased arousal (e.g. hyper vigilance, increased startle)
☐ Impaired functioning (e.g. social, occupational)

Psychotic Sx

☐ Hallucinations
☐ Delusions
☐ Somatization
☐ Disorientation
☐ Poverty of speech
☐ Peculiar behavior
☐ Overactivity
☐ Underactivity
☐ Flat affect
☐ Inappropriate affect
☐ Hostility
☐ Insight
☐ Preoccupation thought disorder

Sleep Sx

Typically how many hours per night _____?

☐ Insomnia
☐ Hypersomnia
☐ Difficulty falling asleep
☐ Difficulty staying asleep
☐ Early morning awakening
☐ Non-restorative sleep
☐ Daytime fatigue
☐ Excessive daytime sleepiness

ADHD

☐ Fails to give close attention to details
☐ Makes careless mistakes
☐ Difficulty sustaining attention
☐ Does not follow through of finish coursework
☐ Difficulty organizing
☐ Avoids or dislikes tasks requiring sustained mental effort
☐ Loses things necessary for tasks
☐ Easily distracted
☐ Forgetful in daily activities

Motor Impulse:

☐ Fidgets ☐ Talks excessively ☐ Difficulty waiting turn ☐ Interrupts/intrudes

☐ History of ADHD symptoms or signs in elementary school
☐ History of academic performance problems
☐ History of educational psychology testing
☐ History of academic or testing accommodations

COUNSELING SERVICES
UNIVERSITY OF WISCONSIN-WHITEWATER
INITIAL CONSULTATION CUE SHEET WITH PROMPTS

1. PRESENTING PROBLEM

Details: Opening Questions: What brings you to counseling at this time? What would you like to say that will help me understand what is troubling you? We are looking for the client's story in their own words. Use quotes. Be sure to understand what the client has said. Don't hesitate to ask for clarification. In the past, how have you tried to solve the problem (s)? At the end of the client's story you might want to ask: What have I missed?

Sometimes client's struggle and do not know where to start. You can say: Sometimes it helps to begin with how things are going with school and your personal life.

Symptoms: Document onset, Identify situations, people, or events that precede the symptom. What thought or images go through your head? Do you experience any physical sensations? Does the problem affect school, work, play, and/or relationships? Use a 1 to 10 scale with one the lowest and ten being highest to rate the distress.

Closing: Do you have any question about the conversation today? Is there anything else you think I should know or understand today? Instill hope!

2. SIGNIFICANT FAMILY OF ORIGIN HISTORY

Details: Include family trauma like impact of divorce, death, financial, and legal issues/crisis. Describe the client's relationship with parents, grandparents, and siblings. How do you regard your parent's marriage? Discipline: Who and what methods were used? Did you feel wanted as a child? Ask the client to describe what life was like during the formative years. Any family based trauma?

NOTE: Memory is fallible especially when one has an intense personal interest in what is being remembered. Accurate recall is more likely for major events like births, deaths, marriages and for recent events.

3. FAMILY PSYCHIATRIC HISTORY

☐ Client denied any significant family psychiatric history
☐ Client indicated a family history of psychiatric illness/issues

Details: Who received treatment? Do you know the Diagnosis? When and How Old were at the time? Was a Parent/Guardian gone from the home while receiving treatment?

4. FAMILY AODA HISTORY

☐ Client denied any family history of AODA issues
☐ Client indicated a family history of AODA issues

Details: Relationship to the client: Any AA/NA or other rehabilitation involvement and are they in recovery and/or active at this time?

5. CLIENT SOCIAL HISTORY

Details: Formative years: Did you have friends? Did you get along better with boys or girls? Include the client's romantic relationship history (With who & How long & How each relationship ended.) Any negative events/memories associated with friends or your romantic partners? Inquire into the client's work history before high school graduation. Does the client currently have friends and a social support network?

6. CLIENT EDUCATIONAL HISTORY

Details: Of course you will want to ask about academics, any learning disabilities, school transfers and extra-curricular activities. In addition you will want to know if there were periods of school refusal and/or School based trauma: (Do you have any vivid negative memories from elementary, middle, or high school). Check for teasing and/or bullying. Were you ever suspended? Ask about friendships at school. Clients raised in military households may have attended multiple schools in multiple locations.

7. CLIENT LEGAL HISTORY

☐ Client denied any significant legal history
☐ Client indicated current and/or prior legal involvement

Details: Have you ever been citied and/or arrested for Underage Drinking, for DUI, or for other illegal activity? Include any jail time and/or probation. Have your received any Speeding Tickets, if so, when and how many? Has your Operator's license ever been revoked? Pay attention to a continuing pattern of illegal behavior and screen for pending litigation involving Insurance or Disability issues?

8. CLIENT PSYCHIATRIC HISTORY/PAST TREATMENT/PSYCHOTROPIC MEDS

☐ Client denied any previous counseling/psychiatric experience
☐ Client indicated previous counseling/psychiatric experience

Details: Reason for treatment (e.g., symptoms, behavioral problems) Dates, Where, Provider, Individual/Group. Hospitalization(s) include Condition on Admission, Treatments Received, and Condition on Discharge and Discharge Plan.

☐ Client denied any current or past psychotropic medication prescriptions
☐ Client indicated current or past psychotropic medication prescriptions

Details: Medication: Dates, Provider name, Dosage if available and any side effects.

9. CLIENT MEDICAL CONDITIONS/MEDICATIONS

☐ Client denied any significant medical history
☐ Client indicated significant/relevant medical history

Details: Any current and/or previous major illnesses, accidents, injuries, seizures, head trauma, loss of consciousness, and/or surgeries? Ask about hospitalizations and include when, and where, and length of inpatient experience. Ask about any obvious physical problems like a missing limb. Ask about allergies. When and where was the client's last physical exam?

Client is taking prescription medications:
☐ No
☐ Yes:

Details: Medication, Dates, Provider name, Dosage, Compliance, and any side effects.

10. CLIENT AODA HISTORY

☐ Client denied alcohol and/or other drug use history

	Past		**Present**	
	Freq	**Qty**	**Freq**	**Qty**
Alcohol:	_____	_____	_____	_____
Cannabis:	_____	_____	_____	_____
Other Hallucinogens:	_____	_____	_____	_____
Designer Drugs (ecstasy, etc):	_____	_____	_____	_____
Cocaine:	_____	_____	_____	_____
Amphetamines/ Psychostimulants:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Negative Consequences:
☐ N/A ☐ Blackouts ☐ Regrettable Behavior ☐ Missing Class/Work

☐ Hangovers ☐ Legal Issues ☐ Interference in Personal Relationships

Details: Comment on any negative consequences and include onset, hospitalizations, outpatient treatment, AA/NA, and whether client is currently in recovery and/or active. When are you most likely to use? Do you have a drug of choice? Can you predict how much you are going to drink? What benefits do you do you believe you get from using alcohol and/or other substances? Typical responses include social drinking, interpersonal anxiety/stress management, and expected college behavior.

11. CLIENT CURRENT/PAST EATING CONCERNS

☐ Client denied any history or current concerns with disordered eating
☐ Client indicated current and/or historical eating concerns

Eating and body image related behavior:

☐ Negative Body Image ☐ Laxatives ☐ Excessive Exercise

☐ Restrictive Eating ☐ Diet Pills ☐ Diuretics

☐ Binging ☐ Purging ☐ Other: _____

Details: Onset, treatment history including out/inpatient experiences, medication, and any diagnosed medical/dental problems related to disordered eating behavior.

12. HISTORY OF TRAUMATIC EVENTS

☐ Client denied trauma history

Client indicated trauma history of the following abuse:
☐ Physical Abuse ☐ Sexual ☐ Verbal ☐ Emotional ☐ Other

Details: Perpetrator and how old at the time of the abuse. Note: Childhood victims may have been subjected to various forms of abuse over several years. Has there been any legal involvement stemming from the abuse? If abuse is reported, a complete assessment/including consultation are warranted. Pay particular attention to symptoms that are impacting major role obligations and/or interpersonal functioning.

13. RISK ASSESSMENT

"N/A" = not asked or assessed

Current or recent suicidal thought(s)? ☐ Y ☐ N

Intent (to terminate consciousness alleviate pain permanently)
☐ Y ☐ N

Plan ☐ Y ☐ N
☐ N/A

Means ☐ Y ☐ N
☐ N/A Availability of Means
☐ Y ☐ N ☐ N/A

Details: (e.g., vague, concrete):

Has client ever made a suicide attempt in his/her life? ☐ Y ☐ N
Details: Strive for details of any attempt. Is the client attempting to minimize prior self harm experiences?

Current or past self-injurious behavior? ☐ Y ☐ N
Details: The term self-injury is less pejorative than self-mutilation. The behavior is designed to reduce psychological distress. What are his/her goals with self-injury? Frequency. Self-injury is separate from suicide. Ask about any cutting, hitting, burning, scratching, head banging, inserting of objects, and/or excoriation of wounds. Many use more than one method. Any assistance from others?

Was there a friend/relative who attempted or completed suicide? ☐ Y ☐ N
Details:

Current or past intent to cause damage, harm, threaten, and/or intimidate another person? ☐ Y ☐ N
Details:

Any recent losses? ☐ Y ☐ N
Details: Losses may include job, death of relative, partner and/or friend, relationship, and or significant changes in health status.

Does client have a social support system? ☐ Y ☐ N
Details: May include family members, friends, romantic partner, and/or influential faculty/staff members

14. MENTAL STATUS (The MSE is a systematic format for findings about thinking, feeling, and behavior. Observations are objective and non-inferential. It is about what you see and hear and not what you might think is going on behind the presentation.) (Add comments as appropriate, check all boxes that apply) (Be Sensitive To Cultural Presentation)

Orientation: ☐ Normal (X3) ☐ Disoriented as to: ☐ Time ☐ Place ☐ Person

Details: This section illuminates the client's awareness of their current situation.

Memory: ☐ No Apparent Difficulty ☐ Other
Details: Simply put, memory reflects ones ability to recall past events. The MSE provides a quick
screening of memory and not a definitive answer as to whether memory impairment exists. Remote recent, and immediate memory are typically assessed in an MSE.

Appearance: ☐ Well-groomed ☐ Disheveled ☐ Other
Details: Is the client dressed appropriately for the season? Any noticeable perspiration? Any noticeable body piercings, tattoos, and/or scars? Does the client appear older or younger for his/her age?

Eye Contact: ☐ Maintained ☐ Avoided ☐ Other
Details: Like all components of an MSE, keep in mind cultural norms.

Attitude: ☐ Cooperative ☐ Guarded ☐ Suspicious ☐ Uncooperative ☐ Belligerent ☐ Other
Details: How do the client's behave in relation to the interviewer? Eye contact, voice tone, body posture, and

Motor Activity: ☐ Calm ☐ Psychomotor retarded ☐ Restless/Fidgety ☐ Agitated
☐ Other
Details: This category is about movement. Take note of any odd or repeated gestures and posture.

Speech: ☐ Regular rate and rhythm ☐ Soft ☐ Hesitant ☐ Rapid ☐ Loud ☐ Other
Details:

Mood: ☐ Euthymic ☐ Depressed ☐ Irritable ☐ Anxious ☐ Elevated ☐ Other
Details: Would you describe your mood for me? Record self-report of mood verbatim. This is the client's self-report regarding his/her/their current emotional state. Mood refers to the sustained emotion, underlying tone that the client is experiencing. Mood is the emotional background.

Affect: ☐ Congruent ☐ Full range ☐ Flat ☐ Labile ☐ Incongruent ☐ Other
Details: The prevailing emotional tone observed by the interviewer. Facial expression, body posture, strong language, downcast gaze, clenched fists, gritted teeth, voice tone, and tears can all be indicators of affect content. Is the affect appropriate to the context? The range and duration of affect varies depending on the subject being discussed and client's current

situation. Note any noticeable emotional indifference to their situation. Also, take note of Euphoric behavior; it may be suggestive of mania.

Insight/Psychological Mindedness: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Other
Details:

Attention and Concentration: ☐ Focused ☐ Distractible ☐ Other
Details:

Cognitive Processes: ☐ Coherent ☐ Flight of Ideas ☐ Circumstantial ☐ Tangential ☐ Loose Associations ☐ Obsessional ☐ Grandiose ☐ Paranoid ☐ Delusional ☐ Evidence of Hallucinations ☐ Other
Details:

15. PROVISIONAL DSM-5 DIAGNOSIS
(Consider V & Z-Codes)

Details: Important: This is the place where the writer conceptualizes a case. You summarize and describe the client's presentation, including symptoms, and if warranted, render a provisional diagnosis. Supervisors may differ somewhat as to how this section is constructed. This section provides any UHCS clinician a concise summary for a review.

16. DISPOSITION

☐ Off-campus referral to:
☐ On-campus referral to:
☐ Individual Counseling:
☐ Continued assessment:
☐ Group Counseling (Specify Group):
☐ Couples Therapy
☐ Psychiatric Consultation
☐ Psychological Testing
Details:
☐ No further services

17. TREATMENT PLAN Methodology. Emphasize solutions and reframe problem into long term goal. The goals may be general or specific and can be numbered.

SECTION X:

PROGRESS NOTE WRITING

Writing Progress Notes

Progress Notes are a component of the "Golden Chain"

- Everything in the mental health record links together in what is referred to in healthcare as the "golden chain".
- At UHCS it includes the *initial assessment, the progress notes, and discharge plan.*
- Progress notes are a crucial link in the chain connecting the therapist's work in treatment with the diagnosis and established treatment goals.
- Progress notes document the psychotherapy being provided and describe the client's progress toward identified outcomes.
- It is considered best practice to complete and sign your progress notes within 24 hours of the therapy session. As an intern, we would like you to send a draft of the note to your supervisor by 24 hours following the session.

Definition of a Progress Note

- Progress notes should include the following:
- Results of clinical tests and assessments, and
- Any summary of the following:
    - Diagnosis
    - Functional status
    - Symptoms
    - Prognosis, and
    - Progress to date
- Signed and dated by the treating provider including the providers educational degree and credential

- In other words, your progress notes need to include:
    - Description of major events or topics discussed **(D)**
    - Specific interventions provided **(D)**
    - Observations and assessment of the patient's status and functioning **(A)**
    - Including current diagnosis and risk status
    - Any plans for the future including **(P)**:
        - Homework assigned
        - Plans for next session

What is NOT in a Progress Note?

- Therapist personal feelings or judgments about the client
- Any information, events, experiences, or descriptions not relevant to the client's functional status and treatment plan
- Identifying information about persons who are not directly involved in the client's treatment

- Clinical judgments, conclusions, impressions, or diagnoses that cannot be justified by accepted methods of assessment and treatment, therapist **scope of practice**, and other acceptable forms of clinical evidence.

Scope of Practice

- The *basic intent of scope of practice is to ensure that a healthcare professional has the* appropriate education, knowledge and experience to care for a patient.
- Scope of Practice is defined by the following:
    - State and Federal Law
    - Licensing / credentialing
    - Standards of care and professional conduct
    - Empirically tested or universally accepted theories and techniques
    - Scope of Practice
- Consider the following factors when determining scope of practice:
    - Patient population (E.g., age, gender, socio-economic status, culture)
    - Cultural competency matters
    - Patient diagnosis
    - Identified patient system (E.g. individual, couple, family, group)
    - Therapeutic interventions and techniques
    - Methods of assessment
- Progress Notes
    - Therapists should never write anything in a progress note that is not reflected in their scope of practice
    - Therapists should never write anything in a progress note that cannot be justified or validated by appropriate clinical evidence and investigation

Less information is usually better

- ***Exceptions:***
    - Situations involving increased risk of harm to self or others
    - Hospitalization of clients
    - Decisions regarding voluntary / involuntary discharge
    - Significant changes in functionality and/or level of care
    - Any other critical incident as defined by policies and procedures

Additional Tips

- Consider how the patient is represented
- Avoid using words like “good” or “bad” or any other words that suggest moral judgments
- Avoid using absolutes such as “always” and “never”
- Use language common to the field of mental health
- Use language that is culturally sensitive/ inclusive
- Use correct spelling / grammar – proofread your notes

- Look for potential biases that may misrepresent the patient, or suggest boundary violations in the therapeutic relationship
- Provide detailed information regarding any additional services or resources that are recommended for the patient as well as the patient's response to these recommendations
- Provide specific information regarding any additional assessment or test instruments used (E.g. Beck Depression Inventory), including the results of the test, their relationship to the treatment plan, and the patient's response. *Be sure you are qualified to administer such inventories*
- Consult your training manual, and the Wisconsin Department of Health Services Bureau of Quality Assurance for best practices in mental health documentation.

Termination Summary

- All clients must have a termination summary written at the end of treatment and/ or after there has been no additional contact from the client UNLESS the client has been successfully transferred to another clinician.
- The termination summary, may correspond to the final session, or as part of the discharge summary. It should include the following:
    - Reason for termination
    - Major Issues addressed in treatment
    - Summary of treatment provided
    - Recommendations

Wisconsin Code of Conduct

- MPSW 20.02 – In the State of Wisconsin, professional misconduct includes:
    - **(18)** Failing to maintain adequate records relating to services provided a client in the course of a professional relationship. A credential holder providing clinical services to a client shall maintain records documenting an assessment, a diagnosis, a treatment plan, progress notes, and a discharge summary. All clinical
    ` records shall be prepared in a timely fashion. Absent exceptional circumstances, clinical records shall be prepared not more than one week following client contact, and a discharge summary shall be prepared promptly following closure of the client's case. Clinical records shall be maintained for at least 7 years after the last service provided, unless otherwise provided by federal law.

- **Relax…**
    - You are in a training program learning how to do this. We don't expect your notes to be perfect, but we do expect that you do them with due diligence and within the required timeframe. The quality of your notes will improve with time. Please know that we are always here to help you.

DAP Progress Notes

There are a variety of different formats of progress notes (SOAP, SOAPIER, DAP, DARP). *UHCS uses one of the most common progress note formats: DAP.* The DAP format is composed of three main sections: Data, Assessment and Plan.

D – *Data* – a factual description of the session. It generally comprises 2/3 of the body of the note and includes the following information about the general content and process of the session:

- Subjective data about the client – what are his/her thoughts, activities, observations, desires, complaints, and self-reported problems, needs, limitations, strengths, and successes?
- Subjective data about the therapist's activities and use of self – what is the therapist doing in response to treatment goals/objectives and client needs (e.g., therapeutic techniques being employed)?
- Objective data about the client – what was the therapist observing during the session about the client's affect, mood, and appearance?
- If therapeutic tasks, homework and/or behavior plans are a part of treatment, include comments about reviewing those items and tweaking assignments.
- Detail activities that reflect a clear association to the goals and objectives noted in the client's treatment plan.
- Document any referrals you make.

A – *Assessment* – an evaluation by the therapist of current status and progress toward meeting treatment goals. It generally includes information about:

- The therapist's current working hypotheses about dynamics and diagnoses.
- The therapist's description of client's progress in response to the treatment.
- Perceived client insights and motivation to change.

P – *Plan* – statements about what will happen next. It includes two (or three) things:

- When and what is the next session? (e.g., we will continue weekly individual therapy next week). If there will be a gap due to vacation, holiday, etc., note that.
- What is the plan for the next session? (e.g., we will continue to focus on anger management, or we will include spouse and address communication issues).
- If new information becomes available, progress (or the lack thereof) occurs, additional problems arise, or the simple passage of time means a treatment plan update is needed, note that too, as a prompt to do the update next session.

Other guidelines for DAP notes:

- Spell correctly and use full, grammatically correct sentences.
- Be careful with abbreviations (must be standardized and consistent).
- Content must be written in a way that even someone unfamiliar with the case can easily understand what occurred.

Examples of DAP notes:

Note #1:

- **Data:** Client is 35 yr old African American male presenting with his spouse, T (age 30), for couples therapy. Couple reports high conflict, low intimacy, and low satisfaction for approximately 15 months following the death of their second oldest child. Writer discussed couple's preferred outcome for therapy as well as their marital relationship. Couple agrees to commit to a minimum of 6 sessions. Also discussed informed consent including HIPAA, Confidentiality, and client rights. Writer initiated a biopsychosocial assessment and conducted a risk assessment: client reports occasional binge drinking. No reports of homicide or suicidal ideation at this time.
- **Assessment:** Client's symptoms include depressed mood, grief, mild anxiety, and bouts of excessive drinking suggesting initial diagnosis of Adjustment Disorder with Mixed Emotions. Rule out diagnosis of substance abuse and dependence. Spouse, T, presents with symptoms of depressed mood, anger, and irritability. T also reports lifelong history of being treated for depression. Client's current GAF = 53. T's GAF = 51.
- **Plan:** Writer provided information for support group for parents grieving the loss of child offered at West Allis Memorial Hospital. Writer will coordinate T's care with her prescribing psychiatrist. Writer also provided information for outpatient medical services because client reports he has not received a physical examination in over 5 years. Writer will provide CAGE assessment for problem drinking at next session, and begin a course of marital therapy.

Note #2:

- **Data:** Couple presents today under duress, reporting that this past week couple had an argument in which T implied that client was somehow culpable for their child's death. This resulted in client leaving the home and getting drunk. Writer processed event with couple, and coached partners to discuss their grief in a softening tone. Writer then discussed ways to maintain healthy boundaries at home and to limit challenging conversations to therapy sessions for now. Lastly, writer discussed specific treatment goals for couples therapy.
- **Assessment:** Dx 309.28. GAF = 53. Writer provided CAGE assessment. Results indicate pattern of alcohol abuse, but not dependence. Writer also connected with T's psychiatrist and arranged for an office visit. Dr plans to increase SSRI dosage for a minimum of 9-12 months. No other risks identified at this time.
- **Plan:** Writer will provide education and resource information regarding alcohol abuse, and review marital therapy treatment plan at next visit.

D.A.P. Progress Note Checklist	
Data	**Check if addressed**
1. Subjective data about the client—what are the client's observations, thoughts, direct quotes?	
2. Objective data about the client—what does the counselor observe during the session (affect, mood, appearance)?	
3. What was the general content and process of the session?	
4. Was homework reviewed (if any)?	
Assessment	
5. What is the counselor's understanding about the problem?	
6. What are the counselors' working hypotheses?	
7. What are the results of any testing, screening, assessments?	
8. What is the client's current response to the treatment plan?	
Plan	
9. Based on client's response to the treatment plan, what needs revision?	
10. What goals, objectives were addressed this session?	
11. What is the counselor going to do next?	
12. When is the next session date?	
General Checklist	
13. Does this note connect to the client's individualized treatment plan?	
14. Is this note signed and approved by supervisor?	
15. Is the client name and identifier included on each page?	
16. Has referral information been documented?	
17. Are client strengths/limitations in achieving goals noted and considered?	
18. Are any abbreviations used standardized and consistent?	
19. Would someone not familiar with this case be able to read this note and understand exactly what has occurred in treatment?	
20. Are any non-routine calls, missed sessions, or professional consultations regarding this case documented?	

Sample Progress Note

Sample Client Pt #: 1234567 DOB: 1/1/1994 Age: 19 yrs Sex: Female
12/4/2013 2:00 PM with DEWALT, THERESA PH.D. for MH COUNSELING SESSION
Encounter #: A123456-12

PROGRESS NOTE
Session #: 1

DATA

Summary of Session
DAP: "Sample Client presented on time to the session with euthymic affect. She stated that she was doing well and that she had enjoyed her break. We discussed her goals for the year to be "less hard on herself" and explored ways that she could do that. We reviewed a CBT thought record and a "unhelpful thinking styles" worksheet and talked through whether she thought it would be helpful to document some of her negative thoughts during the week. She stated that she thought it would be helpful and agreed to complete it during the upcoming week."

Suicide / Homicide Risk Assessment

Suicide / Homicide Assessment not applicable to this session.

Medications
Reviewed by Theresa DeWalt, Ph.D. on 12/4/2013 3:01 PM

Allergies
Reviewed by Theresa DeWalt, Ph.D. on 12/4/2013 3:01 PM
NONE

Observations

Mental Status

Physical Appearance:
neat, well-groomed, dressed casually

Oriented to:
-Person: Yes
-Place: Yes
-Time: Yes
-Situation: Yes

Relatedness:
engaged

Eye contact:
good

Attitude:
cooperative

Motor Behavior:
normal

Affect:
sad

Mood:
euthymic and anxious

Speech:
clear with normal rate, rhythm and volume

Thought Process:
logical

Judgment:
intact

Insight:
present

Memory:
intact

Attention/Concentration:
intact

ASSESSMENT

DAP:
"Sample Client was engaged, quiet and tearful throughout much of the session as she spoke about the pressure she puts on herself. She seems interested in processing this issue in the future, but unsure about the source of her high expectations."

AXIS I

DIAGNOSIS DEFERRED ON AXIS I

AXIS II

DIAGNOSIS DEFERRED ON AXIS II

AXIS IV

Adjustment to life-cycle transition (4b6)

AXIS V

GAF 70-61: Mild to moderate symptoms or some difficulty in functioning. (70-61)

PLAN

SECTION XI:

GROUP THERAPY

An Overview of Group Therapy

It is useful for individuals about to begin Group Therapy and for those considering it as a possible treatment to have some general information relevant to the experience. Group therapy is based on the premise that a great many of the difficulties most people have in their lives can be understood as problems related to establishing and maintaining close and gratifying relationships with other people. The group provides a forum for risk taking and is a place where each member learns from experience itself. Therefore, the more you can actually participate in the group process by being honest and direct with your thoughts and feelings the more you will get out of the experience. You can help others by letting them know what you make out of what they say and how it effects you (feedback). Learning to communicate effectively with the other group members represents the core work of the group experience and can have an enormous carryover to situations outside the group.

Some people are concerned that the group will be a confessional where they will have to reveal the private details of their lives. This is simply not the case. First, the majority of the issues talked about in the group are general human concepts with which we can all identify. Secondly, each member is encouraged to find his or her own level of comfort regarding how much to disclose. Indiscriminate self-disclosure is not the goal here. You need to learn to evaluate a situation and have the freedom to be open and honest and also the freedom to keep your thoughts to yourself.

Ground Rules

The group has norms that radically depart from the rules or etiquette of typical social interaction and ground rules are therefore very important.

Facilitator:
Member or Leader – I am going to do what I can to help with our work and that means I will not be able to participate in the same ways you will because someone has to remain uninvolved enough to see what is going on. Regardless of the variation in the theory and technique the facilitator's goals are fundamentally the same; encourage members to interact with each other and to keep the group focused on important tasks.

Confidentiality:
As a group we need to have a clear and mutual understanding regarding confidentiality. It is very important that what is discussed within a session is not repeated outside of the group.

Attendance:
For you to obtain maximum benefit from the group experience consistent attendance is extremely important. Regular attendance fosters group stability and consistency which promote trust. Your absence deprives the other group members of their opportunity to interact with you and to resolve thoughts and feelings which may have arisen in prior meetings.

Socialization outside the group:

During the period that the group meets socialization outside of group is discouraged. Outside encounters of group members can add to the conflict within the group. The two of you may find yourselves having secrets and reluctant to address issues within the group because of your friendship. However, if by chance or design you do meet outside the group, then it is your responsibility to discuss the important aspects of the meeting within the group itself.

The Proceedings of the Group are Work

- *Interacting in the present* and talking directly to each other is encouraged.
- *Emotional discharge* is expected. Verbal expressions of feelings are legitimate. Being physically violent and hurting oneself, others, or furnishings is not permitted.
- Each member can work through his/her *own issues* at their *own pace* and in their *own way*.
- Taking a time-out during the group is OK.
- After the excitement and the novelty of the few sessions you may feel puzzled or discouraged. Stick with it through this state – this is a common reaction. This reflects the fact that groups take time to develop their full benefit for the members.

Group Exclusion Criteria

- Clients who cannot attend regularly. *Stable attendance is a necessary for the development of a cohesive group.*
- Clients with obvious pathology/bizarre behavior that would frighten the other group members. *Group members may fear emotional contagion*.
- Clients too phobic and anxious to meet the demands of interactional group functioning. *Destined to fail as a result of their inability to participate in the primary task of the group*.
- Clients with severe problems with intimacy. *Because of their social withdrawal-interpersonal coldness, aloofness and/or introversion. They will experience considerable difficulty relating and communicating in the group*.
- Clients who are unwilling to accept responsibility for treatment or are deeply against joining a group should not be accepted.
- Clients in the midst of some acute situational crisis. *Crisis intervention is the treatment of choice for those individuals.*
- Clients who are non-psychologically minded. *Lacking the ability for introspection will be a formidable handicap.*
- Clients who are deeply depressed or suicidal. *They would not receive the specialized attention they require.*
- Clients who have been recently hospitalized. *Strongly recommend consultation with the hospital treatment team.*

Group Screening Form

In order to help you address the concerns that brought you to the center, we sometimes recommend group counseling. We have found that group is often the most effective setting to help you meet your goals. Please fill out this form. Doing so does not necessarily mean group will be recommended for you.

Name: _____ ID:_____ Date:_____

Please leave a contact number, where the facilitator is permitted to call and/or leave a message.

Cell Phone #: _____ Email address:_____

May we contact you at (check those that apply) ___ cell phone ___ email

Please put an X through times not available:

	M	T	W	Th	F
8am					
9am					
10am					
11am					
12 noon					
1pm					
2pm					
3pm					
4pm					

I am interested in the following groups/workshops:

☐ Making Connections (Therapy Group)

☐ Wise Minds (Coping Skills)

☐ Healing Group (Sexual Assault Survivors Group)

☐ LGBTQ* Group (Therapy Group)

☐ Healthy Relationships 101 (3 week workshop)

☐ Surviving and Thriving (Workshop)

☐ Veterans Group (Therapy Group)

☐ Other:_____ _____

Please see group and workshop fliers posted in the waiting room or on our website (http://www.uww.edu/uhcs/counseling-services/services-available) for more information.

SECTION XIII:

EMERGENCY (“DR. BOB”) PROCEDURES

UNIVERSITY OF WISCONSIN - WHITEWATER **8.6**
UNIVERSITY HEALTH AND COUNSELING SERVICES
POLICIES AND PROCEDURES MANUAL

APPROVAL SIGNATURE (S) AND DATE:

AUTHOR	MPM 9/23/14	EXECUTIVE DIRECTOR	RJ 11.2.14
MEDICAL SUPERVISOR	DAR 9/23/2014	DIRECTOR OF HEALTH SERVICE	RS 9.24.2014
MANUAL COORDINATOR	KLB 06/18/12		

Dr. Bob Procedure for Potentially Dangerous Clients

POLICY/PROCEDURE:

Purpose: To provide a consistent emergency response for all staff in case of an agitated or potentially dangerous client.

Definitions: "Health care staff" refers to any and all employees who may encounter an agitated or potentially dangerous client, including providers (counseling and health), MAs, interns, student workers, and administrative/office personnel.

Procedure:

Initial Contact with Student

1. If student appears agitated, front office staff is to notify all pertinent health care staff (provider/M.A./intern) *before* allowing the student back into the service area.
2. Health care staff can consider following options during appointment time to lessen risk:
    a. Two people in the room (M.A, another provider)
    b. Examine agitated student in room with multiple exits (e.g., Day Room)
    c. Notify other staff to be on stand-by

Once Student is With Health Care Staff

1. Health care staff should use clinical skills/training and intuition to assess danger of the situation.
2. Health care staff may consider:
    a. Room orientation (health care staff positioned closest to exits, phone location, etc.)
    b. Requesting consultation with supervisor if uncertain
    c. Asking front office to request consultation (if health care staff does not want to make multiple phone calls, can call front office and ask, "Can you please call someone from the SUPERVISOR LIST for a consult?") If front office is unavailable, page a supervisor to your room using the phone: "Supervisor Consult to room xxx…" if Dr. Bob call not needed
3. If the health care staff feels safety of self/others is threatened:
    a. Make all attempts to excuse self first (e.g., consultation, need a chart/form, forgot something)
    b. If leaving the room is impossible or would otherwise escalate the situation, proceed with using staff phone to call Dr. Bob

Calling Dr. Bob

1. The health care staff in crisis should call his/her respective front office staff. If no answer, call opposite floor's front office staff.
2. Instead of contacting the front office staff directly, the health care staff may choose to page the building, "Dr. Bob to room xxxx, Dr. Bob to room xxxx." Front office staff will then call the room.
3. Once call is connected:
    a. **Provider:** Hello, is Dr. Bob available for a quick consultation in room xxxx?
    b. **Front Office Staff:** Is there a weapon?
4. After call, front office staff will immediately hang up and call 911, reporting to the dispatcher the location and room number and whether or not the student has a weapon.
5. After disconnecting with 911, front office staff will page the building with the following phrase: "Attention staff, Dr. Bob has been called to room xxxx. Dr. Bob has been called to room xxxx."

Dangerous Person in Front Lobby Area

1. In the event a dangerous person is identified in the front lobby or front office area, the front office staff may choose to either:
    a. Page the entire building with the phrase, "Dr. Bob, please come to the front office."
    b. Or call the opposite floor front office staff and request a page to their location.

NOTE: If a dangerous person is known to be in a populated area, staff will follow a different evacuation procedure than the norm. Please note below (*"If Shooter is in Immediate Area"*)

Building Response to Dr. Bob Announcement (Shooter is NOT in Immediate Area)

1. If a Dr. Bob announcement has been made, all remaining staff, patients and clients should follow the university protocol for a shooter or dangerous person inside the building:
    a. If it is possible to escape the area safely and avoid danger, do so by the nearest exit or window.
    b. As you exit the building, keep hands above your head and listen for instructions by police officers.
    c. If you are unable to escape the building, move out of all common areas and into an office or classroom. Try to lock the door. If the door will not lock, barricade the door with desks and chairs. Lie on the floor and/or under a desk. Remain silent. Wait for the police to find you.

If Shooter is In Immediate Area

There is no set procedure for this situation. Follow these general safety guidelines:

- If possible, attempt to call 911 and talk with a police dispatcher. If you are unable to speak, leave the phone line open so police can hear what is happening.
- Use common sense. If you are hiding and flight is impossible, attempts to negotiate with the suspect may be successful. "Playing dead" may also be a consideration.
- Attempting to overcome suspect with force is a last resort. Consider only in most extreme circumstances. Only you may decide if this is something that you should do.
- If the shooter exits your area and you are able to escape, leave the area immediately. While escaping—as soon as you see a police officer—put your hands over your head. Immediately comply with the officer's directions.

Procedure Maintenance:

- All phone lists will be updated annually
- Every room contains updated map of building with room numbers
- Room numbers are conspicuously placed in each room
- Maintain and update a flow-chart of "Supervisor List" for front office staff (complete with updated phone extensions) to have near their phones in case health care staff requests a consultation
- All-staff training in using the page system
- Train all student workers in protocol
- "Dr. Bob" drills are performed under normal working conditions (when practical)
- Review policy annually
- Provide flow-chart of policy to all front office staff

SUPERVISOR LIST FOR DR. BOB CONSULTATION

Counseling:

Executive Director
Counselor on Call
Next Available Senior Staff
Director of Health Services
Medical Director

SUPERVISOR LIST FOR DR. BOB CONSULTATION

Health:

Executive Director
Director for Health Services
Counselor on Call
Medical supervisor
Other available MD/NP/PA

SECTION XIV:

FORMAL CASE PRESENTATION

Formal Case Presentation

Counseling Interns will present a case to the Counseling Service senior staff in the fall and spring. The formal case presentation is designed to enhance the Interns ability to communicate professionally about their clinical work. At least one of the doctoral case presentations must have an explicitly stated diversity focus. The Intern will articulate their understanding of the work with a specific client, current or terminated. The Intern is encouraged to focus on aspects of the client work that were successful and any experiences that were problematic. Challenging moments of the work with clients can be used as learning opportunities within the presentation. Interns are to choose clients whom they are likely to continue to work with following the presentation so that that can utilize the feedback they receive with the clients in the future.

The format of the presentation will be as follows:

- 10-15 minutes: The Intern will provide the Senior Staff with background information about the client. This information will be presented both orally and through a handout. A PowerPoint presentation is an option available to them. The information presented will include the client's:
    - Identifying/ demographic information
    - Presenting issues
    - Relevant history
    - Diagnostic formulations/ impressions
    - Information about the treatment process
    - Reasons why this client was chosen for the presentation

- 2-5 minutes: the Intern will present 2-3 specific questions to the Senior Staff on which s/he is looking for feedback. In addition the Intern should convey why this particular client was chosen for presentation. These questions should be specific in nature and relate to the clip which will be presented.

- 5-10 minutes: The Intern will show the Senior Staff a clip(s) of her/ his work with the client. The Intern may pause or interject during the clip to ask specific questions/ point out particular aspects of the interaction that s/he wants the staff to notice/ provide feedback on.

- 20-40 minutes: The Intern will lead a discussion centered around the questions proposed prior to the clip and receive feedback.

Video Tape: Select tapes that are clear and audible. Identify why you choose this client and the particular tape segments. Cue up ahead of time for specific segments in your presentation. Taped material can inform, instruct, and illustrate your perspective and impressions.

Handout: Prepare a concise handout (examples in training manual) that presents an overview of the work and includes:

Format of Presentation: Oral Presentation

Identifying Information: Includes relevant descriptors like referral source, age, gender, employment, living situation, relationship status, sexual orientation, and race. In addition, note any learning and/or physical disabilities, current academic status, major, GPA, veterans status. Do not include any specific identifying client information in the handout.

Presenting Problem: What brought the client to counseling at this point in time? We want the client's story from their viewpoint and in their own words. Include current symptoms, including duration, and if they are compromising the client's ability to meet major role obligations and/or interact with others.

Relevant History: Report significant client mental and physical health history. Include social and family history. Include family or personal trauma like the impact of divorce, death of friends and/or family members, financial stress, AODA, psychiatric, and/or legal issues. Relationship with parents and siblings both positive and problematic, if relevant are noted. Include any school based trauma issues like bullying and/or teasing.

Diagnostic Formulation: Present a conceptualization of client's presentation that represents hypotheses that reflects etiology, dynamics, family and/or developmental issues, mental status, etc.
Use Multiaxial format and document criteria to warrant the diagnosis.

Treatment: Identify what part of the work you want to focus on and include the theoretical framework that supports the plans/Goals/Interventions. Discuss process that might include motivation, resistance, gains and setbacks, transference/countertransference experiences.

Why this Client was Selected: Please explain why you selected this client for the case presentation. Ideally interns will chose a client whom they will continue to work with so that they can incorporate the feedback received into their future work together.

Questions for the Group: Please prepare 2-3 questions that you are looking for guidance/ feedback regarding your work with this client.

Feedback: Intern will receive oral and written feedback from senior staff.

Sample Case Presentation:

Additional examples of past interns' case presentations can be found in the Intern T-drive folder at: T:\Counseling Interns\Internship Assignments\Case Presentations

Client Name: A **Number of sessions: 4**
Dates: 01/xx/15 – 06/xx/15 **Therapist: Jane Doe**
Date of Report:xx/xx/xxxx

Identifying Information:
A is a single, Caucasian, 20-year-old woman. She is currently a sophomore at UWW, majoring in Early Childhood Education. A is the older of two children to her parents, who are currently married and reside in Wisconsin. She has a 16 year old sister. A resides in an on-campus apartment with friends.

Presenting Concern:
A reported a long history of recurrent depression and panic attacks.

Background History:
A reported that she was first diagnosed with depression and panic attacks when she was a freshman in high school. She does not remember a time when she did not experience these symptoms. She was initially treated with medication only (see medical history), and then with counseling as well. A noted that her first few therapists were "terrible" and she came to resent having to go to counseling. However, during her senior year, her mother took her to a therapist that she "meshed with." She found her last therapist to be very helpful because the woman "really listened to me… she got me." A noted that during her freshman year of college she seemed to be symptom-free. Last October, she experienced the first panic attack she had in over 1 year, and it seemed to trigger a depressive episode that she continues to feel the impact of.

A reported that her panic attacks seem to come "out of the blue"; she has never been able to identify a trigger. She noted that her father has the same "thing" and that he is the only person who is able to "talk me down" from the attacks. She is unsure of why these symptoms suddenly returned in the fall. A described her depression as typically consisting of 2-3 days of intense feelings of sadness and lack of any motivation to get out of bed, or do anything. Those few days are then followed by limitless days of feeling "down" and sad to a lesser extent. Her current depressive episode has been ongoing since October.

A reported having strong relationships with her family. She did note that she and mom "are always arguing." A reported that they are "very different people" and thus often frustrate one another. In addition, A believes that mom has "anger issues" which she tries to repress. Instead, her anger often becomes verbally focused on A. B reported that when she was a sophomore in high school, mom's anger led to a temporary separation between mom and dad. The separation lasted only 1 month before her parents reconciled. A stated that mom is a middle child of 8, and that 2 of mom's brothers have committed suicide. She does not believe that mom has ever fully addressed their deaths or her own depressive nature. Yet, mom is encouraging of A's attempts to obtain counseling. Despite their volatile relationship, B reported that they "love each other very much" and are close.

A noted that she is extremely close to her father. She described them as being "two peas in a pod… we are the same." She explained that her father has "always been there for me" despite traveling most of the

time for work. She believes that she and her father have the same mental health issues, and stated that he is the only one that is able to help her when she experiences panic. A did not talk about her sister.

A has a strong support system in Whitewater. She related that she grew up in the Madison area. Many of her close friends from high school came to UWW with her, and they all continue to remain close. Her parents are supportive of her, and pay for gas for her to visit home whenever she desires.

Medical History:

A reported that she is currently taking 40 mg of Paxil daily. She denied taking any other medications, vitamins, or herbal supplements. A noted that she is allergic to penicillin and sulfa drugs. A reported that she has been tried on several different medications for depression in the past. Initially (age 14) she was prescribed Lexapro, which seemed to increase symptoms of angry outbursts. She was switched to Paxil CR, which she took for about 3 years. She was then switched to Paxil and continued to take Paxil until October. When she experienced the panic attack in October, her physician was concerned that she had habituated to the Paxil and transitioned her to Wellbutrin. A was not happy with how she felt on Wellbutrin and her physician put her back on Paxil in December 2006. She reported that she believes that her medication is currently effective.

A reported that when she becomes stressed she will stop having her menstrual cycle for months at a time. She has never had a gynecological exam. Most recently, around the time of her October panic attack, she went for 3 months without having a menstrual cycle. She has had blood work done recently, to rule out thyroid malfunction, etc. She reported that all of her blood work revealed normal levels of functioning. Her cholesterol was on the borderline of being high. A stated that she knows that she has a "problem with" her weight and that she realizes that she "eats away" her emotions. She did not seem to want this to be an explicit focus of counseling. She denied knowledge of any other medical issues with her or family.

A reported a strong family history of depression on both sides of her family (two paternal uncles have suicided) and a history of anxiety/panic on her father's side of the family. While mom has sought counseling, dad has received counseling and has responded well to Paxil.

A denied using tobacco or any other recreational drugs. She noted that she occasionally has 1-2 alcoholic drinks in social settings.

Behavioral Observations:

A appeared neatly groomed and dressed. She seemed to be of average height, and of obese weight. She was oriented x4. A seemed articulate and open about her experiences, and her goals for therapy. She was somewhat upbeat throughout the session, despite her self-report that she is continuing to feel depressed. A denied any suicidal ideation or intent. She seemed eager to begin the counseling relationship.

Diagnostic Impressions:
Panic Disorder without Agoraphobia
Major Depressive Disorder, recurrent, mild

Initial Treatment Plan:
A was strongly encouraged to have a gynecological exam to rule out any connection between the cessation of her periods and her mood symptoms. In addition, A was offered the option of having her medication managed through Dr. X. She stated that she was satisfied with her current medications and would continue to follow-up with her physician at home. While A expressed interest in the Anxiety Workshop, the time conflicts with her classes. Therefore, she will continue individual therapy. A referral to women's group might be appropriate as well.

Therapy Summary:
Sessions 1 & 2: Time was spent reviewing and practicing abdominal breathing and progressive muscle relaxation.

Session 3: Session focused on identifying situations/emotions that seem to trigger her panic attacks. Client was assigned to keep a journal of panic attacks, including what she was thinking, feeling and doing just prior to the onset of the attack.

Session 4: Client identified that feeling "judged" or "incompetent" is a trigger. Therefore, time was spent discussing how she can begin using her relaxation techniques at the first sign of those feelings in order to ward off the attacks.

Case Conceptualization: A seems to be presenting for counseling at a point where she is recycling through the action stage of change. In the past she has cycled between Preparation and Action, having gone through counseling and periodically "dropped out" due to conflict with therapist. However, after having had a successful therapy experience, A seemed to have reached the Maintenance stage and been symptom free for some time. Recently, she has begun to experience symptoms once again, bringing her back to the Action phase and a willingness to re-engage in the therapeutic process.

APPENDIX

SECTION A:

EVALUATIONS

UNIVERSITY HEALTH & COUNSELING SERVICES

UNIVERSITY OF WISCONSIN- WHITEWATER

DOCTORAL INTERN EVALUATION

Intern:		**Supervisor:**	
Timeframe (check)		**August-January**	**January-July**

Evaluation is most beneficial when it is a collaborative process to facilitate growth, to pinpoint areas of strength and difficulty, and to refine goals. Evaluation is a tool for evaluating performance and also a vehicle for exchange. At the end of the evaluation period, the intern's competencies in each of the areas designated below should be discussed and evaluated.

Methods of Evaluation (mark "X" all those used):					
	Video recordings		Discussion		Review of files or reports
	Role play		Live observation		Other:

DIRECTIONS: This evaluation form was developed to reflect the UWW-UHCS competency-based training model. Aims 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. Trainees should be provided feedback based on their level of professional development, not relative to their peers. Please use the scale below to rate the intern's competencies. The rating scale used for all items is as follows:

1	2	3	4	5
Significant Development Needed	**Below Expected Level**	**Intermediate Skill**	**Above Expected Level**	**Advanced**

5 = **Advanced**: The intern has advanced competence in the knowledge, awareness or skill being evaluated. The intern functions in this competency area at a level that could allow him/her to work independently. The use of the knowledge, awareness or skill is consistently incorporated into the intern's understanding of his/her work as an emerging psychologist and is evident in his/her daily professional practice.

4 = **Above Expected Level:** The intern has well developed competence in the knowledge, awareness or skill being evaluated. This level of competence is characterized by the intern's ability to utilize the knowledge, awareness or skill with minimum structured assistance. The intern is aware of the competence, seeks greater learning about and understanding of the competence area as a form of ongoing development and frequently applies the knowledge, awareness or skill to the practice of his/her work as an emerging psychologist.

3 = **Intermediate Skill:** The intern has achieved an intermediate level of competence appropriate to an entry-level psychology practice and is actively working to further enhance competence in the knowledge, awareness or skill area being evaluated. The intern is aware of the competency area and can utilize this awareness to inform his/her work in the internship setting, although the intern may still need moderate assistance from the didactic or supervisory aspects

of the training setting in order to utilize the training in his/her direct service work and the application of learning to practice may be inconsistent. This is the minimal level of competence needed for successful completion of the training program.

2 = **Below Expected Level:** The intern has a basic foundation in the knowledge, awareness and skill domains that are contained in the internship training program and begins moving eagerly toward acquiring competence in the respective goal areas. Although aware of the baseline goal areas, the intern is most comfortable or capable of working with the learning in structured settings such as supervision sessions or seminar settings involving either role-play or didactic learning experiences. *This could be a normal score at the end of the fall semester for some areas, but would not be an expected score at the end of internship. Some remediation could be needed if progress is not shown.*

1 = **Significant Development Needed:** The intern is not aware of competency areas that would be expected to be foundationally in place at this time of the training experience OR the intern exhibits behaviors indicating lack of readiness for the work that will be required in the internship setting. A doctoral intern evaluated at this level will require immediate augmented supervision or structured training opportunities.

N/O NOT OBSERVED/ APPLICABLE/ Cannot Say – This is not an area of evaluation for the intern in this evaluation report either because it was not a component of this clinical/programmatic area, or because the supervisor did not assess this competency area at this time.

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

I. Research
II. Ethical and legal standards
III. Individual and cultural diversity
IV. Professional values, attitudes, and behaviors
V. Communication and interpersonal skills
VI. Assessment
VII. Intervention
VIII. Supervision
IX. Consultation

The Aims of the internship 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 the context of an integrated counseling, health, and wellness center.

COMPETENCY I: RESEARCH

AIM: ***Interns 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.***

Evaluation Tools used to measure competency:

- ☐ **Direct Observation**
- ☐ **Videotape**
- ☐ **Discussion of Clinical Interaction**
- ☐ **Comments from other Staff**
- ☐ **Review of Written Work**
- ☐ **Case Presentation**
- ☐ **Seminar or Dissertation Presentation**
- ☐ **Other (please list):** _____

I: ELEMENTS OF RESEARCH COMPETENCY	*Observed level:*	
	Midterm	**Final**
1. Demonstrate the substantially independent ability to critically evaluate research or other scholarly activities		
2. Demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities at the local level (including at the host institution during case consultation, case presentations and/or during presentation of intern's dissertation). This dissemination could also occur at the regional and/or national level.		
3. Demonstrates the ability to integrate knowledge of theories and research into his/her/their clinical practice.		
4. Can identify empirically supported treatments in the treatment of various client problems.		
5. Articulates when and why a specific empirically supported treatment may be appropriate to a particular client and/or problem.		
6. Demonstrates scholarly knowledge of the unique clinical needs of clients from diverse cultural and individual backgrounds.		
7. Demonstrates the ability to integrate various empirically supported clinical perspectives when conceptualizing client problems and developing effective treatment planning.		
Overall Level:		
Midterm Evaluation Comments:		
Final Evaluation Comments:		

COMPETENCY II: ETHICAL AND LEGAL STANDARDS

***AIM:** Interns will demonstrate knowledge and application of professional ethical principles, laws, standards and regulations related to the professional practice of psychology.*

Evaluation Tools used to measure competency:

- ☐ **Direct Observation**
- ☐ **Videotape**
- ☐ **Discussion of Clinical Interaction**
- ☐ **Comments from other Staff**
- ☐ **Review of Written Work**
- ☐ **Case Presentation**
- ☐ **Seminar or Dissertation Presentation**
- ☐ **Other (please list):** _____

II: ELEMENTS OF ETHICAL AND LEGAL STANDARDS COMPETENCY	*Observed level:*	
	Midterm	**Final**
1. Demonstrates knowledge of and acts in accordance with: the current version of the APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and Relevant professional standards and guidelines.		
2. Recognizes ethical dilemmas as they arise and applies ethical decision making processes in order to resolve the dilemmas.		
3. Conducts self in an ethical manner in all professional activities.		
4. Seeks appropriate guidance, supervision, and consultation around ethical and legal concerns.		
5. Is aware of own limits of clinical competence and knows when to refer and consult with other professionals when needed.		
6. Recognizes own limits of competence in working with individuals of diverse cultural and individual variation and refers clients and/or consults with supervisors as needed.		
7. Is able to identify situations that surpass the limits of confidentiality (i.e., risk to self, others, and child/dependent adult abuse), and follows policies in reporting.		
8. Maintains appropriate professional boundaries.		
9. Incorporates ethical and legal practice into professional identity.		
Overall Level:		

Midterm Evaluation Comments:

Final Evaluation Comments:

COMPETENCY III: INDIVIDUAL AND CULTURAL DIVERSITY

AIM: ***Interns 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.***

Evaluation Tools used to measure competency:

- ☐ **Direct Observation**
- ☐ **Videotape**
- ☐ **Discussion of Clinical Interaction**
- ☐ **Comments from other Staff**
- ☐ **Review of Written Work**
- ☐ **Case Presentation**
- ☐ **Seminar or Dissertation Presentation**
- ☐ **Other (please list):** _____

III: ELEMENTS OF INDIVIDUAL AND CULTURAL DIVERSITY COMPETENCY	*Observed level:*	
	Midterm	**Final**
1. Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves		
2. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;		
3. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).		
4. Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.		
5. Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.		
6. Critically evaluates and demonstrates appreciation for the contributions of factors of diversity (including culture, ethnicity, nationality, geopolitical factors, gender and gender identity, sexual orientation, religion, disability, age, SES, privilege, and other sources of difference) when conceptualizing clients' concerns.		
7. Consistently adapts therapeutic interventions so that the treatment process and environment is culturally sensitive to clients from diverse backgrounds.		
8. Demonstrates awareness of the ways in which own attitudes, biases, stereotypes, values, beliefs, power, and personal cultural identity may affect their counseling process, professional practice and worldview.		

9. Engages in ongoing dialogue and self-exploration regarding diversity issues and own worldview, stereotypes, and biases in supervision, seminar, and other training and professional opportunities.		
10. Uses supervision to accurately and non-defensively identify developmental needs and strengths in order to become a more multiculturally competent psychologist.		
Overall Level:		
Midterm Evaluation Comments:		
Final Evaluation Comments:		

COMPETENCY IV: PROFESSIONAL VALUES AND ATTITUDES

AIM: ***Interns will conduct themselves professionally during all activities, including clinical practice, interactions with peers, supervisors and other professionals and during all consultation and outreach activities.***

Evaluation Tools used to measure competency:

- ☐ **Direct Observation**
- ☐ **Videotape**
- ☐ **Discussion of Clinical Interaction**
- ☐ **Comments from other Staff**
- ☐ **Review of Written Work**
- ☐ **Case Presentation**
- ☐ **Seminar or Dissertation Presentation**
- ☐ **Other (please list):** _____

IV: ELEMENTS OF PROFESSIONAL VALUES AND ATTITUDES COMPETENCY	*Observed level:*	
	Midterm	**Final**
1. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.		
2. Engages in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.		
3. Actively seeks and demonstrates openness and responsiveness to feedback and supervision.		
4. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.		
5. Demonstrates an appropriate professional demeanor in appearance and behavior.		

6. Completes commitments professionally and promptly.		
7. Maintains appropriate and timely record-keeping in line with agency policy.		
8. Shows self-evaluation, self-direction, and motivation for professional growth.		
9. Identifies professionally challenging situations, and seeks supervisory guidance.		
10. Recognizes and addresses personal concerns to minimize interference with competent professional functioning.		
SUPERVISION FOCUSED ELEMENTS		
11. Uses supervision to further develop professional identity.		
12. Recognizes the value of supervision and seeks consultation (e.g., for situations, areas of practice, or issues that need supervisory attention).		
13. Takes active responsibility for learning in supervision (including punctuality, preparedness, organization, asserting training needs, making appropriate requests).		
14. Is responsive to feedback and suggestions, and makes purposeful changes in subsequent work.		
15. Uses supervision to develop self-awareness in clinical work (including examining own behavior, motives, affect, and countertransference).		
16. Approaches supervision within appropriate boundaries (including using professional language and expression, differentiating supervision and personal therapy, and appropriate level of self-disclosure).		
Overall Level:		
Midterm Evaluation Comments:		
Final Evaluation Comments:		

COMPETENCY V: COMMUNICATION AND INTERPERSONAL SKILLS

AIM: Interns will demonstrate strong oral and written communication skills and will effectively function interpersonally

Evaluation Tools used to measure competency:

- ☐ **Direct Observation**
- ☐ **Videotape**
- ☐ **Discussion of Clinical Interaction**
- ☐ **Comments from other Staff**
- ☐ **Review of Written Work**
- ☐ **Case Presentation**
- ☐ **Seminar or Dissertation Presentation**
- ☐ **Other (please list):** _____

V: Elements of Communication and Interpersonal Skills Competency	*Observed level:*	
	Midterm	**Final**
1. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.		
2. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated.		
3. Demonstrates a thorough grasp of professional language and concepts.		
4. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.		
5. Establishes productive, culturally appropriate professional relationships with peers, supervisors, and staff.		
6. Recognizes and addresses personal concerns to minimize interference with competent professional functioning.		
7. Builds strong relationships, and communicates effectively with, individuals from diverse backgrounds.		
Overall Level:		
Midterm Evaluation Comments:		
Final Evaluation Comments:		

Competency VI: Assessment

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

Evaluation Tools used to measure competency:

- ☐ **Direct Observation**
- ☐ **Videotape**
- ☐ **Discussion of Clinical Interaction**
- ☐ **Comments from other Staff**
- ☐ **Review of Written Work**
- ☐ **Case Presentation**
- ☐ **Seminar or Dissertation Presentation**
- ☐ **Other (please list):** _____

VI: Elements of Assessment Competency	*Observed level:*	
	Midterm	**Final**

1. Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.		
2. Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).		
3. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.		
4. Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics.		
5. Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.		
6. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.		
7. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.		
8. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.		
9. Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).		
10. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.		
11. Writes thorough and accurate assessment reports that take into consideration the purpose and results of the formal assessment within the context of a client's cultural background and psycho-social history		
12. Sensitively and effectively utilizes the results of the assessments with a client to further enhance the therapy process.		
13. Competently provides oral presentation of the purpose and results of the clinical assessments in case consultation.		
14. Establishes rapport and gathers relevant data during initial consultation sessions, including clients' presenting problems, symptoms, and treatment history, familial and sociocultural history, strengths and risk factors.		
15. At intake, integrates available data from intake paperwork (SDS information) and self-administered tests (CCAPS-62).		
16. Conducts thorough mental status examination and assessment of clinical risk and acuity at intake.		
17. Conducts an accurate DSM diagnostic formulation and differential diagnosis at intake, while taking into account human development and diversity.		
18. At intake, formulates appropriate treatment recommendations and provides necessary initial intervention.		

19. When appropriate, chooses to use formal psychological assessment as a therapeutic intervention to further enhance the treatment process.		
Overall Level:		
Midterm Evaluation Comments:		
Final Evaluation Comments:		

COMPETENCY VII: INTERVENTION

AIM: ***Interns 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.***

Evaluation Tools used to measure competency:

- ☐ **Direct Observation**
- ☐ **Videotape**
- ☐ **Discussion of Clinical Interaction**
- ☐ **Comments from other Staff**
- ☐ **Review of Written Work**
- ☐ **Case Presentation**
- ☐ **Seminar or Dissertation Presentation**
- ☐ **Other (please list):** _____

VII: ELEMENTS OF INTERVENTION COMPETENCY	*Observed level:*	
	Midterm	**Final**
1. Establishes and maintains effective relationships with the recipients of psychological services.		
2. Develops evidence-based intervention plans specific to the service delivery goals.		
3. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.		
4. Demonstrates the ability to apply the relevant research literature to clinical decision making.		
5. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking,		
6. Evaluates intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.		
7. Develops a strong therapeutic alliance with a clients from diverse backgrounds and abilities.		

8. Uses core counseling skills appropriately (including open and closed questions, paraphrasing, summarizing, and accurate empathic statements).		
9. Uses theory to conceptualize cases and develop treatment plans, taking into account developmental and diversity context.		
10. Uses a range of available psychotherapeutic techniques and interventions appropriate to the presenting issues and client characteristics.		
11. Manages the interpersonal dimensions of therapy (including the use of empathy, the self, personal style, and transference and countertransference).		
12. Manages the therapeutic process effectively (including setting the frame, goal setting, monitoring progress, special circumstances, crisis, and termination).		
13. Applies features of the brief-therapy model when appropriate (including client selection, goal setting, and maintaining focus).		
14. Develops interdisciplinary collaboration and coordination with others (including psychiatrists, group therapists, medical personnel, hospital-based emergency services, services for students with disabilities, advocacy).		
15. Professionally and ethically provides case management for ongoing therapy clients (including keeping appointments, scheduling, and client-therapist communication, disclosure of training status).		
16. Keeps clinical documentation of individual therapy sessions in accordance with agency, professional, and legal requirements.		
CRISIS INTERVENTION FOCUSED ELEMENTS	***Observed level:***	
	Midterm	**Final**
17. Assesses current and historical risk factors (including suicidal and homicidal ideation, self- or other-destructive behavior, substance use).		
18. Selects and applies appropriate intervention to contain the crisis (including using appropriate resources).		
19. Is aware of and compliant with agency, ethical, and legal standards in crisis intervention (including appropriate and timely documentation).		
20. Seeks appropriate consultation and/or assistance from supervisor(s) and/ or senior staff members when dealing with a crisis.		
21. Collaborates and coordinates effectively with interdisciplinary professionals (including the Health Services staff, outside psychiatrists, therapists, medical personnel, emergency services, campus administrators, and other third parties).		
22. Provides appropriate case management and follow-up after the initial crisis intervention (including facilitating referrals for follow-up care).		
23. Keeps clinical documentation of crisis intervention and clinical consults in accordance with agency, professional, and legal requirements.		
Overall Level:		
Midterm Evaluation Comments:		
Final Evaluation Comments:		

COMPETENCY VIII: SUPERVISION

AIM: ***The intern will provide competent, culturally sensitive and collaborative clinical supervision of trainees in the field of psychology***

Evaluation Tools used to measure competency:

- ☐ **Direct Observation**
- ☐ **Videotape**
- ☐ **Discussion of Clinical Interaction**
- ☐ **Comments from other Staff**
- ☐ **Review of Written Work**
- ☐ **Case Presentation**
- ☐ **Seminar or Dissertation Presentation**
- ☐ **Other (please list):** _____

VIII: SUPERVISION AIMS	*Observed level:*	
	Midterm	**Final**
1. Demonstrate knowledge of supervision models and practices.		
2. Apply supervision knowledge in direct practice with psychology trainee.		
3. Applies knowledge of supervision models and theories in conceptualizing and intervening with trainee.		
4. Develops a positive working relationship with trainee.	N/A	
5. Sets appropriate and effective goals for supervision with supervisee.	N/A	
6. Communicates effectively in giving feedback to trainee.	N/A	
7. Provides honest and constructive feedback to trainee regarding their clinical strengths and limitations.	N/A	
8. Teaches basic counseling skills to trainee effectively.	N/A	
9. Integrates principles of individual and culturally sensitive clinical practice into supervision.	N/A	
10. Collaborates effectively with the Senior Supervisor during Co-Supervision. Process.	N/A	
11. Actively participates in, and is prepared for Supervision of Supervision.	N/A	
Overall Level:		
Midterm Evaluation Comments:		
Final Evaluation Comments:		

COMPETENCY IX: CONSULTATION AND INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS

AIM: **Intern will demonstrate appropriate knowledge, skills, and attitudes regarding inter-professional and interdisciplinary collaboration in relevant professional roles.**

Evaluation Tools used to measure competency:

- ☐ **Direct Observation**
- ☐ **Videotape**
- ☐ **Discussion of Clinical Interaction**
- ☐ **Comments from other Staff**
- ☐ **Review of Written Work**
- ☐ **Case Presentation**
- ☐ **Seminar or Dissertation Presentation**
- ☐ **Other (please list):** _____

IX: Consultation and Interprofessional/ Interdisciplinary Skill Elements	*Observed level:*	
	Midterm	**Final**
1. Demonstrates knowledge and respect for the roles and perspectives of other professions.		
2. Applies this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.		
3. Is knowledgeable about the function and nature of consultation relationships in a university community.		
4. Demonstrates awareness and sensitivity to issues of confidentiality and ethics in consultation relationships.		
5. Demonstrates understanding of services and strengths of constituent groups within a multidisciplinary team in college counseling setting (e.g: Counseling, Health, Psychiatry, and Wellness).		
6. Accurately and effectively completes documentation of consultation when appropriate.		
7. Recognizes when consultation with specific clinicians (e.g: psychiatrist, case manager, health service provider) is appropriate and/or essential for a given client.		
8. Respectfully negotiates differences in clinical perspectives in the best interests of the client.		
9. Provides culturally sensitive consultation services to diverse populations and groups.		
Overall Level:		
Midterm Evaluation Comments:		
Final Evaluation Comments:		

What are the strengths of this intern?
Midterm Evaluation Comments:
Final Evaluation Comments:

What are the areas for development?
Midterm Evaluation Comments:
Final Evaluation Comments:

Intern's Comments on Evaluation: *(please print and ask intern write)*
Midterm Evaluation Comments: *(write in this box; use another sheet of paper if needed)*
Final Evaluation Comments: *(write in this box; use another sheet of paper if needed)*

I acknowledge that my supervisor has reviewed this evaluation with me.

Signatures:

Midterm Evaluation	

Supervisor's Signature	Date
Intern's Signature	Date

Final Evaluation	
Supervisor's Signature	Date
Intern's Signature	Date

Supervisor Evaluation*

(*please note this evaluation is in Qualtrics, and so the formatting is not an accurate depiction of its appearance).

To be completed by intern at each evaluation period (concurrent with intern evaluation) and discussed with supervisor during the intern evaluation meeting.

Intern:_____

Supervisor:_____

Evaluation Interval:

Mid-Point (1)

End of Year (2)

Please enter your academic year (2017-2018) _____

Scoring Criteria:

1. Significant Development Needed --Significant improvement is needed to meet intern needs.

2. Development Needed -- Improvement is needed to meet intern needs.

3. Meets Intern Needs and Expectations

4. Exceeds Expectations -- Above average experience

5. Significantly Exceeds Expectations -- Exceptional experience

N/A -- Not Applicable/Not Observed/Cannot Say

NOTE: Any score below a 3 on any item will result in corrective action as deemed appropriate by the Training Committee in order to improve the intern's supervisory experience.

General Characteristics of Supervisor:

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	N/A (6)
Is accessible for discussion, questions, etc. (1)	○	○	○	○	○	○
Treats intern with respect and courtesy (2)	○	○	○	○	○	○
Encourages the intern's timely and successful completion of the internship program (3)	○	○	○	○	○	○
Presents as a positive professional role model consistent with the program's aims (4)	○	○	○	○	○	○
Schedules supervision meetings and is available at the scheduled time (5)	○	○	○	○	○	○
Allots sufficient time for supervision (6)	○	○	○	○	○	○
Keeps sufficiently informed of case(s) (7)	○	○	○	○	○	○

Is interested in and committed to supervision (8)	○	○	○	○	○	○
Sets clear objectives and responsibilities throughout supervised experience (9)	○	○	○	○	○	○
Is up-to-date in understanding of clinical populations and issues (10)	○	○	○	○	○	○
Maintains appropriate interpersonal boundaries with patients and supervisees (11)	○	○	○	○	○	○
Provides constructive and timely feedback on supervisee's performance (12)	○	○	○	○	○	○
Encourages appropriate degree of independence (13)	○	○	○	○	○	○

Demonstrates concern for and interest in supervisee's progress, problems, and ideas (14)	○	○	○	○	○	○
Communicates effectively with supervisee (15)	○	○	○	○	○	○
Interacts respectfully with supervisee (16)	○	○	○	○	○	○
Maintains clear and reasonable expectations for supervisee (17)	○	○	○	○	○	○
Provides a level of case-based supervision appropriate to supervisee's training needs (18)	○	○	○	○	○	○

Comments:

_____

_____

Development of Clinical Skills	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	N/A (6)
Assists in coherent conceptualization of clinical work (1)	○	○	○	○	○	○
Assists in translation of conceptualization into techniques and procedures (2)	○	○	○	○	○	○
Is effective in providing training in behavioral health intervention (3)	○	○	○	○	○	○
Is effective in providing training in assessment and diagnosis (4)	○	○	○	○	○	○
Supports intern in navigating and responding to clients' cultural and individual differences (5)	○	○	○	○	○	○
Is effective in helping to develop short-term and long-range goals for patients (6)	○	○	○	○	○	○
Promotes clinical practices in accordance with ethical and legal standards (7)	○	○	○	○	○	○

Promotes intern's general acquisition of knowledge, skills, and competencies. (8)	○	○	○	○	○	○

Comments:

_____

QUALITY OF SUPERVISION WITHIN REQUIRED COMPETENCY AREAS

For the following questions, please consider how the supervision you have received (through individual and group supervision and supervision of supervision) has prepared you to be competent in the nine Profession Wide Competencies (PWCs): I. Research

II. Ethical and legal standards
III. Individual and cultural diversity
IV. Professional values, attitudes, and behavior
V. Communication and interpersonal skills
VI. Assessment
VII. Intervention
VIII. Supervision
IX. Consultation and Inter-professional and Interdisciplinary Skills

Evidence-Based Practice in Research

The interns 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.

- ○ Poor (1)
- ○ Fair (2)
- ○ Good (3)
- ○ Excellent (4)

Ethical and Legal Standards

Interns will demonstrate knowledge and application of professional ethical principles, laws, standards and regulations related to the professional practice of psychology.

- ○ Poor (1)
- ○ Fair (2)
- ○ Good (3)
- ○ Excellent (4)

Individual and Cultural Diversity

The interns 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.

- ○ Poor (1)
- ○ Fair (2)
- ○ Good (3)

○ Excellent (4)

Professional Values and Attitudes

The interns will conduct themselves professionally during all activities, including clinical practice, interactions with peers, supervisors and other professionals and during all consultation and outreach activities.

○ Poor (1)

○ Fair (2)

○ Good (3)

○ Excellent (4)

Communication and Interpersonal Skills:
The interns will demonstrate strong oral and written communication skills and will effectively function interpersonally.

○ Poor (1)

○ Fair (2)

○ Good (3)

○ Excellent (4)

Assessment:

The interns will demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.

- ○ Poor (1)
- ○ Fair (2)
- ○ Good (3)
- ○ Excellent (4)

Intervention

The interns 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.

- ○ Poor (1)
- ○ Fair (2)
- ○ Good (3)
- ○ Excellent (4)

Supervision

The interns will provide competent, culturally sensitive and collaborative clinical supervision of trainees in the field of psychology

- ○ Poor (1)
- ○ Fair (2)
- ○ Good (3)
- ○ Excellent (4)

Consultation and Inter-professional and Interdisciplinary Skills

The interns will demonstrate appropriate knowledge, skills, and attitudes regarding inter-professional and interdisciplinary collaboration in relevant professional roles.

- ○ Poor (1)
- ○ Fair (2)

○ Good (3)

○ Excellent (4)

Please provide additional comments/feedback related to your supervision in the required competency areas and provide explanations for any "poor" or "fair" ratings:

_____

Describe how the supervisor contributed to your learning:

_____

_____

Describe how supervision or the training experience could be enhanced:

_____

_____

Any other suggestions/feedback for your supervisor?

_____

_____

Intern: By typing my name here, I attest that the above information is true and accurate, and that I have reviewed, or will review, this Evaluation with my Supervisor.

_____

Intern Signature & Date_____

Supervisor Signature & Date_____

Training Director Signature & Date_____

Formal Case Presentation Evaluation
University Health & Counseling Services
UW-Whitewater

Intern: _____

Date: _____

Evaluated by: _____

Please rate the Intern using the following 5-point scale.

1	2	3	4	5
Significant Development Needed	**Below Expected Level**	**Intermediate Skill**	**Above Expected Level**	**Advanced**

1. Rate the oral presentation (e.g. phrasing, pacing, contact with audience, attitude (open and non- defensive) stayed on topic, and volume).
   1……..2……..3……...4……5

Comments:

2. The handout: Was it well organized and did it provide sufficient background information in an organized manner?
   1……..2……..3……4……5

Comments:

3. Treatment Progression and diagnostic Formulation: Did it reflect identifying information, presenting problem, and relevant history?
   1……..2……3……4……5

Comments:

4. Video clip: relationship development, Interventions used with client

5. Overall Comments:

Using the same 1-5 Likert Scale, please rate the intern's presentation on the Nine Profession Wide Competencies:			Score- 1-5
I.	RESEARCH	Demonstrates the ability to integrate knowledge of theories and research into his/her/their clinical practice.	
II.	ETHICAL AND LEGAL STANDARDS	Demonstrates knowledge of and acts in accordance with: the current version of the APA Ethical Principles of Psychologists and Code of Conduct.	
III.	INDIVIDUAL AND CULTURAL DIVERSITY	Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	
IV.	PROFESSIONALISM	Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	
V.	COMMUNICATION AND INTERPERSONAL SKILLS	Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated.	
VI.	ASSESSMENT	Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	
VII.	INTERVENTION	Establishes and maintains effective relationships with clients and manages the therapeutic process effectively (including setting the frame, goal setting, monitoring progress, special circumstances, crisis, and termination).	
VIII.	SUPERVISION	N/A	
IX.	CONSULTATION AND INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS	Recognizes when consultation with specific clinicians (e.g: psychiatrist, case manager, health service provider) is	

	appropriate and/or essential for a given client.	
	TOTAL AVERAGE SCORE:	

Thank you for your Feedback!

Please return to the Training Director.

Research Presentation Evaluation University Health & Counseling Services UW-Whitewater

Intern: _____ Date:_____

Evaluated by: _____

Instructions: Please complete the following evaluation regarding the case presentation that you observed today. The purpose of your feedback is to provide constructive criticism to each presenter regarding the professional quality of her/ his/ their presentation. Your comments will be most useful if they are specific and address both strengths and areas for growth.

Please rate the Intern using the following 5-point scale.

1	2	3	4	5
Significant Development Needed	**Below Expected Level**	**Intermediate Skill**	**Above Expected Level**	**Advanced**

1 = **Significant Development Needed:** The intern is not aware of competency areas that would be expected to be foundationally in place at this time of the training experience OR the intern exhibits behaviors indicating lack of readiness for the work that will be required in the internship setting. A doctoral intern evaluated at this level will require immediate augmented supervision or structured training opportunities.

2 = **Below Expected Level:** The intern has a basic foundation in the knowledge, awareness and skill domains that are contained in the internship training program and begins moving eagerly toward acquiring competence in the respective goal areas. *Some remediation could be needed if progress is not shown.*

3 = **Intermediate Skill:** The intern has achieved an intermediate level of competence appropriate to an entry-level psychology practice and is actively working to further enhance competence in the knowledge, awareness or skill area being evaluated.

4 = **Above Expected Level:** The intern has well developed competence in the knowledge, awareness or skill being evaluated. 5 = **Advanced**: The intern has advanced competence in the knowledge, awareness or skill being evaluated.

1. Rate the oral presentation (e.g. phrasing, pacing, contact with audience, attitude (open and non- defensive) stayed on topic, and volume).
   1……..2……..3……..4……5

Comments:

2. The Handout: Was it well organized and did it provide sufficient background information in an organized manner?
   1……..2……..3……..4……5

Comments:

3. Overall Comments:

Using the same 1-5 Likert Scale, please rate the intern's presentation

on the Nine Profession Wide Competencies:

I. RESEARCH	1. Demonstrates a thorough understanding of the existing evidence base and literature in their area of focus	
II. ETHICAL AND LEGAL STANDARDS	2. Demonstrates attention to legal and ethical issues related to the conduct of research	
III. INDIVIDUAL AND CULTURAL DIVERSITY	3. Demonstrates knowledge, skills, and competence to attend to issues of diversity and contextual variables in the design, methodology, and discussion of research findings	
IV. PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS	4. Demonstrates awareness of their professional and scientific responsibility to the communities potentially impacted by the research study	
V. COMMUNICATION AND INTERPERSONAL SKILLS	5. Presents in a clear, succinct, and comprehensive manner which aids the audience in understanding the study	
VI. ASSESSMENT	6. If applicable, selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics.	
VII. INTERVENTION	7. If applicable, demonstrates the ability to apply the relevant research literature to clinical decision making.	
VIII. SUPERVISION	8. N/A	
IX. CONSULTATION AND INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS	9. Demonstrates knowledge and respect for the roles and perspectives of other professions.	
	Overall Score:	

Thank you for your feedback!

Please return to the Training Director.

University of Wisconsin- Whitewater UHCS

Doctoral Internship Site Evaluation

(*please note this evaluation is in Qualtrics, and so the formatting is not an accurate depiction of its appearance).

Intern Name:

_____

Evaluation Interval

- ○ Mid-Point (1)
- ○ End of Year (2)

Please enter your Academic Year (2017-2018)

_____

Q3 This Program Evaluation is utilized by the UHCS Doctoral Internship Program to continually improve and enhance the training program. All responses are reviewed by the Training Committee, and your feedback is carefully considered. Any ratings of "Poor" or "Fair" will result in action by the Training Committee to address the problematic item, so please include detailed explanatory comments wherever applicable in order to help us respond most effectively.

Q4 OVERALL INTERNSHIP EXPERIENCE

	Poor (1)	Fair (2)	Good (3)	Excellent (4)
Overall quality of training. (1)	○	○	○	○
Opportunities for professional socialization with intern cohort. (2)	○	○	○	○
Breadth of clinical intervention and assessment experience. (3)	○	○	○	○
Satisfaction with number of client contacts. (4)	○	○	○	○
Clarity of expectations and responsibilities for intern. (5)	○	○	○	○
Case load was appropriate to meet educational needs. (6)	○	○	○	○
Accessibility to supervisors who serve as professional role models consistent with the program's aims. (7)	○	○	○	○

Q38 Please include any comments:

_____

Q5 Please provide explanations for any "poor" or "fair" ratings:

_____

_____

Q6 WEEKLY GROUP TRAINING OPPORTUNITIES

	Poor (1)	Fair (2)	Good (3)	Excellent (4)
Weekly Didactic Seminars (1)	○	○	○	○
Group Supervision (2)	○	○	○	○
Diversity Seminars (3)	○	○	○	○
Supervision of Supervision (4)	○	○	○	○

Q39 Please Include any comments:

_____

Q7 Please provide explanations for any "poor" or "fair" ratings:

_____

_____

Q28 EXPERIENCE WITH SUPERVISION

	Poor (1)	Fair (2)	Good (3)	Excellent (4)
Helpfulness of supervision (1)	○	○	○	○
Availability of supervision (2)	○	○	○	○
Frequency of supervision (3)	○	○	○	○
Supervisors as professional role models (4)	○	○	○	○
Effectiveness of teaching (5)	○	○	○	○
Accessibility of supervisors (6)	○	○	○	○

Q40 Please include any comments:

_____

Q29 Please provide explanations for any "poor" or "fair" ratings:

_____

QUALITY OF TRAINING WITHIN REQUIRED COMPETENCY AREAS

For the following questions, please consider how the training you have received through didactic seminars and professional development opportunities, as well as experiential training have prepared you to be competent in the nine Profession Wide Competencies (PWCs):

I. Research
II. Ethical and legal standards
III. Individual and cultural diversity
IV. Professional values, attitudes, and behavior
V. Communication and interpersonal skills
VI. Assessment
VII. Intervention
VIII. Supervision
IX. Consultation and Inter-professional and Interdisciplinary Skills

Q9 Evidence-Based Practice in Research: **AIM:** ***Interns 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.***

- ○ Poor (1)
- ○ Fair (2)
- ○ Good (3)
- ○ Excellent (4)

Q10 Comments:

_____

_____

Q13 Ethical and Legal Standards: ***AIM:*** ***Interns will demonstrate knowledge and application of professional ethical principles, laws, standards and regulations related to the professional practice of psychology.***

- ○ Poor (1)
- ○ Fair (2)
- ○ Good (3)
- ○ Excellent (4)

Q12 Comments:

_____

_____

Q15 Individual and Cultural Diversity:
AIM: ***Interns 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.***

- ○ Poor (1)
- ○ Fair (2)
- ○ Good (3)
- ○ Excellent (4)

Q14 Comments:

_____

_____

Q21 Professional Values and Attitudes ***AIM:*** ***Interns will conduct themselves professionally during all activities, including clinical practice, interactions with peers, supervisors and other professionals and during all consultation and outreach activities.***

○ Poor (1)

○ Fair (2)

○ Good (3)

○ Excellent (4)

Q20 Comments:

_____

_____

Q25 Communication and Interpersonal Skills
AIM: ***Interns will demonstrate strong oral and written communication skills and will effectively function interpersonally***

○ Poor (1)

○ Fair (2)

○ Good (3)

○ Excellent (4)

Q16 Comments:

_____

_____

Q32 Assessment ***AIM:*** ***Trainees demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.***

○ Poor (1)

○ Fair (2)

○ Good (3)

○ Excellent (4)

Q18 Comments:

_____

_____

Q11 Evidence-Based Practice in Intervention ***AIM: Interns 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.***

- ○ Poor (1)
- ○ Fair (2)
- ○ Good (3)
- ○ Excellent (4)

Q22 Comments:

_____

_____

Q19 Supervision: ***AIM: The intern will provide competent, culturally sensitive and collaborative clinical supervision of trainees in the field of psychology***

- ○ Poor (1)
- ○ Fair (2)
- ○ Good (3)
- ○ Excellent (4)

Q34 Comments:

_____

Q23 Inter-professional and Interdisciplinary Consultation ***AIM: Intern will demonstrate appropriate knowledge, skills, and attitudes regarding inter-professional and***

interdisciplinary collaboration in relevant professional roles.

- ○ Poor (1)
- ○ Fair (2)
- ○ Good (3)
- ○ Excellent (4)

Q24 Comments:

_____

_____

Q27 Please provide additional comments/feedback related to your training in the required competency areas and provide explanations for any "poor" or "fair" ratings:

_____

_____

Q30 **SUMMARY:** Please provide any other feedback and recommendations that you believe might be helpful or might improve the internship:

_____

_____

Q31 Please provide any feedback that you think would help improve this program evaluation survey:

_____

_____

Q37 Intern: By typing my name here, I attest that the above information is true and accurate.

_____

Q44 Intern Signature

Q43 Training Director Signature

SECTION B:

PROGRAM POLICIES AND PROCEDURES

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

SUBJECT: Intern Selection and Academic Preparation Policy

POLICY/PROCEDURE: This procedure outlines the requirements for intern 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 APPI 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 who you are 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 Intern Selection Committee, using a standard Application Rating form, and evaluated for potential goodness of fit with the internship 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 in person or via WebEx.

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 intern 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 intern.

DOCTORAL INTERNSHIP POLICIES AND PROCEDURES			
POLICY 1.2 **ADMINIISTRATIVE 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 interns.

Each internship 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 2018-2019 cohort will receive a stipend of $25,000. 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 ntime 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 intern 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 Office Manager 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 intern 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: Intern Evaluation, Retention and Termination Policy

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

Intern 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. Formal evaluation occurs in two ways. At mid-semester in the fall, interns meet with their supervisors to receive verbal and written feedback regarding their performance. At the end of the semester, the intern meets with her/ his supervisor and receives both verbal and written feedback. This evaluation process is repeated again at the end of the internship year. Once formal evaluations are completed, reviewed with and signed by supervisor and intern, a copy will be provided to the intern's academic institution and the Training Director.

The intern evaluation form was developed to reflect the UWW-UHCS competency-based training model. Objectives for intern 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. Interns 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 interns' performance and progress. Supervisors are expected to review these evaluations with the interns 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 an intern does not achieve a rating of "3" for each competency, the intern Remediation Process will be implemented to assist the intern in developing skills within that competency area.

Interns provide verbal and written feedback regarding their experiences with group supervision, their supervisors, the Internship site as a whole and the didactic seminars. These evaluations are provided by and returned to the Training Director. Interns meet weekly with the Training Director which provides for the opportunity for ongoing informal feedback regarding training issues. Evaluation forms are available in the Doctoral Intern Training Manual.

Doctoral Interns at UHCS are expected to complete 2000 hours (500 direct service hours) during the internship year. Meeting the hour requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program.

If successful completion of the program comes into question at any point during the internship year, or if an intern 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 an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by SDIP 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 Interns are not arbitrary or personally based. The program has appeal procedures that permit any Intern 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 intern, the clients involved, the intern cohort, other UHCS staff, the Training Committee, and others affected by the behavior(s). The fact that an intern is going through a remediation plan process is kept confidential. The following procedures are followed in cases of problematic intern 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 Interns initials, on the Supervision Record Form, but does not become a part of the intern's professional file. The areas of functioning requiring improvement are documented in the intern's formal evaluation.

If the intern successfully makes improvement in the identified growth areas, this is discussed with the intern, noted in the intern'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 intern's problem behavior persists following an attempt to resolve the issue informally, or if an intern 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 intern has the opportunity to provide a written statement related to his/her/their response to the problem.

2. After discussing the problem and the intern'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 intern's attention and the committee or other supervisors will work with the intern 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 intern within 10 working days to review the required remedial steps. The intern 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 intern's sponsoring graduate program, and indicate the nature of the inadequacy and the steps taken by the Training Committee. The intern 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 intern's permanent file.

4. Once the Training Committee has issued an *Acknowledgement Notice* or *Remediation Plan*, the intern'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 an intern 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 intern whereby the intern 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 intern's sponsoring graduate program, that, at the discretion of the Training Director of University Health & Counseling Services, the intern will not successfully complete the Internship if his/her/their behavior does not change.
    a. If by the end of the training year, the intern 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 intern has not successfully completed the Internship.

c. Alternatively, the Committee may specify those settings in which the intern can or cannot function adequately.

4. If the Training Committee's deliberations lead to the conclusion that an intern 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 intern 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 intern will be given the choice to be assigned non-clinical duties for the duration of the internship, and not successfully complete the internship, or be given the option to withdraw from the internship program and not successfully complete the internship.
    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 appeals 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 Intern's written request for further review to his or her 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 intern, or the program itself, and in which the intern wishes to file a formal complaint.

The following steps are intended to provide the intern 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 intern should raise the issue as soon as possible with the supervisor, staff member, other intern, or Training Director in an effort to resolve the problem informally.

Formal Review

1. If the matter cannot be resolved informally the intern 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 intern and the individual being grieved within 10 working days. The Training Director has the discretion to meet with the intern 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:

    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 intern 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 intern 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 intern and all persons or entities connected with UWW.

8. If the review panel determines that a grievance against a staff members 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 intern 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 intern 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, 1.5 hours of case consultation, and 1 hour per week of Crisis Intervention Supervision (fall semester), 1 hour per week of supervision of supervision (spring semester) and an average of 1 hour every other week of Diversity Seminars. During the summer months interns receive an 5.5 hours per week of supervision. This includes 2 hours of weekly Individual Supervision, 2 hours a week of Group Supervision and 1.5 hours of Case Consultation.

Interns also attend 2 hours per week of Didactic Seminars.

Individual Supervision, Group Supervision and Supervision of Supervision are provided by licensed psychologists. Crisis Intervention Supervision is provided by a Licensed Professional Counselor (Masters level).

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 intern records are maintained.

The UWW-UHCS Doctoral internship program maintains all intern 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 Program 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 intern complaints or grievances received by or known to the internship 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 Internship Program's Equal Opportunity and Non-Discrimination Policy

The University of Wisconsin-Whitewater (UWW) –University Health and Counseling Services (UHCS) Doctoral internship 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 Internship 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 Internship 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 Internship 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 INTERN COUNSELING SESSIONS**			
Approval Signature(s):			
AUTHOR	TD	TRAINING DIRECTOR	TD
MANUAL COORDINATOR			

SUBJECT: Video/ Audio Taping of Intern Counseling Sessions

POLICY/PROCEDURE:

1. All Counseling Interns are required to video and/or audio tape their counseling sessions.

2. At the start of an Initial Consultation session with a new client the Intern is required to inform the client that the Intern is required to video and /or audio tape the session.

3. The Intern will give the client the option to:

    a. Work with the Intern and sign the "Intern Status Acknowledgment" form acknowledging awareness of the intern's training status and the fact that each session will be video and/or audio recorded.

    or

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

4. If the client chooses to work with the Intern, the client will be asked to sign the "Intern Status Acknowledgment" form and all sessions will be video and/or audio recorded.

5. If the client would prefer to not be video and/or audio recorded, the following steps will be taken:

    a. If it is during the first 1.5 months of the start of an Intern placement (Fall or Spring semester), or if it is 1.5 months after the start of an Intern placement and the Senior Staff have decided that the Interns must video and/or audio record all counseling sessions, including Initial Consultations:

        i. The Intern 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.

b. If it is 1.5 months after the start of an Intern placement (Fall or Spring semester) and the Senior Staff have decided that the Interns can complete the first Initial Consultation session without video and/or audio taping:

    i. The Intern will give the client the option to:
        1. Complete the first Initial Consultation session with the Intern without being recorded, and then transfer to a Senior Staff member,

           or

        2. Reschedule the Initial Consultation session for a time when both the client and a Senior Staff member are available.

c. During the first staff meeting 1.5 months after the start of an Intern placement (Fall or Spring semester), the Senior Staff, including the Interns' Supervisors and the Training Director, will decide if the Interns as a cohort can complete Initial Consultation sessions without video and/or audio taping, with the understanding that the client will then be transferred from the Intern to a Senior Staff member for follow-up care.

d. At the end of each semester the Training Director will delete all video and/or audio recordings of the Interns' counseling sessions, with the exclusion of recordings that are required for the second semester Capstone Project and/or as required for supervision needs.

SECTION C:

INSTITUTIONAL LEVEL

NON-DISCRIMINATION POLICIES

UNIVERSITY OF WISCONSIN-WHITEWATER EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION POLICY

A. The University of Wisconsin-Whitewater 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 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)

B. The University of Wisconsin-Whitewater 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 institution 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, military service, guard or reserve status, except where, through business necessity a characteristic is proven an essential bonafide occupational requirement.

C. Whitewater is committed to a positive, continuing, result-oriented program to assure meaningful employment opportunities to all segments of the community and specifically to ethnic minorities, women, and to persons with disabilities. These groups have suffered in the past from barriers to employment and promotion. The Affirmative Action program includes a continuing analysis of the employee structure to discover where there is under-utilization of ethnic minorities, women, and persons with disabilities; establishment of goals to remedy deficiencies, and guidelines and procedures to maximize opportunities for the recruitment of ethnic minorities, women and persons with disabilities. Every position vacancy announcement must convey that UWW is an AA/EO employer. Every person or committee charged with the responsibility of filling an unclassified vacancy must indicate to the Affirmative Action Officer or designee the specific means to be used in broadening the pool of potential talent so that applicants are reached and provided the opportunity to compete for employment.

D. The implementation and monitoring of the Affirmative Action Plan are the responsibilities of the Chancellor and specifically-designated officers. These officers are the Provost, and the Equal Opportunity Officer or designee.

1. **The Chancellor.** The Chancellor of the University of Wisconsin-Whitewater is responsible for development and implementation of all federal, state, UW System and campus policies and procedures for Affirmative Action and Equal Opportunity. The Chancellor will be immediately aided in this task by the Provost and Vice Chancellor who is designated as the Equal Employment Opportunity Officer.
2. **The Provost and Equal Employment Opportunity Officer.** The Equal Employment Opportunity Officer is expected to:
    1. Monitor all personnel actions (hiring, termination, promotion, salary increases) to assure University compliance with all federal, state, and UW-Whitewater guidelines for Affirmative Action and Equal Opportunity.
    2. Coordinate discrimination complaints arising out of charges of unclassified employment violation.
    3. Research the status of employment, promotion, salaries of women, minorities and the persons with disabilities at UW-Whitewater.
    4. Supervise the implementation of Affirmative Action hiring procedures in order to fulfill the commitment of the university.
    5. The Provost will be immediately aided by the Equal Opportunity Officer who is also the Affirmative Action Officer.
3. **The Equal Opportunity/Affirmative Action Officer.**This Officer consults with the Chancellor, Provost,Vice Chancellor for Administrative Affairs and Director of Human Resources in matters of employment and equity, and shall also:
    1. Serve as an ex-officio, non-voting, member of the Equal Opportunity Committee.
    2. Aid the Committee in developing policies and/or guidelines for the implementation of the Affirmative Action Plan.
    3. Serve as liaison between the Assistant Chancellor the Provost, the Assistant Chancellor for Administrative Affairs and the Equal Opportunity Committee.
    4. Communicate the affirmative action and equal opportunity policies and procedures to all employees, faculty, and staff..
    5. Work in conjunction with Deans, Directors, and Department Chairs to operationalize affirmative action and equal opportunity policies and procedures.
    6. Monitor goals and hiring procedures for all units and provide guidance to all Search & Screen Committees.
    7. Receive and investigate discrimination complaints from employees and students, provide findings based on the investigation and recommend remedial action to the parties.

E. The Equal Opportunity Committee (formerly the Affirmative Action Committee).The Equal Opportunity Committee is the campus committee whose members are representative of the campus constituencies and governance. Their function is to afford advisory assistance to the Chancellor, Provost and Equal Opportunity Officer to insure that affirmative action and equal opportunity continue as fundamental responsibilities of the institution and are carried out appropriately in all aspects of employment and student life.

F. This institution prohibits sexual harassment on the basis of gender or sexual orientation. It will continue to work to eliminate harassment of employees or students based on any prohibited category.

G. The University Handbook for UW-Whitewater contains grievance procedure and procedures for discrimination complaints. Complaints by bargaining unit employees alleging prohibited discrimination are covered by the grievance procedures in their union contract.

H. This institution has a special mission in meeting the needs of persons with disabilities. Modifications to physical facilities have been made and will continue to be made across the campus to insure equal access to campus facilities and programs. Reasonable accommodation in employment for disabilities can be requested through supervisors and the Equal Opportunity Officer. Reasonable modifications for students with disabilities can be requested through the Center for Students with Disabilities.

I. This institution provides reasonable accommodation for religious belief and practice, either through voluntary substitution, flextime, floating holiday time, or labor agreement provisions, as is appropriate.

J. This institution will monitor subcontractors for compliance with equal opportunity and affirmative action laws and policies, and promote the inclusion of minority-owned businesses in its procurement processes.

K. The Provost and Equal Opportunity Officer will report directly to the Chancellor when violations of nondiscrimination law or policy occur, so that corrective action can be taken.

L. The Provost and Equal Opportunity Officer are directly responsible to the Chancellor for the implementation of applicable law and regulations in all campus personnel actions and of balancing the workforce.

UW-Whitewater Discrimination Complaint Procedures

Procedure:

When any employee or student has reason to believe that they have been harassed or discriminated against, they should contact the Equal Opportunity Officer or designee.

The Equal Opportunity Officer or designee is prepared to discuss the events, feelings or perceptions creating the concern. These preliminary discussions are considered informal, however may lead to other possible actions depending upon the facts presented and the wishes of the offended individual. Identities of complainants do not have to be made known without their prior approval in the informal process.

Outcomes:

1. No Action
    a. The offended individual decides against further action.
    b. The Equal Opportunity Officer or designee does not consider further action appropriate.
2. Informal Action
    a. Communicate with the alleged offending individual to create awareness of issues and subsequent actions. By request, the offended individual may remain anonymous. The offending individual may have a third party present.
    b. Conduct specific education with offending individual or department.
3. Formal Action

a. Formal actions are initiated with a written statement that chronicles specific actions considered discriminatory with details; including time, date, place situation and witnessing parties.
b. Formal action may also commence if the informal action does not stop the alleged discrimination or if the alleged discrimination or harassment are judged by the Equal Opportunity Officer or designee to be pervasive and severe enough to warrant formal investigation.
c. Anonymity can not be preserved for either party during "Formal" action.
d. Findings, conclusions and recommendations based on the investigation will be completed in a timely manner with accommodation to the academic calendar.

Detailed (Formal) Process:

1. This University follows EEOC and state guidelines. To be timely, the complaint must be filed within 300 business calendar days of the last incident complained about;
2. Upon review of the initial facts, if the EO Officer or designee concludes that, under the law, discrimination may have occurred, an investigation will be carried out. If the Officer concludes discrimination has not occurred, a written report of reasons will be made to complainant.
3. If an investigation is commenced, the alleged offending individual will be notified of the particulars of the complaint and will have time to respond, not to exceed 20 business calendar days; complainant confidentiality cannot be preserved at this time
4. The time frame for findings, conclusions and recommendations based on the investigation will be timely from time of receipt of the written response to the EO Officer or designee. Academic Breaks may be taken into consideration.
5. If the complainant is satisfied with the EO Officer's or designee's recommendation, it will be submitted to the Chancellor for consideration and decision. The Chancellor's decision, which may include specific actions or recommendations for discipline, is final within the institution. A party disciplined has resort to normal appeal procedures by policy. At this point, the EO Office phase of the case is closed.
6. If the complainant is not satisfied with the findings and recommendation, within 10 days after receipt of the recommendation, a request for an "Administrative Review" by the Equal Opportunity Committee should be sent to the Chair or Co-Chair of the Equal Opportunity Committee, who will convene the Committee.
7. Within 30 days of receipt of the review request, the Equal Opportunity Committee will be convened; review the record and other originally presented documents, and render its recommendations. If the Committee needs any further information to clarify matters, the Chair will request it and receive it in writing. The complainant will only be present at the request of the Committee.
8. The Committee will make its recommendations to the Chancellor, who will make the final decision within 30 business calendar days.
9. If the complainants are not satisfied with the Chancellor's final decision, they can (1) request administrative review by the U.S. Equal Employment Opportunity Commission in Milwaukee, WI. (2) or the Division of Equal Rights of the Wisconsin Department of Employee Relations in Madison, WI.
10. When Title VII issues are involved, unsatisfied complainants can also request administrative review by the Office of Civil Rights. When Title IX or Title VI issues are involved, requests for review can be sent to the U.S. Department of Education in Washington D.C.

NONDISCRIMINATION ON BASIS OF DISABILITY

(Per Regent Policy Directive 96-6)

Source: Office of the Chancellor, Chancellor's Committee on Disability Concerns

I. POLICY STATEMENT

The University of Wisconsin-Whitewater is committed to making individuals with disabilities full participants in its programs, services and activities through its compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. The Board of Regents recognizes that individuals with disabilities may need accommodations to have equally effective opportunities to participate in or benefit from the university's programs, services, and activities.

It is the policy of the University of Wisconsin-Whitewater that no otherwise qualified individual with a disability shall be denied access to or participation in any program, service, or activity offered by the university. Individuals with disabilities have a right to request accommodations to their needs in order to fully participate in or benefit from the university's programs, services, and activities in a nondiscriminatory, integrated setting.

The University of Wisconsin-Whitewater and any of its agents shall not coerce, intimidate, retaliate against, or discriminate against any individual for exercising a right under the ADA or Section 504, or for assisting or supporting another to exercise a right under the ADA or Section 504. The University of Wisconsin-Whitewater will not give significant assistance to an agency, organization, or person that discriminates on the basis of disability in providing any aid, benefit, or service to beneficiaries of the university's programs.

II. DEFINITIONS

1. Disability means, with respect to an individual:
    1. a physical or mental impairment that substantially limits one or more of the person's major life activities;
    2. a history of such an impairment; or
    3. being regarded as having such an impairment.
2. A Qualified Individual with a Disability is someone who (with or without accommodations) meets the essential eligibility requirements for participating in programs, services, and activities provided by UW-Whitewater.
3. Accommodation means adjustments including reasonable modifications to rules, policies, or practices; environmental adjustments such as the removal of architectural, communication, or transportation barriers; or auxiliary aids and services. Examples of accommodations include, but are not limited to: alternative testing, extended time, scribe, interpreter, environment free of distractions, brailled material, taped lectures, and computer assisted instruction.
4. Essential Eligibility Requirements means the academic or other technical standards required for admission to or participation in UW-Whitewater programs, services, or activities which an individual must be able to meet with or without accommodation.
5. Individual means any person applying for admission to or participation in a program, service, or activity of the university, or any person currently participating in a program, service, or activity of the university.

III. RESPONSIBILITIES

1. UW System Administration

1. The President of the University of Wisconsin System shall appoint and maintain an Advisory Committee to provide information and recommendations relating to individuals with disabilities.
2. The President of the University of Wisconsin System shall designate a Person or office to be a resource to the President's Advisory Committee, to act as a liaison to other agencies, and to assure that each institution has developed the procedures required by this policy.

2. UW-Whitewater
    1. UW-Whitewater's Chancellor has appointed an advisory committee, including students, to provide information and recommendations responsive to the needs and concerns of individuals with disabilities. This committee is titled the Chancellor's Committee on Disability Concerns. The purpose of the committee is to identify and deal with campus wide concerns of persons with disabilities and to make recommendations to the Chancellor resolving problems and/or concerns that are brought to the attention of the committee.

        Membership

        1 representative Faculty/Staff from each College

        1 representative Technology & Information Resources

        1 representative Registrar

        1 representative Administrative Affairs

        1 representative Residence Life

        1 representative University Health & Counseling Services

        1 representative Communicative Disorders

        1 student S.A.S.

        1 representative Project Assist

        2 representatives Disabled Student Services

        2 students WSG

        Section 504/ADA Compliance Officer, ex-officio

        The Chancellor, ex-officio

        1. Applicants or students who believe that they may have been subject to discrimination on the basis of disability in any campus program, activity, or service should contact: Compliance Officer, Section 504 and ADA Regulations (non-employment), 1004 Roseman Hall (414) 472-4711. Employees should contact: Compliance Coordinator, Section 504 and ADA Regulations (employment) Office of Equal Opportunity, Hyer Hall.
        2. UW-Whitewater will make available in suitable formats (e.g., enlarged, Braille, audio-taped):
            1. For the Students: UW-Whitewater's Reasonable Modification Procedures Staff Memo 8/15/96, which allows an individual, including both prospective and current students, to disclose a disabling condition and request accommodations believed needed to obtain equal access to and participation in university programs, services, and activities (See Appendix 1);
            2. For Employees: Policy and Procedures for Disability Accommodations document, which is a procedure for providing accommodations (See Appendix 2).
        3. Disabled Student Services (DSS) shall maintain data on the nature and extent of the services provided to individuals with disabilities. System administration has data collection requirements as part of the operational guidelines for implementing this policy.

4. UW-Whitewater shall provide accommodations to allow individuals with disabilities to participate in or benefit from the university and its programs, services, and activities in the most integrated setting appropriate.
5. UW-Whitewater's Equal Opportunity Discrimination Complaint Procedures, and Appeals and Grievances Procedures provide for prompt and equitable resolution of complaints alleging any action that would violate Title II of the ADA or Section 504. These procedures are applicable to any anticipated complaint, including an appeal of a denied accommodation request (See Appendix 3).
6. UW-Whitewater will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the costs of measures that are required to comply with the provisions of Section 504 and the ADA.
7. UW-Whitewater will provide funding for auxiliary aids while an individual's application for funding by other agencies is being reviewed.
8. UW-Whitewater's Office of Equal Opportunity, DSS, and The Chancellor's Committee for Disability Concerns shall provide periodic in service training for faculty and staff to develop their awareness and understanding of the needs of individuals with disabilities and legal compliance issues. Departments can request training from the Office of Equal Opportunity, Hyer Hall.

2. Individuals with Disabilities
    1. Each individual is responsible for making timely and complete disclosures and specific requests regarding accommodations to meet his or her particular needs in order to enable UW-Whitewater to provide an appropriate response. It is strongly recommended that requests for accommodations be made at least eight weeks prior to the date they would be needed to avoid delays which could affect participation in a program, service, or activity. To make a disclosure or request, employees may use the Personal Edit Sheet, which is sent to each employee at the commencement of each academic year, or by contacting the office of Equal Opportunity and requesting form DER DAY 10 (See Appendix 4).
    2. Each individual seeking accommodation based on a disability shall demonstrate initiative in obtaining and arranging accommodations. If requested, UW-Whitewater will assist an individual in making the necessary applications for funding from other agencies.
    3. Each individual is required to submit documentation verifying his or her disability and limitations which is appropriately current and prepared by a qualified professional. Individuals submitting incomplete information may be asked to provide additional evaluations needed to determine the individual's eligibility for an accommodation or what constitutes an appropriate accommodation.
    4. UW-Whitewater shall not require an individual with a disability to accept an accommodation, aid, service, opportunity, or benefit under any circumstances.
    5. Students with disabilities are expected to abide by the student conduct code in the same manner as all students.

IV. FACILITY ASSESSIBILITY

1. Existing Facilities
    1. Structural changes in existing facilities are not required when other methods provide program accessibility. Existing facilities shall be made readily accessible to qualified individuals with disabilities, through such means as:
        1. Redesigning equipment or the facility after case review.
        2. Providing appropriate signage.
        3. Reassigning classes, staff, or services to accessible sites.
        4. Delivering health, advisory, and support services at accessible sites.

2. Remodeling projects which affect the usability of a facility or any part of a facility shall, to the maximum extent feasible, be completed in such a manner that the facility is readily accessible to and usable by persons with disabilities.
3. UW-Whitewater has adopted and published guidelines for disabled student building evacuation due to fire and tornado (See Appendix 5).

2. New Construction
    1. The Campus Projects Coordinator is responsible for overseeing that each facility, part of a facility, major renovation, or addition constructed by, on behalf of, or for the use of UW-Whitewater must be designed and constructed in such a manner that the facility is readily accessible to and usable by persons with disabilities as outlined in ADA.
3. Off Campus
    1. UW-Whitewater will make contractual or lease agreements for the use of off-campus facilities that reflect efforts to secure accessibility. Any program, service, or activity in that facility must be accessible.

V. EDUCATIONAL PROGRAMS AND ACTIVITIES

1. Admissions or Enrollment
    1. No information regarding an applicant's disability may be solicited to determine admission to UW-Whitewater. However, such inquiries may be made after an individual has been admitted for purposes of providing appropriate accommodations.
    2. The number or proportion of individuals with disabilities who will be admitted or enrolled to UW-Whitewater may not be limited solely on the basis of disability.
    3. Tests administered for purposes of admission, enrollment, or placement may not discriminate.
2. Testing
    1. Before tests are selected and administered, UW-Whitewater first should confirm that assessments do not discriminate by ensuring that:
    2. Tests are selected and administered so that the results reflect aptitude or achievement level, or whatever other factor the test purports to measure, rather than the applicant's disability, unless the existence of a disability must be determined to allow an individual access to a program, service, or activity established for individuals with disabilities.
    3. The tests administered to individuals with disabilities are available as regularly and in as timely manner as are other admissions tests. The individual is responsible for making special needs known in a timely manner.
3. Off-Campus Activities
    1. If a program is not wholly operated by UW-Whitewater, but requires student participation (for example, internships, co-op, and student teaching assignments), UW-Whitewater shall attempt to assure that these activities, as a whole, provide an equal opportunity for the participation of individuals with disabilities.
    2. Prospective enrollees of UW-Whitewater's outreach programs are responsible for making requests for any special modifications or auxiliary aids. Registration forms and program announcements must allow applicants to identify special needs and request accommodation.
4. Accommodations
    1. ACADEMIC REQUIREMENTS--Academic requirements shall be modified, as necessary, so that they do not discriminate against qualified individuals with disabilities.
    2. PROGRAM EXAMINATIONS AND EVALUATION--Examinations or other procedures for evaluating an individual's academic achievements should, where necessary, be adapted to permit evaluating the achievement of individuals who have a disability, rather than reflecting the individual's disability.

3. ACADEMIC SUPPORT SERVICES--No participant with a disability in a UW-Whitewater program or activity shall be denied the benefits of, be excluded from participation in, or be otherwise discriminated against in the provision of educational support services available to all individuals in general.
4. All auxiliary aids, services, or other accommodations used by individuals with disabilities to provide access to UW-Whitewater's programs, services, and activities need not be on hand or present at all times.
5. UW-Whitewater does not provide individuals with disabilities with personal devices or assistance for personal use, including but not limited to wheelchairs, eye glasses, hearing aids, personal assistance for eating or dressing, or readers for personal use.
6. Accommodations shall not fundamentally alter the nature of the program, service, or activity; require waiver of essential program or licensure requirements; violate accreditation requirements; unnecessarily intrude on academic freedom; or pose an undue fiscal or administrative burden on the institution.
7. UW-Whitewater retains authority in determining appropriate accommodations after giving consideration to the request of the individual, the documentation provided, and institutional expertise in working with individuals with disabilities.

5. Physical Education, Athletic, and Related Activities
    1. UW-Whitewater requires that all physical education courses, intercollegiate and intramural athletics, and related activities, taken as a whole, provide an equal opportunity for the participation of qualified individuals with a disability. Individuals who cannot participate in standard physical education courses or compete in athletic programs with or without accommodation because of a disability may be offered alternates that are separate or different, provided that the programs and activities are operated in the most integrated setting appropriate. If accommodations are not possible in a required course, a procedure for requesting a substitution should be available.
6. Health and Counseling Services, Insurance Availability
    1. Where UW-Whitewater provides University Health and Counseling Services and endorses insurance plans, it shall afford these benefits to qualified persons with disabilities in a manner consistent with ADA. The University Health and Counseling Services must provide the same types and levels of service for all students, non-disabled and disabled. In addition, the University Health and Counseling Services should be prepared to provide individuals with disabilities with information about where specialized health services may be obtained if possible, if these services are not provided at the center.
7. Housing
    1. ON-CAMPUS HOUSING--Where UW-Whitewater provides on-campus housing/food services, it shall provide comparable, convenient, and accessible services at the same cost to individuals with disabilities.
    2. OFF-CAMPUS HOUSING--The Whitewater Student Government private off-campus housing list shall identify those units that are accessible to individuals with disabilities.
8. Financial Aid
    1. Financial aid awards may take into account the special needs of individuals with disabilities. Adjustments to awards as allowed by the rules or regulations governing the financial aid program may be made by Financial Aid.
9. Student Employment
    1. As part of the University of Wisconsin System, the University of Wisconsin-Whitewater complies with Title 1 of the Americans with Disabilities Act and Section 504 so that students with disabilities have an equal opportunity to participate in institutional employment opportunities.
10. Advising, Counseling, and Placement Services

1. UW-Whitewater shall not counsel or advise qualified individuals with disabilities toward more restrictive career objectives than non-disabled individuals with similar interests. This does not preclude providing factual information about licensing and certification requirements that may present obstacles to individuals with disabilities in their pursuit of particular careers.

11. Social Organizations
    1. Before providing official recognition or assistance to fraternities, sororities, or other campus organizations, UW-Whitewater shall request and obtain assurance that the organization does not permit actions prohibited by this policy.

APPENDIX 1

Date: August 15, 1996

To: UW-Whitewater Faculty and Staff

Re: Reasonable Modifications

This procedure was developed for UW-Whitewater instructional staff to follow in the event that requests are received for reasonable modifications under the Section 504/ADA regulations. They have been reviewed by the UW System Section 504/ADA Coordinator.

Reasonable Modification Procedure

1. Instructional staff need to make known to their students that if they require "reasonable modifications" they need to meet with the instructor to discuss those needs. There should be a printed statement to that effect in the course syllabus and the instructor should make a verbal invitation at the first class session.
2. If the staff member believes that s/he can provide appropriate modification based on the request of the individual absent any other information, the staff member should feel free to do so. However, if costs are involved in the request and the staff member wants a source outside his/her department to pay for the requested modifications; assurance of disability documentation; or, appropriateness of the requested modification(s), a referral to Disabled Student Services (DSS) must be made.
3. Upon referral to Disabled Student Services, the student must:
    1. Sign a request for services based on the presence of a disability;
    2. Provide appropriate diagnostic information that establishes that s/he is a qualified individual with a disability; and,
    3. Request in writing the reasonable modification(s) sought to accommodate the qualifying disability.
4. Based on the documentation provided, determination will be made by DSS staff as to:
    1. Whether or not the individual has a qualifying disability;
    2. Appropriateness of requested modification(s), and,
    3. Approval/disapproval of his/her requested reasonable modification(s).
    4. (If the individual does not agree with the determination, an appeal of the initial determination may be made to the institutional Section 504/ADA coordinator.)
5. Disabled Student Services arranges (in consultation with instructional staff) to provide appropriate reasonable modifications.
    1. Examples of common reasonable modifications include: adapted testing (reader/writer/monitor); note taker, taped/large print materials; reader/writer service; and, library and lab assistants.

APPENDIX 2

POLICY AND PROCEDURES FOR DISABILITY ACCOMMODATIONS

FOR UWW EMPLOYEES

Source: Offices of the Provost and Assistant to the Chancellor for Equal Opportunity, Chancellor's Committee on Disability Concerns.

STATEMENT OF PURPOSE

It is the policy of the University of Wisconsin-Whitewater to provide reasonable accommodations for qualified individuals with disabilities who are employees or applicants for employment. Reasonable accommodations will be provided in a timely and cost-effective manner. Questions regarding this policy should be addressed to UW-Whitewater's Assistant to the Chancellor for Equal Opportunity.

DEFINITIONS

A. "Disabled individual." The term "disability" has the same meaning as "handicap" in state and federal law. [111.32 Wis. St.; ADA, 42 U.S. Code 12101 et.seq; and the Rehabilitation Act, 29 U.S. Code 794.]

A person is "handicapped" or has a "disability" if he or she:

1. has a mental or physical impairment which substantially limits one or more of such person's major life activities;
2. has a record of such impairment; or
3. is regarded as having such an impairment.

B. "Major life activities." Include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, etc.

C. "Qualified individual with a disability." An individual who, with or without reasonable accommodation, has the education, training, and ability to perform the essential functions of a job.

D. "Reasonable accommodation." The modification or restructuring done at the work site or in the work environment which enables persons with a disability to perform essential functions of a job for which they are qualified.

PROCEDURES FOR REQUESTING ACCOMMODATIONS

A. Applicants for EmploymentApplicants are invited to identify themselves as persons with disabilities on a card. Qualified applicants cannot be denied employment solely on the basis of a need to provide a reasonable accommodation.

B. Employees

1. All employees will have the opportunity to identify themselves as persons with disabilities on the Faculty/Staff Information Sheet and the Faculty Employment Data Form.
2. Employees are told about their right to request reasonable accommodations:
    1. during the orientation for all new employees.
    2. at the time of the biennial survey to allow employees to self- identify as persons with disabilities.
    3. in the University Handbook.
3. An employee who wants to request an accommodation fills out the Disability Accommodation
4. Request Form and gives it to his or her supervisor.
5. The employee will be informed of the supervisor's decision regarding the accommodation request within ten working days.
6. Employees may be asked to provide verification of their disability.
7. The employee (or applicant) will be the primary person consulted with when determining the most appropriate accommodation.

C. The Appeal Process

1. If an employee disagrees with a decision regarding an accommodation request, he or she has a right to appeal the decision.
2. The appeal must be in writing, stating the reason(s) for the disagreement and sent to the Assistant to the Chancellor for Equal Opportunity within ten working days of the initial decision.
3. The Assistant to the Chancellor for Equal Opportunity will review the appeal, may request any pertinent information, and make a recommendation to the Chancellor within 15 working days after receipt of the appeal.
4. The Chancellor will make the final decision regarding the appeal within 15 working days after receipt of the Assistant to the Chancellor's recommendation.

D. Technical Assistance Resources

1. Assistant to the Chancellor for Equal Opportunity.
2. WI Division of Vocational Rehabilitation Field Office Supervisors or Placement Coordinators, 608-266-3655 [TDD 608-267-7772] (East), or 608-266-4551 [TDD 608-267-2090] (West).
3. Easter Seal Society of Wisconsin (Access Wisconsin). Assistance regarding persons with physical disabilities, 608-257-3411.
4. Job Accommodation Network (JAN), a computerized database of accommodation information which relates directly to job situations, 1-800-526-7234.
5. Director, Technical Assistance; Federal Department of Health and Human Services, 300 Wacker Drive, Chicago, IL, 60606. 312-353-5160.
6. The TRACE Center of the UW-Madison Hospitals and Clinics. 608-263-2237.
7. Disabled Student Services, 472-4711 (John Truesdale, Director).
8. Chancellor's Committee on Disability Concerns, 472-5442 (Marcia Pulich, Chairperson).
9. State of Wisconsin Disabilities Rights Coordinator, 608-267-0509.
10. Disabilities and Business Technical Assistance Center (ADA). 1-800-949-4232.

APPENDIX 3

UW-WHITEWATER DISCRIMINATION COMPLAINT PROCEDURES

Source: Offices of the Chancellor, the Provost and Vice Chancellor, Office of Equal Opportunity, Equal Opportunity Committee.

Any employee or student who has reason to believe that he or she has been discriminated against in a University education program or activity or in their employment, may contact the Equal Opportunity Officer in the Office of Human Resources. Discussion or complaint can be verbal and informal; confidentiality can be preserved unless the complaint becomes written and formal. Informal solutions may be agreed to as an appropriate means to resolving an issue. If resolution cannot be obtained informally, the following formal procedures may be utilized:

1. Send a detailed written complaint to the Equal Opportunity Officer, stating the specific actions considered discriminatory including time, date, place, manner, and parties who witnessed or would know about the events.
2. This University follows EEOC and state guidelines. To be timely, the complaint must be filed within 300 days of the last incident complained about.
3. Upon review of the initial facts, if the EO Officer concludes that, under the law, discrimination may have occurred, an investigation will be carried out. If the Officer concludes discrimination has not occurred, a written report of reasons will be made to complainant. Complainants may have recourse to state or federal agencies if they are dissatisfied with the "no discrimination" finding.
4. If an investigation is commenced, it will include notice of the particulars of the complaint to the party complained against, and the party complained against will have 30 calendar days to respond; complainant confidentiality cannot be preserved at this time.
5. The time frame for findings, conclusions, and recommendations based on the investigation is 30 calendar days from time of receipt of the written complaint by the EO Officer. In the spring semester, that may have to entail accommodation of summer break into the time frame.
6. If the complainant is satisfied with the EO Officer's recommendations, they will be submitted to the Chancellor for consideration and decision. The Chancellor's decision, which may include specific actions or recommendations for discipline, is final. A party disciplined has resort to normal appeal procedures by policy. At that point, the EO Office phase of the case is closed.
7. If the complainant is not satisfied with the findings and recommendations, within 15 days after receipt of them, a request for an administrative review by the Equal Opportunity Committee will be sent to the Chair of the Equal Opportunity Committee, who will convene the Committee.
8. Within 45 days of receipt of the request by the Chair, the Equal Opportunity Committee will be convened, review the record and other documents, and render its recommendations. If the Committee needs any further information to clarify matters, the Chair will request it and receive it in writing.
9. The Committee will make its recommendations to the Chancellor, who will make the final decision within 30 days.
10. If the complainant is not satisfied, he or she can request administrative review by the U.S. Equal Employment Opportunity Commission in Milwaukee, WI, when Title VII issues are involved, or the Office of Civil Rights of the U.S. Department of Education in Washington, D.C. when Title IX issues are involved, or the Division of Equal Rights of the Wisconsin Department of Employee Relations in Madison, WI.

Discrimination Complaint Procedures Diagram

APPEALS AND GRIEVANCES

Implementation of Non-Discrimination Statutes

Relative to University of Wisconsin-Whitewater Students

Source: The Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and Wisconsin Statute, s.36.12 provide collectively, and in part, that: No student may be denied admission to, participation in, or the benefits of, or discriminated against in any service, program, course, or facility of the (UW) System or its institutions or centers because

of the student's race, color, creed, religion, sex, national origin, disability, ancestry, age, sexual orientation, pregnancy, marital, or parental status. The Title IX Coordinator for UW-Whitewater is the Assistant to the Chancellor for Equal Opportunities. Title IX specifically prohibits sex discrimination in educational institutions.

I. CRITERIA FOR DETERMINING WHETHER THE PROHIBITION ON DISCRIMINATION HAS BEEN VIOLATED.In determining whether discrimination in violation of s.36.12, Wisconsin Statutes or Title IX, has occurred, the UW-Whitewater through its Office of Equal Opportunities (OEO), shall apply state and federal statutes, regulations, and case law relevant to the basis of discrimination being alleged, including but not limited to such legal materials and precedents as Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, Wis. Stats. 101.223, Wis. Stats. 36.11(3)(a), the United States Constitution, the Wisconsin Constitution, and related regulations and case law. In any case where there is a question as to whether the action or conduct in question violates Wis. Stats. 36.12 or Title IX, the OEO shall consult with institutional legal counsel.

II. DEADLINE FOR FILING COMPLAINTS

1. Complaints alleging a violation of Wis. Stat. 36.12 or Title IX, must be brought forward to the Assistant to the Chancellor for Equal Opportunity within 300 calendar days of the alleged violation.
2. If a complaint is made informally and orally only, the appropriate response would be oral by way of discussion, guidance, mediation, or other informal action. If a formal investigation is warranted or desired, the complaint shall be in writing.

III. PROCEDURES AND REMEDIES FOR VIOLATIONS

1. The Office of Equal Opportunities (OEO) will be responsible for:
    1. Reviewing each complaint.
    2. Providing procedural advice and counsel to the complainant, including referring the complainant to another process, if appropriate (as for example, if the issues in question are more properly handled as a grade appeal or a general grievance).
    3. Conducting the initial investigation of complaints, including receiving written response(s) by the person(s) complained against.
2. Where the Office of Equal Opportunity refers a complainant to another relevant complaint or grievance procedure, further action on the matter will be taken in accordance with that other procedure.
3. Where the OEO retains jurisdiction and determines after investigation that no discrimination in violation of s.36.12 or Title IX has occurred, the complaint will be dismissed by the EO Officer, and the complainant and any other interested parties will be so advised.
4. Where the EO Officer determines after investigation that discrimination in violation of Wis. Stat 36.12 or Title IX has occurred, the EO Officer may:
    1. Attempt to resolve the matter through mediation among the involved parties; or
    2. Recommend remedial action to eliminate the discrimination to the appropriate administrators; or
    3. Refer the matter for appropriate review and consideration of possible action under established disciplinary procedures, where misconduct by faculty, staff, or students appears to be involved.
5. The EO Officer will complete the investigation and make written findings of facts and recommendations within 30 working days of receipt of the written complaint.
6. If action is taken pursuant to paragraph 4(c) above, the time limit and procedures for such disciplinary matters shall apply.
7. If the EO Officer's recommendations are accepted by the parties, that will be considered dispositive of the issues.

8. If the EO Officer's recommendations are not accepted by the parties, an appeal can be taken within 10 working days of receipt of the report. The appeal should be in writing, stating the basis and proposing alternatives to the recommendations, and forwarded to the Assistant Chancellor for Student Affairs.
9. The Assistant Chancellor for Student Affairs will review the record and any other information deemed pertinent and may also recommend and/or attempt an alternative resolution. If no resolution is achieved, the Assistant Chancellor will forward his/her recommendations to the Chancellor within 20 working days of receipt of appeal.
10. The Chancellor will make the final decision within 20 working days. In all matters involving an alleged violation of Wis. Stats. 36.12 or Title IX, the Chancellor's decision shall be final, except that the Board of Regents may, consistent with the Bylaws of the Board of Regents of the University of Wisconsin System, conduct a review on the record.

APPENDIX 4

Employee Disability Accommodation Request Form

APPENDIX 5

GUIDELINES FOR DISABLED STUDENT BUILDING EVACUATION DUE TO FIRE OR TORNADO

Faculty/Staff Responsibilities

Faculty and staff are expected to direct the evacuation from their work area. They are responsible for knowing the primary and alternative routes of exit. When the situation involves a disabled student, they will assist according to students' directions given in the beginning of each semester.

Disabled Students' Responsibilities

In an emergency situation, it is critical to your health and safety that you are familiar with your needs during evacuation. You are expected to convey these needs to your residence hall director and instructors at the earliest possible date, preferably during the first week of each semester. The guidelines below are important to follow.

Pre-Emergency Preparation

- Be familiar with buildings and their exits.
- Be familiar with the distinct fire/tornado alarm signals. Fire signal: intermittent ringing of bells. Tornado alarm signal: verbal information from staff.
- Know the safest method people could use to assist you. Know how many people you need to provide that assistance.
- Be prepared to explain how and where a person(s) should support you. Practice instructions beforehand.
- Place a sign on your chair with above instructions if you have communication difficulties.
- Carry a loud whistle, horn or similar device you can operate. You may need to use it to alert people of your location if you become trapped.
- While attending class, position yourself near a doorway for easier exit. Do not block doorway.

Emergency Procedures-General Guidelines

- Remain calm.

- Never use an elevator in a fire or tornado emergency.
- Treat every alarm as an actual emergency.
- In a fire emergency, your first choice is evacuation.
- Leave all material in room/class to avoid wasting time.
- Follow signs to exits.
- Be prepared to abandon your electric chair.
- Avoid smoky stairwells.
- If helpers would not be able to carry you safely, opt to wait in a safe location for emergency personnel.
- For fire emergencies never re-enter a building until permitted by emergency personnel.

Fire Emergencies

In the event of a fire or notification of a fire by building or voice alarm, it is important to follow these guidelines. If fire is in room where you are located, exit area immediately, closing door behind you. Pull fire alarm. Evacuate the building. Call 9-911 from on campus; 911 if off campus and report fire and location. Stay on the phone until emergency staff hangs up.

A. Residence Hall Fire Evacuation

Decide whether you must exit the building immediately or remain in your room and be assisted in exiting. In any event, carry your room key with you. You may need to return to your room if exits are blocked.

--Unassisted room exit

- If exit is clear (not smoke filled) and you are able to self evacuate, do so immediately.
- Go to nearest exit-enter if clear and exit the building.
- If nearest exit is smoke filled, go to alternate exit and evacuate immediately.
- If your primary and alternate exits are smoke filled, return to your room and wait for help.
- If room becomes smoke filled, get on the floor.

--Assisted room exit

- If you need assistance to evacuate, stay in your room and wait for emergency crews to arrive.
- Unlock door, if possible. Close window and door. Open (do not break) window if room becomes smoke filled. If smoke starts pouring in window, close it.
- If primary and alternate exits are smoke filled, return to your room with your buddy and wait for help.
- If area becomes smoke filled, try to get on the floor.

B. Other Building Fire Evacuation--Unassisted room exit

- If way to exit is clear, and you are able to self evacuate, do so immediately.
- Go to nearest exit-enter if clear and exit the building.
- If nearest exit is smoke filled, go to alternate exit and evacuate immediately.
- If primary and alternate exits are smoke filled, distance yourself from smoke and flames.
- If area becomes smoke filled, get on the floor.

--Assisted room exit

- Helpers will act on your instructions.
- If area becomes smoke filled, get on the floor.

Tornado emergencies

In the event of a tornado or notification of tornado by voice or mechanical alarm, these guidelines are important to follow:

Residence hall, academic and other building locations--Unassisted tornado response

- Go to an interior hallway on lowest floor.
- Get away from windows and other glass sources.
- Avoid auditoriums/gymnasiums or other structures with wide, free-span roofs.
- Get under a sturdy table or other structure.
- Protect head and face.
- Avoid south or west exposures.

--Assisted tornado response

- In academic buildings, faculty/staff or emergency crews will assist you to a safe location in the building.

For information contact 504 Coordinator, Disabled Student Services, at 472-4711 or Risk Management and Safety at 472-1856.

As amended October 2002

UNIVERSITY OF WISCONSIN BOARD OF REGENTS NON-DISCRIMINATION POLICIES

SECTION 14: DISCRIMINATION PROHIBITED

14-2 SEXUAL HARASSMENT POLICY STATEMENT AND IMPLEMENTATION (Formerly 81-2)

I. Policy Statement

It is the policy of the Board of Regents of the University of Wisconsin System, consistent with its efforts to foster an environment of respect for the dignity and worth of all students and staff of the University of Wisconsin System, that sexual harassment of students and employees of the University of Wisconsin System is unacceptable and impermissible conduct that will not be tolerated. Sexual harassment is a form of sex discrimination. It occurs in a variety of situations that share a common element: the inappropriate introduction of sexual activities or comments into the work or learning situation. Often, sexual harassment involves relationships of unequal power and contains elements of coercion--as when compliance with requests for sexual favors becomes a criterion for granting work, study, or grading benefits. However, sexual

harassment may also involve relationships among equals, as when repeated sexual advances or demeaning verbal behavior have a harmful effect on a person's ability to study or work in the academic setting.
For general policy purposes, sexual harassment may be described as unwelcome sexual advances, requests for sexual favors, and other physical conduct and expressive behavior of a sexual nature where: (1) Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or education; (2) Submission to or rejection of such conduct by an individual is used as the basis for academic or employment decisions affecting that individual; or (3) such conduct has the purpose or effect of substantially interfering with an individual's academic or professional performance or creating an intimidating, hostile or demeaning employment or educational environment.
In keeping with this policy, a concerted effort must be made to protect employees and students from sexual harassment as defined, and to rid the University of Wisconsin System of such conduct.

II. Implementation:

Procedures for prompt corrective action and discipline consistent with due process are an essential part of the effort to eliminate sexual harassment. Equally important, however, is the establishment of programs to educate members of the University community on the subject of sexual harassment, and to make them more sensitive to its forms and damaging consequences. Development of the necessary programs and procedures is most appropriately and effectively undertaken at the institutional level. Therefore, the Board directs as follows:

a. Each institution within the System shall have or develop a disciplinary process to address allegations of sexual harassment. This process shall include: a definition of those forms of sexual harassment that will be grounds for disciplinary action; formal hearing procedures in accordance with due process requirements; and procedures allowing for resolution by mutual consent. In developing these definitions and procedures, institutions should be mindful of First Amendment rights and academic freedom, particularly as they relate to sexual harassment in the instructional setting. Institutions should also recognize that this policy does not address consensual sexual relations, which do not involve harassment or discrimination. Institutions should also be aware of and sensitive to the fact that disciplinary action is not the only means of dealing with the problem of sexual harassment; there may be some kinds of conduct that are more appropriately addressed by an educational process or through other informal means. All institutional definitions and procedures are subject to approval by the Board and shall be presented to the Board not later than February, 1982, for purposes of review leading to approval.

b. Each institution within the System shall establish educational programs designed to inform employees and students of the nature of sexual harassment, to increase their sensitivity to it, and to publicize the procedures, sanctions and remedies available against it. Each institution will make a yearly report to the President of the University of Wisconsin System, which will then be reported to the Board of Regents, summarizing the results of educational efforts and corrective and disciplinary procedures. This report will be made in conjunction with the institution's yearly report on Equal Opportunities in Education (Regent Policy Document 14-3, Formerly 83-5).

c. System Administration staff shall, upon request, assist the institutions in their efforts to implement this policy and shall make available information and materials on the subject of sexual harassment, which would be useful in the drafting of definitions or procedures or in preparing education programs.

History: Res. 2361 adopted 5/8/81; replaces 80-8; amended by Res. 3758, 4/10/87.

14-3 EQUAL OPPORTUNITIES IN EDUCATION: ELIMINATION OF DISCRIMINATION BASED ON GENDER (Formerly 83-5)

I. Policy Statement:
Title IX of the Higher Education Act states: "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance..."
The University of Wisconsin System prohibits participation in, support for, or sanction of activities that discriminate on the basis of sex, when in fact, no exception can be allowed except on the basis of a bona fide physical dichotomy. The University of Wisconsin System is an equal opportunity educational institution. All University of Wisconsin System funded or sponsored functions and/or activities shall be generally available to all students without regard to gender.
Each institution in the System is directed to:
A. Review all educational functions and activities for discrimination on the basis of gender.

B. Prescribe corrective actions where gender discrimination is identified; and

C. Act affirmatively to eliminate gender stereotypes through leadership in such areas as student support services, public service, instruction/instructional support, and research.Each institution will make a yearly report to the President of the University of Wisconsin System, summarizing the results of efforts to identify and eliminate any existing discriminatory practices.

II. Guidelines:
Introduction: Implementation of the Regent Policy on Equal Opportunities in Education is desirably a matter for institution/unit initiative. Problems and problem areas will vary, and the methods used to resolve any identified problems for resolution will also vary. The following guidelines are offered to assist institutions/units as they identify and resolve problems.
The institution/unit program for eliminating discrimination based on gender will be strengthened if students, faculty, and administrators are involved in the identification of problem areas and the development of solutions.

A. Recruitment: Occupational stereotyping by gender unduly restricts equal employment opportunities. Such stereotyping probably will continue as long as certain professions are heavily dominated by members of a single gender. Departments or divisions in which most students are of one gender should exert leadership in modifying stereotypes by striving to attract students of the underrepresented gender into the discipline. Institutions/units should evaluate their recruitment procedures to insure that occupational stereotypes are not reinforced.

B. Admissions: Admission at the undergraduate level is currently open to all resident and most nonresident students who meet the prescribed criteria. If any admissions policy or practice appears to have the effect of favoring one gender, it should be examined by the faculty to insure that it does not contain gender bias. Faculties should give consideration to non-traditional prior learning in assessing qualifications for admission and placement of non-traditional students. At the graduate and professional school level, standards and criteria for admission should be well-publicized and uniformly applied to all applicants without consideration of gender.

C. Financial Aids: All forms of student financial aid (fellowships, scholarships, work-study, loans, graduate grants such as teaching assistantships, etc.) should be administered uniformly on the basis of demonstrated individual need and ability, without regard to gender. Application and eligibility information, as well as criteria for granting each type of award, should be well publicized. Supplementary awards such as dependency allowances should also be granted without regard to gender.

If the institution finds that current financial aid statistics show (a) the proportion of students of one gender who receive financial aid is smaller than the proportion of that gender who request financial aid, or (b) the average dollar amount of financial aid is higher for recipients of one gender than the other, a study should be made to determine whether policies or practices that have the effect of being discriminatory have caused the discrepancies. When discrimination has been determined to exist, corrective actionshould be taken to ensure that all financial aid in the subsequent school year and thereafter will be granted equitably.

Each institution should devise a flexible and fair means by which students eligible for financial aid can continue to qualify and receive such aid after temporary interruption of progress toward a degree. Eligible part-time students should be able to receive financial assistance on a prorated basis. Because many types of grants are restricted to full-time students, it may be advisable to solicit aid for part-time students. Each institution should have a method of recording the number and percent of applicants and those granted financial aid by gender, level, type of award and dollar amount.

D. Counseling: Each institution should ensure that academic and nonacademic counseling is free from prejudgments or assumptions based on the gender of the student.

Career counseling should be based on the individual student's aptitude and interests, and vocational aptitude testing should likewise be unbiased. Those who counsel women should be aware of patterns that show growing numbers of women joining the work force for substantial periods of years, and otherwise increasing their participation in the leadership of society. Faculty and other staff members who do academic counseling of students should keep current with new research and scholarship on changing roles and expectations of women and men in society.

In-service training programs, developed or sponsored by the University for counselors, should include up-to-date information and techniques to deal with the unique problems and expectations that both men and women face in college and after.

E. Housing: There should be University-owned and/or listed housing available to men and women. Each University should have an equity code to be adhered to by those who wish to list housing with the University.

F. Child Care: As an alternative to community child care, when it does not meet the needs of the institution/unit, each University should set a goal of seeing that top quality, low-cost child care and extended child care services, preferably campus based, are available to the children of students, faculty, and staff.

G. Women's Studies: Sex-role stereotyping can be eliminated, in part, through education. In its role of shaping educational policy, the faculty of each institution/unit is encouraged to:

1. give support to women's studies courses,
2. recruit faculty with an interest in women's studies,
3. support research in women's studies,
4. integrate the results of women's studies research into existing curricula, and,
5. evaluate and recommend for purchase library holdings, including periodical literature, books, and other instructional materials, in the area of women's studies.

H. Physical Education: Physical education facilities and courses should be open to all students without regard to gender, except where bona fide reasons for separation can be documented.

I. Complaints/Grievances: The University mechanism for hearing student complaints/grievances should provide for: consideration of matters related to gender discrimination, and should be well publicized. An appropriate institutional officer should be designated to oversee investigation of such complaints/grievances.

J. Placement Service: The placement service should guarantee that all services, listings, and interview proceedings are free of discrimination based on gender.

K. Co-curricular Activities: Institution/unit support for co-curricular activities, including recreation and intercollegiate athletics, should be equitable for all students. Facilities for co-curricular activities shall be open to recognized student groups without regard to gender. Men and women should be included on University committees that make recommendations on allocation of student segregated fees. Such committees should scrutinize carefully organization requests to assure equitable funding. Committees planning lecture series or forums, arts festivals, performing arts series, and related events should assure that women are included.

L. Health Services: There should be on-going evaluation of health service policies to guarantee quality treatment for both men and women. Gynecological services are in integral part of a quality health program for women.

M. Class Hours: Institutions/units are urged to make or to continue to make courses available in the evening, early morning and on weekends as well as during the day.

Faculty members should continue providing outreach courses for credit and non-credit, off-campus scheduling of classes including those in general education, independent study, ETN and televised course offerings, and other kinds of continuing education programs consistent with institutional missions, Faculty members should be encouraged to experiment with innovative programs, delivery systems, and teaching strategies to accommodate non-traditional students.

N. Security: Institutions/units should assure that maximal efforts are made to promote a secure University environment.

O. Appointment of Students to University Committees: Men and women should be represented equitably among student appointments to University committees.

P. Publications: Continued effort should be made to include women and men in text and illustrations of catalogs, brochures, and other institutional publications.

Q. Monitoring Institution Progress: An appropriate member of the University administration should be responsible for coordinating efforts to eliminate gender discrimination affecting students. The identification and solution of problems of discriminatory practices should be effected through the cooperative effort of students, faculty/staff, and administration.

This coordinator should direct compilation of all special reports that analyze University practices to determine whether any discrimination based on gender exists and what solutions are proposed, when such practices are identified. The University should maintain an official file that includes a plan for and results of efforts to provide leadership in eradicating gender stereotypes.
This statement of policy and guidelines on Equal Opportunities in Education should be available to students, faculty, staff and administrators in all institutions and units.
History: Res. 2927 adopted 10/7/83; amends 74-4.

14-5 MEASURES TO ALLEVIATE RACISM (Formerly 87-4)
Whereas Study Group 17 of the Regents Future Study Group Report (Policy 28-1, Formerly 86-5) reaffirmed the University System's commitment to the special needs of minority students with specific proposals; and whereas United States. minority enrollments, particularly those of black students, have declined drastically during the last ten years; and whereas, a number of racist incidents have recently occurred on campuses in the System, which tends to threaten campus tranquility and impacts negatively on recruitment and retention of minority students and faculty; and whereas racism in any form is intolerable; and whereas, a university community should promote cultural and ethnic pluralism; and whereas the obligation rests with the University System to take corrective measures to alleviate these serious problems; therefore, be it resolved that:

1. The Board of Regents condemns all acts of racism and/or cultural insensitivity anywhere in the University of Wisconsin System.

2. The Board of Regents encourages the development and implementation of studies and programs, such as multicultural ethnic understanding and acceptance workshops at all of the University of Wisconsin campuses.

3. The Board of Regents applauds and endorses President Shaw's leadership and new initiatives toward the elimination of racism and discrimination in all its forms, and the improvement of the status of minority faculty and students in the University of Wisconsin System.

4. The Board of Regents directs the University System to hold accountable those University administrative officers responsible for the implementation of policies and supervision of programs to meet the goals set by the Board of Regents and the State of Wisconsin.

5. The Board of Regents directs the University of Wisconsin System to make minority institutional and state aid programs, and other programs to enhance the recruitment of minority students and faculty, a top priority in state budget deliberations.

History: Res. 3783 adopted 5/8/87.

14-6 DISCRIMINATION, HARASSMENT, AND RETALIATION

Scope

This policy applies to all areas of the System and institution programs and activities, employment practices and operations, including the conduct of all students and employees that arises out of their employment, educational or academic status, as well as to the conduct of all guests, visitors, vendors, contractors, subcontractors and others who do business with the System or its institutions.

Purpose

The purpose of this policy is to express the Board of Regents' commitment to providing an educational, program, activity, and workplace environment free of discrimination, harassment, and retaliation.

Policy Statement

It is the policy of the Board of Regents of the University of Wisconsin System to maintain an academic and work environment free of discrimination, discriminatory harassment, or retaliation for all students and employees. Discrimination is inconsistent with the efforts of the University of Wisconsin System to foster an environment of respect for the dignity and worth of all members of the university community and to eliminate all manifestations of discrimination within the university. The Board is also committed to the protection of individual rights under the First Amendment (and related principles of academic freedom) and in preserving the widest possible dialogue within its educational environment.

Discrimination or discriminatory harassment that is based upon an individual's characteristics which are protected under institution policy, state law or federal law ("protected status") is prohibited. Harassment is a form of discrimination and is prohibited. In addition, any form of retaliation against students or employees will not be tolerated. Any person who believes they have been subject to this type of prohibited activity should immediately report it to the appropriate institution official or office.

The following protections shall apply to this policy in regard to an individual's characteristics ("protected status"):

Students: No student may be denied admission to, or participation in or the benefits of, or be discriminated against in any service, program, course or facility of the system or its institutions on the basis of race, color, creed, religion, age, sex, sexual orientation, gender identity or expression, national origin, ancestry, disability, pregnancy, marital or parental status, or any other category protected by law, including physical condition or developmental disability as defined in Wisconsin Statutes §51.01(5).

Employees: No employee may be discriminated against on the basis of race, color, creed, religion, age, sex, sexual orientation, gender identity or expression, national origin, ancestry, disability, pregnancy, marital or parental status, genetic information, arrest record, conviction record, military service, veteran status, use or nonuse of lawful products off the employer's premises during nonworking hours, declining to attend a meeting or participate in any communication about religious matters or political matters, or any other category protected by law. This provision includes employment-related actions, such as recruitment, interviewing, testing, screening, selection, placement, classification, evaluation, transfer, promotion, training, compensation, fringe benefits, layoffs, and /or dismissal.

Definitions

The following definitions shall be used in determining whether a particular course of conduct constitutes discrimination or discriminatory harassment under this policy:

A. ***Discrimination*** is conduct that adversely affects any aspect of an individual's employment, education, or participation in an institution's activities or programs, or has the effect of denying equal privileges or treatment to an individual on the basis of one or more characteristics of that individual's protected status or category as defined herein.

B. ***Discriminatory Harassment*** is a form of discrimination consisting of unwelcome verbal, written, graphic or physical conduct that:

1. Is directed at an individual or group of individuals on the basis of the individual or group of individuals' actual or perceived protected status, or affiliation or association with person(s) within a protected status (as defined herein above); and

2. Is sufficiently severe or pervasive so as to interfere with an individual's employment, education or academic environment or participation in institution programs or activities and creates a working, learning, program or activity environment that a reasonable person would find intimidating, offensive or hostile.

To constitute prohibited harassment, the conduct must be both objectively and subjectively harassing in nature. Harassment may include but is not limited to verbal or physical attacks, threats, slurs or derogatory or offensive comments that meet the definition set forth herein. Harassment does not have to be targeted at a particular individual in order to create a harassing environment, nor must the conduct result in a tangible injury to be considered a violation of this policy. Whether the alleged conduct constitutes prohibited harassment depends on the totality of the particular circumstances, including the nature, frequency and duration of the conduct in question, the location and context in which it occurs and the status of the individuals involved.
Sexual harassment is defined under Regent Policy 14-2 and is regulated through existing institutional policies and procedures.

C. ***Retaliation*** is defined as adverse action taken against an individual in response to, motivated by or in connection with an individual's complaint of discrimination or discriminatory harassment, participation in an investigation of such complaint and/or opposition of discrimination or discriminatory harassment in the educational or workplace setting.

Institutional Policies and Procedures
University of Wisconsin System institutions shall have: (1) policies and procedures consistent with this Board policy for the prevention and prohibition of discrimination, harassment and retaliation against students or employees; and (2) procedures in place to ensure prompt corrective action whenever discrimination, harassment or retaliation may occur.
A. Institutional policies and procedures shall, at a minimum, contain the following provisions:

1. A clear statement of the institution's commitment to the elimination of discrimination and discriminatory harassment toward students or employees. This statement may be presented in an existing policy statement concerning general principles of nondiscrimination or anti-harassment, or articulated in a separate institutional policy.

2. A definition of what constitutes discrimination, discriminatory harassment and retaliation that is consistent with this policy and a statement that such conduct is prohibited.

3. A prohibition against using institution technology (computers, e-mail systems, voice mail system, and webpages) in any manner that would violate this policy.

4. A statement that specific incidents of alleged discrimination or discriminatory harassment will be reviewed on a case-by-case basis in accordance with the procedures developed by each institution. Due consideration will be given to the protection of individual First Amendment rights to freedom of speech, expression, and academic freedom.

5. A process under which an informal or formal complaint may be filed with the appropriate identifiable university office or department. The process shall set forth the manner and timeline in which complaints will be received, investigated, and resolved through either voluntary action on the part of the parties involved or through university action in the form of sanctions, disciplinary action, or other appropriate remedies or redress.

6. A statement indicating that retaliation against an individual for filing a complaint of discrimination or discriminatory harassment or participating in the process is prohibited. In developing these processes, existing grievance and disciplinary procedures applicable to students, student organizations, and employees will be incorporated by reference.

B. Each institution shall develop a process to notify prospective and current students, student organizations, job applicants and employees of its institutional policies and procedures regarding discrimination, discriminatory harassment, and retaliation.

Oversight, Roles, and Responsibilities
Each chancellor or his or her designee shall be responsible for implementing institutional policies consistent with this policy.

Related Regent Policies and Applicable Laws
RPD 14-2: Sexual Harassment Policy Statement and Implementation
RPD 14-3: Equal Opportunities in Education: Elimination of Discrimination Based on Gender
RPD 14-4: Reserve Officers Training Corps
RPD 14-5: Measures to Alleviate Racism
RPD 14-7: Implementation of Statute on Discrimination Against Students
RPD 14-10: Nondiscrimination on Basis of Disability: Policy Statement History: Res. 5063, adopted 10/07/88, created Regent Policy Document 88-12. Res. 6193, adopted 09/11/1992; Res. 6278, adopted 12/11/1992; and Res. 8963, adopted 02/11/2005 amended Regent Policy Document 88-12. Regent Policy Document 88-12 was renumbered 14-6. Res. 10275, adopted 10/11/2013, amended Regent Policy Document 14-6 and deleted Regent Policy Document 14-9.

14-7 IMPLEMENTATION OF STATUTE ON DISCRIMINATION AGAINST STUDENTS (Formerly 91-4)
Pursuant to 1997 Wisconsin Act 237, Wis. Stats. § 36.12, “No student may be denied admission to, participation in or the benefits of, or be discriminated against in any service, program, course, or facility of the system or its institutions because of the student’s race, color, creed, religion, sex, national origin, disability, ancestry, age, sexual orientation, pregnancy, marital status or parental status.”
In accord with stated statutory requirements, the Board directs each institution of the University of Wisconsin System to establish policies and procedures to protect students from discrimination in violation of the statute.
History: Res. 5748 adopted 4/11/91.

14-8 CONSENSUAL RELATIONSHIP POLICY (Formerly 91-8)
It is in the interest of the University of Wisconsin System to provide clear direction and educational opportunities to the university community about the professional risks associated with consensual romantic and/or sexual relationships where a definite power differential between the parties exists. These relationships are of concern for two primary reasons.

1. Conflict of Interest: Conflicts of interest may arise in connection with consensual romantic and/or sexual relationships between faculty or other instructional staff and students, or between supervisors and subordinates. University policy and more general ethical principles preclude individuals from evaluating the work or academic performance of others with whom they have intimate familial relationships, or from making hiring, salary or similar financial decisions concerning such persons. The same principles apply to consensual romantic and/or sexual relationships, and require, at a minimum, that appropriate arrangements be made for objective decision-making with regard to the student, subordinate or prospective employee.

2. Abuse of Power Differential: Although conflict of interest issues can be resolved, in a consensual romantic and/or sexual relationship involving a power differential the potential for serious consequences remains. Individuals entering into such relationships must recognize that:

a. the reasons for entering such a relationship may be a function of the power differential;
b. where power differentials exists, even in a seemingly consensual relationship, there are limited after-the-fact defenses against charges of sexual harassment; and
c. the individual with the power in the relationship will bear the burden of accountability.

3. Guidelines for Implementation: To make it clear that romantic and/or sexual relationships involving conflict of interest are unacceptable in the University of Wisconsin System and to ensure that members of the university community are alerted to the potential for abuse in power differential relationships, even where conflict of interest issues are resolved, each institution within the University of Wisconsin System shall develop a statement on Consensual Relationships that is consistent with the above.
a. The statement shall be developed in consultation with faculty, academic staff and student governing bodies.

b. The statement shall be published in faculty and student handbooks and comparable academic staff publications.

c. A means of educating instructors, supervisors, and other employees and students on the meaning of the statement shall be provided.

d. These guidelines shall be implemented by the end of the academic year 1991-92.

History: Res. 5867 adopted 7/12/91.

14-10 NONDISCRIMINATION ON BASIS OF DISABILITY: POLICY STATEMENT (Formerly 96-6)
The University of Wisconsin System is committed to making individuals with disabilities full participants in its programs, services and activities through its compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. The Board of Regents recognizes that individuals with disabilities may need accommodations to have equally effective opportunities to participate in or benefit from the university's programs, services and activities.

It is the policy of the University of Wisconsin System that no otherwise qualified individual with a disability shall be denied access to or participation in any program, service, or activity offered by the universities. Individuals with disabilities have a right to request accommodations. Individuals will receive appropriate accommodations to their needs in order to fully participate in or benefit from the university's programs, services, and activities in a non-discriminatory, integrated setting.

The University of Wisconsin System and any of its agents shall not coerce, intimidate, retaliate against, or discriminate against any individual for exercising a right under the ADA or Section 504, or for assisting or supporting another to exercise a right under the ADA or Section 504.
The University of Wisconsin System will not give significant assistance to an agency, organization, or person that discriminates on the basis of disability in providing any aid, benefit, or service to beneficiaries of the university's programs.

I. DEFINITIONS
A. Disability means, with respect to an individual:

1. a physical or mental impairment that substantially limits one or more of the person's major life activities;
2. a history of such an impairment; or
3. being regarded as having such an impairment.

B. A Qualified Individual with a Disability is someone who (with or without accommodations) meets the essential eligibility requirements for participating in programs, services, and activities provided by the university.

C. Accommodation means adjustments including reasonable modifications to rules, policies, or practices; environmental adjustments such as the removal of architectural, communication, or transportation barriers; or auxiliary aids and services. Examples of accommodations include, but are not limited to: alternative testing, extended time, scribe, interpreter, environment free of distractions, brailed material, taped lectures, and computer-assisted instruction.

D. Essential Eligibility Requirement means the academic or other technical standards required for admission to or participation in the university's programs, services, or activities which an individual must be able to meet with or without accommodation.

E. Individual means any person applying for admission to or participation in a program, service or activity of the university, or any person currently participating III a program, service or activity of the university.

II. RESPONSIBILITIES
A. University of Wisconsin System Administration:

1. The President of The University of Wisconsin System shall appoint and maintain an Advisory Committee to provide information and recommendations relating to individuals with disabilities.

2. The President of the University of Wisconsin System shall designate a person or office to be a resource to the President's Advisory Committee, to act as a liaison to other agencies, and to assure that each institution has developed the procedures required by this policy.

3. System Administration shall develop operational guidelines for implementing this policy.

B. University of Wisconsin Institutions:

1. Each Chancellor shall appoint an advisory committee, including students, to provide information and recommendations responsive to the needs and concerns of individuals with disabilities.

2. Each Chancellor shall designate one or more individuals to coordinate its efforts to comply with and fulfill its responsibilities under Title II of the ADA and Section 504 and to investigate any complaints alleging the institution's non-compliance with Title II of the ADA and Section 504.
3. Each institution shall adopt and make readily available in suitable formats (e.g., enlarged, Braille, audio-taped):

(a) a procedure that allows an individual, including both prospective and current students, to disclose a disabling condition and request accommodations believed needed to obtain equal access to and participation in university programs, services and activities;

(b) a procedure for confirming an individual's disability and assessing the appropriateness of the requested accommodations;

(c) a procedure for sharing, storing and protecting confidential medical information;

(d) a procedure for providing accommodations.

4. Each institution shall maintain data on the nature and extent of the services provided to individuals with disabilities. System Administration will develop data collection requirements as part of the operational guidelines for implementing this policy.

5. Each institution shall provide accommodations to allow individuals with disabilities to participate in or benefit from the university and its programs, services, and activities in the most integrated setting appropriate.

6. Each institution shall adopt and publish grievance procedures providing for prompt and equitable resolution of complaints alleging any action that would violate Title II of the ADA or Section 504. These procedures should be applicable to any anticipated complaint, including an appeal of a denied accommodation request.

7. An institution will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the costs of measures that are required to comply with the provisions of Section 504 and the ADA.

8. An institution will provide funding for auxiliary aids while an individual's application for funding by other agencies is being reviewed.

9. Each institution shall provide periodic in-service training for faculty and staff to develop their awareness and understanding of the needs of individuals with disabilities and legal compliance issues.

C. Individuals with Disabilities:

1. Each individual is responsible for making timely and complete disclosures and specific requests regarding accommodations to meet his or her particular needs in order to enable the University of Wisconsin Institution to provide an appropriate response. It is strongly recommended that requests for accommodations be made at least eight weeks prior to the date they would be needed to avoid delays that could affect participation in a program, service, or activity.
2. Each individual seeking accommodations based on a disability shall demonstrate initiative in obtaining and arranging accommodations. If requested, institutions will assist an individual in making the necessary applications for funding from other agencies.
3. Each individual is required to submit documentation verifying his or her disability and limitations that is appropriately current and prepared by a qualified professional. Individuals submitting incomplete information may be asked to provide additional verifying documentation. Individuals may be required to participate in additional evaluations needed to determine the individual's eligibility for an accommodation or what constitutes an appropriate accommodation.
4. The university shall not require an individual with a disability to accept an accommodation, aid, service, opportunity or benefit under any circumstances.
5. Students with disabilities are expected to abide by the student conduct code in the same manner as all students.

III. FACILITY ACCESSIBILITY

A. Existing Facilities:

1. Structural changes in existing facilities are not required when other methods provide program accessibility. Existing facilities shall be made readily accessible to qualified individuals with disabilities, through such means as:

(a) Redesigning equipment or the facility after case review.

(b) Providing appropriate signage.

(c) Reassigning classes, staff, or services to accessible sites.

(d) Delivering health, advisory, and support services at accessible sites.

2. Remodeling projects that affect the usability of a facility or any part of a facility shall, to the maximum extent feasible, be completed in such a manner that the facility is readily accessible to and usable by persons with disabilities.

3. Evacuation procedures shall be developed by each institution for individuals with disabilities.

B. New Construction:
Each facility or part of a facility constructed by, on behalf of, or for the use of the university must be designed and constructed in such a manner that the facility is readily accessible to and usable by persons with disabilities.

C. Off Campus:
Contractual or lease agreements for the use of off-campus facilities should reflect efforts to secure accessibility. Any program, service, or activity in that facility must be accessible.

D. Accommodations:

1. ACADEMIC REQUIREMENTS: Academic requirements shall be modified, as necessary, so they do not discriminate against qualified individuals with disabilities.

2. PROGRAM EXAMINATIONS AND EVALUATIONS: Examinations or other procedures for evaluating an individual's academic achievements should, where necessary, be adapted to permit evaluating the achievement of individuals who have a disability, rather than reflecting the individual's disability.

3. ACADEMIC SUPPORT SERVICES: No participant with a disability in a university program or activity shall be denied the benefits of, be excluded from participation in, or be otherwise discriminated against in the provision of educational support services available to all individuals in general.

All auxiliary aids, services, or other accommodations used by individuals with disabilities to provide access to university programs, services, and activities need not be on hand or present at all times.

The university does not provide individuals with disabilities with personal devices or assistance for personal use, including but not limited to: wheelchairs, eye glasses, hearing aids, personal assistance for eating or dressing, or readers for personal use.

Accommodations shall not fundamentally alter the nature of the program, service, or activity; require waiver of essential program or licensure requirements; violate accreditation requirements; unnecessarily intrude on academic freedom; or pose an undue fiscal or administrative burden on the institution.
The university retains authority in determining appropriate accommodations after giving consideration to the wishes of the individual, the documentation provided, and institutional expertise in working with individuals with disabilities.

E. Physical Education, Athletics, and Related Activities:

Each institution shall require that all physical education courses, intercollegiate and intramural athletics, and related activities, taken as a whole, provide an equal opportunity for the participation of qualified individuals with a disability. Individuals who cannot participate in standard physical education courses or compete in athletic programs with or without accommodation because of a disability may be offered alternates that are

separate or different, provided that the programs and activities are operated in the most integrated setting appropriate. If accommodations are not possible in a required course, a procedure for requesting a substitution should be available.

F. Insurance:

For institutions that provide insurance plans and health services, the university shall afford these benefits to qualified persons with disabilities in a manner consistent with the ADA. A student health center must provide the same types and levels of service for all students, non-disabled and disabled. In addition, student health centers should be prepared to provide individuals with disabilities with information about where specialized health services may be obtained, if these services are not provided at the center.

G. Housing:

1. ON-CAMPUS HOUSING: Where a university provides on-campus housing/food services, it shall provide comparable, convenient, and accessible services at the same cost to individuals with disabilities.

2. OFF-CAMPUS HOUSING: Where a listing of private off-campus housing is provided by any university office, it should identify those units that are accessible to individuals with disabilities.

H. Financial Aid:

Financial aid awards may take into account the special needs of individuals with disabilities. Adjustments to awards as allowed by the rules or regulations governing the financial aid program may be made by the financial aid service.

I. Student Employment:

The University of Wisconsin System complies with Title I of the Americans with Disabilities Act and Section 504 so that students with disabilities have an equal opportunity to participate in institutional employment opportunities.

J. Advising, Counseling and Placement Services:

Institutions shall not counsel or advise qualified individuals with disabilities toward more restrictive career objectives than non-disabled individuals with similar interests. This does not preclude providing factual information about licensing and certification requirements that may present obstacles to individuals with disabilities in their pursuit of particular careers.

K. Social Organizations:

Before providing official recognition or assistance to fraternities, sororities, or other campus organizations, institutions shall request and obtain assurance that the organization does not permit actions prohibited by this policy.

History: Res. 7346 adopted 12/6/96; replaces Policy 88-9 (established by Res. 5008 adopted 7/8/88)

SECTION D:

APA CODE OF ETHICS

American Psychological Association

Code of Ethical Behavior

Ethical Principles of Psychologists & Code of Conduct 2002 with Amendments 2010

(APA: **www.apa.org/ethics/)**

CONTENTS

INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A – E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of interns; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., reasonably, appropriate, potentially) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term reasonable means the

prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

PRINCIPLE A: BENEFICENCE AND NONMALEFICENCE

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

PRINCIPLE B: FIDELITY AND RESPONSIBILITY

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

PRINCIPLE C: INTEGRITY

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

PRINCIPLE D: JUSTICE

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices. APA Ethics Code 2002

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. RESOLVING ETHICAL ISSUES

1.01 Misuse of Psychologists' Work
If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority
If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

1.03 Conflicts Between Ethics and Organizational Demands
If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

1.04 Informal Resolution of Ethical Violations
When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations
If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees
Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints
Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents
Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. COMPETENCE

2.01 Boundaries of Competence
(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies
In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence
Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments
Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others
Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02,

Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts
(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. HUMAN RELATIONS

3.01 Unfair Discrimination
In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment
Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment
Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm
Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships
(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest
Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services
When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships
Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

3.09 Cooperation With Other Professionals
When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent
(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual’s rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered To or Through Organizations
(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services
Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client’s/patient’s relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. PRIVACY AND CONFIDENTIALITY

4.01 Maintaining Confidentiality
Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality
(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording
Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy
(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations
When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes
Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. ADVERTISING AND OTHER PUBLIC STATEMENTS

5.01 Avoidance of False or Deceptive Statements
(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral

presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others
(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs
To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations
When psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation
Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. <u>RECORD KEEPING AND FEES</u>

6.01 Documentation of Professional and Scientific Work and Maintenance of Records
Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work
(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment
Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements
(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients
Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources
In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

7. <u>EDUCATION AND TRAINING</u>

7.01 Design of Education and Training Programs
Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs
Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching
(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware

of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

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.

7.05 Mandatory Individual or Group Therapy
(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance
(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees
Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. <u>Research and Publication</u>

8.01 Institutional Approval
When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research
(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research
Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in

a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants
(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research
Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation
(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

8.07 Deception in Research
(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing
(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research
(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results
(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism
Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit
(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data
Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers
Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. <u>ASSESSMENT</u>

9.01 Bases for Assessments
(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and

extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term test data refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of test data. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons
Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results
(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services
(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results
Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11. Maintaining Test Security
The term test materials refers to manuals, instruments, protocols, and test questions or stimuli and does not include test data as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. <u>THERAPY</u>

10.01 Informed Consent to Therapy
(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a intern and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families
(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy
When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others
In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients
Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients
Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners
Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients
(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy
When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

History and Effective Date Footnote

This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and is effective beginning June 1, 2003. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Executive Director of UHCS, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA web site, http://www.apa.org/ethics. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged

conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. American Psychologist, 14, 279-282.

American Psychological Association. (1963). Ethical standards of psychologists. American Psychologist, 18, 56-60.

American Psychological Association. (1968). Ethical standards of psychologists. American Psychologist, 23, 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. APA Monitor, 22-23.

American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. American Psychologist, 36, 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). American Psychologist, 45, 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. American Psychologist, 47, 1597-1611.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

Ethics Code 2002.doc 10/8/02 Ethics Code 2002.doc 10/8/02

Language of the 2002 Ethics Code With Changes Marked

Introduction and Applicability

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner~~. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority~~ in keeping with basic principles of human rights.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.~~Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and ~~to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.~~take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.