Practicum Handbook

Principles and Guidelines for Clinical Training:

Practica, Clerkships, Externships, and Internships

Clinical Psychology
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I. GENERAL PRINCIPLES

Overview: As with other aspects of clinical training, practical experiences are a collaborative activity between the students and the faculty and practicing professionals. The Training Program provides guidelines, direction, and oversight to students' clinical practice. In all activities the Program retains the major responsibility for students' development, and its decisions must be primarily guided by needs of training over provision of services. Because those training needs highlight ethical and competent practice, client and training needs rarely require accommodation for harmony. Because of varying student needs, community opportunities, and circumstances of community professionals, an emphasis is placed on flexibility.

A. PHILOSOPHY AND GOALS

1. MODEL

BYU's Clinical Psychology Program follows the Scientist-Practitioner model of training, which dictates that scientific principles provide a critical foundation for clinical practice and that the two domains inform each other and together drive skill development, clinical decision-making, therapeutic endeavors, and practice models. Most scientific principles are formally taught outside of practical clinical experiences, but clinical experiences often provide supplementary science. More importantly, much of the skill and mindset required to integrate science and practice is taught, mentored, and required within clinical experiences. It is expected that all clinical experiences demand good science and clear understanding of foundation principles.

2. BREADTH OF TRAINING

Clinical experiences are diverse by design. All students are expected to achieve competence in the interrelated skills of assessment, evaluation, consultation, and psychotherapy. Further, we require experiences with diverse populations, at least including males and females; children and adults; couples, families and/or groups; and minorities. Additionally where possible, exposure to the disabled and other special populations is desirable. The clients with whom students work should present with a variety of clinical concerns and from a variety of backgrounds. Finally, students should receive training within a variety of settings, potentially including mental health clinics, hospitals and medical centers, specialty clinics, and occasionally, private practice. Students are exposed to various supervision models and receive opportunities to apply those models in the supervision of others.

3. GRADUATED EXPERIENCES

Selection of settings, clients, and types of supervision depends upon student preparation. Our experiences are designed to be graduated so that students are continually challenged while receiving the training and supervision to also have continuous support. This is accomplished in three ways: (a) *settings*—students begin by participating in the Assessment Practicum in their first year where didactic training is followed by the completion of a series of psychological assessments at BYU's Comprehensive Clinic; in their second and third years students see both therapy and assessment clients within the Clinic practicum, having completed foundational skills

training; after the first year students move to clerkships and more structured externships outside of the Clinic; next they participate in more complex externships, and finally they complete an approved internship; (b) *clients*—students begin with fewer clients and more circumscribed, straight-forward problems, advancing to more difficult clients as skills develop; and (c) *supervision*—supervision is more intense and structured, and work is more closely and frequently monitored at the beginning of the program, with students moving more to non-faculty supervisors as they progress.

4. THERAPEUTIC ORIENTATION

The Program espouses no particular model of psychotherapy, drawing from a wide range of theories and orientations in an attempt to give broad exposure to a diversity of traditional and innovative, empirically-supported approaches. Cognitive-behavioral and behavioral approaches are well-represented, in addition to interpersonal (including psychodynamic and objects relations), family systems, emotion-focused, mindfulness-based and compassion-focused orientations. Considerably more emphasis is given to empirically supported models and to engaging in the process of evidence-based practice. However, it is expected that through exposure to various models students will develop theoretical orientations which will drive clinical practice. In keeping with this philosophy, we expect students to receive training and supervision in several orientations, with advanced students perhaps narrowing their theoretical interests (thus, we are receptive to particular student interests so long as they do not preclude reasonably broad exposure). Our settings are selected for their mainstream approaches, and there are typically not opportunities for training in controversial interventions.

5. GENERAL GOALS

The goal of clinical experiences is to prepare students for entry into the profession as practicing clinicians. Thus, training experiences follow a natural upward course from highly supervised practice with problems of modest scope to more modestly supervised practice with a full range of common clinical conditions.

In the area of *general clinical skills* students are expected to develop competence in:

a) rapport-building and therapeutic alliance,
b) interviewing,
c) case conceptualization,
d) record keeping and report-writing,
e) case management,
f) supervision of others in clinical settings (see II.D. and Appendix F),
g) collegiality and interdisciplinary coordination, and
h) working within professional settings.

In the area of *evaluation and assessment* students are expected to develop competence in:

i) diagnostic interviewing,
j) application of DSM,
k) application of research on psychopathology and human functioning,
l) selection, administration, scoring, and interpretation of major psychological tests

and assessment devices,
m) integration of assessment findings and application to client problems, needs, and treatment planning, and
n) communication of findings to other professionals.

In the area of *intervention* students are expected to develop competence in:
o) case conceptualization within a theoretical framework,
p) general process skills,
q) use of psychotherapy tools,
r) tracking/assessment of client progress,
s) application of model-guided interventions to effect client change,
t) crisis management, and
u) risk assessment and intervention.

B. METHODS

1. SETTINGS

The common features of all training settings are: (a) clinical services are provided by students under supervision; (b) client populations and services provided are appropriate for student trainees; (c) all services are provided within a professional context wherein the highest practice standards are followed, including adherence to all legal requirements; and (d) the setting has the staff and expertise to provide experiences with a primary training component, and mechanisms are in place to assure that training, including adequate supervision, is a primary consideration for student experiences.

Clinical skills are taught in five general settings:

a) Basic assessment, interviewing, and therapeutic skills are introduced in *clinical course work*, which includes practical components.
b) *Practicum* occurs in the Comprehensive Clinic and BYU's Counseling and Psychological Services, and is supervised by full-time faculty, with occasional assistance from qualified adjunct faculty. In practicum students see real clients in real mental health settings, but because the settings are designated as training facilities with reduced or no fees, considerable control can be exercised over student-client match, involvement of supervisors, and monitoring of student and client progress.
c) *Clerkships* expose students to distinct settings and important client populations, where they observe professional psychologists and provide basic services.
d) *Externships* provide advanced skill-building opportunities in community settings, often with some specialized focus. Externships are paid experiences offering regular clinical services under supervision, and opportunities are quite diverse, allowing for targeted experiences.
e) Finally, a one-year *predoctoral internship* is required; internships are available in diverse settings, most of which are somewhat general in services and orientations and with diverse populations, but some of which are more specialized. It is expected that students will apply for APA-accredited internships.

2. NATURE OF TRAINING EXPERIENCES
   Clinical training provides hands-on experiences in all aspects of the clinical psychologist's arena of practice, depending on a student's foundation and on availability. Over the course of their experiences, students are expected to experience all of the following:

   - keep records in accordance with professional standards,
   - administer psychological tests,
   - perform assessments of several types,
   - diagnose,
   - interview,
   - formulate treatment plans,
   - build therapeutic alliances with clients,
   - master basic therapeutic skills,
   - learn and use several mainstream intervention orientations,
   - consult with parents, families, teachers, and other mental health and medical professionals, and
   - learn supervision skills and participate in the supervision of others.
   - Ideally, but less often in practice, students may also provide community outreach through education, mental health screening, and other consultation.

   Collectively, these experiences are designed to prepare students in all respects for the intense practical training of the internship, and for selecting their career course (including areas of primary focus for the internship, for further supervised work leading to licensure, and for the initial years of practice). Any single setting may not engage the student in all aspects of expected work experiences, but selection of settings must, over the course of all experiences, prepare the student in all of the required activities.

3. SUPERVISION
   Because students perform clinical activities as trainees, all experiences must be adequately supervised. See Section II for details.

4. BALANCING TRAINING AND SERVICE NEEDS
   It is recognized that a tension exists between a setting's business needs and the student's training needs. For budgetary and other reasons, a setting might only be able to afford the cost of providing training if the student meets the setting's needs through the delivery of services. We hope that student trainees are valuable contributors. However, by agreeing to serve as a training site, the setting agrees that choice of activities, clients, and the like should be driven primarily by training needs. Balancing the need to train with the need to provide low-cost services is paramount for training settings.

   Although we expect students to be efficient, some situations might make efficiency so important as to overwhelm training considerations. Generally, high pressure situations in which students are expected to mass produce some clinical activity, or

for which they must reasonably stay on task but are not compensated (through pay or course credit), are probably inappropriate. For example, externship students are hourly employees and are already paid at a much lower rate than other mental health professionals; thus, it is assumed they will be paid for their actual time, with sufficient latitude for no-shows, report writing, and extra time on challenging cases, rather than on strict schedules that more closely approximate a fee for services arrangement. If settings are uncertain if their policies are at issue, they should consult with the Externship Coordinator or the Director of Clinical Training.

We see no conflict between client needs and training goals, except perhaps that good supervision may not entirely offset the inexperience of students in optimally serving clients. Services are offered in professional settings, and providing the best services for clients and following the highest practice standards are essential. Indeed, proper training of students requires exposure to such attitudes and behaviors. Thus, we choose our settings based in part on their ability to model good practice and their commitment to expect this of students. It is up to a setting whether or not to compensate a client in some form—such as through reduced fees—for receiving services from a student. We also expect sites to adhere to legal and ethical standards when billing for services provided by students.

C. EVALUATION

1. AREAS OF EVALUATION

Ideally, students will receive helpful feedback on all aspects of their development as clinical psychologists. The list of training experiences in I.B.2. above can help guide the supervisor when considering areas of potential development in which feedback would be appropriate. The Training Program encourages supervisors to routinely attend to the following:

a) *Psychotherapy and Assessment Skills*—interpersonal skills, assessment and diagnostic skills, non-specific intervention skills, and specific intervention skills.

b) *Use of Supervision*—preparation for supervision, use of recordings, willingness to explore weaknesses, receptivity to guidance and feedback, effort in applying supervision direction

c) *Respect for Individual and Cultural Differences*--demonstrates knowledge of own beliefs, values, attitudes, and related strengths/weaknesses when working with clients, possesses knowledge about diversity in working with specific racial/ethnic/religious populations, displays ability to work effectively with diverse others in assessment, treatment, and consultation.

d) *Professional, Ethical, and Legal practices*--interaction with clients and colleagues, respect for others, responsibility and promptness, manner and appearance, understanding of and adherence to ethical principles, commitment to and skill at respecting client needs and rights, thoroughness, and accuracy of

records, appropriateness of case load, tracking of client progress, processing of client requests

2. INFORMAL EVALUATION

Ongoing evaluation is a critical component of clinical training. This implies clear and consistent feedback between the student, the supervisor/setting, and the Training Program. We encourage all supervisors to keep student trainees fully apprised of their performance and skill development. Because supervision often occurs without others present, students may not have good reference points with which to gauge their performance; thus, supervisors provide a great service when they help students accurately assess skill development and areas for improvement. Further, ongoing informal evaluation prepares the student to benefit from the periodic formal evaluation, and allows for more timely attention to deficits. Supervisors may find the competencies assessed in the student evaluation form (I.C.3.b. and Appendices B & C) a useful form for interim feedback, including contracting with the student for supervision goals and assessment of areas for emphasis or needing improvement.

3. FORMAL EVALUATION

To enhance to Training Program's ability to monitor student progress and target areas for further development, supervisors are asked to periodically provide feedback to the Program about the student's progress. Further, to help the Program assess programmatic needs, students also provide feedback about their sites to the Training Program.

a. EVALUATIONS OF STUDENTS

All students in the Clinical Psychology Doctoral Program are fully evaluated annually, usually during the month of June. A more modest interim evaluation occurs midyear, usually in January. These evaluations are conducted by full-time faculty members. They provide valuable feedback to students, are a primary source for making decisions about student progress in the Program, and comprise the formal basis for remedial activities when needed. The annual evaluations include two primary areas, practice and professionalism, which rely heavily on feedback from training sites about student progress. Thus, it is important that communication between the Program and training sites be regular and complete. To facilitate this communication, the Program asks site supervisors to complete evaluations of student progress at the end of a training experience, or at least semi-annually.

b. SUPERVISOR EVALUATION OF PRACTICUM OR EXTERNSHIP STUDENT

Supervisors should evaluate each student in practicum or an externship at the end of each semester (more often if it would be useful to formally share progress with the Program, or if the student is in a setting less than a year). Supervisors are asked to share any relevant information they have about the student, considering the experience goals of I.B.2. and the areas of evaluation of I.C.1. To assist in this process, the Program uses feedback forms, found in Appendices B & C. The supervisor is asked to share the evaluation with the student, perhaps even completing it together. These evaluations are placed in student folders and can be

shown to the student upon request. Should a supervisor or setting wish to communicate other information or concerns, especially those that might require greater confidentiality, they should be sent separately at any time.

c. STUDENT EVALUATION OF EXTERNAL SITE EXPERIENCE
To assist the Program in monitoring clerkship and externship sites, at the end of an experience students are asked to complete an evaluation of the site. The form used for this process is found in Appendix C.

d. PERIODIC EVALUATION OF INTERNSHIP STUDENTS
It is expected that approved predoctoral internship sites provide periodic evaluation of interns, at least semiannually. Procedures for these evaluations are prescribed by internship member associations and accrediting agencies, and are developed and carried out by the internship site. Feedback from these evaluations is provided to the Training Program, which distributes it to the faculty for informational purposes and then files it for reference. This feedback is used in the annual evaluation of the student.

D. RELATIONSHIPS

1. BETWEEN STUDENTS AND THE TRAINING PROGRAM
Students may only engage in clinical activities under the direction and authority of the Training Program. The student is only given the right to engage in otherwise restricted activities because the State recognizes the need for training new professionals, and therefore grants to educational institutions, on the basis of trust, the role of monitoring all such activities. In keeping with that trust, it is the Program's responsibility to provide meaningful training opportunities that meet program goals and to monitor those activities. Similarly, it is the student's responsibility to adhere to guidelines, responsibly perform agreed-upon duties, and keep the Program fully informed of progress, changes, and concerns.

   All of these training activities result in course credit and inherit the same relationship issues as other course work, such as responsibility for grading and the setting and communication of standards. These required activities are part of the sequence of development the Training Program has set for students, and therefore have timing and prerequisite conditions that are also administered by the Program. If a training experience extends beyond a semester, it is the student's responsibility to see that active enrollment exists at the time of any clinical activities, either by extending the current enrollment (such as through a "T" grade) or by reenrolling.

2. BETWEEN THE TRAINING PROGRAM AND EXTERNAL SUPERVISORS AND AGENCIES
The Program establishes relationships with supervisors and agencies to meet training goals. Such relationships are always negotiated and agreed upon by the Program, never by students, and result in the execution of a Master Agreement (see Appendix C for an example). The Program agrees to provide program objectives and training methods (such as those outlined in this Handbook) to supervisors and agencies. The Program takes the responsibility to initiate the relationship, to provide students

trained to properly perform the prescribed clinical activities, and to engage in regular communication about the student's progress. The agency agrees to inform the Program of all student activities, progress, and deficiencies, and to initiate additional contact when problems arise about which the Program ought to be informed.

The Program retains responsibility for the educational development of the student. The agency retains responsibility for the services students offer in that agency. The University, through self-insurance, agrees to provide malpractice insurance of a reasonable amount for students in the practical work that is required for the degree.

Adjunct supervisors who serve as practicum supervisors for student work in the Comprehensive Clinic are hired by the University as part-time instructors and receive a stipend. Other participating supervisors, because students perform services in their own agencies through externships and clerkships, provide a service to the profession in the form of training, with remuneration, if any, coming in the form of the services provided to the agency's clients.

3. BETWEEN STUDENTS AND SUPERVISORS/SETTINGS
   The relationships between students and supervisors and between students and agencies should adhere to the highest professional standards. It is typically left to these parties to negotiate the day-to-day activities and procedures in which the student engages, such as schedules, clients to be seen, adherence to institutional policies, and the like. As described elsewhere (Section II), this relationship necessarily includes regular supervision of the student by supervisors approved by the Program. The student has a clear and overriding responsibility to be candid in informing supervisors of all important issues. The supervisor is encouraged to provide regular feedback to the student about development of clinical skills and any areas of concern. In paid externship settings, the procedures for pay should be clearly delineated and followed.

4. INFORMED CONSENT
   Because of the special nature of student trainees, it is important that all interested parties are fully informed of the training status of the student. Clients should be informed that the student is a trainee and provide consent for involvement of the student, including acknowledgement that a supervisor is involved and has access to client records, recordings, and the like. Similarly, third party payees are typically informed of who actually provided services (some payees give blanket approval to include only the licensed professional and reimbursement forms, but do not assume such approval unless it is explicitly given, and keep a record of any such blanket approval). It is expected that sites adhere to legal and ethical standards in their billing of services provided by students.

   Student trainee status is reserved only for experiences offered by the Program as part of the student's degree program. A student should never imply a qualification based on being a doctoral student in the Program for any other clinical activity. Remember, such activity is legal only if the student has licensure based on other qualifications and must be approved by the Director of Clinical Training (see I.D.1.)

II. SUPERVISION

A. SUPERVISION REQUIREMENT

Students are to be supervised in every clinical activity. Similarly, every client seen by students for the purpose of providing professional services must be seen under the auspices of an approved training setting where the student has a relationship with the setting that is approved by the Training Program. This means that students will not provide any services on their own, nor will they establish a relationship with a provider for the purpose of engaging in client services without the direction and approval of the Training Program. Students who wish to be employed or volunteer in mental health settings outside of approved externships and provide services must seek the permission of the Training Program. Students should also understand that the Training Program cannot authorize experiences that merely employ the student without legitimate training needs (these are seen as circumventing licensing restrictions), except when the student already has the credentials to legally provide those services.

B. QUALIFIED SUPERVISORS

Supervision must be provided by an appropriate supervisor. Typically this would be a licensed psychologist who also meets state requirements for postdoctoral supervision (currently Utah law requires that such supervisors have two years post-licensure experience providing the services being supervised). Occasionally, and with the approval of the Training Program, supervision by others—such as a nonpsychologist licensed mental health professional—might be appropriate to meet special training needs. This must be documented appropriately on the students' records of training and supervision received. All supervisors must, with the training site for which the student provides services, have a contractual relationship to provide supervision, including the authority to make treatment decisions and enforce practice standards.

C. ELEMENTS OF APPROPRIATE SUPERVISION

Supervision can take on many forms and follow a variety of models. Indeed, we hope that each student will experience several distinct approaches. However, we assume that all supervision will meet minimum standards, including:

- Supervision must be regular—usually weekly, unless clients are seen less often —for any ongoing clinical activity that involves seeing clients.
- Every case must be supervised, meaning the supervisor is sufficiently familiar with every student case to assume full responsibility for the client's care.
- Although regular supervision may focus most of the time on some subset of cases, every case with activity should be discussed at weekly supervision and progress notes should be reviewed and signed.
- Supervision time should be adequate to accomplish the above, given the experience level of the student. In practice we expect that this will translate into about 1 hour of supervision for every 3 hours of clinical services for beginning students, dropping perhaps to about a 1/5 to 1/8 ratio for advanced students. Regardless of the ratio that works best at a setting, in settings where students provide services each week, weekly supervision is probably necessary to assure timely attention to ongoing cases. Ratios might be higher when group supervision is employed to assure time to cover all cases.

- Client records will clearly reflect the supervisory relationship. Progress notes kept current and signed by both the student and the supervisor are regarded as the best record that appropriate supervision has occurred.
- Supervision should go beyond reviewing cases, where the emphasis is primarily on informing the supervisor of client progress. It should also include an emphasis on student skill development, in which themes for development carry across sessions and students are guided and challenged toward new skills (see sections I.A.5, I.B.2, and I.C.1 for information on targeted areas of skill development).
- Students inform supervisors of all important elements of their clinical interactions with clients, including client progress, critical incidents (such as suicide threats), weaknesses in the student's handling of a case, extra-session contact, and all ethical issues that arise.
- Supervision should be of high quality so that the goals of section 1.A.5 are optimally met. It is the supervisor's responsibility to not only take responsibility for cases, but provide supervision activities that develop the student. Supervisors should pay close attention to the general methods and supplementary techniques described in Appendix F. Supervisors will find it helpful to pay close attention to feedback from students and the Practicum Coordinator.

D. STUDENT DEVELOPMENT OF SUPERVISION SKILLS

Students are expected to develop beginning skills in supervision, based on the recognition that in many practice and academic settings, psychologists supervise others. Clinical training experiences are a major component of teaching supervision skills:

- Students observe the supervision models of their supervisors. Learning is enhanced if supervisors make the model explicit, discuss why they supervise the way they do, and include opportunities for students to practice with the model.
- Supervision may include formal teaching of a model, including readings.
- Students should, where appropriate, be given opportunities to supervise other students. This is especially appropriate within group supervision, because the student's supervision of another is monitored and the whole group benefits from observing the student engage in learning this activity. Supervisors should remember that they must retain responsibility for cases and for student progress when they have a trainee share in supervision of another trainee.

Resources to assist in the development of supervision skills are found in Appendix F.

III. SETTINGS

A. PRACTICA

Integrative Practicum (Psych 741R) is the primary required experience in which students develop clinical skills. All clinical skills required in preparation for the internship are taught and developed in practicum, with the understanding that other experiences (clerkships and externships) provide exposure to new settings and populations, allow for more specialized skill development, and provide the extensive practice that refines basic skills. To this end, integrative practica form an extensive, closely-monitored sequence of training experiences in which students provide clinical services to the public under supervision. It occurs in the controlled settings of the University and involves both group and individual supervision, mostly by full-time faculty, to enhance the breadth of experiences to which students are exposed.

1. DEGREE REQUIREMENTS AND ADMINISTRATION

Students begin the practicum sequence immediately upon entering the Clinical Psychology Program, and participation is required continuously (fall and winter semesters and spring terms) at least through the third year. Seeing clients during the summer term is optional, and supervision is available. In their first year, students are assigned to a 2-3 member supervisory group and participate in the Assessment Practicum where didactic training is followed by the completion of six psychological assessments in BYU's Comprehensive Clinic. In the second and third years of training, students maintain a full practicum load: three to five active psychotherapy cases (based on the assumption cases are seen weekly), with one assessment each semester/term. In the fourth year, students have the option of continuing to see a limited number of clients while taking on a supervisory role with second and third year students. (The Program is in the process of requiring participation in the fourth year in order to provide more formal supervision experience.)

2. GOALS AND ACTIVITIES

The goal of integrative practicum is to develop the clinical skills described in Section I. To this end, practicum consists of two fundamental activities:

a) *Providing clinical and consultation services to the public*—The provision of services includes seeing psychotherapy clients and providing consultation, usually in the form of psychological evaluations, each semester/term. Direct client contact should probably average about three to five hours per week after the first year, usually consisting of active psychotherapy and assessment cases as described in III.A.1. As cases are terminated, they should be replaced with new cases to maintain the case load. Students are encouraged to participate in a variety of clinical activities beyond individual psychotherapy and assessments. These can include group therapy, family therapy, couple therapy, and consultation with other clinical programs or outside persons (such as schools) as approved by the Training Program and individual supervisors. Group therapy opportunities are regularly announced, and other activities are made available when requested by the student to the Associate Director of Training over practicum. These alternative activities can count for a portion of the usual caseload.

b) *Participating in supervision*—Supervision includes participating in weekly supervision group (usually consisting of three students) and receiving individual additional supervision as well. Specialized activities (e.g., some assessments, group or family therapy) might require expertise beyond that of the assigned practicum supervisor; for these activities students must obtain appropriate supervision, usually by requesting it of another faculty member and keeping the supervisor of record informed.

3. STUDENT RESPONSIBILITIES

The student enrolled in practicum is responsible for:

- Maintaining a professional and ethical relationship with all clients;
- Applying the best clinical practices skills;
- Following all procedures of the setting (Comprehensive Clinic or Counseling and Career Center);
- Maintaining a full caseload (request clients in time to maintain the caseload, and do not let inactive clients languish);
- Keeping all records current, including obtaining supervisor signatures;
- Regularly attending all supervision meetings, obtaining additional supervision when needed, and participating fully in supervision activities.

In addition, if any crisis situation arises with a client (e.g., suicide threat), it is the student's responsibility to immediately seek consultation with the supervisor (including during nighttime and weekends). If the regular supervisor cannot be reached, the student should seek out another faculty supervisor or other Clinic personnel with authority to make treatment decisions.

4. PRACTICUM IN SUMMER TERM AND BEYOND THE REQUIRED MINIMUM

Remember that a student must be enrolled in practicum in order to see clients through the Comprehensive Clinic, regardless of the time of year (this is also true of other forms of client contact)—student clinical activities are only authorized for bona fide University activities, and so the student must be currently enrolled in a course authorizing such activity. If brief or incidental contact with a client is possible during interim periods (most notably, Summer term), a student can request a "T" grade for the previous semester/term to continue that enrollment. It is then the student's responsibility to request the faculty supervisor to change the "T" to a grade after all clinical contact is terminated or the student enrolls in the next practicum semester. A "T" grade cannot be used as a substitute for enrolling in additional practicum when regular client contact is occurring.

Enrolling in practicum in the Summer term is optional, and a supervisor is available for students wishing to continue such training. Some students may desire to take additional practicum beyond the third year particularly to gain experience co-facilitating supervision of other students with a faculty member. Additional practicum beyond the minimum may be required if remedial work is recommended by the faculty.

5. SUPERVISION

Because supervision is one of the primary activities of practicum and because it is a primary mechanism for development of basic clinical skills, practicum supervision has a set of goals and activities beyond that typically found in other training experiences. It takes the following form:

- The Associate Director of Clinical Training over practicum assigns students to supervisors and oversees the activities of students and supervisors. The Associate Director serves as the liaison with the Comprehensive Clinic and BYU's Counseling and Psychological Services (CAPS), monitors student compliance with Clinic policies, and initiates the practicum evaluation of students. The Clinic and CAPS assign clients to students and monitor student record-keeping. Students should take special concerns first to their supervisors and then to the Associate Director.
- The model of supervision employed by the Program at the Comprehensive Clinic is small group supervision, supplemented by individual supervision on a regular basis.
- Group supervision occurs weekly, usually for at least two hours. The Program has set aside Thursday mornings for this activity, and even though the Schedule of Classes lists the time as TBA, it will usually be in this time frame. Students enrolling in practicum should keep this time open. Occasionally a supervisor may need to schedule another time, and will do so with the agreement of the students.
- When cases require special expertise, the student should, after consulting with the supervisor, seek specialized supervision from another faculty supervisor or a special consultant designated by the Associate Director.
- All practicum activities are approved by and reported to the student's supervisor. All records are signed by the student and the supervisor.
- Although it is the student's responsibility to maintain a caseload, deal with problems, and keep records current, it is the supervisor's responsibility to monitor these and require student compliance. The supervisor is responsible for assuring that students engage in necessary training activities; they should not let students avoid or substitute out of unpleasant or feared activities.
- Although the Clinic assigns cases deemed appropriate for the student, the supervisor retains the responsibility to make that final determination. It is Clinic policy that a case is not accepted until the supervisor determines the case is appropriate (initial sessions are an extended intake). Similarly, if a case must be transferred, the supervisor is responsible for approving this.
- In addition to supervising mainstream clinical skills, the supervisor should model and teach supervision skills (see II.D.) and the broader skills of practicing psychologists, such as consultation, risk assessment, and record keeping (see I.A.5.).

A variety of activities can be included in supervision, with the purpose of meeting the goals of I.A.5., I.B.2., and I.C.1. It is recognized that each supervisor has particular strengths and techniques, and these are encouraged, with breadth of training arising in part out of receiving multiple supervisors; however, supervisors should strive to

achieve all training goals. Supervision activities would typically include the following:

a) *Review of student cases* – each case should be reviewed for activity, progress, and areas of difficulty; as with all activities, there must be a dual focus on the development of the client and of the student; the supervisor retains ultimate responsibility for the well-being of the client
b) *Review of records* – case notes, reports, and all other records should be reviewed each week, with a clear emphasis on the student staying current; records should be signed in a timely fashion (meeting the guidelines of the setting); report writing skills should be a major focus of this review
c) *Review of recordings or live supervision* – students are required to record all sessions in the Comprehensive Clinic (exceptions approved only by the supervisor), and these are used for review of cases and analysis of students' skills; supervisors should strive for therapist-client interactions which are clearly driven by stated therapeutic goals and by the orientation and conceptualization selected; particular focus should be given to critical incidents in sessions, therapist-client relationships, and purposefulness of student behavior
d) *Discussion of therapeutic techniques and development of microskills* – Much of supervision should focus on skill development; it is appropriate to make assignments or require readings
e) *Modeling and role-playing of therapeutic techniques* – supervisors and students in their roles as group members should model good therapeutic techniques (although supervision should normally not become group therapy, and not without informed consent); role-playing of critical incidents is a valuable tool
f) *Case conceptualization* – students should be pushed to thoroughly understand the dynamics of clients' difficulties; intervention activities should be model- and goal-driven, with clear purpose, rather than a collection of techniques
g) *Involving the group in supervision of one another* – training of supervision skills is an important part of supervision, as is observational learning; the supervision model should liberally use group members as co-supervisors, with responsibility for each group member's development placed on other members (see Appendix F)
h) *Participation in clinical activities* – On occasion, a supervisor may find it necessary to work directly with a client. A supervisor may even choose to serve as a co-therapist with a student or to participate in the initial interview in keeping with their training model.

6. GRADING

Practicum is a graded activity to reflect student progress. It is expected that students will make good use of client contact opportunities and supervision, improve in overall clinical skills at a pace that allows full readiness in time for internship application by the fall of the 4th year, and act professionally in all respects. When the student is deficient, it should be reflected in the semester grade. For problems in professionalism (such as lack of timeliness in case notes or missing sessions) or inadequate skill development, the supervisor should provide regular feedback about the problem, give special attention in supervision, document the difficulty in the

evaluation form, and give a lower grade. If the student fails to maintain a full caseload, this is probably better handled by giving a "T" grade and requiring additional work to satisfy the deficiency.

B. CLERKSHIPS

Students are required to have diverse experiences at no fewer than four sites, at least two of which must be unpaid clerkships. Clerkships (Psych 743R) are typically completed in the second and third years of training. By this time, students have had some practicum experience and opportunities for psychological practice in several of their foundation classes. The clerkships provide a service to the community, but are specifically built into the curriculum to allow students to observe various agencies dealing with different focus groups. Clerkships are designed to allow the student to observe professional psychologists in their regular activities, to provide services in those setting, and to broaden their exposure to clinical populations, settings, and activities. By design, each student's clerkships are selected to give diverse exposure and to provide an additional opportunity for exposure in an emphasis area or field of interest.

Students are required to complete a minimum of 120 hours total in clerkship work. Typically, 60 hours are spent at each of two clerkships sites, roughly four-five hours per week during the semester, though the 60 hours may be spread out over a longer period of time if both student and site supervisor are in agreement. Occasionally, a student may elect to divide the hours differently between the two sites (e.g. 90 hours at one and 30 hours at the other) or even to split the hours among three sites. The experiences will vary according to the clerkship setting.

1. CLERKSHIP SITES

Clerkship placements include the following categories with a few examples provided.

a) Adult Inpatient: Utah State Hospital offers experience with patients exhibiting acute and chronic psychopathology, while Utah State Prison works with the criminal offender, although it also can provide excellent exposure to minority populations and the chronically and acutely mentally disordered.

b) Children and Adolescents: Child, Adolescent, and Adult Treatment Specialists as well as Preferred Family Clinic are two resources that deal with a wide range of disorders in outpatient clinic settings. Primary Children's Hospital Behavioral Health Clinic and Wasatch Pediatrics provide opportunities to work with youth in interdisciplinary settings. Timpanogos Assessment and Psychological Services focuses on the evaluation of developmental disorders including those on the autism spectrum.

c) Neuropsychology: Utah Valley Hospital and Intermountain Medical Center offer experiences in neuro rehabilitation units and concussion clinics, as well as consultation with other professionals. The BYU Neuropsychological Assessment and Research Clinic often sees traumatic brain injury clients among other presenting problems. Primary Children's Hospital Pediatric Behavioral Clinic involves the neuropsychological assessment of children with medical diagnoses.

d) Adult Outpatient: Some sites such as Mountainlands Community Health Center see a wide range of presenting problems – especially among those of diverse backgrounds (e.g., opportunities in Spanish) as well as those who are underinsured or indigent. Others, such as Utah Valley Pain Management or Center for Change Specialized Treatment for Eating Disorders focus on a narrower range of issues. Still other placements, such as the Salt Lake City VA Health Care System provide multiple foci (PTSD, Geriatric Neuropsychology, Addiction Recovery, and so forth, among veterans.)

The experiences will vary according to the treatment given in the clerkship settings. As a whole, however, the two clerkships add breadth and depth of exposure to various client populations and facilities.

2. DEGREE REQUIREMENTS AND ADMINISTRATION
The Externship and Clerkship Coordinator administers the clerkship program. Students meet with the Coordinator to establish a plan for completing clerkships and to coordinate placements (most neuropsychology placements are also coordinated through the Behavioral Neuroscience faculty). Four diverse settings are required, at least two of which are clerkships. Each requires approximately 60 hours (or roughly 4-5 hours per week for a semester). See additional information in III.C.2.

3. ACTIVITIES
The activities expected of students vary widely across setting, ranging from merely observing practicing psychologists to supervised interventions. Because of the limited hours per week, many setting cannot assign ongoing cases, but students often become involved in interviewing and other assessment activities. The program encourages as much contact with clients as possible to help the student grow in understanding of presenting problems, issues of rapport and case management, and application of interventions. Similarly, the student can learn about the way the professional psychologist interacts with colleagues, other professionals, and support staff. Also see below information on ethical and legal consideration in III.C.3.

4. SUPERVISION
By the nature of the clerkship, the student typically is closely connected to the supervisor. When the student engages in service delivery, the usual rules of supervision apply. Also see general information on supervision in II and specific guidelines for clerkship/externship supervision in III.C.4.

C. EXTERNSHIPS
In addition to the required practicum and clerkship placements, at the student's option, an externship setting may be selected each year. This option may commence as early as the beginning of the second year. In some circumstances, when individuals enter the program with master's degrees in clinical fields, externship experiences may begin as early as the first year. It is frequently the case that students continue in externship settings after the practicum and clerkship experiences have been finished. An externship is typically the most integrated clinical experience, offered only when the Externship and

Clerkship Coordinator is satisfied that a student has the judgment and skills necessary to function in the specific externship setting in which an assignment is desired.

In externship settings, students have the opportunity to provide direct service clinical work under professional supervision. These paid training placements are one of our program's most exemplary and innovative aspects. They offer students extended learning experiences outside the university and provide substantial funding as the students proceed through the program. Thus, we are able to offer funding for students for the entire five years of their training program.

The externships are typically funded at about the same hourly rate as university assistantships (about 16-18 dollars per hour). The number of service hours are arranged by the student and the externship agency under the supervision of the program and typically range from 10 to 20 hours per week. While the Externship Coordinator acts as the Field Placement Supervisor, on-site supervision is overseen by a licensed psychologist. Although externships are not specifically required, virtually all of the students take externships after the first year and continue taking them until they leave for their internship. These experiences have provided a particularly strong addition to on-campus training, resulting in the acquisition of advanced clinical skill with a great variety of client populations. As a result, our students are often favored for selection by internship agencies.

1. EXTERNSHIP SITES
   The following is a representative sample of recent externship placements:

   Out-Patient - College Students:
   BYU: Counseling and Psychological Services
   BYU: Stress Management and Biofeedback Lab
   BYU: University Accessibility Center
   BYU-Hawaii: Counseling and Development Center

   Out-Patient - Wide Range:
   BYU Comprehensive Clinic Intake Officer
   Utah Valley Hospital: Psychiatry and Counseling Clinic
   Mountainlands Community Health Center
   Utah Valley Pain Management
   VA Salt Lake City Health Care System

   Out-Patient - Youth / Family Specialties:
   Preferred Family Clinic
   Timpanogos Assessment and Psychological Services (autism spectrum disorders)
   Wasatch Pediatrics
   Child, Adolescent, and Adult Treatment Specialists
   Primary Children's Hospital: Pediatric Behavioral Health Clinic

   In-Patient - Youth / Family Specialties:
   Utah Psychological Services

Haven Home for Girls

In-Patient - Adult:
Utah State Hospital
Utah State Prison

Neuropsychology:
Utah Valley Hospital: Neuro Rehabilitation Unit
Intermountain Inpatient and Outpatient Neurorehabilitation Unit
BYU Neuropsychological Assessment and Research Clinic

Externship settings are typically assigned for one year, although in rare circumstances they can be extended at the option of the student and the externship agency. The Fieldwork Supervisor makes every effort to see that students obtain both breadth and depth in their externship experiences. If students have selected an emphasis area, externships in the designated area can typically be arranged. In the case of a neuropsychology specialty, externship experience is required and is coordinated by Clinical Neuropsychology faculty.

In some cases, externship settings may also function as clerkship settings. However, the responsibilities vary with the title of the assignment and only externships are paid experiences.

Externship experiences, coupled with practicum and clerkship opportunities, provide an excellent practice foundation for students as they apply for internship. Often such students have between 1500 and 2500 applied hours, including support hours, by the time they make application. Furthermore, students on internship typically obtain excellent ratings on issues dealing with their preparation and clinical skills.

2. BYU UNIVERSITY-LEVEL REQUIREMENTS

The official BYU "Internships Policy" of February 2014 covers clinical psychology externships and clerkships under the following definition: "An internship is an academic, curriculum-based practical work experience in a particular field of study that enhances student learning, and for which a student is enrolled. Internships may include externships, clerkships, student teaching, or similar work experience. While a qualified on-site supervisor in the workplace directs the larger part of learning, the student is also supervised by a discipline-specific faculty advisor or department administrator who monitors the student's progress and resolves any concerns of the student or the internship provider under department or school internship oversight."

"A department or school must establish an internship oversight committee, which shall be responsible for departmental policy and practice. The oversight committee will establish appropriate prerequisites and ensure proper student preparation. The department or school must also assign adequate supervision for the internship, including a faculty advisor or department administrator to help the student set learning objectives for the experience and to mentor, monitor student progress, resolve concerns, and provide feedback to the student on a regular basis. The

department is also required to obtain an Internship Master Agreement or IMOU with each internship provider. Internship Master Agreements must be signed and filed with the Internship Office prior to the start of a student's internship unless granted prior approval for an exception by the Internship Office in consultation with the Office of the General Counsel and Risk Management."

"The department or school must provide scheduled contact with the internship provider for feedback and assessment of the student's performance. The department or school must also provide routine assessment of internship providers to ensure quality learning experiences. If the internship provider does not continue to meet the requirements of the department or school's written guidelines, then the department or school will make immediate efforts to correct the deficiencies or terminate the internship and the Internship Master Agreement or IMOU with the provider."

APA's Ethical Principles of Psychologists and Code of Conduct similarly requires that "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."

All externship and clerkship experiences are routed through the Internship Office so that malpractice coverage can be handled under the University's malpractice umbrella termed the Medical Professional and General Liability insurance policy through Admiral Insurance Company. The Department of Psychology is required to ensure that 1) a Master Academic Internship Agreement form (Appendix C) is in place for each non-BYU placement site; 2) an individual Student Agreement Form is signed by each extern/clerk for each placement (Appendix C); 3) students are enrolled for academic credit in Psychology 700R for the externships and Psychology 743R for clerkships.

Thus, we have outlined academic requirements which must be met in order for students to gain credit for their externship and clerkship experiences (Psychology 700R and 743R) and be in compliance with both the law and BYU standards. Furthermore, externs and clerks are required to document experiences through Time2Track, detailing their hours in various professional activities; on-site supervisors complete an Evaluation of Student Competencies for students each semester; and students complete an Evaluation of Externship/Clerkship Site form for each placement. In addition, the Externship and Clerkship Coordinator meets with each student for a "placement interview" every semester in order to ensure that academic requirements have been met and to help improve the fieldwork experience for all concerned.

3. LEGAL AND ETHICAL CONSIDERATIONS

Due to the conditions of the state psychology licensing law, the ethical standards of the American Psychological Association (APA), and the education and training standards of the Commission on Accreditation (CoA), all students giving psychological services of a professional nature must have the approval of the Director of Clinical Training and must be registered for Externship or Clerkship credit.

All of these sources concur with the principle that when students working toward a graduate degree in the field of psychology perform work of a psychological nature it must meet two criteria:

a) **that it be part of the student's program of study and development as a psychologist, and**
b) **that it be supervised regularly and intensively by a licensed psychologist.**

It is important that students not "free lance" their services by providing a service for a fee. This is illegal and must be strictly avoided. It is also wrong to claim payments from insurance companies or others under the name of another person, such as a licensed psychologist who signs the papers in his or her name, if the student in fact provided the service, unless the student's role is explicitly acknowledged.

Students and faculty should acquaint themselves with the current Utah Law which regulates the practice of psychological services. The most recent Psychologist Licensing Act and Psychologist Licensing Act Rule are appended to this practicum handbook (Appendix E) and can be found online at https://dopl.utah.gov/licensing/psychology.html.

4. GUIDELINES FOR SUPERVISION IN CLERKSHIPS AND EXTERNSHIPS

This section provides specific guidelines for supervision in clerkships and externships beyond the general principles of Section II above. Doctoral students who work in externship and clerkship settings must operate under the provisions of the "Utah State Psychologist Licensing Act" as well as the "Ethical Principles of Psychologists and Code of Conduct" set forth by the American Psychological Association. According to the provisions of the Utah law, each student must work under the overall supervision of a licensed psychologist. This does not mean that externs/clerks cannot receive part of their supervision from individuals who are legally practicing in their own specialty. However, the overall supervision must be from a qualified, licensed psychologist in good standing.

In order for supervision to best accomplish growth in the student and protection for the clients and experience providers, the following provisions should be in place for every extern/clerk:

a) Externs and clerks should be clearly described as doctoral students in training to those to whom they give service.

b) There should be a regularly scheduled time when each extern/clerk meets with the licensed psychologist.

c) Some additional supervision may also be given by personnel who have expertise in some of the duties that the extern/clerk is performing.

d) The extern should not be offering direct service to clients for more than 80% of their reimbursed time. A minimum of 20% should be made up of supervision,

attending staff meetings, keeping case notes current, and receiving in-service training as deemed important by the agency.

e) Individuals giving the supervision should not have a family relationship with the individual who is being supervised. The intent appears to be that dual conflicting relationships not exist between the extern/clerk and supervisor.

Please note that in some cases the nonfunded clerkships have more flexibility in supervision requirements than do the externships because of the nature of the clerkship that may be established.

D. INTERNSHIPS

The internship is the culminating clinical training experience. The student engages in advanced practice activities designed to finish the student's academic preparation for the independent practice of clinical psychology. Although each internship can establish its own specific goals and methods, these always fall within this broader goal and typically include most, if not all, of the training goals the Program holds for its students (see I.A.5.).

Completion of a one-year, full-time, predoctoral internship is required for the degree. This must be completed at a bona fide internship facility approved by the Program, typically one that is accredited by the Commission on Accreditation. Information on accreditation can be obtained from the Commission on Accreditation, 202-336-5979, or Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street, NE Washington, DC 20002-4242, or at http://www.apa.org/ed/accreditation/. Non-accredited programs which belong to the Association of Psychology Postdoctoral and Internship Centers (APPIC) may, upon the recommendation of the student's doctoral chair, be submitted to the Director of Clinical Training for consideration, but are usually not approved.

It is expected that students will complete the internship in their fifth year in the Program. The Program provides information on the application process each May/June to students expected to be ready to apply that Fall. Internships typically begin either July or August, with most applications due the preceding November. A student must meet all of the requirements outlined in the Handbook of Graduate Programs before the Director of Clinical Training will certify the student's readiness for internship. This includes the student being in good standing and a determination by the Clinical Faculty that the student has developed the clinical skills necessary for success. In particular, note that a student must have passed all comprehensive examinations and have a dissertation prospectus approved by the doctoral committee and submitted to the Department before the Program will verify the student's eligibility.

Students are expected to abide by the standards of application and acceptance to which the internship programs subscribe. Essentially all programs subscribe to APPIC principles, including the use of a national matching system and prescribed dates for offers and acceptances. Because the internship is a part of BYU's graduate training, violations of these principles by applicants will result in sanctions by the Program.

Internship settings have procedures in place for informing the Program of student development. These internship evaluations are reviewed by the Program to assure the advanced training goals of the internship are met by the student. In the event a student does not make adequate progress on the internship, the Program will develop a plan for remediation and may impose additional activities upon the student prior to graduation.

IV. REVIEW OF KEY POINTS

A few of the many points made in this handbook are restated here for emphasis.

A. FOR STUDENTS

- Obtain supervision for all clinical activities; take responsibility for helping supervisors provide you with what you need
- Take full advantage of training opportunities and supervision; do not avoid unpleasant or challenging activities
- Always record your sessions when such service is available; review your recordings for skill development and to raise issues in supervision
- Follow through on supervision assignments
- Keep up-to-date on caseloads, client visits, and records; do not let problems languish
- Seek immediate supervision for high risk incidents
- Never provide services outside of student activities provided by the Program
- Do not arrange for your own experiences; if you have ideas or need adjustments, see the appropriate Program administrator
- Do negotiate acceptable arrangements with supervisors for obtaining the training arranged through the Program and the site
- Be completely forthcoming in supervision; supervisors must know if a client is floundering, if you have a weak skill area in need of attention, or if you are faced with or engaging in questionable behavior with clients

B. FOR SUPERVISORS

- Supervise all clinical activities
- Model the best clinical skills and practice standards and procedures
- Give students regular feedback
- Emphasize training goals over treatment delivery demands
- Regularly solicit feedback from students so that you may enhance the benefits of your supervision
- Remember that you retain responsibility for clients
- Remember that only “school sponsored” activities qualify for the student exemption from licensing; simply hiring a student does not qualify
- Clients and third-party payers must be adequately informed of the student trainee status of students when they provide services
- You are doing a great service to these students and our profession; the Clinical Psychology Program stands ready to support you in your activities

V. APPENDICES

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B. PRACTICUM FORMS AND TRAINING

C. EXTERNSHIP AND CLERKSHIP FORMS AND TRAINING

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F. SUPERVISION MATERIALS

Appendix A

Ethics and Competency Benchmarks

AMERICAN PSYCHOLOGICAL ASSOCIATION

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002
Effective June 1, 2003
(With the 2010 Amendments
to Introduction and Applicability
and Standards 1.02 and 1.03,
Effective June 1, 2010)

With the 2016 Amendment
to Standard 3.04
Adopted August 3, 2016
Effective January 1, 2017

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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AMENDMENTS TO THE 2002 "ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT" IN 2010 AND 2016

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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 trainees; 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 American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010, effective June 1, 2010, and on August 3, 2016, effective January 1, 2017. (see p. 16 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Office of Ethics, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242. This Ethics Code and information regarding the Code can be found on the APA website, 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 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, or amendments thereto, 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.

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57*, 1060-1073.

American Psychological Association. (2010). 2010 amendments to the 2002 *"Ethical Principles of Psychologists and Code of Conduct." American Psychologist, 65*, 493.

American Psychological Association. (2016). Revision of ethical standard 3.04 of the *"Ethical Principles of Psychologists and Code of Conduct"* (2002, as amended 2010). *American Psychologist, 71*, 900.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First St. NE, Washington, DC 20002-4242, or phone (202) 336-5510.

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 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.

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 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. 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 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.

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

(a) 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.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

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 Intima-

cies 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. Record Keeping and Fees

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. Education and Training

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. Research and Publication

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, expect-

ed 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. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on informa-

tion 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. Therapy

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 trainee 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.

AMENDMENTS TO THE 2002 "ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT" IN 2010 AND 2016

2010 Amendments

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.

2016 Amendment

3.04 Avoiding Harm

(a) 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.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

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COMPETENCY BENCHMARKS IN PROFESSIONAL PSYCHOLOGY (JUNE 2011)

I. PROFESSIONALISM

1. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
1A. Integrity - Honesty, personal responsibility and adherence to professional values		
Understands professional values; honest, responsible	**Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values**	**Monitors and independently resolves situations that challenge professional values and integrity**
1B. Deportment		
Understands how to conduct oneself in a professional manner	**Communication and physical conduct (including attire) is professionally appropriate, across different settings**	**Conducts self in a professional manner across settings and situations**
1C. Accountability		
Accountable and reliable	**Accepts responsibility for own actions**	**Independently accepts personal responsibility across settings and contexts**
1D. Concern for the welfare of others		
Demonstrates awareness of the need to uphold and protect the welfare of others	**Acts to understand and safeguard the welfare of others**	**Independently acts to safeguard the welfare of others**
1E. Professional Identity		
Demonstrates beginning understanding of self as professional: "thinking like a psychologist"	**Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development**	**Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice**

2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status **) and Context**		
Demonstrates knowledge, awareness, and understanding of one's own dimensions of diversity and attitudes towards diverse others	**Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation**	**Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation**
2B. Others as Shaped by Individual and Cultural Diversity and Context		
Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings	**Applies knowledge of others as cultural beings in assessment, treatment, and consultation**	**Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation**
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context		
Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others	**Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others**	**Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation**
2D. Applications based on Individual and Cultural Context		
Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understands the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)	**Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation**	**Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work**

3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
3A. Knowledge of ethical, legal and professional standards and guidelines		
Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting	**Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations**	**Demonstrates advanced knowledgeand application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines**
3B. Awareness and Application of Ethical Decision Making		
Demonstrates awareness of the importance of applying an ethical decision model to practice	**Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma**	**Independently utilizes an ethical decision-making model in professional work**
3C. Ethical Conduct		
Displays ethical attitudes and values	**Integrates own moral principles/ethical values in professional conduct**	**Independently integrates ethical and legal standards with all competencies**

4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.		
4A. Reflective Practice		
Displays basic mindfulness and self-awareness; engages in reflection regarding professional practice	**Displays broadened self-awareness; utilizes self-monitoring; engages in reflection regarding professional practice; uses resources to enhance reflectivity**	**Demonstrates reflectivity both during and after professional activity; acts upon reflection; uses self as a therapeutic tool**
4B. Self-Assessment		
Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies	**Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills**	**Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills**
4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)		
Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care	**Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice**	**Self-monitors issues related to self-care and promptly intervenes when disruptions occur**
4D. Participation in Supervision Process		
Demonstrates straightforward, truthful, and respectful communication in supervisory relationship	**Effectively participates in supervision**	**Independently seeks supervision when needed**

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
5A. Interpersonal Relationships		
Displays interpersonal skills	**Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines**	**Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities**
5B. Affective Skills		
Displays affective skills	**Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively**	**Manages difficult communication; possesses advanced interpersonal skills**
5C. Expressive Skills		
Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills	**Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language**	**Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrate thorough grasp of professional language and concepts**

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
6A. Scientific Mindedness		
Displays critical scientific thinking	**Values and applies scientific methods to professional practice**	**Independently applies scientific methods to practice**
6B. Scientific Foundation of Psychology		
Demonstrates understanding of psychology as a science	**Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)**	**Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)**
6C. Scientific Foundation of Professional Practice		
Understands the scientific foundation of professional practice	**Demonstrates knowledge, understanding, and application of the concept of evidence-based practice**	**Independently applies knowledge and understanding of scientific foundations independently applied to practice**

7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities		
7A. Scientific Approach to Knowledge Generation		
Participates effectively in scientific endeavors when available	**Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology**	**Generates knowledge**
7B. Application of Scientific Method to Practice		
No expectation at this level	**Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs**	**Applies scientific methods of evaluating practices, interventions, and programs**

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
8A. Knowledge and Application of Evidence-Based Practice		
Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology	**Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences**	**Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences**

9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
9A. Knowledge of Measurement and Psychometrics		
Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing	**Selects assessment measures with attention to issues of reliability and validity**	**Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context**
9B. Knowledge of Assessment Methods		
Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam	**Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances**	**Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning**
9C. Application of Assessment Methods		
Demonstrates knowledge of measurement across domains of functioning and practice settings	**Selects appropriate assessment measures to answer diagnostic question**	**Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice**
9D. Diagnosis		
Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity	**Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity**	**Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity**

Assessment continued		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
9E. Conceptualization and Recommendations		
Demonstrates basic knowledge of formulating diagnosis and case conceptualization	**Utilizes systematic approaches of gathering data to inform clinical decision-making**	**Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment**
9F. Communication of Assessment Findings		
Demonstrates awareness of models of report writing and progress notes	**Writes assessment reports and progress notes and communicates assessment findings verbally to client**	**Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner**

10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.		
10A. Intervention planning		
Displays basic understanding of the relationship between assessment and intervention	**Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation**	**Independently plans interventions; case conceptualizations and intervention plans are specific to case and context**
10B. Skills		
Displays basic helping skills	**Displays clinical skills**	**Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations**
10C. Intervention Implementation		
Demonstrates basic knowledge of intervention strategies	**Implements evidence-based interventions**	**Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate**
10D. Progress Evaluation		
Demonstrates basic knowledge of the assessment of intervention progress and outcome	**Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures**	**Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures**

11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
11A. Role of Consultant		
No expectation at this level	**Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)**	**Determines situations that require different role functions and shifts roles accordingly to meet referral needs**
11B. Addressing Referral Question		
No expectation at this level	**Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions**	**Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question**
11C. Communication of Consultation Findings		
No expectation at this level	**Identifies literature and knowledge about process of informing consultee of assessment findings**	**Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations**
11D. Application of Consultation Methods		
No expectation at this level	**Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings**	**Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases**

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
12A. Knowledge		
No expectation at this level	**Demonstrates awareness of theories of learning and how they impact teaching**	**Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences**
12B. Skills		
No expectation at this level	**Demonstrates knowledge of application of teaching methods**	**Applies teaching methods in multiple settings**

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
13A. Expectations and Roles		
Demonstrates basic knowledge of expectations for supervision	**Demonstrates knowledge of, purpose for, and roles in supervision**	**Understands the ethical, legal, and contextual issues of the supervisor role**
13B. Processes and Procedures		
No expectation at this level	**Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices**	**Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise**
13C. Skills Development		
Displays interpersonal skills of communication and openness to feedback	**Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals**	**Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients**
13D. Supervisory Practices		
No expectation at this level	**Provides helpful supervisory input in peer and group supervision**	**Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting**

VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions		
No expectation at this level	**Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/ professionals**	**Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals**
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts		
Cooperates with others	**Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning**	**Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning**
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes		
No expectation at this level	**Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals**	**Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals**
14D. Respectful and Productive Relationships with Individuals from Other Professions		
Demonstrates awareness of the benefits of forming collaborative relationships with other professionals	**Develops and maintains collaborative relationships and respect for other professionals**	**Develops and maintains collaborative relationships over time despite differences**

15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).		
15A. Appraisal of Management and Leadership		
No expectation at this level	**Forms autonomous judgment of organization's management and leadership** Examples: • Applies theories of effective management and leadership to form an evaluation of organization • Identifies specific behaviors by management and leadership that promote or detract from organizational effectiveness	**Develops and offers constructive criticism and suggestions regarding management and leadership of organization** Examples: • Identifies strengths and weaknesses of management and leadership or organization • Provides input appropriately; participates in organizational assessment
15B. Management		
No expectation at this level	**Demonstrates awareness of roles of management in organizations**	**Participates in management of direct delivery of professional services; responds appropriately in management hierarchy**
15C. Administration		
Complies with regulations	**Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures**	**Demonstrates emerging ability to participate in administration of clinical programs**
15D. Leadership		
No expectation at this level	**No expectation at this level**	**Participates in system change and management structure**

16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
16A. Empowerment		
Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention	**Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision**	**Intervenes with client to promote action on factors impacting development and functioning**
16B. Systems Change		
Understands the differences between individual and institutional level interventions and system's level change	**Promotes change to enhance the functioning of individuals**	**Promotes change at the level of institutions, community, or society**

Appendix B

Practicum Forms and Training

Supervisor Rating of Practicum Student

Supervisor:
Student:
Term(s):

Instructions: This rating form is based on the Assessment of Competency Benchmarks 2007 Workgroup document. Please review together with the trainee and consult your Benchmarks Document for behavioral anchors and assessment method(s). Page numbers below reference the Benchmarks Document.

Please rate the student on each aspect of the competencies then mark an overall rating for that competency area. The minimum required standard is a "2" (Making Appropriate Progress) for each competency area. A student is to receive a "1" Competency Rating if there are 2 or more "1" ratings in the subsections of a competency area or if a single area that is "below expectations" is deemed severe or potentially harmful (e.g., ethical violation). If a "1" global rating is given then a remedial plan needs to be devised in the "areas for needed development" section below and the student will receive a "Marginal" or "Unsatisfactory" on her or his next student evaluation.

For first year students assess progress toward "Readiness for Practicum." For second year students and beyond assess progress toward "Readiness for Internship." Please use the scale below. If a 1 is given on any of the scales above, please list at the end of the document in the "areas of needed development" the specific behaviors from the behavioral anchors that need to be addressed.

1 = Below Expectations 2 = Making Appropriate Progress 3 = Advanced for Training Level N/O = Not Observed

Reflective Practice Self-Assessment – Practice conducted within the boundaries of competencies, commitment to lifelong learning, engagement with scholarship, critical thinking, and a commitment to the development of the profession.	**Competency Rating** 1	2	3	N/O
A. Reflective Practice (page 11)	○	○	○	○
B. Self-Assessment and Self-Care (pages 12 and 13)	○	○	○	○
C. Professionalism (pages 13 and 14)	○	○	○	○

Scientific Knowledge-Methods - The ability to understand research, research methodology and a respect for scientifically derived knowledge, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and lifespan human development.	**Competency Rating** 1	2	3	N/O
A. Scientific Mindedness (pages 15 and 16)	○	○	○	○
B. Knowledge of Core Science (page 16)	○	○	○	○
C. Scientific Foundations (pages 16 and 17)	○	○	○	○

Relationships - Capacity to relate effectively and meaningfully with individuals, groups, and/or communities.	**Competency Rating** 1	2	3	N/O
A. Interpersonal Relationships (pages 18 and 19)	○	○	○	○
B. Affective Skills (pages 19 and 20)	○	○	○	○
C. Intradisciplinary Relationships (pages 20 and 21)	○	○	○	○
D. Expressive Skills (page 21)	○	○	○	○

1 = Below Expectations 2 = Making Appropriate Progress 3 = Advanced for Training Level N/O = Not Observed

Individual-Cultural Diversity – Awareness and sensitivity in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics.	**Competency Rating** 1	2	3	N/O
A. Self-Awareness (pages 22 and 23)	◯	◯	◯	◯
B. Applied Knowledge (pages 23 and 24)	◯	◯	◯	◯

Ethical-Legal Standards-Policy - Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. Advocating for the profession.	**Competency Rating** 1	2	3	N/O
A. Knowledge (pages 25 and 26)	◯	◯	◯	◯
B. Awareness and Application of Ethical Decision Making Models (pages 26 and 27)	◯	◯	◯	◯
C. Ethical Conduct (pages 28 and 29)	◯	◯	◯	◯

Assessment-Diagnosis-Case Conceptualization -- Assessment and diagnosis of problems and issues associated with individuals, groups, and/or organizations.	**Competency Rating** 1	2	3	N/O
A. Diagnosis: Normal/Abnormal Behavior (pages 34 and 35)	◯	◯	◯	◯
B. Diagnosis: Skills (page 35)	◯	◯	◯	◯
C. Assessment: Knowledge of Measurement and Psychometrics (pages 35 and 36	◯	◯	◯	◯
D. Assessment: Use of Methods—Interview (pages 36 and 37)	◯	◯	◯	◯
E. Assessment: Use of Methods—Tests/Measurements (pgs 37 and 38)	◯	◯	◯	◯
F. Integration: Site Specific (page 39)	◯	◯	◯	◯
G. Integration: Communication of Results (pages 39 and 40)	◯	◯	◯	◯
H. Integration: Integrated Skills (pages 40 and 41)	◯	◯	◯	◯

Intervention – Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations	**Competency Rating** 1	2	3	N/O
A. Knowledge of Interventions (pages 42 and 43)	◯	◯	◯	◯
B. Intervention Planning (pages 43 and 44)	◯	◯	◯	◯
C. Intervention Implementation (page 44)	◯	◯	◯	◯
D. Progress Evaluation (page 45)	◯	◯	◯	◯
E. Intervention Skills (pages 45 and 46)	◯	◯	◯	◯

1 = Below Expectations 2 = Making Appropriate Progress 3 = Advanced for Training Level N/O = Not Observed

Supervision (if applicable)- Supervision and training of the professional knowledge base and/or evaluates the effectiveness of various professional activities.	**Competency Rating** 1	2	3	N/O
A. Supervision Knowledge (pages 53 and 54)	○	○	○	○
B. Skills Development (page 54)	○	○	○	○
C. Awareness of Factors Affecting Quality (pages 55 and 56)	○	○	○	○
D. Participation in Supervision Process (pages 56 and 57)	○	○	○	○
E. Ethical and Legal Issues (pages 57 and 58)	○	○	○	○

Overall Rating of Clinical Performance	**1**	**2**	**3**	**N/O**
A. Overall Rating of Clinical Performance	○	○	○	○

Strengths:
Areas of needed development:
Specific recommendations for future training:

Supervisor Signature: _____

Date: _____

Trainee Signature: _____

Date: _____

Comprehensive Clinic Introduction and Ethical Behavior

Notes on Presentation from Dean Barley, Director Comprehensive Clinic

- Encouragement to connect with other disciplines, attend Grand Rounds – last Thursday of the Month, room 177, 11:05 - 12:15. There's pizza.

- One of the reasons the Clinic exists as it does, with three mental health disciplines represented in the building is to increase the opportunity for interdisciplinary interaction and services.

- Our role as a Clinic staff. Give us feedback if there are concerns with receptionists, materials room, intake, AV recordings, auditor, or CMS. If we don't know about it, we can't fix it. Also please receive feedback well. If confused, ask questions.

- How does this place work? Potential clients call the receptionists who schedule a phone intake interview with one of the intake workers. Clients are actually hard to come by. For every hundred phone appointments that the receptionists make, only 62 actually make it in for the first session. Please value your clients and work to get them in and keep them.

- Introduce intake workers present

- We do the best we can to match client needs with student and professor preferences.

- We screen the clients at intake to make sure they are not currently suicidal, alcohol or drug addicted, violent or in violent circumstances, have legal concerns that would get us into court, or who have severe and chronic conditions. Sometimes they slip through. If this occurs, feel free to consult on where they can be referred out to.

- Get a text from CMS telling you that you have a client
  How to get and keep clients: Call the client immediately and get them in (phone behavior – Warm and competent; and timeliness impacts dropout rate tremendously)
  Respond to messages quickly
  Use CMS to schedule the room – have it up while talking with the client

- In Winter Semester: Schedule before 4:00 if possible. We will get very busy in the semester with 80- 90 students seeing clients. Please end sessions on time. Your recordings will start and stop on the hour. Please end at least 5 minutes to the hour. If you have someone else's recordings on your recordings, alert AV and they will fix the recordings.

- You can't usually come in early into the room to prepare for the session, so please don't disturb other therapists unless the top of the hour has passed. Tap lightly and let them know you have the room scheduled if they are going over.

- Be wise. Before the session: Please have the clients tell them to come in at least 20 minutes early to do the paperwork and assessments.
  Order the new client paperwork in CMS
  Make sure the clients know your name so they can mention you when they come sign in.

Explain where to park, to get the parking permit from downstairs receptionist to put on their review mirror if they are coming before 7:00 PM, and to come upstairs
Discuss the fee ahead of time on the phone and review that the first session.

- You will receive a text when they are ready if you allowed that when you created your account in CMS
  Informed consent on ipad (we cannot treat them without consent)
  Research consent on ipads,
  Modified fee agreement forms paper, you and your supervisor sign and put in hard copy file.

- When the power is out we can't see clients
  When internet or CMS is out, be patient, hang around the reception desk and be courteous
  When internet is out, we may be able to not see clients because the recording is done via the internet.

- Confidentiality – one of the most healing parts of therapy

- Don't talk about clients outside of the building, and in this building inside doors
  *What does that mean about our recordings - don't let others look over my shoulder,
  Documents on computers (password protected, encrypted, delete them when done)
  Don't put client info on Mobile media (thumb drives, phones)
  No texting or emailing to clients – other than what is created by the Clinic
  No friending on facebook or following on twitter

- Dress with professionalism, warm and competent.

- Records are your friends, will help you conceptualize the case, and will protect you and your supervisor if something goes wrong]

- Write case notes immediately.

- Generally, make the record look like what is happening in session: individual, couple, family. We can create new cases (a new intake is needed if the new people weren't initially screened and mentioned in the intake); or split someone off of a case for individual therapy if needed.

- Can't release sessions if we don't have all the signatures, which is difficult in a divorce

- Write case notes in a way that others can understand in formal language…it is a legal document.

- We don't do Day Care

- Crisis – call supervisor, refer out if needed, Clinic webpage under related sites has places we refer to.

- If you get stuck, feel free to contact me with questions or suggestions. – crisis, ethical questions, community resources, case management questions, David Fawcett on CMS and the secretaries in 241 on payment questions

Clinic Procedures and Client Management System Training
Training Notes from Presenter

1. Ask who has CMS

2. Go through the first 4 things (MATR, AV room, dvd number etc.)

3. Go through all the CMS tabs

- Messages
    - You can use client names and information but only with Auditor, Supervisor and Dr. Barley.
    - This is the ONLY place for confidential information
    - Just like normal emailing
- Alerts
    - Alerts from CMS or Auditor
    - CMS are automatic and will be deleted once you complete what the alerts is telling you to do.
    - Alerts from the Auditor come directly from the Auditor and can be deleted when you complete what it's telling you to do.
    - If there are any alerts, you cannot request termination on the case.
- Cases
    - Their Active cases
        - Will not show cases they have requested termination.
        - Once they request termination, it leaves their case load and goes to the Auditor's.
    - Tabs inside the case tab:
        - Details:
            - Client name
            - Case status
            - Case Fee
                - If fee needs changing talk to the Secretaries.
        - Documents:
            - Case note
                - Mark that they're present, include suicide rating
                - Session number, date, and time should be already automatically created through scheduler.
                - Session length
                - Contact Type: Therapy session, psych testing, client no show, client cancelled, therapist cancelled.
                - Therapy Type: Individual, family, assessment etc.
                - Session notes follow template given by supervisors. The most important part of the case note and needs to be completed within 48 hours of seeing the client (24 hours is ideal).
                - Do not have multiple tabs open with CMS simultaneously; otherwise the machine may time out while are working and you may lose documents.
                - MAKE SURE YOU HIT SAVE
            - Add Document

        - Create case notes (automatically), treatment plans (need to be created by therapist), treatment summaries (need to be created by therapist)
    - Request termination
        - Click to request termination (only when there are no alerts and all the case notes, treatment plan and treatment summary is up to date (signed and locked)
- Contact Log:
    - Update every time they speak with their client
    - Very important for auditor and therapist
- Demographics:
    - Lead Contact
    - Contact information
        - Make sure everything is up to date
    - Medical Record Number
    - Therapists can't change information, contact auditor to edit information
    - Next Session Number
        - Automatically updates
        - Super important the session number is #1 before first session. This will automatically assign the new client paper work. SUPER IMPORTANT.
- Intake:
    - Intake interview
    - Read before they see their client
- Audit:
    - Check if clients have filled out consent form. What each of the symbols mean?
    - Stats about case notes
        - How long since the last case note
            - What the auditor primarily uses to check case activity
        - Other stats..
    - Last Contact
        - Auditor checks for last contact here
    - Any alerts attached to the case
    - Audit Comments
- Scheduler:
    - Talk about clinic hours
    - Talk about Create A New Reservation (picture)
    - Title: Therapy Session (or whatever supervisor says)
    - Duration: Always 1 hours (unless told otherwise)
    - Billable: If $0, click none; If One person is paying the fee, click one in the group; If clients are splitting the fee, click each individually.
    - ADD: check each of the clients that you know will attend the session. It will automatically count them as Added, you need to unclick their name if you know they will not be there.
    - Bill:
        - It will automatically bill the lead contact.

    - If you want it to bill someone other than the lead contact, click the bubble by their name.
- Tasks
    - Shows the paperwork that will be assigned the client (new client paperwork will not show up here)
    - Add paperwork manually through the task box (clicking the box next to the desired paperwork.)
    - Again, new client clinic authorization form will not show up here.
- Session
    - If first session, make sure there is a 1
    - If there is a 1 in the session box, the client will automatically be given the new client paperwork.
    - You can manually change the session number in the box, but it will be automatically updated.
- Notes
    - Anything you want the receptionist to know when they are giving the client the paperwork.
- Video
    - REQUIRED AND ESSENTIAL
    - Click ADD.
    - If there isn't video, choose a different room.
    - Refer to the last page of the training manual for list of rooms with video.
- Make sure you push save!!
- Creating that reservation will automatically create a case note.

Appendix C

Externship and Clerkship Forms and Training

Two Externships Orientations will be held in the 1st and 2nd Years

(A folder of materials related to the externship selection and application processes will be distributed at each orientation.)

Evaluation of Student Competencies
BYU Clinical Psychology Externships and Clerkships

Student _____ Date of Evaluation _____
Supervisor _____ Placement Site _____

The purpose of the Student Evaluation Form is to help trainees achieve continued growth and progress toward meeting competencies established for professional practice in Psychology.

Complete only the sections on the rating form that are relevant to your site.

1 = Below expectations 2 = Making Appropriate Progress 3 = Advanced for Training Level N/O = Not Observed

Therapy and Assessment

Interpersonal Skills	**Competency Rating** 1	2	3	N/O
1) Takes a respectful, helpful professional approach to clients	◯	◯	◯	◯
2) Forms a strong working alliance	◯	◯	◯	◯
3) Demonstrates ability to deal with conflict, negotiate differences	◯	◯	◯	◯
Please comment on any Item given a rating of "1":				

Assessment & Diagnostic Skills	**Competency Rating** 1	2	3	N/O
1) Able to quickly establish rapport with client	◯	◯	◯	◯
2) Distinguishes between intake interview and counseling	◯	◯	◯	◯
3) Asks relevant questions for intake purposes	◯	◯	◯	◯
4) Collaborates with clients to establish attainable assessment and/or treatment aims.	◯	◯	◯	◯
5) Utilizes systematic approaches to gathering data to inform clinical decision making.	◯	◯	◯	◯
6) Demonstrates appropriate knowledge of relevant measurement and psychometrics	◯	◯	◯	◯
7) Demonstrates ability to select assessment measures with attention to issues of reliability and validity	◯	◯	◯	◯
8) Demonstrates an ability to independently and accurately conceptualize the multiple dimensions of the case based on the results of assessment	◯	◯	◯	◯
9) Demonstrates ability to formulate and apply diagnoses.	◯	◯	◯	◯
10)Demonstrates ability to formulate and conceptualize cases	◯	◯	◯	◯

Please comment on any Item given a rating of "1":

Non-Specific Intervention Skills	**Competency Rating** 1	2	3	N/O
1) Understands and maintains appropriate professional boundaries	◯	◯	◯	◯
2) Demonstrates appropriate use of self-disclosure	◯	◯	◯	◯
3) Demonstrates effective listening skills	◯	◯	◯	◯
4) Aware of and uses non-verbal cues	◯	◯	◯	◯
5) Deals appropriately with termination issues	◯	◯	◯	◯
6) Maintains an adequate caseload	◯	◯	◯	◯
Please comment on any Item given a rating of "1":				

Specific Intervention Skills	**Competency Rating** 1	2	3	N/O
1) Develops and implements treatment plans effectively	◯	◯	◯	◯
2) Has knowledge of psychotherapy theory, research and evidence-based practice and linking of this knowledge to conceptualization and treatment planning	◯	◯	◯	◯
3) Use of a wide range intervention skills including psychotherapy, psycho educational, developmental, preventative, and remedial interventions, and appropriate crisis intervention skills	◯	◯	◯	◯
4) Demonstrates ability to assess treatment progress and outcomes	◯	◯	◯	◯
5) Possesses clarity on own philosophy of change process	◯	◯	◯	◯
6) Appropriately makes referrals	◯	◯	◯	◯
Please comment on any Item given a rating of "1":				

Use of Supervision

Working Relationship	**Competency Rating** 1	2	3	N/O
1) Collaborates with supervisor to set appropriate goals for supervision and to work to achieve goals	◯	◯	◯	◯
2) Prepares for supervision: Bringing cued video, thoughtful questions about cases, etc.	◯	◯	◯	◯
3) Participates effectively with supervisors in evaluation of own performance.	◯	◯	◯	◯

Please comment on any Item given a rating of "1":

Openness/Reflective Ability	**Competency Rating** 1 2 3 N/O
1) Demonstrates ability to self-reflect and self-evaluate regarding clinical skills and use of supervision, including using good judgment as to when supervisory input is necessary	○ ○ ○ ○
2) Discusses and shares concerns, questions, limitations, difficult or dangerous cases, ethical dilemmas and perceived mistakes	○ ○ ○ ○
3) Open to and receives feedback, suggestions, and correction from supervisors in a non-defensive manner	○ ○ ○ ○
Please comment on any Item given a rating of "1":	

Diversity

Individual and Cultural Differences	**Competency Rating** 1 2 3 N/O
1) Shows respect for individual and cultural autonomy and differences	○ ○ ○ ○
2) Demonstrates knowledge of one's own beliefs, values, attitudes, stimulus value and related strengths/limitations as one works in a clinical setting with diverse others	○ ○ ○ ○
3) Possesses knowledge about the nature and impact of diversity in working with specific racial/ethnic/religious populations	○ ○ ○ ○
4) Displays ability to work effectively with diverse others in assessment, treatment and consultation	○ ○ ○ ○
Please comment on any Item given a rating of "1":	

Professional, Ethical, and Legal Practices

Ethical/Legal Practices	**Competency Rating** 1 2 3 N/O
1) Follows APA Ethical Standards and legal statutes and regulations	○ ○ ○ ○
2) Recognizes and analyzes ethical and legal issues and consults appropriately	○ ○ ○ ○
3) Promptly completes and appropriately writes case notes and reports	○ ○ ○ ○
4) Distinguishes between personal and client needs and maintains professional relationship	○ ○ ○ ○
5) Self-identifies personal distress and seeks resources for healthy functioning during personal distress, particularly as it relates to clinical work	○ ○ ○ ○

Please comment on any Item given a rating of “1”:

Institutional Professionalism	**Competency Rating** 1	2	3	N/O
1) Relates professionally and respectfully with professional and support staff	○	○	○	○
2) Keeps appointments and presents self in a professional manner for delivery of psychological services (e.g., punctual, appropriate dress, etc.)	○	○	○	○
3) Is on time for supervision and does not miss without proper reason and advance notice to supervisor	○	○	○	○
4) Works well with colleagues, to give and receive support	○	○	○	○
5) Gives and receives helpful feedback to peers non-defensively	○	○	○	○
6) Understands and observes institutional operating procedures	○	○	○	○
Please comment on any Item given a rating of “1”:				

Brief Summary of Student’s Overall Performance and Abilities:

Supervisor's Electronic Signature

Student's Electronic Signature

Evaluation of Externship/Clerkship Site

Name

Site Name

Site Supervisor(s)

Dates of Experience

Client Population/Clinical Setting/Hours

Clinical Setting Type:

Client Demographics: (age range, ethnicity, SES, diagnoses, other aspects of diversity)

Number of Hours per week at Site, including Distribution of Hours

Describe major activities in which you were engaged, duties, and responsibilities

Indicate approximate percent of time you spent in each activity

	Individual Therapy Activities
	Group Therapy Activities
	Couples/Family Therapy Activities
	Assessment/Testing Activities
	Supervision/Team Meetings
	Consultation
	Other (Consultation, Research, Community Outreach, etc.)

Supervision

	Hours per week of individual supervision
	Hours per week of group supervision

Methods of supervision (mark all that apply)

	Live Observation
	Video/Audio Recording
	Written Reports
	Discussion
	Other:

Please rate your degree of satisfaction within the following domains, leaving items not applicable (N/A) blank:

1 = very dissatisfied 5 = very satisfied

Training Experiences	**1**	**2**	**3**	**4**	**5**
Exposure to variety of presenting problems, given the site	◯	◯	◯	◯	◯
Exposure to and training in empirically-supported treatments and/or assessments	◯	◯	◯	◯	◯
Relevance of training tasks to your training needs and goals for the site	◯	◯	◯	◯	◯
Exposure to a variety of psychological tests and/or treatment modalities	◯	◯	◯	◯	◯
Quality of didactic or in-service training	◯	◯	◯	◯	◯
Exposure to other mental health professionals (Psych, SW, MFT)	◯	◯	◯	◯	◯
Exposure to professionals of other disciplines (Physicians, Physical Therapists)	◯	◯	◯	◯	◯
Please explain any low or exceptionally high ratings in your answers above					

Work Environment	**1**	**2**	**3**	**4**	**5**
Willingness of support staff to assist student	◯	◯	◯	◯	◯
Acceptance of student by professional staff	◯	◯	◯	◯	◯

Overall atmosphere of work environment	◯ ◯ ◯ ◯ ◯
Flexibility in arranging schedule	◯ ◯ ◯ ◯ ◯
Adequacy of orientation to your duties (informal or formal)	◯ ◯ ◯ ◯ ◯
Adequacy of orientation/introduction to facility and relevant staff	◯ ◯ ◯ ◯ ◯
Manageability of clinical load	◯ ◯ ◯ ◯ ◯
Adequacy of space to see clients	◯ ◯ ◯ ◯ ◯
Adequacy of space to complete paperwork	◯ ◯ ◯ ◯ ◯
Adequacy of other resources (testing materials, office supplies, computer)	◯ ◯ ◯ ◯ ◯
Please explain any low or exceptionally high ratings in your answers above	

Supervision	**1** **2** **3** **4** **5**
Supervisor's respect and support for the student	◯ ◯ ◯ ◯ ◯
Supervisor's function as a positive professional role model	◯ ◯ ◯ ◯ ◯
Supervisor's openness to discussing difficulties	◯ ◯ ◯ ◯ ◯
Quality of supervisor's feedback and recommendations	◯ ◯ ◯ ◯ ◯
Accessibility to supervision in an emergency/crisis situation	◯ ◯ ◯ ◯ ◯
Adequacy of supervision in terms of length of time allotted	◯ ◯ ◯ ◯ ◯
Dependability of supervision (consistency vs cancellations, etc.)	◯ ◯ ◯ ◯ ◯
Supervisor's sensitivity to individual and cultural diversity issues	◯ ◯ ◯ ◯ ◯
Overall quality of supervision	◯ ◯ ◯ ◯ ◯
Please explain any low or exceptionally high ratings in your answers above	

Global Impressions	1	2	3	4	5
Acquisition of new knowledge and skills	○	○	○	○	○
Extent to which experience acquired through placement is relevant to personal goals regarding internship and career	○	○	○	○	○
Please explain any low or exceptionally high ratings in your answers above					

Open-ended Questions

What did you find most useful/valuable about this placement; what were the strengths of this site?

What was the most challenging part of your experience; what were the weaknesses of this placement; what could be improved?

What type of background should students have before going to this placement; what recommendations would you make or advice would you have for students going to this placement?

INTERNSHIP
MASTER AGREEMENT
Brigham Young University

This Agreement is entered into this _____ day of _____, 201____ ("Effective Date") between Brigham Young University, a Utah nonprofit corporation and educational institution ("BYU"), and _____ (the "Experience Provider") located at _____.

1. **PURPOSE.** In order to facilitate internship opportunities and educational experiences for students, this Agreement is intended to govern the relationship between Experience Provider and BYU with respect to student Interns from BYU in an internship arrangement with the Experience Provider.

2. **GENERAL CONSIDERATIONS.**

2.1 An internship is a cooperative student program between BYU and the Experience Provider. The Experience Provider will provide supervision, facilities, and instruction that help students of BYU (each an "Intern") acquire skills and knowledge related to their chosen field of study or occupation.

2.2 This Agreement is effective as of the Effective Date and may be terminated by BYU or the Experience Provider for any reason by providing 90 days advance written notice to the other party.

2.3 Experience Provider and BYU shall each provide a contact person (the "Internship Coordinator") for activities related to the performance of this Agreement. The following contact names and addresses shall be the initial Internship Coordinators for the Experience Provider and for BYU. Others may be designated in writing by the parties at any time.

For Experience Provider:	**For BYU:**
_____	_____
_____	_____
Telephone: _____	Telephone: _____
Email: _____	Email: _____

2.4 BYU and the Experience Provider agree to indemnify each other from any claims or liability, including reasonable attorneys' fees, due to their respective negligent acts or omissions arising from the performance of this Agreement. Each party further agrees to have in effect insurance coverage to adequately underwrite this promise of indemnity.

2.5 Neither BYU nor the Experience Provider will be responsible nor held liable for any claims, disputes, losses, damages, injuries, adverse events or outcomes arising out of or caused only by the other party's actions, inactions or negligence. If, however, such claims, disputes, losses, damages, injuries, adverse events or outcomes are the result of the joint fault of both the Experience Provider and BYU, the obligation of each party to indemnify the other hereunder shall be limited to the extent of the indemnifying party's respective fault.

2.6 This Master Agreement is not intended and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture or association between BYU and the Experience Provider and their employees, Interns, or agents; but rather is an Agreement by and among two independent contractors. Each Intern is placed with the Experience Provider in order to receive educational experience as part of the academic curriculum; duties performed by an Intern are not performed as an

employee of the Experience Provider but rather in fulfillment of the academic requirements of the educational experience and are performed under direct supervision by the Experience Provider's personnel. To the extent allowed under state and/or federal law, neither the Experience Provider nor BYU is required to provide worker's compensation coverage for the Interns participating in the educational experience.

2.7 The parties acknowledge and agree that it shall be the responsibility of each Intern to: (i) comply with the Experience Provider's policies and procedures; (ii) report any serious problems related to the Experience Provider, including safety and personnel problems, to the Internship Coordinator at BYU and the Experience Provider; and (iii) maintain a health insurance policy in effect during the full period of any internship with the Experience Provider.

2.8 This Agreement covers (check one):

☐ Single location of Experience Provider—i.e., only that location with address listed above. (Note: a separate agreement will be required for each different location of Experience Provider.)

☐ Multiple locations of Experience Provider—i.e., only those locations listed below. (Attach sheet if additional space needed.)

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☐ **All locations** of Experience Provider.

3. **RESPONSIBILITIES OF BYU.** BYU shall:

3.1 Provide course information and objectives, and ensure that each participating Intern meets academic and other qualifications that are consistent with the objectives and requirements of BYU's program;

3.2 Make reasonable efforts to ensure that each Intern from BYU is aware of Intern's responsibilities to abide by the terms of Section 2.7, and that each Intern from BYU shall agree to abide by the terms in the "Student Agreement" attached as Exhibit A;

3.3 Make reasonable efforts to ensure that the Intern participates in the internship during the dates specified unless modified by the Experience Provider and BYU. This includes instructing each Intern about the consequences of not completing the internship.

3.4 Provide an administrative framework and a teaching faculty adequate in number, qualifications, and competence to develop and carry forward its instruction and supervision;

3.5 Ensure that for each internship, the Internship Coordinator of BYU (i) maintains ongoing contacts with the Intern and the Experience Provider, (ii) discusses the specifics and expectations of the internship with the Intern and the Experience Provider, (iii) monitors

the Intern's progress with the Intern and the Experience Provider, and (iv) advises the Intern relative to a program of study related to the internship experience; and

3.6 Provide liability insurance to cover damage or harm caused by the Intern in the amount of $1,000,000 per person, per occurrence, $3,000,000 in the aggregate.

4. **RESPONSIBILITIES OF THE EXPERIENCE PROVIDER.** The Experience Provider shall:

4.1 Provide planned and supervised opportunities for each Intern to perform tasks to acquire and practice various skills based on objectives compatible with those of BYU's program;

4.2 Orient the Intern to the Experience Provider's rules, policies, procedures, methods, and operations;

4.3 Evaluate the Intern's performance and notify BYU's Internship Coordinator of any cause of dissatisfaction with or of any known misconduct on the part of the Intern;

4.4 Comply with all the federal, state, local, and municipal laws, ordinances and codes applicable to Experience Provider;

4.5 If applicable, pay the Intern the agreed upon rate of compensation for the term of the internship and fulfill all legal requirements related to Experience Provider's independent contractor/employment relationship with the Intern; and

4.6 Accept the primary responsibility for supervision and control of the Intern at the internship site.

5. **ENTIRE AGREEMENT.** This Agreement constitutes the entire agreement of the parties with respect to the subject matter of this agreement.

IN WITNESS WHEREOF, THE PARTIES HAVE AFFIXED THEIR SIGNATURES BELOW:

Experience Provider	**Brigham Young University**
By_____	By: _____
Printed Name _____	Printed Name Adrienne Chamberlain
Date _____	Date _____

EXHIBIT A

STUDENT AGREEMENT
BRIGHAM YOUNG UNIVERSITY

The student hereby agrees to the following:

1. Be enrolled as an internship student.
2. Comply with all Experience Provider rules, policies and procedures.
3. Complete the internship during the dates specified unless modified by the Experience Provider and BYU. Students who feel they must leave or not start an internship for which they have registered must do the following: (1) Consult the BYU department/college internship coordinator or faculty member supervising the internship and explain their reasons for wanting to discontinue the internship. (2) If the department agrees with the student's decision, the internship provider must be given appropriate, timely notice about the discontinuance. (3) If the decision to discontinue comes after the drop deadline, the student must petition to quit the internship. (4) If the student has received money from a BYU college or department to help defray expenses associated with the internship, the student may be required to give back an amount commensurate with the time not spent in the internship. Students who leave internships early without notifying their BYU supervisor and the internship site supervisor may receive a low or failing grade for the internship and may be blocked from registering for future internships.
4. Work conscientiously under the direction of the supervisor assigned by the Experience Provider, submitting all reports and assignments as required.
5. Report serious problems, including physical, safety and personnel, to the Experience Provider supervisor and the BYU Internship Coordinator.
6. Complete all BYU academic assignments and course work as outlined by the applicable department.
7. Adhere to BYU's Honor Code and the Experience Provider's Standards of Personal Conduct and Dress and Grooming Standards.
8. Receive and read a copy of the Internship Master Agreement between BYU and the Experience Provider. I acknowledge that it is incorporated by reference into this Agreement and that I am bound by such terms and conditions therein which specifically apply to interns.
9. Consult with my personal physician in regard to necessary immunizations and any other medical matters relating to my participation in the internship program.
10. Authorize BYU's designated representative to grant permission for my necessary medical treatment for which I will be financially responsible if, during my participation in the program, I become incapacitated or otherwise unable to provide consent to medical treatment and advance consent cannot be obtained from my family.
11. Participation as an intern may involve risks not found in study at BYU. These include risks involved in traveling to and returning from place of internship; different standards of design, safety, and maintenance of buildings, public places, and conveyances; local medical and weather conditions. I represent that I have made my own investigation and am willing to accept these risks.
12. Be personally responsible for all housing, transportation, study, and other arrangements in connection with my internship and personally bear all associated costs. In addition, be personally responsible for any financial liability and obligation which I personally incur and for any injury, loss, damage, liability, cost or expense to the person or property of another which is caused or contributed to by me during my participation in the internship program. I understand that BYU does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer, or other provider of goods or services involved in the internship. I understand that BYU is

not responsible for matters that are beyond its control, including, without limitation, strikes, war, loss, or theft of personal belongings, delays, weather, acts of God, governmental restrictions or acts, errors, or omissions of third party providers of goods or services.

13. Abide by all applicable laws. I understand I must personally attend to any legal problems I encounter or incur as an intern.
14. Acknowledge and agree that BYU is acting as an internship facilitator only and that BYU will be neither responsible for nor held liable for any claims, disputes, losses, damages, injuries, adverse events or outcomes arising out of or caused by the internship, including but not limited to such claims, disputes, losses, damages, injuries, adverse events and outcomes caused by Experience Provider's actions, inactions or negligence, even if BYU has been advised of the possibility of such.
15. Acknowledge and agree that as an Intern, I am placed with the Experience Provider in order to receive educational experience as part of my academic curriculum; my duties performed as an Intern are not performed as an employee of the Experience Provider but rather in fulfillment of the academic requirements of my educational experience and are to be performed under direct supervision by the Experience Provider's personnel. To the extent allowed under state and/or federal law, neither the Experience Provider nor BYU is required to provider worker's compensation coverage for my participating in this educational experience.
16. Acknowledge that all creative work performed as part of my internship shall be considered a "work made for hire," and that all copyright and other intellectual property rights in any such original creative work produced by me shall be owned entirely by the Experience Provider. Further, I agree not to utilize, incorporate, or otherwise make use of any pre-existing intellectual property and/or trade secrets of Brigham Young University in the creative work or internship performance without the express written permission of Brigham Young University.

RISK MANAGEMENT
Insurance Services

August 31, 2015

Re: Student Intern General Liability Insurance

To whom it may concern,

Please accept this letter as verification that Brigham Young University has a Medical Professional and General Liability – Claims Made insurance policy for our student interns. The current policy (05/15/2015 to 05/15/2016) is with Admiral Insurance Company in the amounts of $1,000,000 each occurrence and $3,000,000 aggregate. The policy number is CO000000351-12.

If you have any further questions, please contact me.

Respectfully,

David W Lawrence

David W. Lawrence
Insurance Manager

247 FB · PROVO, UTAH 84602-0100 · PHONE (801) 422-2797 / FAX: (801) 422-0710 · E-MAIL: david_lawrence@byu.edu

Student Internship Application

I R A M S Instructions

Brigham Young University | Internship Office

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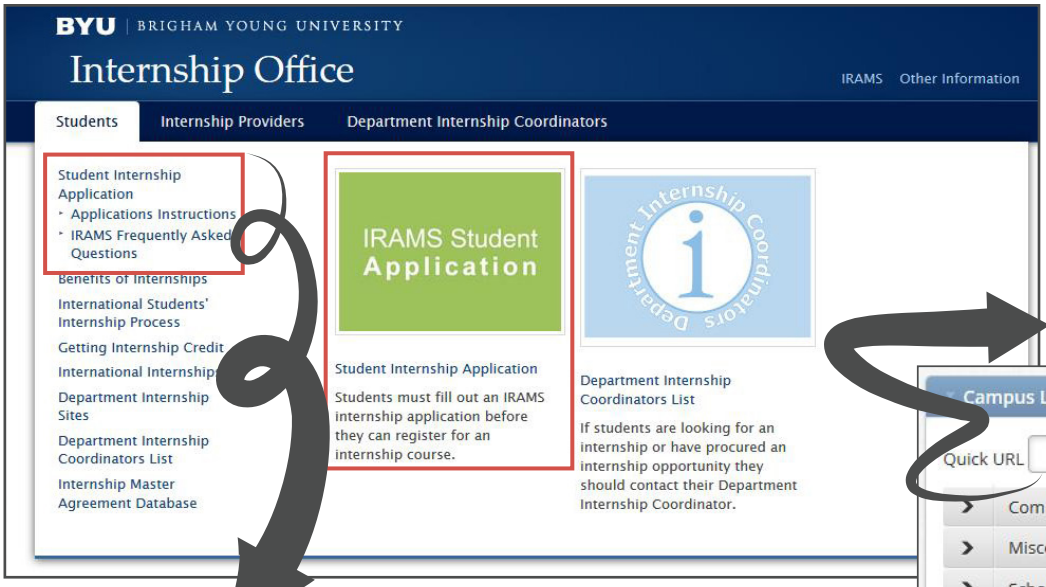
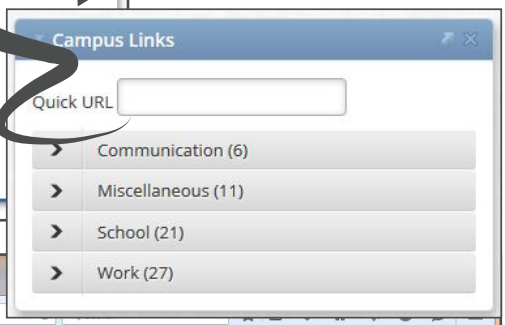
Student IRAMS Instructions

Accessing the Internship Application Home Page

Students may access the system through three methods. First, students may click on the "Internship Application" link located under the "Students" tab on the Internship Office website (intern.byu.edu). Or, students may access the system by logging in to myBYU and typing "Intern01" in the Quick URL box. Finally, students may attempt to add their designated internship course through the MyMap and the AIM registration system; a link to the internship application should be in the header for the course.

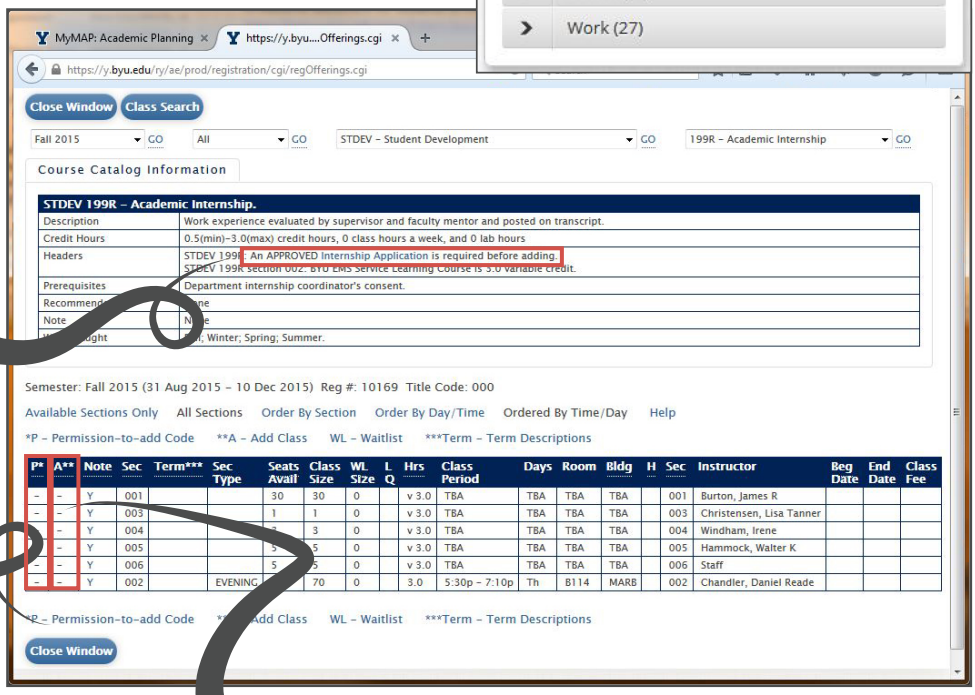


Type INTERN01 in the quick URL box from the MyBYU page.



The student may also access the Internship Application through this link on the Internship Office home page (intern.byu.edu).

Students may access the Internship Application by clicking on the hyperlink in the header.



A Permission-to-Add-Code is not needed once a student has an approved Internship Application.

Until a student has an approved Internship Application they will not be able to add the course.

Student's Internship Application Home Page

If a student would like to receive academic credit for their internship they must enroll in an internship course. Before a student is allowed to enroll in an internship course they must have an approved internship application. First, select the semester/term wherein the student would like to receive credit. Second, click the Add New Application button. Third, review and accept the terms of the Student Agreement. Fourth, enter all the information into the Internship Application and submit the application. Once the application has been submitted, it will need to be approved by your internship coordinator and the Internship Office. After the application has been approved, the student will receive an email informing you to add the course.

For more detail regarding a particular internship's status or application, open the application by clicking on the link for the appropriate semester/term.

Personal Information section

If the personal information displayed in this section of the application has changed, please update the information on MyBYU.

If a student has interned in the past with an internship provider who has requested student obligations and the student has submitted these documents, they are accessible on the Student Obligation Documents page. For more information see the "Students Interning with a Limited Internship Master Agreement" section.

Students will be notified if they are interning with an internship provider that has a limited Internship Master Agreement after the internship coordinator has approved their application.

Relevant Information section

The relevant information section displays information regarding general student requirements, international internships, international student requirements, full-time internship scholarship credit load, and the general internship policy. Click on the links in this section to expand.

Applications section

The applications section displays an overview of a student's internship applications. Each one of the columns headers is explained below:

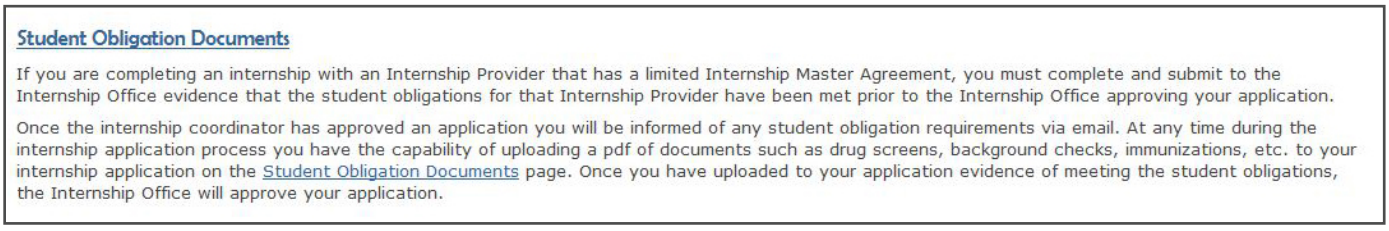
Applications

Semester/Term	Internship Provider(s)	Class	Department Internship Coordinator		Status
Fall Semester 2015	Pride Rock, Inc.	EXSC 399R 001 S Exercise & Wellness Internship	Margaret Frances Shibla maggie_shibla@sastg.byu.edu	(801) 422-2670 106 SFH	Submitted
Fall Semester 2015	Thimble Theater	STDEV 199R 002 S Academic Internship	James R Burton james_burton@sastg.byu.edu	(801) 422-2680 2529 WSC	Submitted

- **Semester/Term:** For more detail regarding a particular internship's status or application, open the application by clicking on the link for the appropriate semester/term.
- **Internship Provider:** The internship provider (as stipulated by the student in the internship application) will display in this column.
- **Class:** The class selected on the internship application, including the department, course number, section number, semester/term type, and title/description. A separate internship application is required for each class.
- **Department Internship Coordinator:** The contact information for the internship coordinator for that specific class. If there are problems with an application, please contact the internship coordinator before contacting the Internship Office.
- **Status:** A quick review of the status of an application is shown here. View the Application Process and Status section of the internship application for more detail regarding the status of the internship application.

Student Obligation Documents section

If a student is completing an internship with an Internship Provider that has a limited Internship Master Agreement, students must complete and submit to the Internship Office evidence that the student obligations for that Internship Provider have been met prior to the Internship Office approving the student's application.



Student Obligation Documents

If you are completing an internship with an Internship Provider that has a limited Internship Master Agreement, you must complete and submit to the Internship Office evidence that the student obligations for that Internship Provider have been met prior to the Internship Office approving your application.

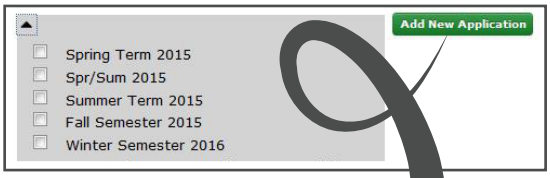
Once the internship coordinator has approved an application you will be informed of any student obligation requirements via email. At any time during the internship application process you have the capability of uploading a pdf of documents such as drug screens, background checks, immunizations, etc. to your internship application on the Student Obligation Documents page. Once you have uploaded to your application evidence of meeting the student obligations, the Internship Office will approve your application.

Once an internship coordinator has approved an application, students are informed of any student obligation requirements via email. At any time during the internship application process students and coordinators have the capability of uploading a PDF of documents such as drug screens, background checks, immunizations, etc. to the student's internship application on the Student Obligation Documents page.

For further information regarding student obligations and limited agreements, please refer to the Interning with a Limited Internship Provider section of this document.

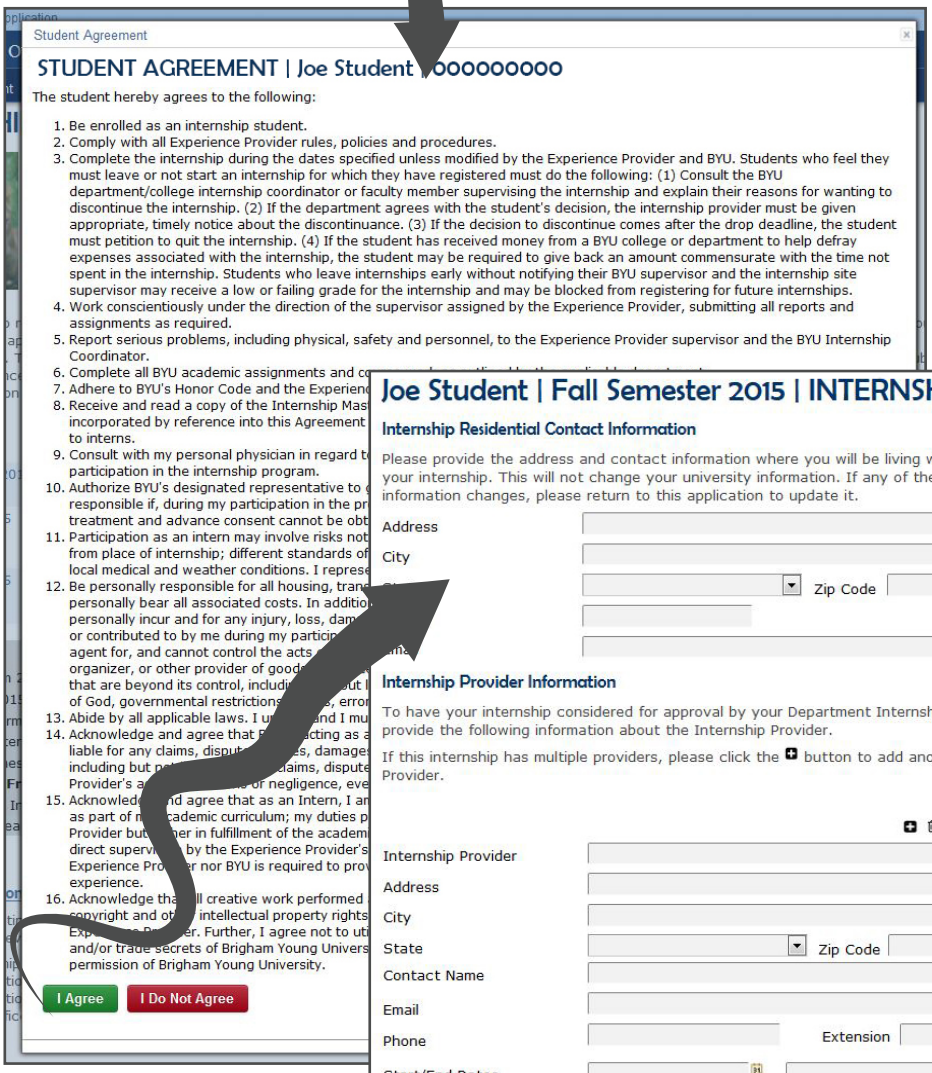
Creating a New Internship Application

For every semester or term that a student wishes to receive internship credit an internship application must be completed.



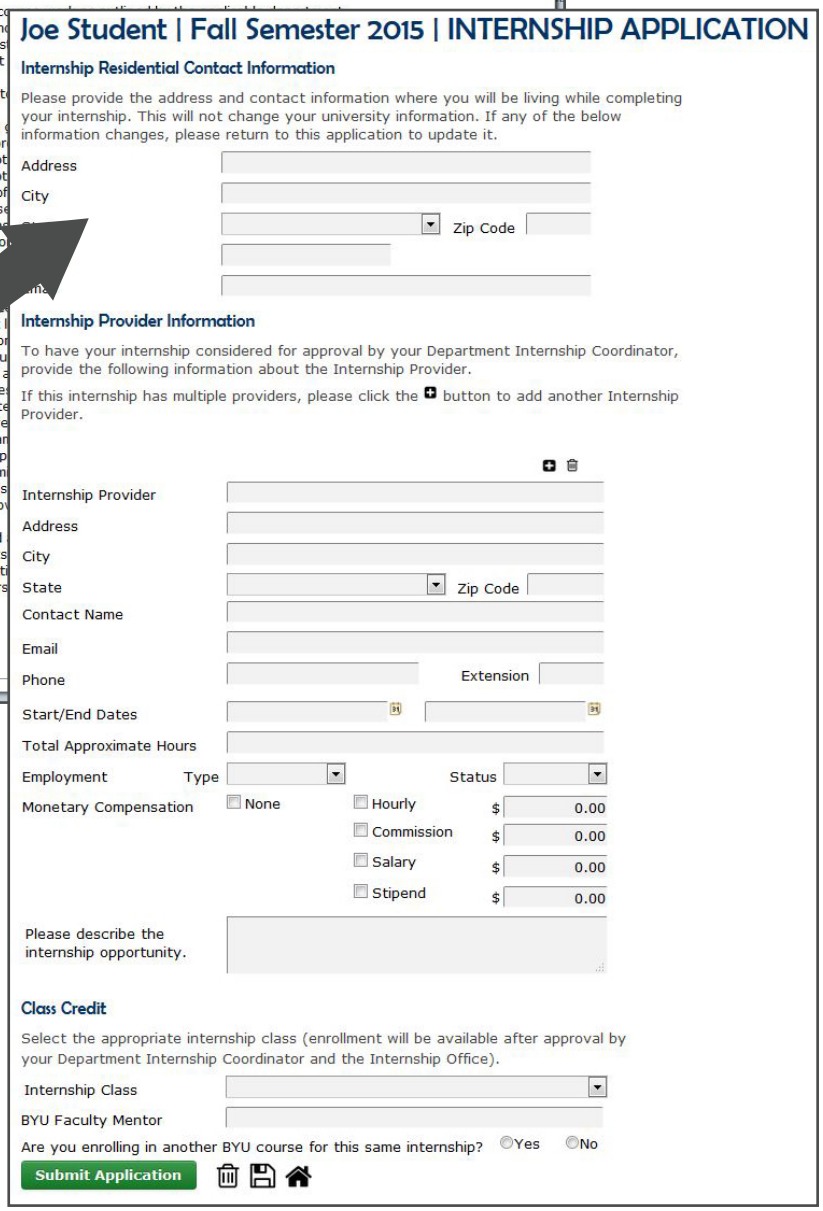
1. Open the Internship Application Home Page..

2. Click the black down arrow in the gray field in front of the green Add New Application button. A list of the available semesters or term will be in a drop-down menu. Select the semester/term for the internship.



3. Click the Add New Application button. The Student Agreement will pop up.

4. Click the I Accept button on the Student Agreement pop-up window. A blank internship application for the particular semester or term will open in the window.



5. Save changes to the internship application by clicking the save icon ( ).

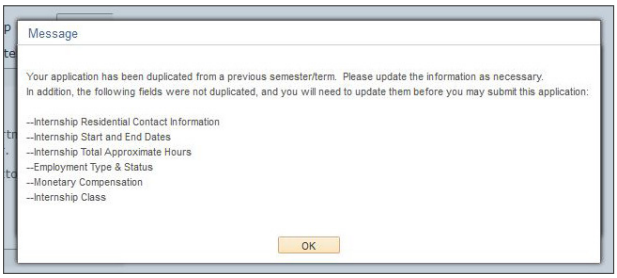
Duplicating or Repeating a Previous Internship

If students are repeating a previous internship across semesters they can use the Copy Info from Previous Internship functionality when they select the semester/term for the new internship application.

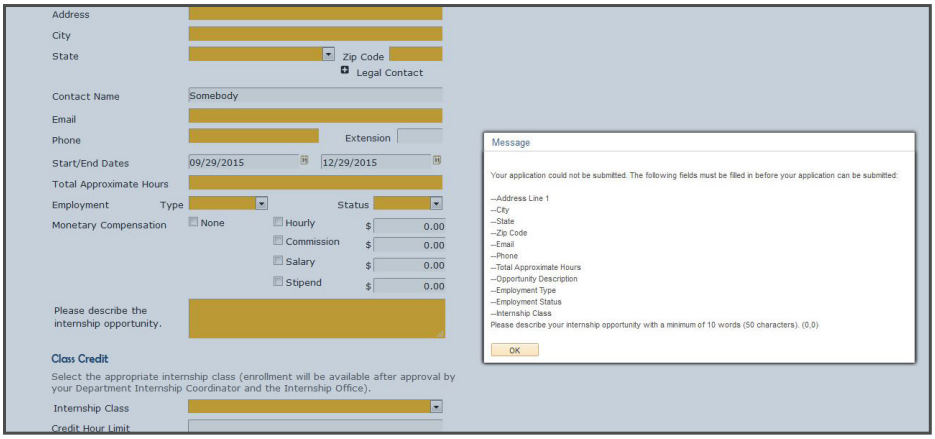
1. Open the Internship Application Home Page.

2. Click the black down arrow. A list of the available semesters or term will be in a drop-down menu. Select the semester/term for the internship.

3. In the Copy Info From Previous Internship section of the drop-down menu, select the name of the internship provider where the student will be repeating the internship. Multiple internship providers may be selected if the student is repeating more than one internship opportunity during a particular semester or term.



4. Click the Add New Application button. The Student Agreement will pop-up.



5. Click the I Accept button on the Student Agreement pop-up window. The internship application page for the particular semester or term will open in the window with a duplication pop-up message.

6. Click OK on the duplication pop-up message. Please note that the Internship Residential Contact Information, Start/End Dates, Total Approximate Hours, Employment Type & Status, Monetary Compensation, and Internship Class fields will not be duplicated from a previous semester and will need to be updated before a student will be able to submit the application.

Explaining the Student's Internship Application

After clicking the Add New Application button on the Internship Application Home Page and accepting the Student Agreement pop-up, students will be taken to the internship application. Students must fill out the entire application before they are allowed to submit the application. If there is information that the student does not have upon initially filling out this form, they may save changes and then return to the application later. A student cannot submit an application until all of the information is provided. Once students have the adequate information to finish completing the application, they may return to their application to update it by clicking on the Semester/Term link on the Internship Application Home Page. Until a coordinator approves the application, students may change the information in the application excluding the class information. After an application has been submitted students cannot change class information in the application.

Internship Residential Contact Information section

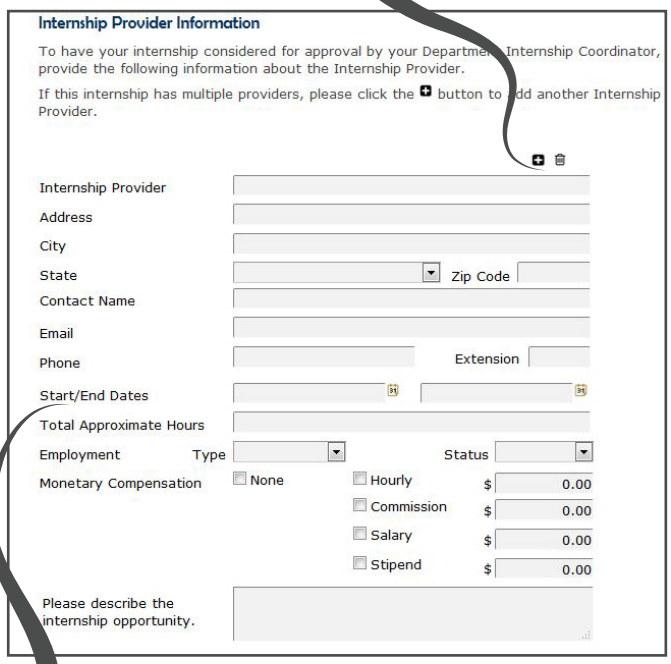
Students should fill out their residential contact information for the duration of the internship. This information will not be shared with anyone or used for any purpose except in the case of an emergency. This will not change students' personal information in myBYU; that is a separate process.

Internship Provider Information section

This section requires students to enter various pieces of information regarding the internship opportunity. All of the information must be entered before a student is allowed to submit an application.

Click the add icon (⊕) to add multiple internship providers to an application.

The add icon (⊕) allows students to enter the information for multiple internship providers if students will be interning with multiple providers during the same semester or term.



The delete icon (🗑) at the top of the internship provider information will delete all the internship provider information in that section.

Internship Provider: Name of the company or organization that is providing the internship opportunity.

Address/City/State/Zip Code: The address information of the facility where the student will be participating in the internship opportunity.

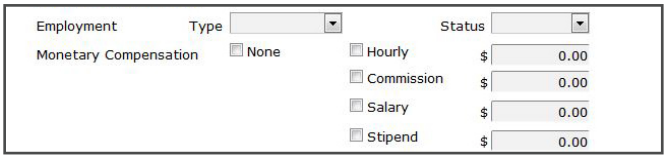
Start/End Dates: Select from the calendar or type (MM/DD/YYYY) the start and end dates of the internship. However, the hours worked prior to the student's official internship course enrollment will not be counted towards their required work hours per credit enrolled. Students must fill out a separate application for multiple semesters or terms if the internship extends beyond the final day of the semester or term for which they are filling out the application.

The earliest start date allowed by the system will be the day after the previous semester's discontinuance deadline.

Total Approximate Hours: The approximate number of hours that will be completed in the internship during the semester/term of the internship application.

Contact Name/Email/Phone: List the main person to communicate with regarding the internship. Please provide accurate information in this section.

Employment: The employment questions provide detail regarding the employment type, status, and monetary compensation for the internship.



Type: A student is either an employee or a volunteer for the internship provider.

Employee: An employer-employee relationship exists between the student and the internship provider when the intern receives some form of monetary compensation.

Volunteer: The student is working in an unpaid capacity for the internship

provider although some type of stipend may also be provided by the internship provider.

- **Status**: A student is either working part-time or full-time at an internship opportunity.

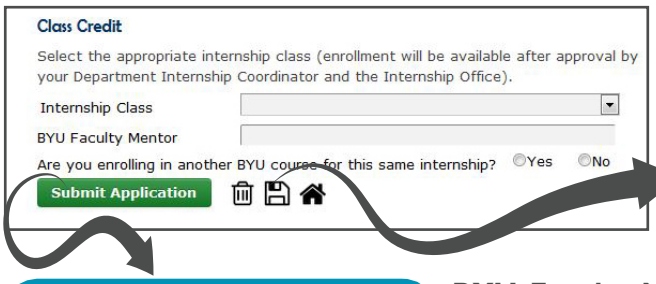
  Part-time: Anything less than 30 hours a week.
  Full-time: Anything more than 30+ hours a week.

- **Monetary Compensation:** Select the types of monetary compensation that apply including the accompanying amounts.

Internship Description: Students are required to provide at least a ten-word description of their internship for their internship coordinator. Expand this section by clicking and dragging the bottom right corner of the text box. This field has no character limit.

Class Credit section

Students will need to select their internship class from the drop-down menu (by clicking the arrow and selecting a course). The selected class will be posted in the Internship Class field.



Save changes to the student's internship application by clicking the save icon (💾).

The home icon (🏠) at the bottom of the application will open the student's Internship Application Home Page.

After an application has been submitted students cannot change class information in the application. If a student submits an application for the wrong class then the student has two options:

a) Contact the internship coordinator for the course and ask them to change it to the correct course and then resubmit the application.

b) Contact the internship coordinator for the course and ask them to delete the application. The student will then need to create a new application.

BYU Faculty Mentor: If the student is working with a professor who is not their department internship coordinator, the student will provide the name of the professor here.

If the student is enrolling in another BYU course—which is not another internship course—for this same internship they will select the Yes radio button. After selecting the Yes radio button the Course & Section # and Professor fields will automatically expand for the student.

The Submit Application button will submit the application to the internship coordinator for the first step in the internship application approval process. After an application has been submitted students cannot change class information in the application. An application cannot be submitted until all the information in the application has been entered. If a student attempts to submit an application without all of the information, an error message pop-up will inform the student of the fields that are missing and those fields will be highlighted in the application.

The save icon (💾) will save any changes to the student's internship application. Students are able to save and return to an application by clicking the semester/term hyper-link on the homepage.

The home icon (🏠) at the bottom of the application will open the student's Internship Application Home Page.

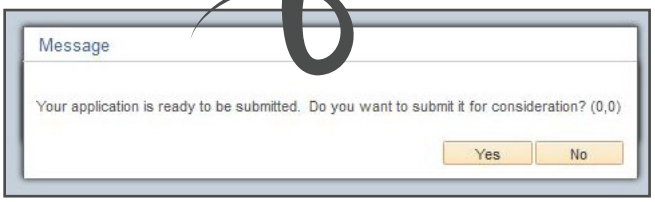
The delete icon (🗑) will obliterate the entire internship application. The icon will not be available to students after the application is submitted.

Verify that the course and section number are correct before submitting an application. After an application has been submitted students cannot change the course information.

Submitting an Application

1. On the student's internship application, click the Submit Application button (Submit Application). If a student has entered all the required information on the internship application, a message will pop up requesting confirmation of the student's desire to submit.

2. Click Yes. All the fields in the application will be saved and the application will route to the internship coordinator for review. The student and the coordinator will receive emails notifying them that an application has been submitted. The student will see the Internship Application Home Page with a pop-up message containing the semester/term of the application, name of the internship coordinator, and the class information.



4. Click OK to close the message pop-up. On the Internship Application Home Page the Class, Department Internship Coordinator and Status columns will be updated with the internship course, coordinator's contact, and application status respectively.

Please note that a student's application can only be submitted after all the required information is entered. If all the required information has not been entered, an error message will pop up and the missing fields will be highlighted in the application.

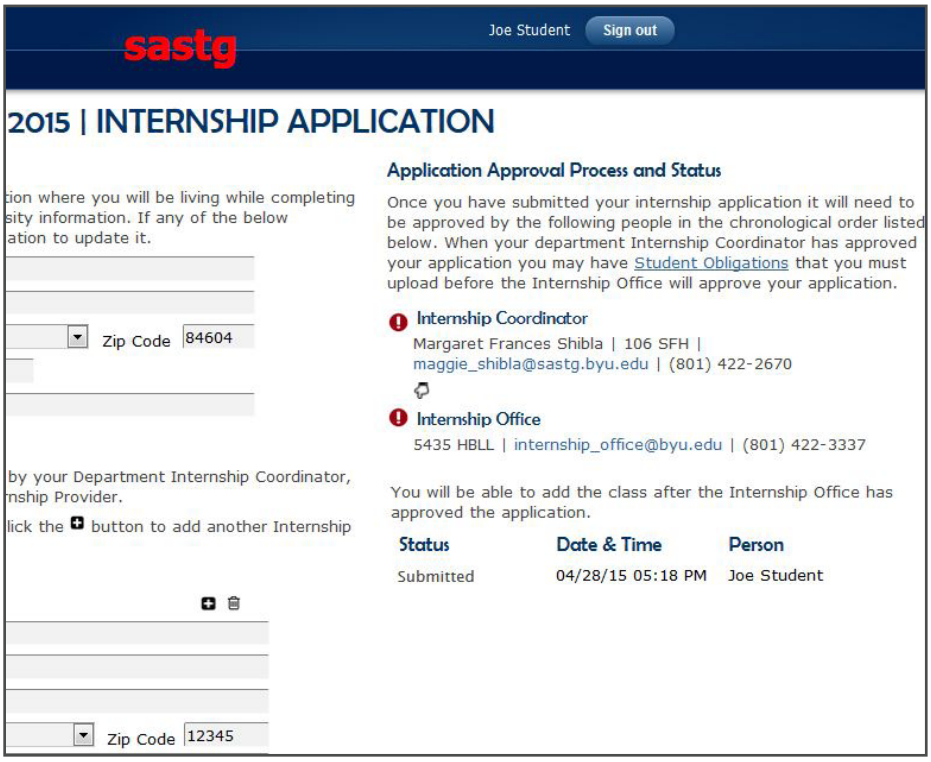
Viewing the Application Approval Status

On the Internship Application Home Page, the Status column will reflect if the application has been approved or denied by the internship coordinator and the Internship Office.

Applications

Semester/Term	Internship Provider(s)	Class	Department Internship Coordinator		Status
Fall Semester 2015	Pride Rock, Inc.	EXSC 399R 001 S Exercise & Wellness Internship	Margaret Frances Shibla maggie_shibla@sastg.byu.edu	(801) 422-2670 106 SFH	Submitted
Fall Semester 2015	Thimble Theater	STDEV 199R 002 S Academic Internship	James R Burton james_burton@sastg.byu.edu	(801) 422-2680 2529 WSC	Submitted

Add New Application



To view further detail open the internship application by clicking on the semester/term link. On the right of the internship application information the Application Approval Process and Status section provides details regarding the status of the student's internship application. The green check mark (✔) signifies that an application has been approved. A red exclamation (❗) signifies that an application has been denied or no decision has been made. Status, date, time, and person are shown in the table below the Internship Office contact information.

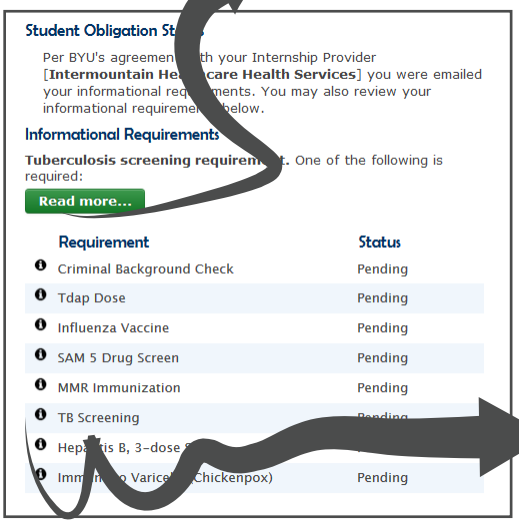
If a student wishes to complete a new application for an additional semester or term, return to the Internship Application Home Page. The student can select the semester/term and click on the Add New Internship button.

Interning with Student Obligations

When a student interns with an internship provider who has entered into a limited agreement with BYU (a limited agreement is a customized internship agreement with unique obligations of students and departments), the unique obligations of the student must be met prior to the student beginning their internship. Students will be apprised of these unique obligations when they meet with the coordinator to review the student's IRAMS application and/or through an email sent to the student once the coordinator has approved the application. Before beginning an internship, students can verify whether an IMA is limited on the Internship Master Agreement Database Search page in the IMA type column. Further information about the agreement is available by clicking the information icon on that page to open the Internship Master Agreement detail page for that internship provider.

Student Obligation Status section

To expand the Informational Requirements click the Read more... button.



Once an internship coordinator has saved or approved a student's internship application with an internship provider who has signed a limited agreement with BYU, the Student Obligations section will be on the left side of the student's internship application.

If there are any informational requirements that need to be communicated to the student or the department, those requirements will also be visible in this section by clicking on the Read More... button. These obligations will also be included in the automatic email sent to the student when the coordinator approves the application.

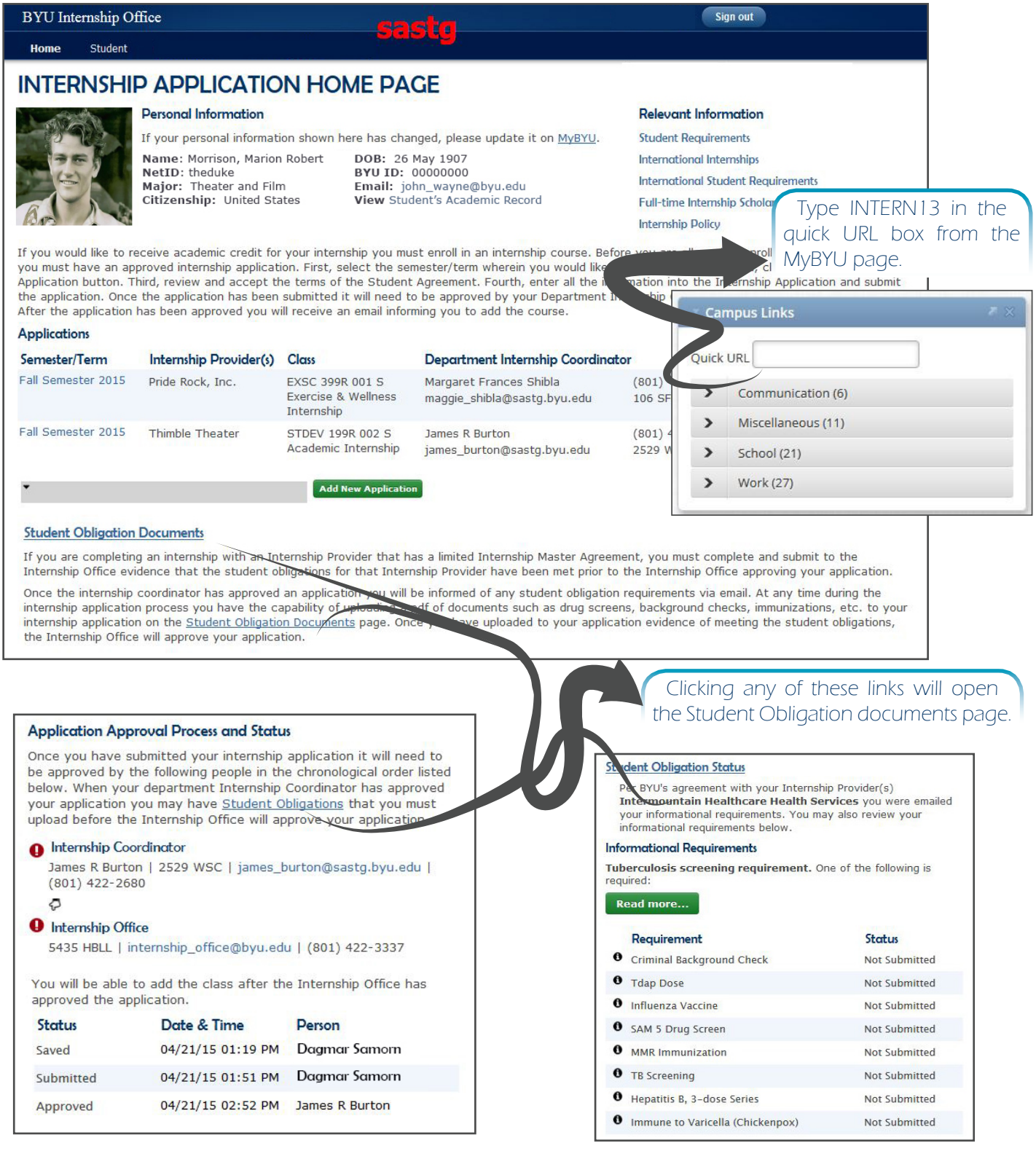
Information regarding a document's requirements will appear when the mouse is hovered over the information icon (ℹ). These documents need to be uploaded on the Student Obligation Documents Page

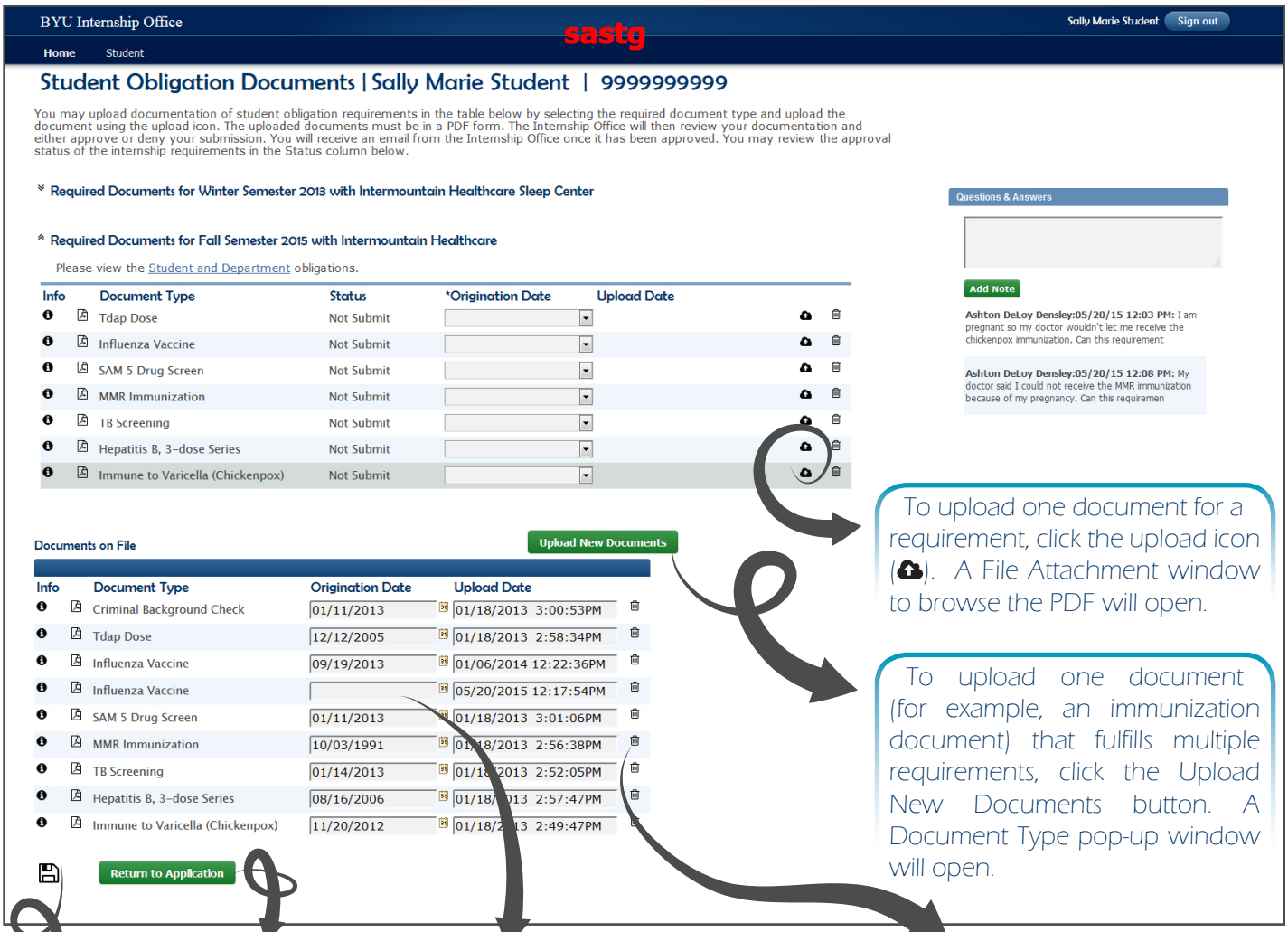
Until the coordinator approves the application the student has not been informed about any requirements. It is the responsibility of the coordinator to be familiar with these obligations.

Information regarding a particular document requirement will appear in a hover when the mouse is on the information icon (ℹ). These documents need to be uploaded on the Student Obligation Documents Page.

Accessing the Student Obligation Documents Page

The student obligation documents page can be accessed by clicking on the links in Student Obligation Documents section of the student's home page, clicking on the Student Obligation Status header once an application has been approved or saved by the internship coordinator, and by clicking on the Student Obligations link in the Application Approval Process and Status section of the student's application. Or, students may access the page by logging in to myBYU and typing "Intern13" in any Quick URL box.





To upload one document for a requirement, click the upload icon (☁). A File Attachment window to browse the PDF will open.

To upload one document (for example, an immunization document) that fulfills multiple requirements, click the Upload New Documents button. A Document Type pop-up window will open.

Click the Return to Application button to return to the student's application.

For the Origination Date type in (MM/DD/YYYY) or select the date on the calendar that the required immunization obligation occurred.

To completely delete an uploaded document click the delete icon (🗑).

Click the save icon to save all changes to this page including uploaded and deleted documents , notes written in the Question and Answers section, or changes to the origination date for the documents.

Student Obligation Documents page

All documents required by the Internship Provider's agreement with BYU are uploaded, reviewed, and stored on the Student Obligation Documents page. Students, coordinators, second approvers, and the Internship Office may upload documents on this page by selecting the required document type from the Upload New Documents button or clicking the upload icon (☁) in the Required Documents section. All uploaded documents must be in a PDF form. The Internship Office will review the documentation and either approve or deny a document submission. Students will receive an email from the Internship Office once a document has been accepted. Students may review the status of internship requirements documents in the Status column of the Required Documents section.

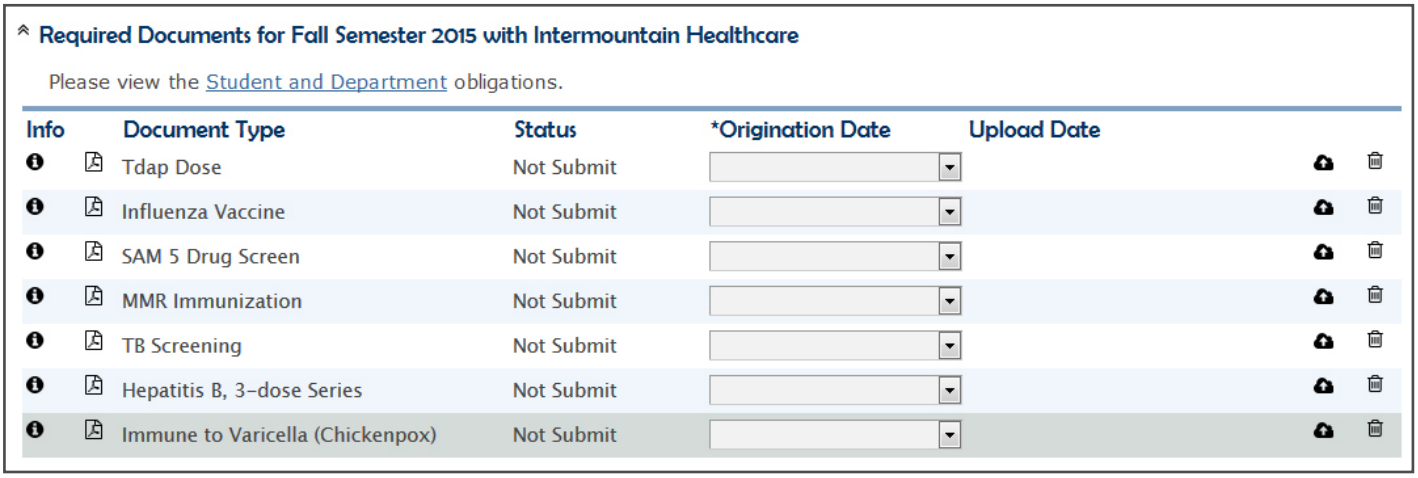
Required Documents section(s)

The header in these sections will automatically update with the semester/term and the name of the Internship Provider according to the application. The Internship Office will review and verify all the uploaded documents to certify that the documents fulfill the requirements outlined in BYU's agreement with the Internship

Provider.

The double arrow down (⌄⌄) or double arrow up (⌃⌃) icons in the Required Documents header will expand or collapse that section.

Clicking on the Student and Department Obligations link will open the informational requirements in a new pop-up window.



Each of the columns in this section is explained below.

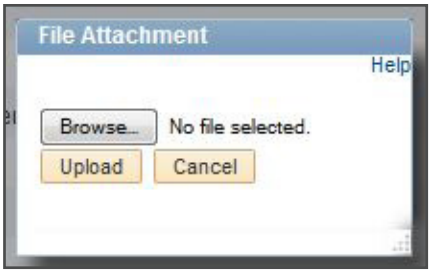
The information icon (ⓘ) will display the particular document requirements in a hover window.

The PDF icon (📄) will open a PDF of the uploaded student obligations document in a new window. Students and coordinators are able to print or save this PDF.

Document Type column displays the name of the document type that is required in BYU's agreement with the internship provider.

The Status column is reviewed and modified by the Internship Office. The following are the possible status types and their meanings:

- **Not Submit:** No documents have been uploaded that fulfill this requirement
- **Pending:** The document has been uploaded but not yet reviewed by the Internship Office. The Internship Office will review a document within the business hours of the same day it has been uploaded.
- **Accepted:** The Internship Office has reviewed and accepted that document as fulfilling the requirement outlined by BYU's agreement with the internship provider.
- **Denied:** The Internship Office has reviewed and denied the document. An explanation may be in the Questions and Answers section.
- **Expired:** The document does not show valid dates to fulfill the requirement outlined by BYU's agreement with the internship provider.
- **Exempt:** The student is exempt from that particular requirement. Documentation of that exemption may or may not be required.



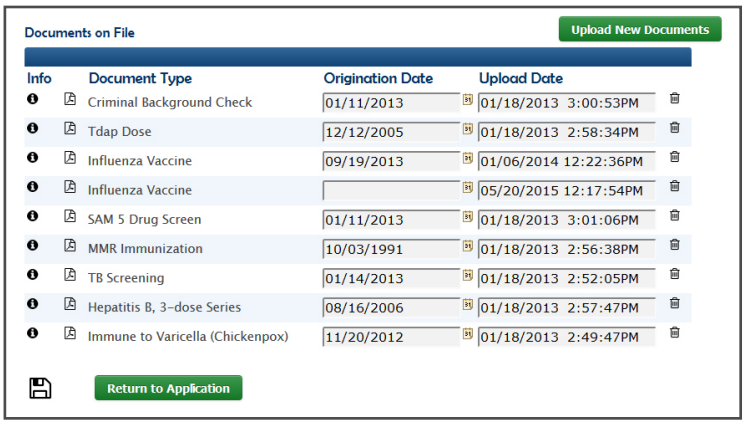
The Origination date column has a drop-down arrow which will allow the student, coordinator, or Internship Office to select the origination date of the document that applies to that particular semester. The origination date is entered in the documents on file section.

The Uploaded Date displays the date and time that the document was uploaded.

The upload icon (☁) will open a File Attachment window with a Browse button. Click the Browse button to select the PDF that fulfills that specific requirement. Once the student clicks the Upload button, that document will be visible in the Documents on File section.

Documents on File section

This section of the Student Obligation page will display all of the documents that have been uploaded to the internship application. The buttons and columns in this section are explained below:



The Upload New Documents button will open a list of document types.

The information icon (ⓘ) will display the particular document requirements in a hover.

The PDF icon (📄) will open a PDF of the uploaded student obligation document in a new window. Students and coordinators are able to print or save this PDF.

The Document Type displays the name of the document type that is required in BYU's agreement with the internship provider.

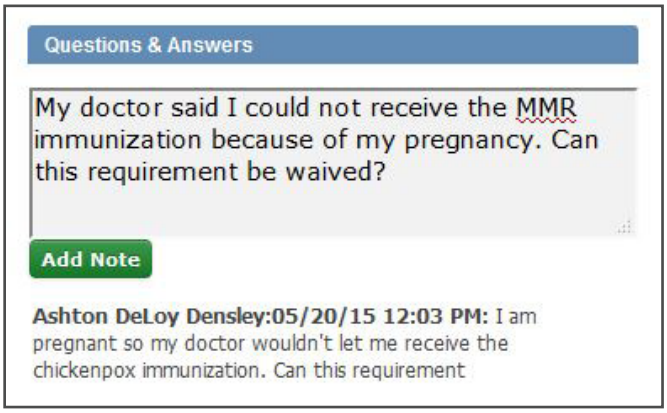
The Origination Date allows the student or coordinator to select the origination date of the document that applies to that particular semester; select a date from the calendar or type (MM/DD/YYYY).

The Uploaded Date displays the date and time that the document was uploaded.

The delete icon (🗑) completely removes an uploaded document from the application. Documents cannot be deleted if the Internship Office has accepted the document in the Required Documents section.

The save icon (💾) saves all changes to this page including uploaded and deleted documents , notes written in the Question and Answers section, or changes to the origination date for the documents.

The Return to Application button will take the student to the Internship Application Home Page.



Questions and Answers section

The Questions and Answers section of the page will allow students, coordinators, and the Internship Office to communicate regarding the required documents on this page. It is intended to function as a type of chat functionality. Clicking on the Add Note

button will add the typed question to this section of the page as well as sending an email to the Internship Office to allow them to respond. The added notes or questions will then appear below the Add Note button.

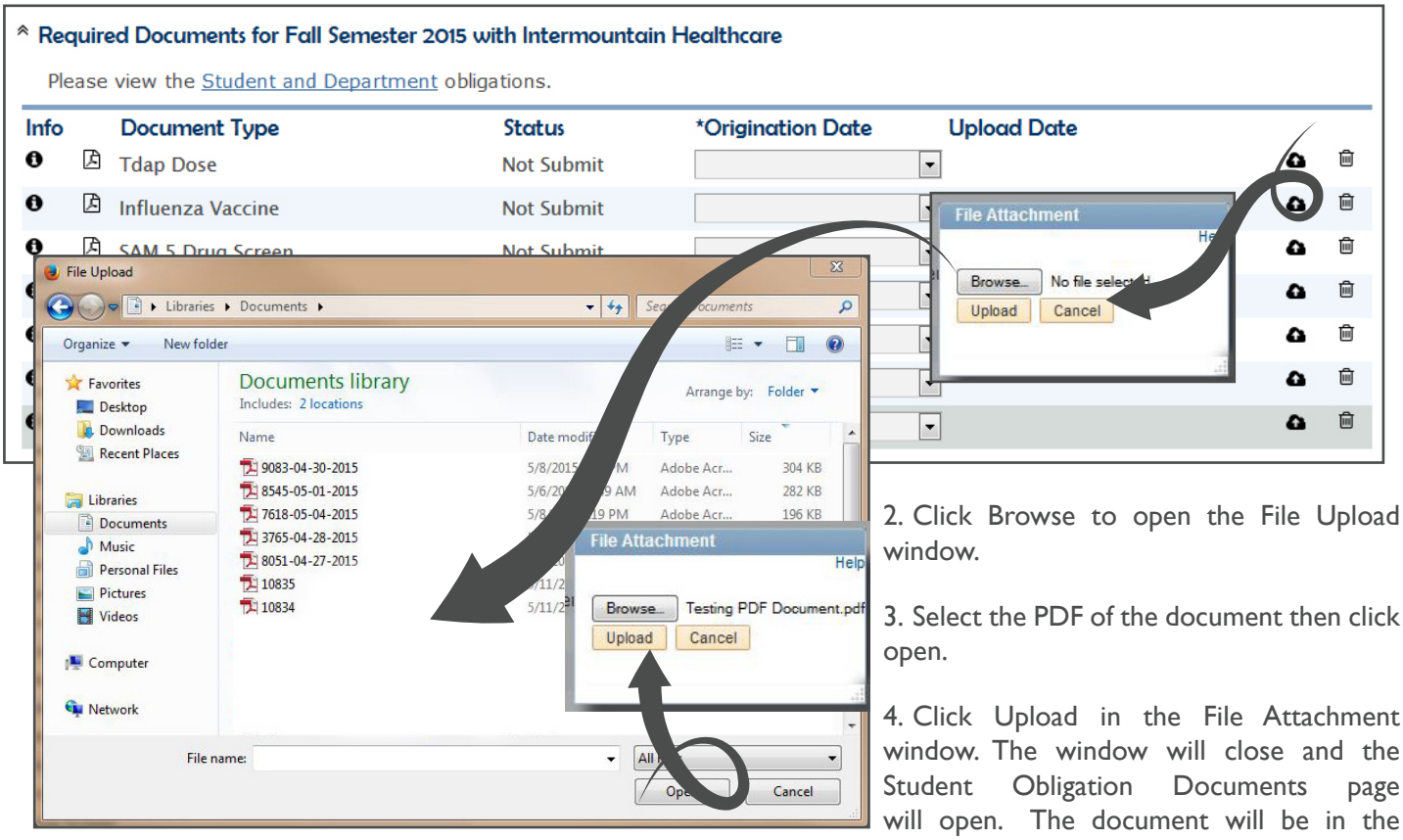
When the Internship Office responds to the question, the student will be informed in an email of the response.

Submitting a Student Obligations Document

There are two different ways to upload a student obligations document on the Student Obligations document page: using the upload icon in the Required Documents section or using the upload New Documents button in the Documents on File section.

Using the upload icon in the Required Documents section

1. Under the Required Documents header is an upload icon (☁) for each of the document types. Click the upload icon (☁) to open the File Attachment pop-up window.



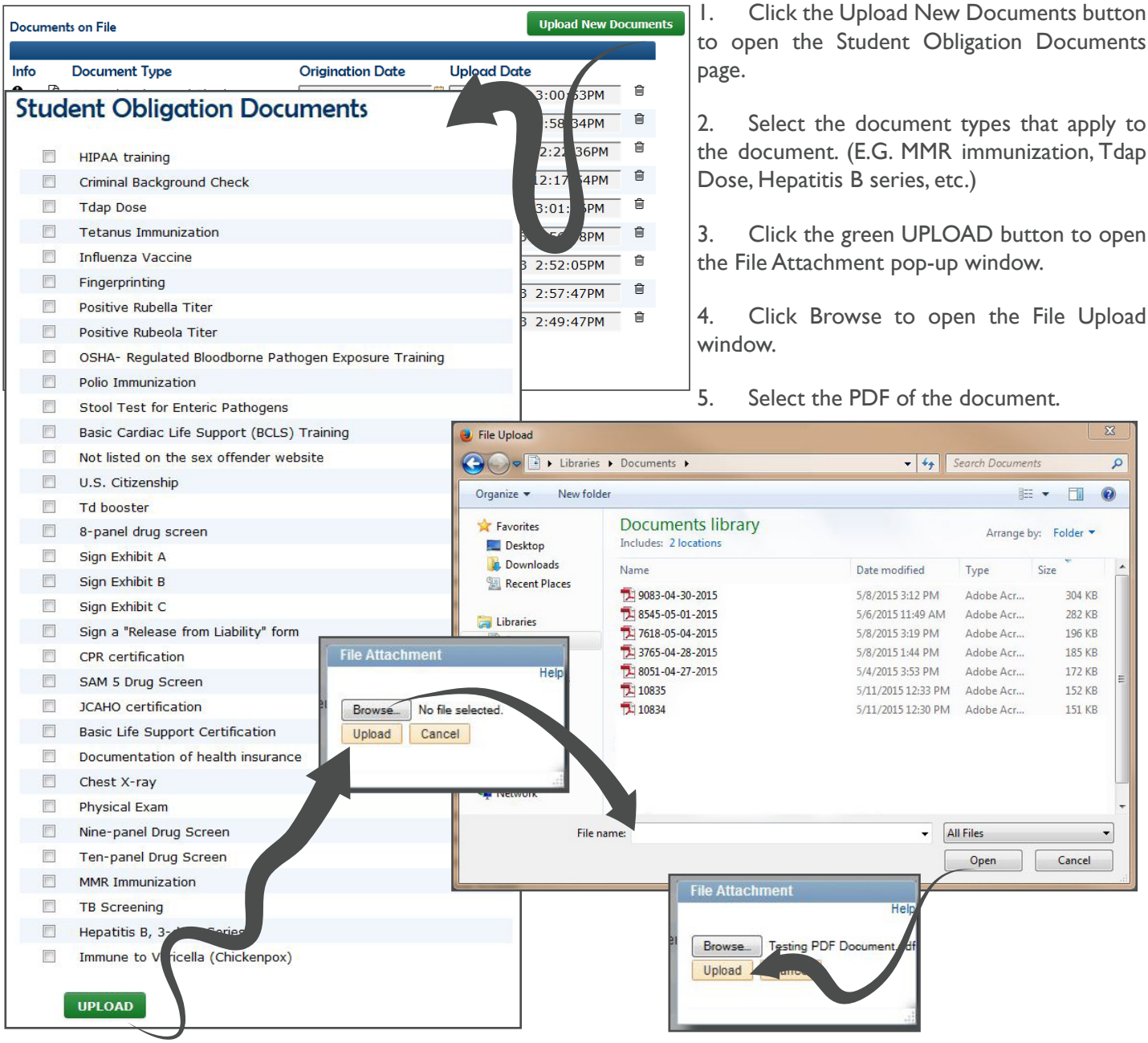
2. Click Browse to open the File Upload window.

3. Select the PDF of the document then click open.

4. Click Upload in the File Attachment window. The window will close and the Student Obligation Documents page will open. The document will be in the Documents on File section of the page. To select an origination date for a document follow the instructions in the Selecting an Origination date in the Documents on File section.

Using the Upload New Documents button in the Documents on File section

The Upload New Documents button is used when one document fulfills multiple requirements. For example, an immunization record may contain proof of the MMR immunizations and the Hepatitis B series; students and coordinators are able to select the check box for the MMR immunization and the Hepatitis B (3 dose series) instead of uploading those requirements as separate documents.



1. Click the Upload New Documents button to open the Student Obligation Documents page.

2. Select the document types that apply to the document. (E.G. MMR immunization, Tdap Dose, Hepatitis B series, etc.)

3. Click the green UPLOAD button to open the File Attachment pop-up window.

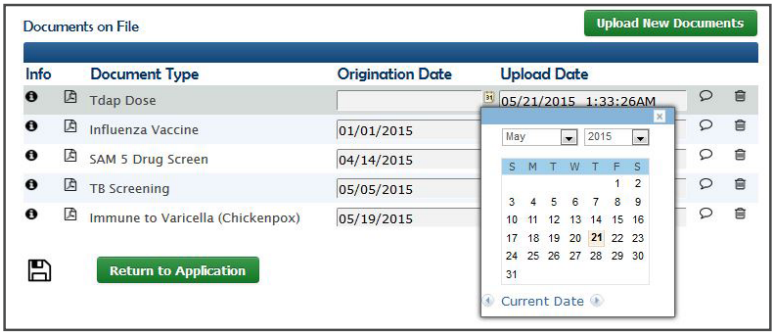
4. Click Browse to open the File Upload window.

5. Select the PDF of the document.

6. Click Open. The File Attachment window will open. The name of the selected file will be after the Browse button.

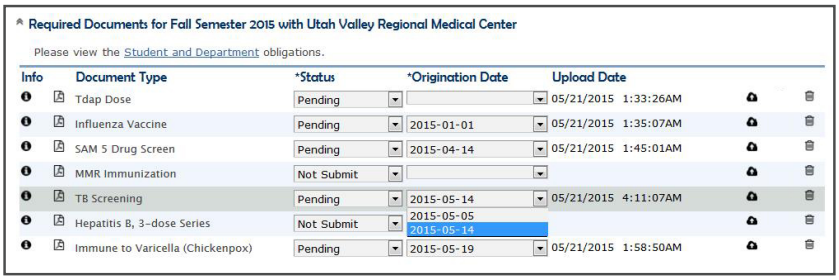
7. Click Upload in the File Attachment window. The window will close and the Student Obligation Documents page will open. The document will be in the Documents on File section of the page. To select an origination date for a document follow the instructions in the 'Selecting an Origination date in the Documents on File section'.

Selecting an Origination date in the Documents on File section



To associate a particular document with the Required Documents for a semester, a student will need to select the origination date of the document. An origination date is the date when the immunization was received, the drug screen confirmed negative, the exhibit signed, etc.

1. In the Documents on File section, select the origination date for the document(s) from the calendar or type (MM/DD/YYYY).



2. Click the Save icon(🖫) at the bottom of the page.

3. From the drop-down menu in the Required Documents section, select the correct origination dates.

Adding an Internship Class

Once a student's internship application has been approved by the Internship Office the student will receive an notification email of the approval.

After receiving the notification email, students are able to add the class by logging into MyMap and clicking on the Register tab. Students can click on the semester or term they want to register for and then click 'Add a Class'. Please contact the Records and Registration Office regarding any issues registering for the course after the internship application has been approved. If an application is approved after the Add/Drop deadline for a semester an automatic email is sent from IRAMS to the Records and Registration office to enroll the student in the internship course.

Adding a Class After the Add/Drop Deadline

Upon approval of a student's internship application by the department internship coordinator and the Internship Office after the add/drop deadline and before the discontinuance deadline (see the Academic Calendar) students will be registered for their internship class by an automatic email sent to the Records and Registration Office. The IRAMS generated email will include the information provided from the student's internship application. Coordinators will need to be absolutely precise with the class number, section and the number of credits the student may enroll in because that will be the specific information the Registration Office will use to add the class to the student's schedule.

The email sent to the Registrar's Office Staff contain the following information:

- Student Name (e.g., Marion Robert Morrison)
- BYU ID # (e.g., 000000000)
- Net ID (e.g., theduke)
- Semester/Term Enrolled (e.g., Fall, Winter, Spring, Spr/Sum, Summer)
- Year (e.g., 2016)
- Internship Course Information including: Teaching Area (e.g., BUSM,

COMMS, HIST), Registration # (e.g., 399R, 199R), Section # (e.g., 001, 003)

- Registration Number (which is the curriculum number, title number and section number for the course e.g., 001 99999 002)
- Number of Credits (e.g., 0.5, 1, 3)
- Coordinator Approval Date and Time (e.g., Jan 23, 2016 10:08 AM)
- Internship Office Approval Date and Time (e.g., Jan 24, 2016 11:13 AM)

Helpful Quick URLs

Listed below are a couple of helpful Quick URLs that students may use in any Quick URL text box within BYU's website.

Quick links	Page Name	URLs
INTERN01	Internship Application Home	link.byu.edu/intern01
INTERN07	IMA Database Search	link.byu.edu/intern07
INTERN13	Student Obligations Documents	link.byu.edu/intern13

INTERN01 - This will open the Internship Application Home page for students.

INTERN07 - This will open up the Internship Master Agreement Database Search used by students and anyone who does not have a BYU ID. Only information available to the public will be seen on this IMA Database Search page.

INTERN13 - This will open the Student Obligations Documents page for students who are interning with an internship provider that has signed a limited agreement with BYU. Coordinators and students are able to upload any required documents and keep track of their progress on this page.

Keywords and Terms

The following are some key words and terms that are used throughout this document.

IMA = Internship Master Agreement

IRAMS = Internship Registration and Management System

Standard Agreement = BYU's basic IMA that covers all students from all departments.

Limited Agreement = The Internship Provider signed an agreement with BYU that has various limitations, which may include specifications for students from specific departments, documentation that the Internship Office will keep with the application, and other requirements.

Student Obligations = Any documentation or information required by the internship provider's agreement with BYU that must be met prior to the student beginning their internship or enrolling in the internship course. Students will be apprised of these unique obligations when they meet with the coordinator to review the student's IRAMS application and/or through an email sent to the student once the coordinator has approved the application.

Frequently Asked Questions

What does IRAMS stand for?

IRAMS stands for Internship Registration and Management System.

Why am I required to fill out an IRAMS application?

In order to register for an internship class, each student is required to fill out an IRAMS application to give the university more information about the internship experience and to provide contact information for the university to reach students in case of emergency. Once the IRAMS application is completed and has been approved both by the department internship coordinator and the University Internship Office, the flag on the internship course is added, enabling the student to enroll for the course through AIM and MyMap.

How do I edit my application once I have submitted it?

A student can return to their application to make changes (whether their application is still in progress or has already been submitted) until their internship coordinator has approved or denied the application. To edit the application, the student should open the application for the semester or term they would like to change, edit the information and click the save icon (💾) at the bottom of the application. If the application has already been submitted, these changes will appear immediately for the internship coordinator. For more information about accessing the student application see the Student IRAMS Instructions.

How can a I delete an application?

Students may delete their application—if it has not been approved or has been denied by the department internship coordinator—by accessing the student's internship application home page and identifying the application they wish to delete. The student may click on the "trash can" icon at the end of the application row they wish to delete. Students may delete an application up until the time their internship coordinator either approves or denies the application.

What if I don't know where I will be living during the internship?

The IRAMS system was created to keep track of students' residential contact information so they may be contacted by the university in case of an emergency. Having correct residential contact information is therefore crucial to the application. If a student does not know where he/she will be living during the internship, current contact information should be provided so that the student may move forward with the registration process. However, once the student knows this information, he/she must reopen the application, change the residential information and click the "save" icon at the bottom of the application.

Can I submit an internship application to intern with two (2) internship providers?

Yes. The student will complete all of the required internship application fields for the first internship provider. The student will then click the '+' button to add the second internship provider fields, which will be displayed underneath the first internship provider fields. Once the student completes all fields for each separate internship provider, the student will click on the "submit" button to send the application to the internship coordinator for review.

What should a student do if their coordinator is out of town and not available to approve applications?

Contact the department to see if there is another available faculty member to approve applications in the coordinator's absence. The department can contact the Internship Office (801-422-3337) to get the designated coordinator for a specific section changed so that student registration is not held up.

If a student has an approved IRAMS application but changes the Internship Provider, what does the student need to do?

First, they need to contact their department internship coordinator to confirm approval of the new internship. If the internship coordinator approves of the new internship opportunity, the internship coordinator will contact the Internship Office to have the internship application reverted. Once this has been done, the student will need to revise the internship application information and click on the "submit" button. The internship coordinator and the Internship Office will need to approve the revised internship application before the student may add the internship class to their schedule.

How can I tell the difference between Spring term, Spring-Summer semester and Summer term applications?

To begin an internship application, the student will click on the down arrow in the field next to the "Add New Application" button. The following year/term options will appear in the pull-down menu:

- Spring term classes will be available when selecting 'Spring 2015'.
- Spring-Summer semester classes will be available when selecting 'Spr/Sum 2015'.
- Summer term classes will be available when selecting 'Summer 2015'.

The student will view the year term option (Spring 2015, Spr/Sum 2015 or Summer 2015) they selected at the top of their internship application next to their name.

What does a student do if they try to submit their internship application and receive an error message saying the class doesn't have a Primary Coordinator?

If the student clicks the "submit" button and receives a pop-up message which indicates the application cannot be submitted because the internship course does not have an assigned Primary Coordinator, please contact the Internship Office (801)422-3337 or email internship@byu.edu with the course and semester information.

If a student has already completed an application for a particular semester or term and they want to continue their internship during a subsequent semester or term, what should they do?

The student will open their Internship Application Home Page to view the internship applications that have previously been submitted. The student will click the down arrow next to the "Add New Internship" button and select from the year/term pull-down list the semester or term for which they are submitting the new internship application. In the 'Copy Info from Previous Internship' area, they will notice a radio button next to each previous Internship Provider for which they have submitted an internship application. Once the student selects the previous Internship Provider for whom they are submitting the new internship application, they click on the "Add New Internship" button to complete the new internship application.

What if the student has completed their application, but it doesn't show up on the coordinator's queue?

The student should first double-check that the application is complete. Even if a student has received an e-mail that the application has been submitted, if it is not showing up in the coordinator's queue, likely the internship class and section has not been selected and saved in the Class Credit section of the student's internship application. Reopen the application, select the correct internship course and section and click on the "submit" button at the bottom of the page. If this still doesn't solve the problem, the student or coordinator will need to call OIT at 422-4000 to report the problem and receive further assistance. Review the IRAMS Student Instructions to make sure you have completed the application properly.

What are Student Obligations and can students upload these documents any time?

Student Obligations are requests from an Internship Provider that are either informational and/or are specific document obligations such as a drug screen, criminal background check, CPR verification, etc., required of each student prior to the student adding the internship class to his/her schedule. The informational obligations are to be read by the student. The student obligations may be uploaded to the student's internship application at any time. Students may do this by going to their internship application Home Page and clicking the Student Obligation hyperlink at the bottom of the internship application. The Student Obligation Documents page will open where the student may upload the documents. If the student would like to upload the student obligations for a future internship or to keep on file, the student may upload the documents in the 'Documents on File' section. If the student is uploading the student obligations requested by a current internship provider they may be uploaded to the area of the page that references the current semester/term and the internship provider.

After the student uploads these documents, the Internship Office will be notified and will either approve or deny the uploaded documents. If the uploaded documents are not acceptable to the internship provider, the Internship Office may provide an explanation in the Question and Answer section on the page.

Can the Internship Office adjust the number of students who can enroll for a course on AIM?

No, class size is set on the department level. The student will need to contact the department internship coordinator or the instructor for the course to adjust the number of students who may enroll in a course.

Do students completing an international internship need to complete an IRAMS student application?

No. Students doing international internships work with the Kennedy Center and their department internship coordinator to get internship approval and to register for internship credit.

What if a student has received an email from the Internship Office notifying them they can register, AIM registration shows an "A" next to the class, but they are still unable to add the course?

The IRAMS system merely adds the flag to the course allowing the "A" to show up in registration. First verify that there are seats available in the class. If the class is full contact your department or the instructor for the course to add more seats. If there are seats available, contact your department internship coordinator to see if additional holds have been placed on the course. If this is not the case, contact the registration office (801-422-2631) for further guidance.

In the application, who is the 'BYU Faculty Mentor'?

If the student is working with a professor who is not their department internship coordinator, the student will provide the name of the professor in the 'BYU Faculty Mentor' field.

Once I complete the IRAMS application, can I only add for that semester or term?

Yes. Students will need to submit a separate internship application for every year/term they wish to enroll in an internship course.

Appendix D

Internship Information

Three Internship Orientations will be held Spring 3rd Year and Fall 4th Year

(A folder of materials related to the internship application process will be distributed at that time.)

Clinical Psychology Ph.D. Program
Full-Time Internship Placements

Year	Student Name	Internship Site	Place
2016-17	Brown, Tracy	VA Salt Lake City Health Care System	Salt Lake City, UT
2016-17	Duncombe, Kristina	Dupont Hospital for Children, Pediatric Psychology	Wilmington, DE
2016-17	Garland, Adam	Wasatch Mental Health	Provo, UT
2016-17	Hunt, Isaac	Missouri Health Sciences Psych Cons, Adult Rehab/Neuro	Columbia, MO
2016-17	Spjut, Kersti	BYU Counseling and Psychological Services	Provo, UT
2016-17	Wheeler, Louise Fidalgo	BYU Counseling and Psychological Services	Provo, UT
2016-17	Whitcomb, Kaitlyn	University of Utah Counseling Center	Salt Lake City, UT
2015-16	Clawson, Ann	University of Washington-Psychiatry, Neuro-Beh Med	Seattle, WA
2015-16	Duffield, Tyler	Oregon Health & Science University, Neuropsych	Portland, OR
2015-16	Hunsaker, Sanita	Cincinnati Children's Hospital, Behavioral Medicine	Cincinnati, OH
2015-16	Kahler, Matthew	El Paso Psych Intern Cons / TTUHSC Dept of Psychiatry	El Paso, TX
2015-16	Levan, Ashley	Barrow Neuro Inst / Phoenix Children's Hosp, Ped Neuro	Phoenix, AZ
2015-16	McLaughlin, Stephanie	Heart of America-Central Region, Pathways-Clinton	Springfield, MO
2014-15	Blue Star, John	Wilford Hall Medical Center / Lackland Air Force Base	San Antonio, TX
2014-15	Bowen, Megan	Valley Mental Health	Salt Lake City, UT
2014-15	Fair, Joseph	Utah State Hospital, Neuro	Provo, UT
2014-15	Farrer, Thomas	Brown University, Alpert Medical School, Neuro	Providence, RI
2014-15	Gilliland, Randy	Pine Grove Behavioral Health	Hattiesburg, MS
2014-15	Logan, Dustin	Nebraska Internship Consortium, TBI/CVA/SCI Rehab	Lincoln, NE
2014-15	Lott, Mark	Baylor College of Med-Peds / Texas Children's Hospital	Houston, TX
2014-15	Woodland, Sean	El Paso Psych Intern Cons / TTUHSC Dept of Psychiatry	El Paso, TX
2013-14	Anderson Chris	Stokes Cleveland VA Med Center, Health-Gerontology	Cleveland, OH
2013-14	Christian, Sarah	VA Medical Center-Milwaukee	Milwaukee, WI
2013-14	Erekson, David	Eastern Virginia Medical School, Adult Inpt-Med Hosp	Norfolk, VA
2013-14	Green, Kat	Cypress-Fairbanks Independent School District	Cypress, TX
2013-14	Horner, Joseph	Oklahoma Hlth Consor / U of Ok Hlth Sc / Cnsling Ctr	Norman, OK
2013-14	Krauskopf, Erin	U of Calif, San Diego Consortium / VA Med Center +	San Diego, CA
2013-14	Merrill, Brett	BYU Counseling and Psychological Services	Provo, UT
2013-14	Salisbury, Tessa	Wasatch Mental Health	Provo, UT
2013-14	Smart, LaRene	Valley Mental Health	Salt Lake City, UT
2012-13	Frost, Brock	University of Arizona College of Medicine, Neuro	Tucson, AZ
2012-13	Good, Daniel	Walter Reed National Military Medical Center	Bethesda, MD
2012-13	Green, Ryan	Madigan Army Medical Center	Tacoma, WA
2012-13	Hansen, Brian	VA Pacific Islands Health Care System, Honolulu	Honolulu, HI
2012-13	Henderson, Alicia	Primary Children's Medical Center, Res-Outpatient	Salt Lake City, UT
2012-13	Hubbard, Julia	Federal Medical Center, Rochester	Rochester, MN
2012-13	Marchant, Douglas	Primary Children's Medical Center, Trauma-Outpatient	Salt Lake City, UT
2012-13	Merideth, Richard	Valley Mental Health	Salt Lake City, UT
2012-13	VanDyke, James	Oregon State University Counseling & Psych Services	Corvallis, OR
2012-13	Walker, Jillian	Inst of Multicultural Counseling & Educational Services	Los Angeles, CA
2011-12	Allred, Aaron	University of Miami Counseling Center	Coral Gables, FL
2011-12	Berkeljon, Arjan	University of Rochester, University Counseling Center	Rochester, NY
2011-12	Cramond, Alex	VA Sierra Health Care Systems	Reno, NV
2011-12	Dindinger, Rob	Primary Children's Medical Center, Res-Outpatient	Salt Lake City, UT
2011-12	Loser, Nichole	Mendota Mental Health Institute	Madison, WI
2011-12	Merkley, Tricia	Ann Arbor VA Health System, Neuro	Ann Arbor, MI
2011-12	Mondragon, Sasha	Michael E. DeBakey VA Medical Center	Houston, TX
2011-12	Thayer, Stephen	Wilford Hall Medical Center / Lackland Air Force Base	San Antonio, TX

2010-11	Alonso, Jennifer	University of Houston, Counseling & Psych Services	Houston, TX
2010-11	Clayton, Spencer	Malcolm Grow US Air Force Medical Center	Andrews AFB, MD
2010-11	Queiroz, Adriane	University of Utah Counseling Center	Salt Lake City, UT
2010-11	Southwick, Jason	University of Florida Health Science Center	Gainesville, FL
2010-11	Wu, Trevor	Brown University, Alpert Medical School	Providence, RI
2009-10	Bailey, Russell	Southwest Consortium / New Mexico VA	Albuquerque, NM
2009-10	Baker, Elizabeth	BYU Counseling and Career Center	Provo, UT
2009-10	Chapman, Chris	Utah State University Counseling Center	Logan, UT
2009-10	Harris, Mitch	Valley Mental Health	Salt Lake City, UT
2009-10	Hwang, Anthony	Washington State University Counseling Services	Pullman, WA
2009-10	James, Kelly	Phoenix VA Health Care System	Phoenix, AZ
2009-10	Lloyd, Thad	Utah State Hospital	Provo, UT
2009-10	Ludwig, Kristy	New York University Child Study Center	New York, NY
2009-10	Packard, Anna	BYU Counseling and Career Center	Provo, UT
2009-10	Pertab, Jon	University of Oregon, Counseling and Testing Center	Eugene, OR
2009-10	Putnam, Emily	Wasatch Mental Health	Provo, UT
2009-10	Reid, Rory	UCLA Medical Center	Los Angeles, CA
2009-10	Shimokawa, Kenichi	University of Rochester, University Counseling Center	Rochester, NY
2009-10	Washington, Tiffany	Jersey Shore University Medical Center	Neptune, NJ
2009-10	Wiggins, Brady	University of Tennessee Counseling Center	Knoxville, TN
2009-10	Woon, Martin	University of Florida Health Science Center	Gainesville, FL
2008-09	Cooper, Jared	Wilford Hall Med Center / Lackland Air Force Base	San Antonio, TX
2008-09	Green, Marcus	Spokane Mental Health / Child & Family Services	Spokane, WA
2008-09	Kimball, Kevin	Utah State Hospital	Provo, UT
2008-09	Lee, Jeffrey	Mid-Coast Psy Int Consor, Monterey Behavioral Health	Fresno, CA
2008-09	Theobald, Debra	BYU Counseling and Career Center	Provo, UT
2008-09	Zenger, Nicole	Dorothea Dix Hospital	Raleigh, NC
2007-08	Abrishami, Golee	Aurora Mental Health Center	Aurora, CO
2007-08	Cannon, Jennifer	Primary Children's Medical Center, Wasatch	Salt Lake City, UT
2007-08	Fong-Ichimura, Alina	VA Medical Center	Salt Lake City, UT
2007-08	Krogel, JulieAnn	Purdue University, Counseling & Psych Services	West Lafayette, IN
2007-08	Poppleton, Landon	Portland VA Medical Center	Portland, OR
2007-08	Sandberg, Monica	Valley Mental Health	Salt Lake City, UT
2007-08	Slade, Karstin	American Lake VA Medical Center	Tacoma, WA
2007-08	Trotter, Vinessa	Utah State Hospital, Forensics	Provo, UT
2007-08	Tutty, Steve	Primary Children's Medical Center, Wasatch	Salt Lake City, UT
2006-07	Bishop, Matthew	University of Tennessee Health Science Center	Memphis, TN
2006-07	Case, R. Jeff	Madigan Army Medical Center	Tacoma, WA
2006-07	Cox, Jonathan	University of Utah Neuropsychiatric Institute	Salt Lake City, UT
2006-07	Fulton, John	Primary Children's Medical Center, Neuro	Salt Lake City, UT
2006-07	Jeppson, Mayer	Saint Elizabeth's Hospital	Washington, DC
2006-07	Jurado, Jasmine	BYU Counseling and Career Center	Provo, UT
2006-07	Livingstone, John	University of Arizona College of Medicine	Tucson, AZ
2006-07	Money, Tyler	Primary Children's Medical Center, Wasatch	Salt Lake City, UT
2006-07	Ridge, Nathanael	Texas Children's Hospital / Baylor College of Medicine	Houston, TX
2006-07	Shabana, Hani	Missouri Health Sciences Psych Consortium	Columbia, MO
2006-07	Demanuele, Joanne	University of California – Davis Med Center / VA N Cal	Martinez, CA
2006-07	Wilson, Jaime	University of Miami / Jackson Memorial Medical Center	Miami, FL

Appendix E

Licensing Forms and Materials for Utah

Chapter 61
Psychologist Licensing Act

Part 1
General Provisions

58-61-101 Title.

This chapter is known as the “Psychologist Licensing Act.”

Enacted by Chapter 32, 1994 General Session

58-61-102 Definitions.

In addition to the definitions in Section 58-1-102, as used in this chapter:

(1) “Board” means the Psychologist Licensing Board created in Section 58-61-201.

(2) “Client” or “patient” means an individual who consults or is examined or interviewed by a psychologist acting in his professional capacity.

(3) “Confidential communication” means information, including information obtained by the psychologist’s examination of the client or patient, which is:

(a)

(i) transmitted between the client or patient and a psychologist in the course of that relationship; or

(ii) transmitted among the client or patient, the psychologist, and individuals who are participating in the diagnosis or treatment under the direction of the psychologist, including members of the client’s or patient’s family; and

(b) made in confidence, for the diagnosis or treatment of the client or patient by the psychologist, and by a means not intended to be disclosed to third persons other than those individuals:

(i) present to further the interest of the client or patient in the consultation, examination, or interview;

(ii) reasonably necessary for the transmission of the communications; or

(iii) participating in the diagnosis and treatment of the client or patient under the direction of the psychologist.

(4) “Hypnosis” means, regarding individuals exempted from licensure under this chapter, a process by which one individual induces or assists another individual into a hypnotic state without the use of drugs or other substances and for the purpose of increasing motivation or to assist the individual to alter lifestyles or habits.

(5) “Individual” means a natural person.

(6) “Mental health therapist” means an individual licensed under this title as a:

(a) physician and surgeon, or osteopathic physician engaged in the practice of mental health therapy;

(b) an advanced practice registered nurse, specializing in psychiatric mental health nursing;

(c) an advanced practice registered nurse intern, specializing in psychiatric mental health nursing;

(d) psychologist qualified to engage in the practice of mental health therapy;

(e) a certified psychology resident qualifying to engage in the practice of mental health therapy;

(f) clinical social worker;

(g) certified social worker;

(h) marriage and family therapist;

(i) an associate marriage and family therapist;

(j) a clinical mental health counselor; or

(k) an associate clinical mental health counselor.

(7) “Mental illness” means a mental or emotional condition defined in an approved diagnostic and statistical manual for mental disorders generally recognized in the professions of mental health

therapy listed under Subsection (6).
(8) “Practice of mental health therapy” means the treatment or prevention of mental illness, whether in person or remotely, including:
(a) conducting a professional evaluation of an individual’s condition of mental health, mental illness, or emotional disorder;
(b) establishing a diagnosis in accordance with established written standards generally recognized in the professions of mental health therapy listed under Subsection (6);
(c) prescribing a plan for the prevention or treatment of a condition of mental illness or emotional disorder; and
(d) engaging in the conduct of professional intervention, including psychotherapy by the application of established methods and procedures generally recognized in the professions of mental health therapy listed under Subsection (6).
(9)
(a) “Practice of psychology” includes:
(i) the practice of mental health therapy by means of observation, description, evaluation, interpretation, intervention, and treatment to effect modification of human behavior by the application of generally recognized professional psychological principles, methods, and procedures for the purpose of preventing, treating, or eliminating mental or emotional illness or dysfunction, the symptoms of any of these, or maladaptive behavior;
(ii) the observation, description, evaluation, interpretation, or modification of human behavior by the application of generally recognized professional principles, methods, or procedures requiring the education, training, and clinical experience of a psychologist, for the purpose of assessing, diagnosing, preventing, or eliminating symptomatic, maladaptive, or undesired behavior and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health, and mental health;
(iii) psychological testing and the evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning;
(iv) counseling, marriage and family therapy, psychoanalysis, psychotherapy, hypnosis, and behavior analysis and therapy;
(v) diagnosis and treatment of mental and emotional disorders of disability, alcoholism and substance abuse, disorders of habit or conduct, and the psychological aspects of physical illness, accident, injury, or disability; and
(vi) psychoeducational evaluation, therapy, remediation, and consultation.
(b) An individual practicing psychology may provide services to individuals, couples, families, groups of individuals, members of the public, and individuals or groups within organizations or institutions.
(10) “Remotely” means communicating via Internet, telephone, or other electronic means that facilitate real-time audio or visual interaction between individuals when they are not physically present in the same room at the same time.
(11) “Unlawful conduct” is as defined in Sections 58-1-501 and 58-61-501.
(12) “Unprofessional conduct” is as defined in Sections 58-1-501 and 58-61-502, and may be further defined by division rule.

Amended by Chapter 16, 2013 General Session
Amended by Chapter 123, 2013 General Session

Part 2
Board

58-61-201 Board.
(1)

(a) There is created the Psychologist Licensing Board consisting of four licensed psychologists , one licensed behavior analyst, and one member from the general public.
(b) The licensed behavior analyst shall participate as a member of the board only for issues relevant to Part 7, Behavior Analyst Licensing Act.
(2) The board shall be appointed, serve terms, and be compensated in accordance with Section 58-1-201.
(3) The duties and responsibilities of the board are in accordance with Sections 58-1-202 and 58-1-203. In addition, the board shall:
(a) designate one of its members on a permanent or rotating basis to assist the division in review of complaints concerning unlawful or unprofessional practice by a licensee in the profession regulated by the board and to advise the division regarding the conduct of investigations of the complaints; and
(b) disqualify a member from acting as presiding officer in an administrative procedure in which that member has previously reviewed the complaint or advised the division.

Amended by Chapter 367, 2015 General Session

Part 3
Licensing

58-61-301 Licensure required.
(1)
(a) A license is required to engage in the practice of psychology, except as specifically provided in Section 58-1-307.
(b) Notwithstanding the provisions of Subsection 58-1-307(1)(c) an individual shall be certified under this chapter as a psychology resident in order to engage in a residency program of supervised clinical training necessary to meet licensing requirements as a psychologist under this chapter.
(2) The division shall issue to a person who qualifies under this chapter a license in the classification of:
(a) psychologist; or
(b) certified psychology resident.

Amended by Chapter 281, 2001 General Session

58-61-302 Term of license.
(1)
(a) The division shall issue each license under this chapter in accordance with a two-year renewal cycle established by division rule.
(b) The division may by rule extend or shorten a renewal cycle by as much as one year to stagger the renewal cycles it administers.
(2) At the time of renewal the licensee shall show satisfactory evidence of renewal requirements as required under this chapter.
(3) Each license expires on the expiration date shown on the license unless renewed by the licensee in accordance with Section 58-1-308.

Enacted by Chapter 32, 1994 General Session

58-61-304 Qualifications for licensure by examination or endorsement.
(1) An applicant for licensure as a psychologist based upon education, clinical training, and examination shall:

(a) submit an application on a form provided by the division;
(b) pay a fee determined by the department under Section 63J-1-504;
(c) be of good moral character;
(d) produce certified transcripts of credit verifying satisfactory completion of a doctoral degree in psychology that includes specific core course work established by division rule under Section 58-1-203, from an institution of higher education whose doctoral program, at the time the applicant received the doctoral degree, met approval criteria established by division rule made in consultation with the board;
(e) have completed a minimum of 4,000 hours of psychology training as defined by division rule under Section 58-1-203 in not less than two years and under the supervision of a psychologist supervisor approved by the division in collaboration with the board;
(f) to be qualified to engage in mental health therapy, document successful completion of not less than 1,000 hours of supervised training in mental health therapy obtained after completion of a master's level of education in psychology, which training may be included as part of the 4,000 hours of training required in Subsection (1)(e), and for which documented evidence demonstrates not less than one hour of supervision for each 40 hours of supervised training was obtained under the direct supervision of a psychologist, as defined by rule;
(g) pass the examination requirement established by division rule under Section 58-1-203; and
(h) meet with the board, upon request for good cause, for the purpose of evaluating the applicant's qualifications for licensure.

(2) An applicant for licensure as a psychologist by endorsement based upon licensure in another jurisdiction shall:
(a) submit an application on a form provided by the division;
(b) pay a fee determined by the department under Section 63J-1-504;
(c) be of good moral character and professional standing, and not have any disciplinary action pending or in effect against the applicant's psychologist license in any jurisdiction;
(d) have passed the Utah Psychologist Law and Ethics Examination established by division rule;
(e) provide satisfactory evidence the applicant is currently licensed in another state, district, or territory of the United States, or in any other jurisdiction approved by the division in collaboration with the board;
(f) provide satisfactory evidence the applicant has actively practiced psychology in that jurisdiction for not less than 2,000 hours or one year, whichever is greater;
(g) provide satisfactory evidence that:
(i) the education, supervised experience, examination, and all other requirements for licensure in that jurisdiction at the time the applicant obtained licensure were substantially equivalent to the licensure requirements for a psychologist in Utah at the time the applicant obtained licensure in the other jurisdiction; or
(ii) the applicant is:
(A) a current holder of Board Certified Specialist status in good standing from the American Board of Professional Psychology;
(B) currently credentialed as a health service provider in psychology by the National Register of Health Service Providers in Psychology; or
(C) currently holds a Certificate of Professional Qualification (CPQ) granted by the Association of State and Provincial Psychology Boards; and
(h) meet with the board, upon request for good cause, for the purpose of evaluating the applicant's qualifications for licensure.

(3)
(a) An applicant for certification as a psychology resident shall comply with the provisions of Subsections (1)(a), (b), (c), (d), and (h).
(b)
(i) An individual's certification as a psychology resident is limited to the period of time necessary to complete clinical training as described in Subsections (1)(e) and (f) and extends not more than

one year from the date the minimum requirement for training is completed, unless the individual presents satisfactory evidence to the division and the Psychologist Licensing Board that the individual is making reasonable progress toward passing the qualifying examination or is otherwise on a course reasonably expected to lead to licensure as a psychologist.
(ii) The period of time under Subsection (3)(b)(i) may not exceed two years past the date the minimum supervised clinical training requirement has been completed.

Amended by Chapter 16, 2013 General Session
Amended by Chapter 262, 2013 General Session

58-61-305 Qualifications for admission to examination.

All applicants for admission to any examination qualifying an individual for licensure under this chapter shall:
(1) submit an application on a form provided by the division;
(2) pay the fee established for the examination; and
(3) certify under penalty of perjury as evidenced by notarized signature on the application for admission to the examination that the applicant:
(a) has completed the education requirement under this chapter and been awarded the earned degree required for licensure; and
(b) has successfully completed the supervised training required under this chapter for licensure.

Enacted by Chapter 32, 1994 General Session

58-61-306 Continuing education.

By rule made under Section 58-1-203, the division may establish a continuing education requirement as a condition for renewal of a license under this chapter upon finding continuing education is necessary to reasonably protect the public health, safety, or welfare.

Enacted by Chapter 32, 1994 General Session

58-61-307 Exemptions from licensure.

(1) Except as modified in Section 58-61-301, the exemptions from licensure in Section 58-1-307 apply to this chapter.
(2) In addition to the exemptions from licensure in Section 58-1-307, the following when practicing within the scope of the license held, may engage in acts included within the definition of practice as a psychologist, subject to the stated circumstances and limitations, without being licensed under this chapter:
(a) a physician and surgeon or osteopathic physician licensed under Chapter 67, Utah Medical Practice Act, or Chapter 68, Utah Osteopathic Medical Practice Act;
(b) a registered psychiatric mental health nurse specialist licensed under Chapter 31b, Nurse Practice Act;
(c) a recognized member of the clergy while functioning in his ministerial capacity as long as he does not represent himself as or use the title of psychologist;
(d) an individual who is offering expert testimony in any proceeding before a court, administrative hearing, deposition upon the order of any court or other body having power to order the deposition, or proceedings before any master, referee, or alternative dispute resolution provider;
(e) an individual engaged in performing hypnosis who is not licensed under this title in a profession which includes hypnosis in its scope of practice, and who:
(i)
(A) induces a hypnotic state in a client for the purpose of increasing motivation or altering lifestyles or habits, such as eating or smoking, through hypnosis;

(B) consults with a client to determine current motivation and behavior patterns;
(C) prepares the client to enter hypnotic states by explaining how hypnosis works and what the client will experience;
(D) tests clients to determine degrees of suggestibility;
(E) applies hypnotic techniques based on interpretation of consultation results and analysis of client's motivation and behavior patterns; and
(F) trains clients in self-hypnosis conditioning;
(ii) may not:
(A) engage in the practice of mental health therapy;
(B) represent himself using the title of a license classification in Subsection 58-60-102(5); or
(C) use hypnosis with or treat a medical, psychological, or dental condition defined in generally recognized diagnostic and statistical manuals of medical, psychological, or dental disorders;

(f) an individual's exemption from licensure under Subsection 58-1-307(1)(b) terminates when the student's training is no longer supervised by qualified faculty or staff and the activities are no longer a defined part of the degree program;

(g) an individual holding an earned doctoral degree in psychology who is employed by an accredited institution of higher education and who conducts research and teaches in that individual's professional field, but only if the individual does not engage in providing delivery or supervision of professional services regulated under this chapter to individuals or groups regardless of whether there is compensation for the services;

(h) any individual who was employed as a psychologist by a state, county, or municipal agency or other political subdivision of the state prior to July 1, 1981, and who subsequently has maintained employment as a psychologist in the same state, county, or municipal agency or other political subdivision while engaged in the performance of his official duties for that agency or political subdivision;

(i) an individual licensed as a school psychologist under Section 53A-6-104:
(i) may represent himself as and use the terms "school psychologist" or "licensed school psychologist"; and
(ii) is restricted in his practice to employment within settings authorized by the State Board of Education;

(j) an individual providing advice or counsel to another individual in a setting of their association as friends or relatives and in a nonprofessional and noncommercial relationship, if there is no compensation paid for the advice or counsel; and

(k) an individual who is licensed, in good standing, to practice mental health therapy in a state or territory of the United States outside of Utah may provide short term transitional mental health therapy remotely to a client in Utah only if:
(i) the individual is present in the state or territory where the individual is licensed to practice mental health therapy;
(ii) the client relocates to Utah;
(iii) the client is a client of the individual immediately before the client relocates to Utah;
(iv) the individual provides the short term transitional mental health therapy to the client only during the 45 day period beginning on the day on which the client relocates to Utah;
(v) within 10 days after the day on which the client relocates to Utah, the individual provides written notice to the division of the individual's intent to provide short term transitional mental health therapy remotely to the client; and
(vi) the individual does not engage in unlawful conduct or unprofessional conduct.

Amended by Chapter 16, 2013 General Session

58-61-308 Scope of practice -- Limitations.

(1) A psychologist may engage in all acts and practices defined as the practice of psychology without supervision, in private and independent practice, or as an employee of another person, limited only by

the licensee's education, training, and competence.
(2) An individual certified as a psychology resident may engage in all acts and practices defined as the practice of psychology only under conditions of employment as a psychology resident and under the supervision of a licensed psychologist who is an approved psychology training supervisor as defined by division rule. A certified psychology resident shall not engage in the independent practice of psychology.

Enacted by Chapter 281, 2001 General Session

Part 4
License Denial and Discipline

58-61-401 Grounds for action regarding license -- Disciplinary proceedings.

The division's grounds for refusing to issue a license to an applicant, for refusing to renew the license of a licensee, for revoking, suspending, restricting, or placing on probation the license of a licensee, for issuing a public or private reprimand to a licensee, and for issuing a cease and desist order are under Section 58-1-401.

Enacted by Chapter 32, 1994 General Session

Part 5
Unlawful and Unprofessional Conduct - Penalties

58-61-501 Unlawful conduct.

As used in this chapter, "unlawful conduct" includes:
(1) practice of psychology unless licensed as a psychologist or certified psychology resident under this chapter or exempted from licensure under this title;
(2) practice of mental health therapy by a licensed psychologist who has not acceptably documented to the division his completion of the supervised training in psychotherapy required under Subsection 58-61-304(1)(f); or
(3) representing oneself as or using the title of psychologist, or certified psychology resident unless currently licensed under this chapter.

Amended by Chapter 281, 2001 General Session

58-61-502 Unprofessional conduct.

(1) As used in this chapter, "unprofessional conduct" includes:
  (a) using or employing the services of any individual to assist a licensee in any manner not in accordance with the generally recognized practices, standards, or ethics of the profession for which the individual is licensed, or the laws of the state;
  (b) failure to confine practice conduct to those acts or practices:
    (i) in which the individual is competent by education, training, and experience within limits of education, training, and experience; and
    (ii) which are within applicable scope of practice laws of this chapter; and
  (c) disclosing or refusing to disclose any confidential communication under Section 58-61-602.
(2) "Unprofessional conduct" under this chapter may be further defined by division rule.

Amended by Chapter 281, 2001 General Session

58-61-503 Penalty for unlawful conduct.

An individual who commits any act of unlawful conduct as defined in:

(1) Subsection 58-61-501(1) or (2) is guilty of a third degree felony; or

(2) Subsection 58-61-501(3) is guilty of a class A misdemeanor.

Enacted by Chapter 32, 1994 General Session

58-61-504 Reporting of unprofessional or unlawful conduct -- Immunity from liability.

(1) Upon learning of an act of unlawful or unprofessional conduct as defined in Section 58-61-102 by a person licensed under this chapter or an individual not licensed under this chapter and engaged in acts or practices regulated under this chapter, that results in disciplinary action by a licensed health care facility, professional practice group, or professional society, or that results in a significant adverse impact upon the public health, safety, or welfare, the following shall report the conduct in writing to the division within 10 days after learning of the disciplinary action or the conduct unless the individual or person knows it has been reported:

(a) a licensed health care facility or organization in which an individual licensed under this chapter engages in practice;

(b) an individual licensed under this chapter; and

(c) a professional society or organization whose membership is comprised of individuals licensed under this chapter and which has the authority to discipline or expel a member for acts of unprofessional or unlawful conduct.

(2) Any individual reporting acts of unprofessional or unlawful conduct by an individual licensed under this chapter is immune from liability arising out of the disclosure to the extent the individual furnishes the information in good faith and without malice.

Enacted by Chapter 32, 1994 General Session

Part 6
Evidentiary Privilege and Confidentiality

58-61-601 Evidentiary privilege.

Evidentiary privilege for psychologists regarding admissibility of any confidential communication in administrative, civil, or criminal proceedings is in accordance with Rule 506 of the Utah Rules of Evidence.

Enacted by Chapter 32, 1994 General Session

58-61-602 Confidentiality -- Exemptions.

(1) A psychologist under this chapter may not disclose any confidential communication with a client or patient without the express consent of:

(a) the client or patient;

(b) the parent or legal guardian of a minor client or patient; or

(c) the authorized agent of a client or patient.

(2) A psychologist under this chapter is not subject to Subsection (1) if:

(a) the psychologist is permitted or required by state or federal law, rule, regulation, or order to report or disclose any confidential communication, including:

(i) reporting under Title 62A, Chapter 3, Part 3, Abuse, Neglect, or Exploitation of a Vulnerable Adult;

(ii) reporting under Title 62A, Chapter 4a, Part 4, Child Abuse or Neglect Reporting Requirements;

(iii) reporting under Title 78B, Chapter 3, Part 5, Limitation of Therapist's Duty to Warn; or
(iv) reporting of a communicable disease as required under Section 26-6-6;
(b) the disclosure is part of an administrative, civil, or criminal proceeding and is made under an exemption from evidentiary privilege under Rule 506, Utah Rules of Evidence; or
(c) the disclosure is made under a generally recognized professional or ethical standard that authorizes or requires the disclosure.

Amended by Chapter 366, 2011 General Session

Part 7
Behavior Analyst Licensing Act

58-61-701 Title.

This part is known as the "Behavior Analyst Licensing Act."

Enacted by Chapter 367, 2015 General Session

58-61-702 Definitions.

In addition to the definitions in Section 58-61-102, as used in this part:
(1) "Confidential communication" means information obtained by an individual licensed or registered under this part, including information obtained by the individual's observation of or interview with the client, patient, or authorized agent, which is:
(a)
(i) transmitted between the client, patient, or authorized agent and an individual licensed or registered under this part in the course of that relationship; or
(ii) transmitted among the client, patient, or authorized agent, an individual licensed or registered under this part, and individuals who are participating in the assessment or treatment in conjunction with an individual licensed or registered under this part, including the authorized agent or members of the client's or patient's family; and
(b) made in confidence, for the assessment or treatment of the client or patient by the individual who is licensed or registered under this part, and by a means not intended to be disclosed to a third party other than an individual:
(i) present to further the interest of the client or patient in the consultation, assessment or interview;
(ii) reasonably necessary for the transmission of the communications; or
(iii) participating in the assessment and treatment of the client or patient in conjunction with the behavior analyst or behavior specialist.
(2) "Licensed assistant behavior analyst" means an individual licensed under this part to engage in the practice of behavior analysis under the supervision of a qualified supervisor, as defined by the division by administrative rule.
(3) "Licensed behavior analyst" means an individual licensed under this part to engage in the practice of behavior analysis.
(4)
(a) "Practice of behavior analysis" means the design and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior and includes the following:
(i) the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis;
(ii) interventions based on scientific research and the direct observation and measurement of behavior and environment; and
(iii) utilization of contextual factors, motivating operations, antecedent stimuli, positive

reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions.

(b) "Practice of behavior analysis" does not include:

(i) diagnosis of a mental or physical disorder;

(ii) psychological testing;

(iii) educational testing;

(iv) neuropsychology;

(v) neuropsychological testing;

(vi) mental health therapy;

(vii) psychotherapy;

(viii) counseling;

(ix) biofeedback;

(x) neurofeedback;

(xi) cognitive therapy;

(xii) sex therapy;

(xiii) psychoanalysis; or

(xiv) hypnotherapy.

(5) "Registered assistant behavior specialist" means an individual who:

(a) is employed:

(i) as a professional engaging in the practice of behavior analysis within an organization contracted under a division of the Utah Department of Human Services;

(ii) to provide behavior analysis; and

(iii) on or before May 15, 2015;

(b) limits the practice of behavior analysis to the contract described in Subsection (5)(a)(i); and

(c) is registered under this part with the division to engage in the practice of behavior analysis under the supervision of a qualified supervisor, as defined by the division by administrative rule.

(6) "Registered behavior specialist" means an individual who:

(a) is employed:

(i) as a professional engaging in the practice of behavior analysis within an organization contracted under a division of the Utah Department of Human Services to provide behavior analysis; and

(ii) on or before May 15, 2015;

(b) limits the practice of behavior analysis to the contract described in Subsection (6)(a)(i); and

(c) is registered under this part with the division to engage in the practice of behavior analysis.

Enacted by Chapter 367, 2015 General Session

58-61-703 License or registration required.

(1) A license or registration is required to engage in the practice of behavior analysis, except as specifically provided in Section 58-1-307.

(2) The division shall issue to a person who qualifies under this part a license in the classification of:

(a) behavior analyst; or

(b) assistant behavior analyst.

(3) The division shall issue to a person who qualifies under this part a registration in the classification of:

(a) behavior specialist; or

(b) assistant behavior specialist.

(4) An individual shall be licensed or registered under this part or exempted from licensure under this part in order to engage in, or represent that the individual is engaged in, the practice of behavior analysis.

Enacted by Chapter 367, 2015 General Session

58-61-704 Term of license or registration.

(1)

(a) The division shall issue each license under this part with a two-year renewal cycle established by division rule.

(b) The division may by rule extend or shorten a renewal cycle by as much as one year to stagger the renewal cycles it administers.

(2) At the time of renewal, the licensed individual shall show satisfactory evidence of renewal requirements as required under this part.

(3) Each license or registration expires on the expiration date shown on the license unless renewed by the licensed individual in accordance with Section 58-1-308.

(4)

(a) A registration as a registered behavior specialist or a registered assistant behavior specialist:

(i) expires on the day the individual is no longer employed in accordance with Subsection 58-61-705(5)(e) or (6)(e); and

(ii) may not be renewed.

(b) The Department of Human Services, or an organization contracted with a division of the Department of Human Services, shall notify the Division of Occupational and Professional Licensing when a person registered under this part is no longer employed as a registered behavior specialist or a registered assistant behavior specialist.

Enacted by Chapter 367, 2015 General Session

58-61-705 Qualifications for licensure -- By examination -- By certification.

(1) An applicant for licensure as a behavior analyst based upon education, supervised experience, and national examination shall:

(a) submit an application on a form provided by the division;

(b) pay a fee determined by the department under Section 63J-1-504;

(c) be of good moral character;

(d) produce certified transcripts of credit verifying satisfactory completion of a master's or doctoral degree in applied behavior analysis from an accredited institution of higher education or an equivalent master or doctorate degree as determined by the division by administrative rule;

(e) as defined by the division by administrative rule, have completed at least 1,500 hours of experiential behavior analysis training within a five year period of time with a qualified supervisor; and

(f) pass the examination requirement established by division rule under Section 58-1-203.

(2) An applicant for licensure as a behavior analyst based upon certification shall:

(a) without exception, on or before November 15, 2015, submit to the division an application on a form provided by the division;

(b) pay a fee determined by the department under Section 63J-1-504;

(c) be of good moral character; and

(d) provide official verification of current certification as a board certified behavior analyst from the Behavior Analyst Certification Board.

(3) An applicant for licensure as an assistant behavior analyst based upon education, supervised experience and national examination shall:

(a) submit an application on a form provided by the division;

(b) pay a fee determined by the department under Section 63J-1-504;

(c) be of good moral character;

(d) produce certified transcripts of credit verifying satisfactory completion of a bachelor's degree from an accredited institution of higher education and satisfactory completion of specific core course work in behavior analysis established under Section 58-1-203 from an accredited institution of higher education;

(e) as defined by the division by administrative rule, have completed at least 1,000 hours of experiential behavior analysis training within a five-year period of time with a qualified supervisor; and
(f) pass the examination requirement established by division rule under Section 58-1-203.
(4) An applicant for licensure as an assistant behavior analyst based upon certification shall:
(a) without exception, on or before November 15, 2015, submit to the division an application on a form provided by the division;
(b) pay a fee determined by the department under Section 63J-1-504;
(c) be of good moral character; and
(d) provide official verification of current certification as a board certified assistant behavior analyst from the Behavior Analyst Certification Board.
(5) An applicant for registration as a behavior specialist based upon professional experience in behavior analysis shall:
(a) without exception, on or before November 15, 2015, submit to the division, an application on a form provided by the division;
(b) pay a fee determined by the department under Section 63J-1-504;
(c) be of good moral character;
(d) have at least five years of experience as a professional engaged in the practice of behavior analysis on or before May 15, 2015; and
(e) be employed as a professional engaging in the practice of behavior analysis within an organization contracted with a division of the Utah Department of Human Services to provide behavior analysis on or before July 1, 2015.
(6) An applicant for registration as an assistant behavior specialist based upon professional experience in behavior analysis shall:
(a) without exception, on or before November 15, 2015, submit to the division, an application on a form provided by the division;
(b) pay a fee determined by the department under Section 63J-1-504;
(c) be of good moral character;
(d) have at least one year of experience as a professional engaging in the practice of behavior analysis prior to July 1, 2015; and
(e) be employed as a professional engaging in the practice of behavior analysis within an organization contracted with a division of the Utah Department of Human Services to provide behavior analysis on or before July 1, 2015.

Enacted by Chapter 367, 2015 General Session

58-61-706 Continuing education.
(1) The division may establish administrative rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, requiring continuing education as a condition for renewal of any license classification or maintaining a registration classification under this part if the division finds that continuing education is necessary to reasonably protect the public health, safety, or welfare.
(2) If a renewal cycle is extended or shortened under Section 58-61-704, the continuing education hours required for license renewal or maintaining a registration under this part shall be increased or decreased proportionally.

Enacted by Chapter 367, 2015 General Session

58-61-707 Exemptions from licensure.
In addition to the exemptions from licensure in Section 58-1-307, the following when practicing within the scope of the license held, may engage in acts included in the definition of the practice of behavior analysis, subject to the stated circumstances and limitations, without being licensed under this chapter:

(1) a psychologist licensed under this chapter, and those acting under the psychologist's authority and direction;
(2) a registered behavior specialist under this part;
(3) a registered assistant behavior specialist under this part;
(4) a mental health therapist licensed under Chapter 60, Mental Health Professional Practice Act;
(5) a behavior analyst who practices with non-human or non-patient clients or consumers, including applied animal behaviorists;
(6) an individual who provides general behavior analysis services to an organization, if the practice of behavior analysis is for the benefit of the organization and does not involve the practice of behavior analysis on an individual;
(7) an individual who teaches behavior analysis or conducts behavior analysis research, provided that the individual does not practice behavior analysis on an individual as part of the teaching or research;
(8) an employee of a school district, private school, or charter school who:
(a) practices behavior analysis as part of the employee's job description with the school district, private school, or charter school; and
(b) limits the employee's practice to the employment settings authorized by the:
(i) State Board of Education, if the employee is employed by a public school or charter school; or
(ii) private school employer, if the employee is employed by a private school;
(9) a matriculated graduate student in:
(a) a mental health field whose activities are part of a defined program of study or professional training; or
(b) education or applied behavior analysis whose activities are part of a defined program of study or professional training;
(10) a person:
(a) who is enrolled in a behavior analysis course sequence approved by the Behavior Analyst Certification Board at an accredited institution of higher education;
(b) whose activities are part of a defined program of study or professional training; and
(c) who is actively accruing supervision hours as defined by division rule under Section 58-1-203 and under the supervision of a licensed behavior analyst;
(11) a person who:
(a) has completed and passed a course sequence approved by the Behavior Analyst Certification Board; and
(b) is completing the supervision hours as defined by division rule under Section 58-1-203 and under the supervision of a licensed behavior analyst or other supervisor as permitted by rule adopted by the division;
(12) a person who:
(a) has completed and passed the course sequence approved by the Behavior Analyst Certification Board;
(b) has completed the supervision hours as defined by division rule under Section 58-1-203;
(c) continues working under the supervision of a behavior analyst; and
(d) is preparing to take the licensing examination or awaiting results of the licensing examination, provided the exemption under this Subsection (12)(d) does not extend beyond six months from the latter of Subsection (12)(b) or (c);
(13) until November 15, 2015, a person who:
(a) has completed and passed the Board Certified Behavior Analyst or Board Certified Assistant Behavior Analyst Examination developed by the Behavior Analyst Certification Board; and
(b) is in the process of applying for a license under this part;
(14) an individual providing advice or counsel to another individual in a setting of the individual's association as friends or relatives and in a nonprofessional and noncommercial relationship, if there is no compensation paid for the advice or counsel; or
(15) an individual exempt under Subsection 58-1-307(1)(b) only if the individual is supervised by qualified faculty or staff and the activities are a defined part of the degree program.

Enacted by Chapter 367, 2015 General Session

58-61-708 License and registration denial and discipline.

The division's grounds for refusing to issue a license or registration to an applicant, for refusing to renew the license of a licensed individual or registration of a registered individual, for revoking, suspending, restricting, or placing on probation the license of a licensed individual or registration of a registered individual, for issuing a public or private reprimand to a licensed individual or registered individual, and for issuance of a cease and desist order are under Section 58-1-401.

Enacted by Chapter 367, 2015 General Session

58-61-709 Unlawful conduct.

As used in this part, "unlawful conduct" includes:

(1) practice of behavior analysis unless licensed as a behavior analyst or assistant behavior analyst under this part, registered as a behavior specialist or assistant behavior specialist, or exempted from licensure or registration under this title; or

(2) representing oneself as or using the title of licensed behavior analyst or licensed assistant behavior analyst unless currently licensed under this part.

Enacted by Chapter 367, 2015 General Session

58-61-710 Unprofessional conduct.

As used in this part, "unprofessional conduct" includes:

(1) using or employing the services of any individual to assist a licensed behavior analyst, licensed assistant behavior analyst, registered behavior specialist, or registered assistant behavior specialist in any manner not in accordance with the generally recognized practices, standards, or ethics of the profession for which the individual is licensed or the laws of the state, including:

(a) acting as a supervisor or accepting supervision of a supervisor without complying with or ensuring compliance with the requirements of administrative rule adopted by the division;

(b) engaging in and aiding or abetting conduct or practices that are false, dishonest, deceptive, or fraudulent;

(c) engaging in or aiding or abetting deceptive or fraudulent billing practices;

(d) failing to establish and maintain appropriate professional boundaries with a client or former client;

(e) engaging in or promising a personal, scientific, professional, financial, or other relationship with a client if it appears likely that such a relationship reasonably might impair the behavior analyst's or registered behavior specialist's objectivity or might harm or exploit the client;

(f) engaging in sexual activities or sexual contact with a client with or without client consent;

(g) engaging in sexual activities or sexual contact with a former client within two years of documented termination of services;

(h) engaging in sexual activities or sexual contact at any time with a former client who is especially vulnerable or susceptible to being disadvantaged because of the client's personal history, current mental status, or any condition that could reasonably be expected to place the client at a disadvantage, recognizing the power imbalance that exists or may exist between the behavior analyst or registered behavior specialist and the client;

(i) engaging in or aiding or abetting sexual harassment or any conduct that is exploitive or abusive with respect to a student, trainee, employee, or colleague with whom the licensee has supervisory or management responsibility;

(j) exploiting a client for personal gain;

(k) using a professional client relationship to exploit a client or other person for personal gain;

(l) failing to maintain appropriate client records for a period of not less than seven years from the

documented termination of services to the client;
(m) failing to obtain informed consent from the client or legal guardian before taping, recording, or permitting third party observations of client care or records;
(n) failing to cooperate with the division during an investigation;
(o) using the abbreviated title of LBA unless licensed in the state as a behavior analyst;
(p) using the abbreviated title of LaBA unless licensed in the state as an assistant behavior analyst;
(q) failing to make reasonable efforts to notify a client and seek the transfer or referral of services, according to the client's needs or preferences, when a behavior analyst anticipates the interruption or termination of services to a client;
(r) failing to provide for orderly and appropriate resolution of responsibility for client care in the event that the employment or contractual relationship ends, according to the client's needs and preferences;
(s) failing to make reasonable steps to avoid abandoning a client who is still in need of services;
(t) failing to report conviction of a felony or misdemeanor directly relating to the practice of behavior analysis or public health and safety;
(u) failing to report revocation or suspension of certification from the Behavior Analyst Certification Board; and
(v) failure to confine practice conduct to those acts or practices in which the individual is competent by education, training, and experience within limits of education, training, and experience; and
(2) other conduct as further defined by administrative rule adopted by the division.

Enacted by Chapter 367, 2015 General Session

58-61-711 Penalty for unlawful conduct.

An individual who commits any act of unlawful conduct as defined in:
(1) Subsection 58-61-501(1) is guilty of a third degree felony; or
(2) Subsection 58-61-501(2) is guilty of a class A misdemeanor.

Enacted by Chapter 367, 2015 General Session

58-61-712 Reporting of unprofessional or unlawful conduct -- Immunity from liability.

(1) Upon learning of an act of unlawful or unprofessional conduct as defined in Section 58-61-102 by a person licensed or registered under this chapter or an individual not licensed or registered under this chapter who engaged in acts or practices regulated under this chapter, which results in disciplinary action by a licensed health care facility, professional practice group, or professional society, or which results in a significant adverse impact upon the public health, safety, or welfare, the following shall report the conduct in writing to the division within 10 days after learning of the disciplinary action or the conduct, unless the individual or person knows it has been reported:
(a) a licensed health care facility or an organization in which an individual licensed or registered under this chapter engaged in practice;
(b) an individual licensed or registered under this chapter; or
(c) a professional society or organization whose membership individuals licensed or registered under this chapter and that has the authority to discipline or expel a member for acts of unprofessional conduct or unlawful conduct.
(2) Any individual who reports acts of unprofessional or unlawful conduct by an individual licensed or registered under this chapter is immune from liability arising out of the disclosure to the extent the individual furnishes the information in good faith and without malice.

Enacted by Chapter 367, 2015 General Session

58-61-713 Confidentiality -- Exemptions.

(1) A behavior analyst or behavior specialist under this chapter may not disclose any confidential

communication with a client or patient without the express consent of:
(a) the client or patient;
(b) the parent or legal guardian of a minor client or patient; or
(c) the authorized agent of a client or patient.
(2) A behavior analyst or behavior specialist is not subject to Subsection (1) if:
(a) the behavior analyst or behavior specialist is permitted or required by state or federal law, rule, regulation, or order to report or disclose any confidential communication, including:
(i) reporting under Title 62A, Chapter 3, Part 3, Abuse, Neglect, or Exploitation of a Vulnerable Adult;
(ii) reporting under Title 62A, Chapter 4a, Part 4, Child Abuse or Neglect Reporting Requirements;
(iii) reporting under Title 78B, Chapter 3, Part 5, Limitation of Therapist's Duty to Warn; or
(iv) reporting of a communicable disease as required under Section 26-6-6;
(b) the disclosure is part of an administrative, civil, or criminal proceeding and is made under an exemption from evidentiary privilege under Utah Rules of Evidence, Rule 506; or
(c) the disclosure is made under a generally recognized professional or ethical standard that authorizes or requires the disclosure.

Enacted by Chapter 367, 2015 General Session

58-61-714 Third party payment for licensed behavior analyst.

Notwithstanding the provisions of Section 31A-22-618, payment from third party payers for behavior analysis may be limited to:
(1) a licensed behavior analyst as defined in 58-61-701; and
(2) the following, working within the scope of their practice:
(a) a physician licensed under Chapter 67, Utah Medical Practice Act or Chapter 68, Utah Osteopathic Medical Practice Act;
(b) an advanced practice registered nurse licensed under Chapter 31b, Nurse Practice Act;
(c) a psychologist licensed under this chapter;
(d) a clinical social worker licensed under Chapter 60, Part 2, Social Worker Licensing Act;
(e) a marriage and family therapist licensed under Chapter 60, Part 3, Marriage and Family Therapist Licensing Act; and
(f) a clinical mental health counselor licensed under Chapter 60, Part 4, Clinical Mental Health Counselor Licensing Act.

Enacted by Chapter 367, 2015 General Session

R156. Commerce, Occupational and Professional Licensing.
R156-61. Psychologist Licensing Act Rule.
R156-61-101. Title.

This rule is known as the "Psychologist Licensing Act Rule."

R156-61-102. Definitions.

In addition to the definitions in Title 58, Chapters 1 and 61, as used in Title 58, Chapters 1 and 61 or this rule:

(1) "Approved diagnostic and statistical manual for mental disorders" means the following:

(a) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: DSM-5 or Fourth Edition: DSM-IV published by the American Psychiatric Association;

(b) 2013 ICD-9-CM for Physicians, Volumes 1 and 2 Professional Edition published by the American Medical Association; or

(c) ICD-10-CM 2013: The Complete Official Draft Code Set published by the American Medical Association.

(2) "CoA" means Committee on Accreditation of the American Psychological Association.

(3) "Direct supervision" of a supervisee in training, as used in Subsection 58-61-304(1)(f), means:

(a) a supervisor meeting with the supervisee when both are physically present in the same room at the same time; or

(b) a supervisor meeting with the supervisee remotely via real-time electronic methods that allow for visual and audio interaction between the supervisor and supervisee under the following conditions:

(i) the supervisor and supervisee shall enter into a written supervisory agreement which, at a minimum, establishes the following:

(A) frequency, duration, reason for, and objectives of electronic meetings between the supervisor and supervisee;

(B) a plan to ensure accessibility of the supervisor to the supervisee despite the physical distance between their offices;

(C) a plan to address potential conflicts between clinical recommendations of the supervisor and the representatives of the agency employing the supervisee;

(D) a plan to inform a supervisee's client or patient and employer regarding the supervisee's use of remote supervision;

(E) a plan to comply with the supervisor's duties and responsibilities as established in rule; and

(F) a plan to physically visit the location where the supervisee practices on at least a quarterly basis during the period of supervision or at a lesser frequency as approved by the Division in collaboration with the Board;

(ii) the supervisee submits the supervisory agreement to the Division and obtains approval before counting direct supervision completed via live real-time methods toward the 40 hour direct supervision requirement; and

(iii) in evaluating a supervisory agreement, the Division shall consider whether it adequately protects the health, safety, and welfare of the public.

(4) "On-the-job training program approved by the Division", as used in Subsection 58-61-301(1)(b), means a program that meets the standards established in Section R156-61-601.

(5)(a) "Predoctoral internship" refers to a formal training program that meets the minimum requirements of the Association of Psychology Postdoctoral and Internship Centers (APPIC) offered to culminate a doctoral degree in clinical, counseling, or school psychology.

(b) A training program may be a full-time one year program or a half-time two year program.

(6)(a) "Program accredited by the CoA", as used in Subsections R156-61-302a(1), means a psychology department program that, as of the date on which a student completes a doctoral psychology degree program:

(i) has obtained an accreditation from the CoA; or

(ii) (A) has applied to the CoA for accreditation;

(B) has been approved by the CoA for a site visit, which is to occur within the ensuing six years; and

(C) has not previously been denied accreditation by the CoA.

(7)(a) "Program of respecialization", as used in Subsection R156-61-302a(3), is a formal program designed to prepare someone with a doctoral degree in psychology with the necessary skills to practice psychology.

(b) The respecialization activities shall include substantial requirements that are formally offered as an organized sequence of course work and supervised practicum leading to a certificate (or similar recognition) by an educational body that offers a doctoral degree qualifying for licensure in the same area of practice as that of the certificate.

(8) "Qualified faculty", as used in Subsection 58-1-307(1)(b), means a university faculty member who provides pre-doctoral supervision of clinical or counseling experience in a university setting who:

(i) is licensed in Utah as a psychologist; and

(ii) is training students in the context of a doctoral program leading to licensure.

(9) "Residency program", as used in Subsection 58-61-301(1)(b), means a program of post-doctoral supervised clinical training necessary to meet licensing requirements as a psychologist.

(10)(a) "Psychology training", as used in Subsection 58-61-304(1)(e), means practical training experience providing direct services in the practice of mental health therapy and psychology under supervision. All activities in full-time internships and full-time

post-doctoral positions devoted solely to mental health delivery meet this definition.

(b) Activities not directly related to the practice of psychology, even if commonly performed by psychologists, do not meet the definition of psychology training under Subsection 58-61-304(1)(e). Examples of ineligible activities include psychology coursework, analog clinical activities (e.g. role plays), activities required for business purposes (e.g. billing), supervision of others engaged in activities other than practice of psychology (e.g. supervising adolescents in wilderness settings), and activities commonly performed by non-psychologists (e.g. teaching of psychology on topics not of a professional nature).

R156-61-103. Authority - Purpose.

This rule is adopted by the Division under the authority of Subsection 58-1-106(1)(a) to enable the Division to administer Title 58, Chapter 61.

R156-61-104. Organization - Relationship to Rule R156-1.

The organization of this rule and its relationship to Rule R156-1 is as described in Section R156-1-107.

R156-61-201. Advisory Peer Committee Created - Membership - Duties.

(1) There is hereby enabled in accordance with Subsection 58-1-203(1)(f), the Ethics Committee as an advisory peer committee to the Psychologist Licensing Board on either a permanent or ad hoc basis consisting of members licensed in good standing as psychologists qualified to engage in the practice of mental health therapy, in number and area of expertise necessary to fulfill the duties and responsibilities of the committee as set forth in Subsection (3).

(2) The committee shall be appointed and serve in accordance with Section R156-1-205.

(3) The committee shall assist the Division in its duties, functions, and responsibilities defined in Section 58-1-202 including:

(a) upon the request of the Division, reviewing reported violations of Utah law or the standards and ethics of the profession by a person licensed as a psychologist and advising the Division if allegations against or information known about the person presents a reasonable basis to initiate or continue an investigation with respect to the person;

(b) upon the request of the Division providing expert advice to the Division with respect to conduct of an investigation; and

(c) when appropriate serving as an expert witness in matters before the Division.

R156-61-302a. Qualifications for Licensure - Education Requirements.

(1) In accordance with Subsection 58-61-304(1)(d), an institution or program of higher education awarding a psychology degree that qualifies an applicant for licensure as a psychologist shall be accredited by the CoA.

(a) An applicant shall graduate from the actual program that is accredited by CoA. No other program within the department or institution qualifies unless separately accredited.

(b) If a transcript does not uniquely identify the qualifying CoA accredited degree program, it is the responsibility of the applicant to provide signed, written documentation from the program director or department chair that the applicant did indeed graduate from the qualifying accredited degree program.

(2) In accordance with Subsection 58-61-304(1)(d), an institution or program of higher education awarding a psychology doctoral degree that is not accredited by CoA shall meet the following criteria in order to qualify an applicant for licensure as a psychologist:

(a) if located in the United States or Canada, be an institution having a doctoral psychology program recognized by the Association of State and Provincial Psychology Boards (ASPPB)/National Register Joint Designation Committee as being found to meet "designation criteria", at the time the applicant received the earned degree. Whether a program is found to meet designation criteria is a decision to be made by the ASPPB/National Register Joint Designation Committee; or

(b) if located outside of the United States or Canada, be an institution that meets the ASPPB National Register (NR) Designation Guidelines for defining a doctoral degree in psychology as determined by the NR.

(3) An applicant whose psychology doctoral degree training is not designed to lead to clinical practice or who wishes to practice in a substantially different area than the training of the doctoral degree shall complete a program of respecialization as defined in Subsection R156-61-102(7), and shall meet requirements of Subsection R156-61-302a(2).

(4) The date of completion of the doctoral degree shall be the graduation date listed on the official transcript.

R156-61-302b. Qualifications for Licensure - Experience Requirements.

(1) An applicant for licensure as a psychologist under Subsection 58-61-304(1)(e) or mental health therapy under Subsections 58-61-304(1)(e) and (1)(f) shall complete a minimum of 4,000 hours of psychology training approved by the Division in collaboration with the Board. The training shall:

(a) be completed in not less than two years;

(b) be completed in not more than four years following the awarding of the doctoral degree unless the Division in collaboration with the Board approves an extension due to extenuating circumstances;

(c) be completed while the applicant is enrolled in an approved doctoral program or licensed as a certified psychology

resident;

(d) be completed while the applicant is under the supervision of a qualified psychologist meeting the requirements under Section R156-61-302d;

(e) if completed under the supervision of a qualified faculty member who is not an approved psychology training supervisor in accordance with Section R156-61-302d, the training shall not be credited toward the 4,000 hours of psychology doctoral clinical training;

(f) be completed as part of a supervised psychology training program as defined in Subsection R156-61-102(4) that does not exceed:

(i) 40 hours per week for full-time internships and full-time post doctoral positions; or

(ii) 20 hours of part-time internships and part-time post doctoral positions; and

(g) be completed while the applicant is under supervision of a minimum of one hour of supervision for every 20 hours of pre-doctoral training and experience and one hour for every 40 hours of post-doctoral training and experience.

(2) In accordance with Subsection 58-61-301(1)(b), an individual engaged in a post-doctoral residency program of supervised clinical training shall be certified as a psychology resident.

(3) An applicant for licensure may accrue any portion of the 4,000 hours of psychology doctoral degree training and experience required in Subsection 58-61-304(1)(e) in a pre-doctoral program.

(4) An applicant who applies for licensure as a psychologist who completes the 4,000 hours of psychology doctoral degree training and experience required in Subsection 58-61-304(1)(e) in a pre-doctoral program or post-doctoral residency, and meets qualifications for licensure, may be approved to sit for the examinations, and upon passing the examinations will be issued a psychologist license.

(5) An applicant for licensure as a psychologist who has commenced and completed all or part of the psychology or mental health therapy training requirements under Subsection R156-61-302b(1) outside the state, may receive credit for that training completed outside of the state if it is demonstrated by the applicant that the training is equivalent to the requirements for training under Subsections 58-61-304(1)(e) and (f), and Subsection R156-61-302b(1).

R156-61-302c. Qualifications for Licensure - Examination Requirements.

(1) The examination requirements which shall be met by an applicant for licensure as a psychologist under Subsection 58-61-304(1)(g) are:

(a) passing the Examination for the Professional Practice of Psychology (EPPP) developed by the American Association of State Psychology Board (ASPPB) with a passing score as recommended by the ASPPB; and

(b) passing the Utah Psychologist Law and Ethics Examination with a score of not less than 75%.

(2) A person may be admitted to the EPPP and Utah Psychologist Law and Ethics examinations in Utah only after meeting the requirements under Section 58-61-305, and after receiving written approval from the Division.

(3) If an applicant is admitted to an EPPP examination based upon substantive information that is incorrect and furnished knowingly by the applicant, the applicant shall automatically be given a failing score and shall not be permitted to retake the examination until the applicant submits fees and a correct application demonstrating the applicant is qualified for the examination and adequately explains why the applicant knowingly furnished incorrect information. If an applicant is inappropriately admitted to an EPPP examination because of a Division or Board error and the applicant receives a passing score, the results of the examination may not be used for licensure until the deficiency which would have barred the applicant for admission to the examination is corrected.

(4) An applicant who fails the EPPP examination three times will only be allowed subsequent admission to the examination after the applicant has appeared before the Board, developed with the Board a plan of study in appropriate subject matter, and thereafter completed the planned course of study to the satisfaction of the Board.

(5) An applicant who is found to be cheating on the EPPP examination or in any way invalidating the integrity of the examination shall automatically be given a failing score and shall not be permitted to retake the examination for a period of at least three years or as determined by the Division in collaboration with the Board.

(6) In accordance with Section 58-1-203 and Subsection 58-61-304(1)(g), an applicant for the EPPP or the Utah Psychologist Law and Ethics Examination shall pass the examinations within one year from the date of the psychologist application for licensure. If the applicant does not pass the examinations within one year, the pending psychologist application shall be denied. The applicant may continue to register to take the EPPP examination under the procedures outlined in Subsection R156-61-302c(4).

(7) In accordance with Section 58-1-203 and Subsection 58-61-304(2)(d), an applicant for psychologist licensure by endorsement shall pass the Utah Psychologist Law and Ethics Examination within six months from the date of the psychologist application for licensure. If the applicant does not pass the examination in six months, the pending psychologist application shall be denied.

R156-61-302d. Qualifications for Designation as an Approved Psychology Training Supervisor.

In accordance with Subsections 58-61-304(1)(e) and (f), to be approved by the Division in collaboration with the Board as a supervisor of psychology or mental health therapy training, an individual shall:

(1) be currently licensed in good standing as a psychologist in the jurisdiction in which the supervised training is being

performed; and

(2) have practiced as a licensed psychologist for not fewer than 4,000 hours in a period of not less than two years.

R156-61-302e. Duties and Responsibilities of a Supervisor of Psychology Training and Mental Health Therapist Training.

The duties and responsibilities of a psychologist supervisor are further defined, clarified or established as follows. The psychologist supervisor shall:

(1) be professionally responsible for the acts and practices of the supervisee which are a part of the required supervised training, including supervision of all activities requiring a mental health therapy license;

(2) engage in a relationship with the supervisee in which the supervisor is independent from control by the supervisee, and in which the ability of the supervisor to supervise and direct the practice of the supervisee is not compromised;

(3) supervise not more than three full-time equivalent supervisees unless otherwise approved by the Division in collaboration with the Board;

(4) be available for advice, consultation, and direction consistent with the standards and ethics of the profession and the requirements suggested by the total circumstances including the supervisee's level of training, ability to diagnose patients, and other factors determined by the supervisor;

(5) comply with the confidentiality requirements of Section 58-61-602;

(6) provide timely and periodic review of the client records assigned to the supervisee;

(7) monitor the performance of the supervisee for compliance with laws, standards, and ethics applicable to the practice of psychology;

(8) submit appropriate documentation to the Division with respect to work completed by the supervisee evidencing the performance of the supervisee during the period of supervised psychology training and mental health therapist training, including the supervisor's evaluation of the supervisee's competence in the practice of psychology and mental health therapy;

(9) ensure that the supervisee is certified by the Division as a psychology resident, or is enrolled in a psychology doctoral program and engaged in a training experience authorized by the educational program;

(10) ensure the psychologist supervisor is legally able to personally provide the services which the psychologist supervisor is supervising; and

(11) ensure the psychologist supervisor meets all other requirements for supervision as described in this section.

R156-61-302f. Renewal Cycle - Procedures.

(1) In accordance with Subsection 58-1-308(1), the renewal date for the two-year renewal cycle applicable to licenses under Title 58, Chapter 61, is established by rule in Section R156-1-308a.

(2) Renewal procedures shall be in accordance with Section R156-1-308c.

R156-61-302g. License Reinstatement - Requirements.

An applicant for reinstatement of a license after two years following expiration of that license shall:

(1) upon request meet with the Board for the purpose of evaluating the applicant's current ability to safely and competently engage in practice as a psychologist and to make a determination of education, experience or examination requirements which will be required before reinstatement;

(2) upon the recommendation of the Board, establish a plan of supervision under an approved supervisor which may include up to 4,000 hours of psychology and/or mental health therapy training;

(3) take or retake, and pass the Utah Psychology Law Examination; or the EPPP Examination, or both, if it is determined by the Board it is necessary to demonstrate the applicant's ability to engage safely and competently in practice as a psychologist; and

(4) complete a minimum of 48 hours of professional education in subjects determined necessary by the Board to ensure the applicant's ability to engage safely and competently in practice as a psychologist.

R156-61-302h. Continuing Education.

(1) There is hereby established a continuing education requirement for all individuals licensed or certified under Title 58, Chapter 61.

(2) During each two year period commencing on October 1 of each even numbered year:

(a) a licensed psychologist shall be required to complete not less than 48 hours of continuing education directly related to the licensee's professional practice;

(b) a certified psychology resident shall be required to complete not less than 24 hours of continuing education directly related to professional practice.

(3) The required number of hours of continuing education for an individual who first becomes licensed during the two year period shall be decreased in a pro-rata amount equal to any part of that two year period preceding the date on which that individual first became licensed.

(4) Continuing education under this section shall:

(a) have an identifiable clear statement of purpose and defined objective for the educational program directly related to the

practice of a psychologist;

(b) be relevant to the licensee's professional practice;

(c) be presented in a competent, well organized, and sequential manner consistent with the stated purpose and objective of the program;

(d) be prepared and presented by individuals who are qualified by education, training, and experience; and

(e) have associated with it a competent method of registration of individuals who actually completed the professional education program and records of that registration and completion are available for review.

(5) Credit for continuing education shall be recognized in accordance with the following:

(a) Unlimited hours shall be recognized for continuing education completed in blocks of time of not less than one hour in formally established classroom courses, seminars, or conferences.

(b) A maximum of ten hours per two year period may be recognized for teaching in a college or university, teaching continuing education courses in the field of psychology, or supervision of an individual completing the experience requirement for licensure as a psychologist.

(c) A minimum of six hours per two year period shall be completed in ethics/law.

(d) A maximum of six hours per two year period may be recognized for clinical readings directly related to practice as a psychologist.

(e) A maximum of 18 hours per two year period may be recognized for Internet or distance learning courses that includes an examination, a completion certificate and recognized by the American Psychological Association or a state or province psychological association.

(f) A maximum of six hours per two year period may be recognized for regular peer consultation, review and meetings if properly documented that the peer consultation, review and meetings meet the following requirements:

(i) have an identifiable clear statement of purpose and defined objective for the educational consultation/meeting directly related to the practice of a psychologist;

(ii) are relevant to the licensee's professional practice;

(iii) are presented in a competent, well organized manner consistent with the stated purpose and objective of the consultation/meeting;

(iv) are prepared and presented by individuals who are qualified by education, training and experience; and

(v) have associated with it a competent method of registration of individuals who attended.

(6) A licensee shall be responsible for maintaining competent records of completed qualified professional education for a period of four years after the close of the two year period to which the records pertain. It is the responsibility of the licensee to maintain information with respect to qualified professional education to demonstrate it meets the requirements under this section.

R156-61-502. Unprofessional Conduct.

"Unprofessional conduct" includes:

(1) violation of any provision of the "Ethical Principles of Psychologists and Code of Conduct" of the American Psychological Association (APA) as adopted by the APA, June 1, 2010 edition, which is adopted and incorporated by reference;

(2) violation of any provision of the "ASPPB Code of Conduct" of the Association of State and Provincial Psychology Boards (ASPPB) as adopted by the ASPPB, 2005 edition, which is adopted and incorporated by reference;

(3) acting as a supervisor or accepting supervision of a supervisor without complying with or ensuring the compliance with the requirements of Sections R156-61-302d and R156-61-302e;

(4) engaging in and aiding or abetting conduct or practices which are dishonest, deceptive or fraudulent;

(5) engaging in or aiding or abetting deceptive or fraudulent billing practices;

(6) failing to establish and maintain appropriate professional boundaries with a client or former client;

(7) engaging in dual or multiple relationships with a client or former client in which there is a risk of exploitation or potential harm to the client;

(8) engaging in sexual activities or sexual contact with a client with or without client consent;

(9) engaging in sexual activities or sexual contact with a former client within two years of documented termination of services;

(10) engaging in sexual activities or sexual contact at any time with a former client who is especially vulnerable or susceptible to being disadvantaged because of the client's personal history, current mental status, or any condition which could reasonably be expected to place the client at a disadvantage recognizing the power imbalance which exists or may exist between the psychologist and the client;

(11) engaging in sexual activities or sexual contact with client's relatives or other individuals with whom the client maintains a relationship when that individual is especially vulnerable or susceptible to being disadvantaged because of his personal history, current mental status, or any condition which could reasonably be expected to place that individual at a disadvantage recognizing the power imbalance which exists or may exist between the psychologist and that individual;

(12) physical contact with a client when there is a risk of exploitation or potential harm to the client resulting from the contact;

(13) engaging in or aiding or abetting sexual harassment or any conduct which is exploitive or abusive with respect to a student, trainee, employee, or colleague with whom the licensee has supervisory or management responsibility;

(14) failing to render impartial, objective, and informed services, recommendations or opinions with respect to custodial or parental rights, divorce, domestic relationships, adoptions, sanity, competency, mental health or any other determination concerning an individual's civil or legal rights;

(15) exploiting a client for personal gain;

(16) using a professional client relationship to exploit a client or other person for personal gain;

(17) failing to maintain appropriate client records for a period of not less than ten years from the documented termination of services to the client;

(18) failing to obtain informed consent from the client or legal guardian before taping, recording or permitting third party observations of client care or records;

(19) failure to cooperate with the Division during an investigation

(20) participating in a residency program or other post degree experience without being certified as a psychology resident for post-doctoral training and experience;

(21) supervising a residency program of an individual who is not certified as a psychology resident; or

(22) when providing services remotely:

(a) failing to practice according to professional standards of care in the delivery of services remotely;

(b) failing to protect the security of electronic, confidential data and information; or

(c) failing to appropriately store and dispose of electronic, confidential data and information.

R156-61-601. Standards - Approved On-the-Job Training Program.

In accordance with Subsection R156-61-102(4), an on-the-job training program is one that:

(1) includes only individuals who have completed all courses required for graduation in a doctoral degree that satisfies the licensure requirements under Title 58, Chapter 61 and these rules;

(2) starts immediately upon completion of all courses required for graduation;

(3) ends no later than 45 days from the date it begins, or upon licensure, whichever is earlier;

(4) may not be extended or used a second time;

(5) is completed while the individual is an employee of a public or private agency engaged in the practice of psychology; and

(6) is supervised by an individual who:

(a) is licensed under Title 58, Chapter 61; and

(b) conducts supervision at least weekly on circumstances where supervisor and supervisee are physically present in the same room at the same time.

KEY: licensing, psychologists
Date of Enactment or Last Substantive Amendment: June 15, 2015
Notice of Continuation: January 13, 2014
Authorizing, and Implemented or Interpreted Law: 58-1-106(1)(a); 58-1-202(1)(a); 58-61-101

PSYCHOLOGIST LICENSING ACT RULE

R156-61
Utah Administrative Code
Issued June 15, 2015

Disclaimer: The statute/rule above is an unofficial version provided for convenience only and may not be identical to the official versions on the Utah State Legislature (www.le.utah.gov) and the Utah Division of Administrative Rules (www.rules.utah.gov) websites.

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

Official Use Only
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

Psychologist

APPLICANT INFORMATION

Full Legal Name: _____
First *Middle* *Last*

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ **Date of Birth:** _____ **Gender:** ☐ Male ☐ Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

_____
City *State* *ZIP Code*

Phone: _____ **Email:** _____

Please Select ONE:

- ☐ I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- ☐ I am a foreign national not physically present in the United States.
- ☐ None of the above, please explain: _____

Drivers License or State ID Card: _____
State of Issue *License Number* *Expiration Date*

NOTE: If you do not hold a US Drivers License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date _____

QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1.	☐ Yes ☐ No	Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
2.	☐ Yes ☐ No	Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
3.	☐ Yes ☐ No	Are you currently under investigation or is any disciplinary action pending against you now by any *local, state or federal licensing, enforcement or regulatory agency?*
4.	☐ Yes ☐ No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5.	☐ Yes ☐ No	Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
6.	☐ Yes ☐ No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7.	☐ Yes ☐ No	Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?
8.	☐ Yes ☐ No	Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9.	☐ Yes ☐ No	Do you currently have any criminal action pending?*****
10.	☐ Yes ☐ No	Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? *****
11.	☐ Yes ☐ No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*****
12.	☐ Yes ☐ No	Have you ever been incarcerated for any reason in any correctional facility (*domestic or foreign*) in any jurisdiction or on probation/parole in any jurisdiction?*****

***NOTE:* Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

If you answered **"Yes"** to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

If you answered **"Yes"** to Questions **9,10,11** or **12** you must submit the following for **EACH** and **EVERY** incident:

- Personal account of the incident
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police **department** and/or court indicating that the information is no longer available.

PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. *(Use additional sheets if necessary.)*

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

MEDICAL QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:

☐ Yes ☐ No a hospital or health care facility
☐ Yes ☐ No Medicaid, Medicare or any other state or federal health care payment reimbursement program
☐ Yes ☐ No the Federal Drug Enforcement Administration or any state drug enforcement agency
☐ Yes ☐ No malpractice insurance coverage
☐ Yes ☐ No other entity: _____

2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:

☐ Yes ☐ No a hospital or health care facility
☐ Yes ☐ No Medicaid, Medicare or any other state or federal health care payment reimbursement program
☐ Yes ☐ No the Federal Drug Enforcement Administration or any state drug enforcement agency
☐ Yes ☐ No malpractice insurance coverage
☐ Yes ☐ No other entity: _____

3. Is any action pending against you now by:

☐ Yes ☐ No a hospital or health care facility
☐ Yes ☐ No Medicaid, Medicare or any other state or federal health care payment reimbursement program
☐ Yes ☐ No the Federal Drug Enforcement Administration or any state drug enforcement agency
☐ Yes ☐ No malpractice insurance coverage
☐ Yes ☐ No other entity: _____

4. ☐ Yes ☐ No Have you been named as a defendant in a malpractice suit?

5. ☐ Yes ☐ No Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?

If you answered **"Yes"** to question 4 you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. *NPDB website: http://www/npdb.hrsa.gov.*

If you answered **"Yes"** to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

ENDORSEMENT APPLICANTS

To be completed by endorsement applicants only. See the instructions at the end of this application for additional instructions.

If you are currently licensed in good standing in another state, and have practiced for a minimum of 2,000 hours or one year (whichever is greater), you may apply for **Licensure by Endorsement**.

Please select one and provide supporting documentation*.

☐ I am a Diplomate of the American Board of Professional Psychology. Specialty: _____

☐ I am currently credentialed as a Health Service Provider by the National Register of Health Service Providers in Psychology.

☐ I currently hold a Certificate of Professional Qualifications (CPQ) granted by the Association of State and Provincial Psychology Boards.

☐ I have enclosed evidence that the education, supervised experience, examination and all other requirements for licensure at the time my license was issued was substantially equivalent to the requirements in Utah.

*Supporting documentation can be a copy of your certification, diploma, credentials, etc. Please do not send originals.

Verification of Supervised Experience

Each supervisor must complete a separate form. Endorsement applicants do not need to complete this form.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First *Middle* *Last*

Mailing Address: _____
Street/PO Box *City* *State/Zip*

EXPERIENCE INFORMATION

To be completed by the supervisor.

Name of Establishment: _____

Name of Supervisor: _____ **License Number:** _____

Establishment Address: _____
Street/PO Box *City* *State/Zip*

Telephone Number: _____ **Email:** _____

Inclusive Dates of Predoctoral Supervision: _____ to _____
MM/DD/YYYY *MM/DD/YYYY*

Hours of supervised experience in mental health therapy: _____

Hours of direct supervision for mental health therapy: _____

Hours of other supervised experience: _____

Total of all predoctoral supervised experience: _____

Inclusive Dates of Postdoctoral Supervision: _____ to _____
MM/DD/YYYY *MM/DD/YYYY*

Hours of supervised experience in mental health therapy: _____

Hours of direct supervision for mental health therapy: _____

Hours of other supervised experience: _____

Total of all postdoctoral supervised experience: _____

Describe the applicant's duties: _____

_____

_____

Hours of direct supervision per week: _____ Hours worked per week: _____

I do hereby certify that the applicant for licensure as a psychologist has successfully completed the above hours of supervised experience. I certify that the experience supervised meets the requirements outlined in R156-61-302b.

I further certify that the applicant is qualified and competent to practice as a licensed psychologist.

Signature of Supervisor: _____ **Date:** _____

Verification of Active Practice as a Psychologist in Another State

For endorsement applicants only.
Each employer must complete a separate form.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First *Middle* *Last*

Mailing Address: _____
Street/PO Box *City* *State/Zip*

License Number: _____ **State of Issue:** _____

EMPLOYMENT INFORMATION

To be completed by the employer, human resources, supervisor or colleague within the profession.

Name of Establishment: _____

Establishment Address: _____
Street/PO Box *City* *State/Zip*

Telephone Number _____ **Email:** _____

Applicant's Dates of Employment: _____ to _____
MM/DD/YYYY *MM/DD/YYYY*

How many hours did the applicant work per week? _____

Total number of hours worked: _____

Describe the applicant's duties: _____

_____

_____

Is the applicant still employed? ☐ **Yes** ☐ **No**

If no, is the applicant re-hirable? ☐ **Yes** ☐ **No: Please explain:** _____

_____

I do hereby certify that the applicant for licensure as a licensed psychologist was actively engaged in the lawful practice as a psychologist at the above named establishment for the time frame listed.

I further certify that the applicant is qualified and competent to practice as a licensed psychologist.

Signature of Supervisor: _____ **Date:** _____

Relationship to Applicant: _____

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.
NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Note to all applicants: This application is used to evaluate your eligibility to take the required exams for licensure. After submitting your application for licensure, DOPL will determine if you meet the eligibility requirements for taking the EPPP or Psychology Law Examinations in Utah, and once met, you will receive additional instructions on how to register and take the exams. Your license will not be approved until DOPL is notified of your passing the required exams.

LICENSURE BY APPLICATION

The following items are required to complete your application:

- ☐ $200.00 non-refundable application-processing fee, made payable to "DOPL".
- ☐ Supporting documentation for any "yes" answers provided on either of the qualifying questionnaires. See pages 2 and 3 of the application for more information.
- ☐ Official transcripts documenting completion of a doctorate degree from an APA accredited program.
  Note: Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap.
  ****If you currently hold a Utah Certified Psychology Resident license, you do not need to submit these items again.***
- ☐ Verification of Supervised Experience. See page 4 of this application. ***NOTE:*** *You must have each supervisor complete a separate form, and the hours from all forms must total 4,000.*
- ☐ If you took the EPPP in another state, request an EPPP Score Transfer *(form available on our website).*

LICENSURE BY ENDORSEMENT

If you are currently licensed in good standing in another state, and have practiced for a minimum of 2,000 hours or one year (whichever is greater), you may apply for **Licensure by Endorsement** . The following items are required to complete your application:

- ☐ $200.00 non-refundable application-processing fee, made payable to "DOPL".
- ☐ Supporting documentation for any "yes" answers provided on either of the qualifying questionnaires. See pages 2 and 3 of the application for more information.
- ☐ Official verification of license from one or more states in which you are currently licensed. Verifications must cover the time period used to qualify for endorsement outlined above.
- ☐ Verification of Active Practice as a Psychologist. See page 5 of this application. ***NOTE:*** *You must have each employer complete a separate form.*
- ☐ Documentation showing you meet the educational equivalency option selected on page 3 of this application in the section titled "Endorsement Applicants".

Submit the above items with your completed application to:

In person or via express delivery:
Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:
Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

If you have questions, please contact the Division via our direct email address, doplbureau3@utah.gov, or via the phone or fax listed below.

Verification of Supervised Experience

Each supervisor must complete a separate form. Endorsement applicants do not need to complete this form.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First *Middle* *Last*

Mailing Address: _____
Street/PO Box *City* *State/Zip*

EXPERIENCE INFORMATION

To be completed by the supervisor.

Name of Establishment: _____

Name of Supervisor: _____ **License Number:** _____

Establishment Address: _____
Street/PO Box *City* *State/Zip*

Telephone Number: _____ **Email:** _____

Inclusive Dates of Predoctoral Supervision: _____ to _____
MM/DD/YYYY *MM/DD/YYYY*

Hours of supervised experience in mental health therapy: _____

Hours of direct supervision for mental health therapy: _____

Hours of other supervised experience: _____

Total of all predoctoral supervised experience: _____

Inclusive Dates of Postdoctoral Supervision: _____ to _____
MM/DD/YYYY *MM/DD/YYYY*

Hours of supervised experience in mental health therapy: _____

Hours of direct supervision for mental health therapy: _____

Hours of other supervised experience: _____

Total of all postdoctoral supervised experience: _____

Describe the applicant's duties: _____

_____

_____

Hours of direct supervision per week: _____ Hours worked per week: _____

I do hereby certify that the applicant for licensure as a psychologist has successfully completed the above hours of supervised experience. I certify that the experience supervised meets the requirements outlined in R156-61-302b.

I further certify that the applicant is qualified and competent to practice as a licensed psychologist.

Signature of Supervisor: _____ **Date:** _____

Appendix F

Supervision Materials

AMERICAN PSYCHOLOGICAL ASSOCIATION

PRINT

FEATURE

More effective supervision

Clinical supervision informed by research and theory can help trainees excel.

By Melissa Dittmann Tracey
March 2006, Vol 37, No. 3
Print version: page 48

A key part of many clinicians' work is supervising psychologists-in-training-a task that requires its own set of unique skills to effectively guide practicum, internship and postdoc trainees and beginning therapists as they develop into successful practitioners.

At the same time, clinical supervisors should foster their own skills, says Mary Ann Hoffman, PhD, professor of counseling and personnel services at the University of Maryland, who conducts research on supervision.

Indeed, drawing from psychological research and theory on supervision can provide psychologists with insight into such challenges as providing difficult feedback or handling a mismatch between supervisor and trainee, as well as finding ways to help trainees flourish.

Best foot forward

At the onset of these relationships, experts encourage supervisors to be warm, empathic and helpful to trainees, so when trainees have a problem they'll feel that they can ask for guidance, says psychologist Judith Beck, PhD, director of the Beck Institute for Cognitive Therapy and Research and clinical associate professor of psychology at the University of Pennsylvania. In fact, the best supervisors are often described by trainees as being knowledgeable, genuine, respectful and supportive, according to psychologists Carol Falender, PhD, and Edward P. Shafranske, PhD, in "Clinical Supervision: A Competency-Based Approach" (APA, 2004).

Besides that, be sure to make yourself available, adds Cory Newman, PhD, director of the University of Pennsylvania's Center for Cognitive Therapy.

"Sometimes you have to go the extra mile to be present and to be available," says Newman, who provides his personal phone number to his trainees so they can reach him after hours if an emergency with a patient arises. "I want to be there for them when they are facing a very critical decision."

However, many practicum students report they don't receive adequate supervision and others express feeling undervalued or ridiculed as trainees, which may cause them to be reluctant to approach their supervisors to discuss shortfalls, according to a survey of 321 doctoral psychology practicum students by psychologist Steven Gross, PsyD, in the June 2005 issue of *Professional Psychology: Research and Practice* (Vol. 36, No. 3, pages 299-306).

One way the University of Maryland helps supervisory relationships get off to a good start is by offering a counseling session before supervisees begin seeing clients at which supervisors individually meet with their trainees and review their model of supervision, philosophy and expectations. Supervisors also can gauge their skill level so they can adequately tailor the supervision.

"It's important for the supervisor and supervisee to talk about their relationship and their expectations for both the clinical and supervisory experience, including what they want out of it," says Hoffman.

Theoretical orientation

Many supervisors tap psychological theories to back up their approach to supervision, believing that the theoretical approaches they use in therapy will also help trainees develop new skills and model approaches the trainees can use with clients.

For example, Beck, president of the Academy of Cognitive Therapy, uses a cognitive therapy orientation to approach supervision sessions. She sets an agenda with the trainee on what will be discussed, asks trainees to summarize and agree on homework assignments, and elicits feedback from trainees throughout the session. At the end of each session, she asks trainees such questions as "What did you think of supervision today? Is there anything you didn't agree with? Anything you would like to do differently for the next session?" Such questions prompt trainees to realize the relationship is a collaborative one, in which they will be able to offer feedback too.

"I directly model what I would like them to do in a therapy session," Beck says. "You are giving them experience of what structure and collaboration are like." Beck outlined this cognitive therapy supervision approach in a chapter in "Handbook of Psychotherapy Supervision" (John Wiley & Sons, 1997).

Other supervisors might use a psychodynamic, feminist or developmental approach to supervision, depending on their own therapeutic orientation and whether they view themselves as teachers and mentors or as communication facilitators between clients and trainees.

Some supervisors may also integrate elements of these approaches to tailor their supervision. For example, psychologist Janine M. Bernard, PhD, of Syracuse University developed a discrimination model to supervision, which combines the supervisor role as "teacher" when the supervisor is instructing a trainee, "counselor" when assisting trainees in working with client problems, or "consultant" when working with trainees on patient cases. Her model is detailed in "Fundamentals of Clinical Supervision" (Allyn & Bacon, 2004).

Psychologists Cal D. Stoltenberg, PhD, Ursula Delworth, PhD, and Brian McNeill, PhD, developed the Integrated Developmental Model (IDM) to explain the stages a trainee goes through as they gain confidence as a therapist, and how supervisors can aid that development. In this model, trainees pass through three developmental levels, and as they gain experience, structured supervision decreases. The model includes:

> **Level one:** Trainees are highly anxious as they test their new skills and benefit from a high level of structure in supervision sessions. They need supervisors to provide specific direction on working with clients, assessment, case notes and case conceptualizations. Supervisors can assign trainees homework to practice their skills.
>
> **Level two:** As trainees gain confidence as a therapist, their focus shifts more to the client and understanding the client's worldview. Supervisors can allow trainees more autonomy and consider catalytic interventions, such as having trainees reflect on their experiences with a client and on client's reactions.
>
> **Level three:** Trainees increasingly empathize with the client and reflect on what they know about theory and research in a given situation. As the supervisory relationship becomes more collaborative, supervisors may introduce other perspectives to broaden their view and might be more willing to provide negative feedback.

Trainees may fall in any one of these levels depending on their experience in different domains of practice, Stoltenberg says. For example, a trainee may be operating at a level three when working with depressed clients but at a level one when conducting marital therapy.

"It's very important for supervisors to continually be aware of the different developmental levels trainees might be functioning at," says Stoltenberg, an educational psychology professor and director of training at the University of Oklahoma.

Stoltenberg, who is working on research to validate the IDM, details the model in the November 2005 issue of the *American Psychologist* (Vol. 60, No. 8, pages 857-864). Stoltenberg is also teaming with McNeill to update the IDM in a new book expected to be published late this year or in 2007.

Giving difficult feedback

Regardless of the model supervisors use and trainees' level of experience, Stoltenberg emphasizes the use of supportive and facilitative interventions, in which supervisors provide

support and encourage the development of the trainee through praise and attentive listening.

However, some feedback may be harder to give than others, especially in situations when it's based on personality or professional issues, such as situations in which the feedback concerns a supervisee's behavior outside of supervision with other interns, Hoffman says.

Indeed, research has shown that many supervisors report withholding feedback from trainees, such as negative reactions to trainees' counseling and professional performance. In particular, supervisors report it is difficult to provide feedback when clinical issues are subjective, when they are uncomfortable with imposing their opinions on trainees and when the feedback concerns something outside the supervisory relationship, according to a January 2005 study in the *Journal of Counseling Psychology* (Vol. 52, No. 1, pages 3-13). For example, the study, which was conducted by Hoffman, Clara Hill, PhD, Stacey Holmes, PhD, and Gary Freitas, PhD, found that supervisors had difficulties deciding whether supervision should include discussing a supervisee's personality characteristics that might affect the trainee's clinical or professional success. The study included interviews with 15 counseling center supervisors about their feedback to intern trainees.

"By not raising important feedback, clinical work doesn't go as well and the supervisory relationship may suffer," Hoffman says.

In providing difficult feedback, Hoffman suggests using a videotape or audiotape to demonstrate or support the supervisor's feedback. The University of Maryland's counseling department also uses a group supervision model to augment individual supervision. The group, which includes peers and a faculty supervisor, helps draw out difficult conversations about clinical issues that might not come up in individual supervision. The group can be effective because peers can be attentive to identifying such issues as anger or attraction toward a client and are good at confronting trainees on such issues, Hoffman says.

Supervisors also may face challenges when providing feedback via technology such as e-mail, telephone or videoconference-a practice known as telesupervision, says Jennifer Wood, PhD, a postdoc at Veterans Administration Hospital in San Antonio.

In the April 2005 issue of *Professional Psychology: Research and Practice* (Vol. 36, No. 2, pages 173-179), she found, among other challenges, that the absence of nonverbal cues can lead to miscommunication between the supervisor and trainee, Wood says.

"Communication should be more specific," Wood says. "It may require elaboration to convey tone and humor."

Despite some challenges, telesupervision can lead to trainees being more candid and honest with their supervisors, due to its perception as less confrontational than face-to-face meetings, research has shown.

Handling a mismatch

Whether through videoconferencing or face-to-face interaction, the supervisor and trainee may find that their differing orientation styles, personalities or worldview may clash in their supervisory sessions.

According to Gross's study, practicum trainees reported several challenges in supervision, including laxness in supervision time and structure, conflicting expectations and communications from supervisors, and differing therapeutic orientations between the trainee and supervisor. Gross suggests that many of these issues can be resolved through candid dialogue about them.

However, what might appear a mismatch at the beginning may end up being a perfect match. For example, Newman describes a time early in his career when he was the new supervisor of an older professor on sabbatical to receive clinical training.

"We disagreed on cases and knocked heads," Newman says. "But I looked at it as a challenge to find ways to collaborate and compromise and provide the best clinical training and patient care. It was actually very enlightening for both of us."

Hoffman has found through her research that when supervisors believed that their supervisee perceived that they, the supervisor, had something valuable to offer them-such as skills or a theoretical orientation-or felt they had something to learn from the supervisor, that the supervisory relationship was stronger, even when the supervisee and supervisor didn't necessarily match on gender, race and ethnicity or theoretical orientation.

"Just as therapists may need to change their style in therapy," says Beck, "supervisors may need to change their style when supervising trainees." For example, supervisors who are straightforward and blunt may need to adjust their style when supervising a sensitive trainee. If that doesn't help, she suggests raising the issue with the trainee and talking about the advantages and disadvantages of switching to a new supervisor.

Just listening to tapes of sessions can really help supervisors hone their own clinical skills, says Beck.

"There are a lot of parallels between supervision and therapy," Beck says. "By working in a different arena, it helps to inform and widen one's perspective of what to do in a therapy session as well."

Melissa Dittmann Tracey is a writer in Chicago.

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ORIGINAL PAPER

Psychotherapy Supervision in the New Millennium: Competency-Based, Evidence-Based, Particularized, and Energized

C. Edward Watkins Jr.

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Abstract Psychotherapy supervision has increasingly become or is on the fast track to becoming competency-based, evidence-based, particularized, and accountable. In this paper, I explore how that appears to be so by: (1) briefly considering the concepts of "competencies" and "evidence-based practice" as preeminent guides for psychotherapy supervision practice and training; and (2) briefly reviewing the current status, pressing needs, and future possibilities of psychoanalytic, cognitive-behavioral, humanistic-existential, and integrative psychotherapy supervision. Based on my examination, the following conclusions are proposed: (1) the *supervision relationship*, *individualization*, *developmental differentiation*, and *self-reflection* (for supervisee *and* supervisor) appear to be crucial cornerstones for the conceptualization and actuation of supervision process and practice across psychotherapy-based supervision approaches; (2) all indications suggest that three emphases—*competency-based supervision*, *evidence-based practice*, and *accountability*—will continue to substantially influence, affect, and inform psychotherapy supervision practice for its near and distant future; (3) psychotherapy-based supervision approaches will need to be and indeed appear to now be in the process of becoming increasingly particularized in how each of their respective approach-specific competencies are defined and explicated; and (4) psychotherapy supervision has come to be increasingly viewed as an educational process and practice that is best facilitated by: (a) a rich and enriching supervision training environment that vigorously addresses and attempts to meaningfully integrate declarative, procedural, and reflective knowledge bases throughout the supervisory endeavor; and (b) the considered and deliberate utilization of facilitative technology that has the potential to substantially enhance and expand the value of the supervisee's training/supervision experiences. Some discussion is provided about those four conclusions, and a retrofitted psychotherapy supervision for the new millennium is considered.

Keywords Psychotherapy supervision · Competency-based supervision · Evidence-based supervision · Psychotherapy-based supervision approaches · Clinical supervision

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From my perspective, psychotherapy supervision is an educative process by which and through which we as supervisors strive to *embrace*, *empower*, and *emancipate* the therapeutic potential of the supervisees with whom we have the privilege to work. Ideally, it is a passionate and impassioned learning process that is infused with and punctuated by faith, hope, awe and wonder about the possibilities of being and becoming a psychotherapist. As supervisors, we adopt a host of varied roles over time in our efforts to best help each supervisee (e.g., spiritual liberator, possibility purveyor, motivational coach). Our objective is to provide the rich and nourishing soil within which supervisee identity can take form, treatment skills can be developed, and independence can be actuated. At our core, we believe in the power of and potential for supervision to be supremely transformative (Carroll 2010).

In what follows, I would like to more closely examine the six contributions that compose this special journal issue and consider some of their unique and binding themes. Some of the questions that I wish to more specifically

review are: What can we now say about "competencies" and "evidence-based practice" as preeminent, organizing, and guiding constructs for psychotherapy supervision? What "needs and possibilities" now define psychotherapy supervision when viewed through psychoanalytic, cognitive-behavioral, humanistic-existential, and integrative lenses? and How do these six contributions provide us with constructive direction for thinking about contemporary and future supervision theory, research, and practice?

I believe that the primary basis for this special issue, its reason for being, could probably be summarized in three simple, fundamental yet eminently important ideas (Watkins 2011d).

(1) Psychotherapy supervision remains a (if not the) primary educational means by which we teach, transmit, and perpetuate the traditions, practice, and culture of psychotherapy; in essence, we educate to perpetuate;
(2) As the art and science of psychotherapy continue to evolve, there is corresponding need for the art and science of psychotherapy supervision to continue to evolve as well. For instance, if psychotherapy students are expected to be increasingly trained in the development of a network of specific competencies, then we as supervisors have to be increasingly informed, equipped, and ready ourselves in how best to train for and in how to best to supervise for the development of such competencies; and
(3) As psychotherapy has been and continues to be ever increasingly called upon to account, to be accountable, psychotherapy supervision is also now being and seemingly will continue to be called upon to account as never before; in that respect, supervision itself is being transformed (cf. Falender and Shafranske 2010).

In one way or another, those core ideas permeate the entirety of this supervision issue. Over the last approximate 15-year period, forceful gales of change have indeed blown across the landscape of supervision training and practice, with much effort having been and continuing to be expended to render the supervision endeavor far more concrete, competency-based, outcome-oriented, and accountable. Those gales of change have now become the reality of the present and the wave of the future.

On Competencies and Evidence-Based Practice in Psychotherapy Supervision

In reviewing the papers by Drs. Falender/Shafranske and Milne/Reiser, what might be their most salient points that we need to consider? Let us take each paper in turn.

On Competencies

"…, as society has placed increased emphasis on accountability for services rendered, there has been a corresponding increased attention given to the competency of those providing services" (Rodolfa et al. 2005, p. 348); that has become inescapable reality. How can we as practitioners and supervisors be best prepared to deal with that fact? Within the helping professions, the establishment of competency-based education has been one approach to addressing that increased accountability emphasis (e.g., Falender and Shafranske 2004, 2007; Fouad et al. 2009; Kaslow 2004; Miller et al. 2003; Swick et al. 2006; Thomason 2010). As Falender and Shafranske (2012) have nicely described, a highly substantive cultural shift has been occurring and continues to occur in conceptualizing how education can best be delivered and assessed in the helping professions (cf. Nelson 2007; Roberts et al. 2005). The competency-based phenomenon seems both durable and enduring, and all indications suggest that it will remain educationally vital and viable in the years and decades ahead.

While some may question and even resist the competency-based push, Falender and Shafranske ably identify solid, well-founded reasons for its place of prominence in mental health education: a competency-based educational framework (1) consistently promotes educational clarity, specificity, and understanding for both supervisor and supervisee; (2) requires the identification of specific knowledge, skills, attitudes, and values that constitute specific competencies (thereby allowing training to be tailored accordingly); (3) facilitates, even requires, the articulation of specific training goals and learning objectives for supervisees (whereby supervision can be focused accordingly); (4) emphasizes collaborative identification and management of supervisee reactivity to particular client and supervision triggers (that elicit unusual affective response); (5) accents the importance of attending to supervisory relationship strains, ruptures, and their resolution; (6) supports the creation of conditions that make clear, targeted, and specific feedback increasingly possible (where areas of growth and areas in need of growth can be more concretely identified); (7) embraces competence, its maintenance, and its enhancement as an ongoing, continuous, lifelong educational process; and (8) provides means, motive, and opportunity for client welfare to be better guarded, protected, and enhanced. With those points considered, it becomes all the more clear why a competency-based model has had and continues to have such growing educational appeal in psychology, psychiatry, and other mental health and health professions.

While our current vision of competency-based education may need some refinements (see Reiser and Milne 2012),

professional opinion across the last decade has generally seemed to converge on the immense value that that vision can potentially have upon restructuring and revolutionizing psychotherapy training and supervision. Competency-based education and competency-based supervision may still be works in progress, but they appear to clearly have much to offer in making training and supervision far more focused, transparent, specific, defined, anchored, outcome oriented, and accountable. In my view, psychotherapy supervision in the new millennium will continue to be ably and increasingly informed and guided by a competency-based framework; that framework (1) will become ever more defined and refined as our "cultural shift" progresses and (2) will become increasingly and seamlessly integrated into how we think about and conduct supervision and how we think about and train supervisors.

On Evidence-Based Practice

The concept of evidence-based supervision practice (EBSP) first emerged around the same time that the "competency culture" began to take substantive form and build momentum (cf. Falender et al. 2004; Milne and James 1999; Milne and Westerman 2001). Although the attention given to EBSP has paled in comparison to attention given to supervision competencies, EBSP is an intuitively appealing idea, and it appears to be taking greater hold in the supervision literature (see Farber 2012; Milne 2009; Reiser and Milne 2012; Stoltenberg 2009). As evidence-based practice has increasingly become a common reference point and guiding ethos for medical and psychological intervention (American Academy of Child and Adolescent Psychiatry 2006; American Psychological Association 2006; Sackett et al. 1997), it is not really surprising that a crossover to supervision would soon follow.

While some may also question and even resist the coming evidence-based push in supervision, Milne and Reiser ably identify solid, well-founded reasons for its ultimately having a place of prominence in mental health education: An evidence-based supervision framework provides a system that has the potential to more effectively: (1) track and enhance supervisee *and* supervisor progress and accountability over time, (2) monitor, enhance, and protect patient care, (3) understand, improve, and guide supervision practice and stimulate competence development, (4) aid and inform clinical decision making, and (5) guard against issues of "drift" and "lack of fidelity" (to theory) in supervision. Such an evidence-based system would appear to be complementary to and synchronous with the competency-based perspective on supervision that is now in place. Although the concept of EBSP may still be at an early stage of study and explication, I suspect that that will become less and less so in the years ahead (see Wheeler et al. 2011). Any framework that can better bring those five previously identified elements to supervision practice would indeed be a most welcome development, and provided it can deliver, would seemingly be a highly irresistible development as well. Based on the paper of Milne and Reiser, I have little doubt that an ever-evolving EBSP will be able to eventually deliver.

In my view, psychotherapy supervision in the new millennium will continue to be more vigorously explored as an evidence-based enterprise (cf. Hess 2011). That continued exploration, I believe, will eventually lead to: (1) the evolution of a far more defined, refined, grounded, articulated, and consolidated EBSP foundation; and (2) the general and routine integration of an evidence based perspective into how supervision—regardless of theory—is conceptualized, practiced, and taught.

Psychotherapy Supervision when Viewed Through Psychoanalytic, Cognitive-Behavioral, Humanistic-Existential, and Integrative Lenses

In reviewing the papers by Drs. Sarnat, Reiser/Milne, Farber, and Scaturo, what might we say about the current status of, pressing needs in, and future possibilities for psychoanalytic, cognitive-behavioral, humanistic-existential, and integrative psychotherapy supervision? Let us consider each paper in turn.

Psychoanalytic Psychotherapy Supervision

Dr. Sarnat's excellent paper nicely accentuates some of what we now know about psychoanalytic psychotherapy supervision: four crucial competencies—relationship, self-reflection, assessment/diagnosis, and intervention—for the guiding of supervisory practice; the importance and value of rich and varied training/supervision learning experiences to best build therapist competence; and the immense contribution of a relationally-informed supervisory approach for cultivating the development of affectively attuned, engaged, secure, reflective, and grounded therapists *and* supervisors. Thus, she encourages psychoanalytic psychotherapy supervisors to actually make use of the valuable information that is already known and available to them, to embrace a more relationally-informed approach to supervision, and to individualize their efforts: "'One size fits all' doesn't take into account the diversity of learning styles of different supervisees and of a single supervisee at different developmental stages. Just as we individualize clinical technique with patients, we need to individualize pedagogical technique with supervisees" (Sarnat 2012). Unfortunately, none of that appears to be happening now

with any high degree of frequency in psychoanalytic psychotherapy supervision (cf. Cabannis 2008); we need to reverse that reality.

Sarnat also envisions focused participatory learning experiences, laboratory experiences, and technological innovations as playing an increasingly significant role in the training of future psychoanalytic psychotherapists. Binder (2011) recently echoed her points and called for the use of virtual reality technology (e.g., patient avatars) in helping psychodynamic student therapists learn the basics of therapeutic technique before proceeding to the main performance stage. Throughout these useful discussions, the central educational question has been and remains: How can we as educators and supervisors best facilitate the translation of therapist declarative knowledge into procedural knowledge? That ever open question continues to be of supreme educational import in thinking about how to best structure and implement psychoanalytic (and other) psychotherapy supervision. While some advances appear to have been made in addressing that "translation" question, some of the avenues mentioned here I believe would be quite useful in furthering that agenda.

In summary, then, Sarnat seems to view the following as pivotal for any psychoanalytic psychotherapy supervision and training: (1) an emotionally rich, relationally grounded approach to supervision where the supervisor uses the supervision relationship as both medium and message; (2) attending to developmental variations and tailoring supervision to best fit each supervisee; (3) providing a highly varied educational experience that capitalizes on a host of teaching methods (e.g., didactic teaching, skill building, a relationally-engaged supervision process, and technological innovations); and (4) establishing an evidence base to provide foundation for and guidance to supervisory practice (cf. Watkins 2010, 2011b, e). From my perspective, her view of supervision seems extremely well grounded and informed. While a relationally-informed supervision approach is largely a product of the last 25 years of analytic evolution, that relatively "new" approach possesses a robust vitality and vision that seemingly has tremendous potential to energize and enrich psychoanalytic supervisory practice. Sarnat's paper gives loud and clear voice to that youthful vitality and vibrant vision.

Cognitive-Behavioral Psychotherapy Supervision

Drs. Reiser and Milne provide us with an incisive, "pull no punches" review about the present and future of cognitive-behavioral therapy (CBT) supervision. In delineating the current status of CBT supervision, they identify the following deficits: Lack of research on its effectiveness, failure to define explicit supervision procedural details, and limited knowledge on what makes for effective supervision practice. As Reiser and Milne lament, "… research on CBT supervision lags behind the general field, an embarrassing situation …. [and] has developed little over the last few decades…." CBT supervision, contrary to the cognitive-behavioral tradition, has not been an exemplar of commitment to scientific rigor.

If CBT supervision is to remove those deficits and most fruitfully advance, what then needs to happen? The United Kingdom initiative, Improving Access to Psychological Therapies (IAPT), and the instructive supervision documents that have emerged as a part of that effort (Roth and Pilling 2008; Turpin and Wheeler 2011), appear to be highly constructive steps in the right direction; that endeavor is ongoing and further IAPT supervision developments and refinements can be expected. But at this point, the IAPT supervision competency project might best be thought of as "in progress"—highly promising but as yet incomplete. For instance, as Reiser and Milne earlier indicated, the IAPT approach to defining supervision competencies is ahistorical in nature (i.e., does not take into account developmental differentiation and variation) and might be limited by the types of trials upon which the framework itself has been based. Thus, despite the positive contributions of the IAPT effort, there is still need within CBT supervision for: (1) greater clarity, precision, and specificity in defining cognitive-behavioral supervision competencies; (2) standardization of supervision training for cognitive-behavioral supervisors; and (3) consensus about what actually constitutes effective cognitive-behavioral supervision; those pressing needs reflect core, fundamental issues that seemingly must first be substantively addressed if any type of CBT supervision competency framework is to most viably move forward. "Harshly, one might conclude that CBT supervision is still in an infantile state of development" (Reiser and Milne 2012).

Yet amid the darkness, there is also light: Recent promising empirical work has led to the development and evaluation of CBT supervision guidelines, a supervisor training manual, and an instrument that has been specifically designed to evaluate CBT supervision (Milne 2010; Milne and Dunkerley 2010; Milne and Reiser 2008). Although those are "first efforts," they each reflect a good beginning upon which to build, provide us with vital model studies for subsequent emulation and extension, and point us in directions where CBT supervision clearly needs to move in the years ahead. In further considering future possibilities, Reiser and Milne also see much value to fostering enhanced experiential learning opportunities for both supervisor training and supervision practice; thus, to best stimulate learning for both supervisors (in training) and supervisees (being supervised), they vigorously lobby for active learner engagement, a rich and ready mix of available learning experiences, utilization of multiple

educational methods and mediums (e.g., role plays, videotaping), consistent, ongoing attention to providing clear, specific, and individually-tailored evaluation and feedback, and the passionate embrace of an educational vision that values and, with deliberate purpose, attends to declarative, procedural, *and* reflective knowledge during supervision training and practice. While CBT supervision may indeed be at an early stage of development, those "first efforts" and emerging ideas about training/supervision suggest much promise and future possibility: it does certainly seem that "… systemic impediments to the development of CBT supervision can be overcome"; with that being the case, "… CBT supervision … [may well be able to] achieve its potential" (Reiser and Milne 2012).

Humanistic-Existential Psychotherapy Supervision

In reflecting on Dr. Farber's paper and the current status of humanistic-existential therapy supervision, what foremost stands out for me is philosophy: To fully understand the workings of humanistic-existential psychotherapy supervision, we first must perforce understand the humanistic-existential philosophical foundation within which any such supervision efforts would be solidly grounded; that foundation provides the wellspring from which all supervision conceptualization and action would ultimately flow. Some of the most fundamental humanistic-existential pillars have been and are: (1) viewing the person as a biopsychosocial unity; (2) conceiving of individuals as freely choosing holistic beings within the constraints of limits on human possibility; (3) considering psychological problems as not merely symptoms but as also being meaningful, meaning-making attempts to adapt to life challenges; and (4) holding that the facilitative conditions and quality of the therapeutic relationship are crucial elements in making patient change possible in psychotherapy. As Farber makes clear, "This set of theoretical foundations shapes both the forms and priorities of humanistic-existential psychotherapy supervision and has implications for the future shape of humanistic-existential supervision relative to evolving developments in the field" (2012).

Farber understandably examines the pressing needs in and future possibilities of humanistic-existential psychotherapy supervision as inextricably intertwined co-conspirators. Within his vision of supervision, he sees six needs/possibilities that require realization if humanistic-existential psychotherapy supervision is to most fruitfully advance: (1) the explicit articulation of a theoretically-specific, competency-based approach to humanistic-existential supervision (because "supervision within a humanistic-existential framework is not currently organized within an explicitly competency-based approach"; this issue); (2) identifying and better attending to competency domains where more supervision emphasis is needed (e.g., individual and cultural diversity); (3) the explicit articulation of how the categorically-structured foundational and functional competency model (Rodolfa et al. 2005) can be meaningfully integrated with the humanistic-existential concepts of holism and context; (4) the increasing incorporation of an evidence-based perspective into humanistic-existential supervision; (5) the synthetic integration of quantitative *and* qualitative research data into therapeutic conceptualizations in humanistic-existential supervision; and (6) the balancing of factual with experiential knowledge during supervision process and practice. Farber's perspective, then, reflects value in pluralism (appreciating multiple pathways to scientific knowledge), individualism, integration, holism, experience, and relationship.

To cultivate supervisee development, supervision combines "… an experiential process focus, a relational perspective, and an emphasis on the development of the person of the psychotherapist…." "Humanistic-existential-psychotherapy supervision stresses the uniqueness of each client and … develop[ing] an individually tailored approach to psychotherapeutic action" (2012); accordingly, it also stresses the uniqueness of supervisees, their particular learning needs, and tailoring supervision to take that reality into account. And contrary to what some might expect, data appear to have an increasingly important place in humanistic-existential supervision as well (e.g. helping supervisees appreciate the contribution of quantitative and qualitative evidence to treatment process and outcome, teaching supervisees to collect and use session by session patient feedback in treatment). Indeed, this is a rich, vibrant vision of supervision that seems to nicely hold to the core, timeless values that define the humanistic-existential tradition while also working to incorporate contemporary matters of much significance and substance (e.g., competency-based framework, evidence-based practice). Although the identified needs/possibilities seemingly pose immense challenges that must be confronted, they also embody the immense promise for what can lie ahead for tomorrow's humanistic-existential psychotherapy supervision.

Integrative Psychotherapy Supervision

Dr. Scaturo's informed and informative paper beautifully gives voice to a fundamental, cardinal educational principle: *Pluralism precedes integration*. From his perspective, psychotherapists in training and supervision—in the process of acquiring integrative knowledge—need to be exposed to and gain clinical understanding of at least four schools of psychotherapy: Psychodynamic, cognitive/behavioral, humanistic/client-centered, and family systems. Those four

schools would be most useful in the training and supervision of integrative psychotherapy in the twenty-first century, because they would contribute to either (a) case conceptualization or (b) the process of clinical interviewing. As Scaturo indicates, "Integrative clinicians in our field require, *first of all* (italics added), a pluralistic exposure to a variety of forms of treatment and case conceptualization" (2012). Through such varied exposure, we as trainers and supervisors aim to push our students beyond the superficial—toward developing into "modern scholars," "Renaissance men and women," and "highly adept practitioners with a comprehensive understanding of the breadth and depth of the field" (2012).

In best teaching and supervising integrative psychotherapy, what appear to be some of the crucial ideas and concepts about which our psychotherapy supervisees need to be well informed? Scaturo calls for supervisory attention to at least four matters: (1) modeling appreciation for and teaching understanding of a more complex view of causality; (2) using the multi-level case conceptualization as a tool to stimulate development of that more complex understanding; (3) accentuating the eminent importance of *clinical rationale* in training and supervision (because integration largely hinges on having that in place); and (4) helping trainees "to think *synergistically* about how interventions that are predicated upon differing theoretical paradigms can serve to enhance one another …" (2012). Those ideas and concepts, when put into practice, would each seem supremely valuable in stimulating trainee/supervisee growth and making the development of "modern scholars" far more possible.

From my reading and reflection, Scaturo's vision of training and supervision communicates: (1) an abiding belief in the possibility of patient change through multiple avenues (cognitive, affective, behavioral); (2) an abiding belief in (and respect for) the power of different theoretical schools to contribute to that patient change process; (3) an abiding belief in the power and potential of the multi-level case conceptualization to contribute to therapist development; and (4) an abiding belief that therapist education should first be about "expanding to integrate" rather than "restricting to expedite." He expresses concern about "the psychotherapist with one manual," a "dogma eat dogma" mentality, "horse race" research designs, and the ills of adopting a theoretical blindness about treatment possibility. His is an open vision that, much like the foregoing perspectives, seemingly assigns preeminent value to: Tailoring psychotherapy to best fit the patient, tailoring psychotherapy supervision to best fit the supervisee, and providing a rich and enriching mixture of educational experiences through which students can best learn and grow in becoming psychotherapists.

Into the Future: Retrofitting Psychotherapy Supervision for the Twenty-First Century

In looking back over and reflecting upon these six valuable contributions, what can we take from them that might guide our thinking about psychotherapy supervision in the years ahead? What lessons are there to be learned? What are the directions that we need to pursue in order to move most boldly into the future? In attempting to give some answer to those questions, let me share with you four primary, integrative observations and considerations that emerged for me in reading over these six papers.

Observation/Consideration #1

The *supervision relationship*, *individualization*, *developmental differentiation*, and *self-reflection* (for supervisee *and* supervisor) appear to be crucial cornerstones for the conceptualization and actuation of supervision process and practice across the four psychotherapy-based supervision approaches examined here (cf. Falender and Shafranske 2010). The supreme importance of those four concepts and guideposts, which was either explicitly stated or seemed implicitly evident in the foregoing papers, has come to be deeply embedded in the psychoanalytic/psychodynamic, cognitive/behavioral, humanistic/existential, and integrative visions of supervision and will most probably continue to decisively affect and direct the implementation of those visions in the decades ahead.

The Supervision Relationship

The idea of a supervision or learning alliance is almost half a century old now (Fleming and Benedek 1966). While supervision alliance research has largely been correlative and a product of only the last 15 years, the data have tended to be quite consistent across studies: The value of a relationship *bond* between supervisor and supervisee has been repeatedly affirmed, and to some extent, the data have also supported the importance of having agreed-upon goals and tasks between supervisor and supervisee to guide supervision (Ellis 2010; Inman and Ladany 2008; Ladany 2004; Watkins 2010). If there is a preeminent common factor in psychotherapy supervision, the supervision alliance would be it. While the relationship or alliance factor may be weighted and addressed differently across psychotherapy-based supervision approaches, there seems to be no question that that factor is a (if not the) central, pivotal component in the practice of psychoanalytic/psychodynamic, cognitive/behavioral, humanistic/existential, and integrative supervision (as well as other approaches not included here; e.g., Brown 2011).

Developmental Differentiation and Individualization

It appears to have long been recognized by supervisors that: supervisees tend to vary in the levels of therapeutic knowledge and skill that they bring to the supervision experience, and those variations can significantly impact the unfolding trajectory of the supervision process. But it has only been since the late '70s and early '80s that substantive attention has been directed toward illuminating and explicating that supervisee development trajectory as a professional passage. In contemporary supervision practice, we seem to have come to the place where the following developmental ideas are now routinely accepted and even considered axiomatic: (1) differentiation and variation in knowledge, skills, and identity can be expected to exist across supervisees; (2) supervisors and supervisees are best served when those differences and variations are acknowledged and readily integrated into the supervision experience from beginning to end; and (3) building on and being informed by those differences and variations, supervision best proceeds when it is then tailored and individualized to best fit the learning needs of the supervisee. Those three ideas seem explicitly or implicitly on display in each of the articles by Drs. Sarnat, Reiser/Milne, Farber, and Scaturo, and their work gives vigorous support to the proposition of "tailoring" and "individualizing" supervision. While I believe that the specifics of how that is precisely done across approaches and supervisees generally needs far more expatiation in the supervision literature, "meeting supervisees where they are" is an idea whose time has clearly come. Indeed, one size does not fit all: The more that we as supervisors are able to struggle with and bring clarity and definition to that supervision reality, the better we will be able to more effectively help the supervisees with whom we work.

Self-Reflection

Across the four psychotherapy-based supervision papers, and even across the competency and evidence-based papers, self-reflection appears to be readily recognized as a *sine qua non* for the instigation of an effective supervision process. As supervisors, we strive to facilitate the development of reflective practitioners. Supervisee openness, psychological mindedness, non-defensiveness, motivation, curiosity, and willingness to look within are characteristics that ably contribute to that development process in supervision. In conjunction with supervisee self-reflection, supervisor self-reflection also bears equal mention and consideration as a *sine qua non* for the instigation of an effective supervision process as well. In many respects, we are only as good as our ongoing openness to and willingness to engage in self-reflection with regard to our own supervisory efforts. Self-reflection may certainly be a healthy necessity for the practitioner's soul, but it is no less significant as a healthy necessity for the supervisor's soul either.

Observation/Consideration #2

Psychotherapy supervision has increasingly become or is fast becoming *competency-based*, *evidence-based*, and *accountable*, and all indications suggest that those three emphases will continue to substantially influence, affect, and inform supervision practice for its near and distant future. If for whatever reasons you might have stepped away from supervision altogether around the turn of last century only to return 10 years later, what would you find different now, if anything, about supervision? The press of and push toward competency-based, evidence-based, accountable supervision and training would, from my perspective, be the most readily evident, highly substantive change that would have occurred and that continues to occur in psychotherapy education. While in one way or another those three matters (competence, evidence, accountability) have always been of concern to supervisors, they are being far more explicitly, specifically, and comprehensively addressed now than at any other time in the history of supervision. Competency initiatives within the United States (US) and United Kingdom (UK) provide us with excellent examples of that (Falender et al. 2004; Falender and Shafranske 2004, 2007, 2008; Roth and Pilling 2008; Turpin and Wheeler 2011). The beauty of a competency-based approach is that it "… provides an explicit framework and method to initiate, develop, implement, and evaluate the processes and outcomes of supervision" (Falender and Shafranske 2004, p. 20). The US and UK initiatives seem to nicely complement each other, with work in the US being more focused on supervising graduate and post-graduate students and work in the UK being more focused on supervision in the workplace. Those ongoing efforts hold much promise for continuing to further improve and focus supervision practice and training.

Just as competency-based supervision provides an explicit framework and method through which competency development can be facilitated, tracked and evaluated, an evidence-based perspective on supervision does much the same: Using an explicit framework—a helpful, scientifically-informed problem-solving process—that is designed to promote a best practices approach to supervision (see Milne and Reiser 2012; cf. Wheeler et al. 2011). Across the four psychotherapy-based supervision papers in this issue, the importance of a scientifically-informed evidence base for supervisory practice seemed to be explicitly or implicitly recognized and affirmed. "Data" was not a dirty, four-letter word. Rather, data and research—quantitative

and qualitative—seemed to be seen as having an increasingly vital place in the present and future of psychoanalytic/psychodynamic, cognitive/behavioral, humanistic/existential, and integrative supervision.

From my review, the examination of session by session patient-therapist treatment data in supervision seemed to be an especially valuable method by which a type of real-time, practice-based evidence could be fruitfully considered and used in the supervisory process (cf. Reese et al. 2009; Worthen and Lambert 2007). In an effort to further enhance the educational value of supervision, it may well be that a session-by-session, supervisee-focused approach could be developed and employed in the supervision relationship as well (i.e., tracking the supervision encounter itself over time and using supervisor–supervisee practice-based data to improve the evolving supervisory relationship). Just as study of patient–supervisee treatment data can be quite informative to consider during supervision process, study of supervisee–supervisor supervision data could also be equally informative to consider during supervision process.

Observation/Consideration #3

Psychotherapy-based supervision approaches will need to be and indeed appear to now be in the process of becoming increasingly particularized in how each of their respective approach-specific competencies are defined and explicated. From my reading about and understanding of where we currently stand with regard to competencies, the next crucial step for psychotherapy-based approaches to supervision appears to be: the articulation of supervision competencies and competency statements that clearly and definitively reflect the uniqueness of each of the different approaches (e.g., the need for the psychoanalytic supervisor to be able to recognize and effectively address the issue of transference in both the analyst–analysand relationship and analyst–supervisory analyst relationship; the need for the rational-emotive-behavioral supervisor to be able to effectively facilitate supervisee's disputation of patient dysfunctional thoughts during the therapy process). Thus far, that type of clear, detailed, and specific enunciation of unique competencies across psychotherapy-based supervision approaches has been lacking. If supervision practice and supervision training across these approaches is to most viably proceed and succeed, then such enunciations would seem to be the next links in the chain of competency delineation that require attention and elucidation.

Observation/Consideration #4

Psychotherapy supervision has come to be increasingly viewed as an educational process and practice that is best facilitated by: (1) a rich and enriching supervision training environment that vigorously addresses and attempts to meaningfully integrate declarative, procedural, and reflective knowledge bases throughout the supervisory endeavor; and (2) the considered and deliberate utilization of facilitative technology that has the potential to substantially enhance and expand the value of the supervisee's training/supervision experiences. In my study of these papers, there seemed to be a burning understandable concern across authors with this question: How can I best make psychotherapy supervision *come alive* for the supervisees with whom I work? As Sarnat earlier stated, "Whether one draws upon the meta-analyses of the outcome literature…, upon cognitive science, upon educational theory, or upon neuroscience, all arrows point toward experiential, actively engaging, emotionally rich, secure, and well-regulated relationship-based teaching methods" (2012). In her view, the literature supports a training/supervisory process which, in addition to teaching theory and technique, encourages the active practice of skills and implementation of a warmly experiential, relationship-focused supervision approach. Similarly, Reiser and Milne indicated that "… stable behavioral changes are more likely to occur with active learning involving enriched opportunities for observation, modeling along with coaching, and individually-tailored feedback that is guided by standardized ratings of competence" (2012). Farber in turn emphasized the supervisory importance of translating declarative knowledge into procedural knowledge, and Scaturo gave voice to the value of pluralistic learning experiences in supervision. While each supervisory approach may bring the stamp of its own unique vision to the training process, there seemed to be unanimity across perspectives that supervision—to best stimulate and enhance supervisee growth and development—must unimpeachably utilize a vital, rich, and healthy mixture of relationship alliance, didactic and experiential tools and methods, and skill building and practice opportunities during the training process. To paraphrase Scaturo, pluralism of learning methods, mediums, and opportunities precedes and facilitates integration.

The role of technology in potentially enhancing the supervision experience merits mention here as well. We have come a long way from the days when Carl Rogers first recorded therapy sessions in the 1940s, with equipment that by current standards would be considered prehistoric at best. Videotaping and now digital recording of treatment sessions can be of immense value in the practice of psychotherapy supervision: "Trainees learn to use skills more successfully from observing video-tapes … and reflecting on their experiences than from just instruction, modeling, practice, and feedback" (Hill et al. 2007, p. 368). As Haggerty and Hilsenroth (2011) have opined "With the cost of videotape equipment dropping and technological

advances there is little reason why almost all training programmes could not include videotaping sessions as at least some part of their training programme" (p. 205). But the march of technological innovation does not stop there: Interactive computer programs, virtual human technology, Web-conferencing, Webcams, and Websites (e.g., www.ATOStrainer.com for watching/rating treatment sessions) for psychotherapy training and supervision have now become reality (Abbass et al. 2011; Barnett 2011; Binder 2011; Manring et al. 2011; McCullough et al. 2011). While some (perhaps many) of us are scrambling to keep up technologically, it seems a foregone conclusion that these and other related developments have impacted how many of us already think about and conduct psychotherapy supervision and that they will continue to increasingly do so in the years and decades ahead. These ongoing advances will open up new, exciting, and instructive possibilities that have the potential to further enhance the supervision learning experience for both supervisee and supervisor.

Some Closing, Related Thoughts About "Into the Future"

I had the good fortune to first consider the matter of pressing needs and impressing possibilities in psychotherapy supervision about 15 years ago (Watkins 1998). At that time, I identified ten supervision areas that seemed to require serious attention in the coming century: (1) the need for valid, reliable supervision measures; (2) the need to research supervision outcome; (3) the need for more rigor in supervision research; (4) the need for the development of supervision manuals; (5) the need for a multi-method, multi-rater, behavioral, longitudinal focus in supervision research; (6) the need for follow-up and replication studies; (7) the need to study moderating variables; (8) the need to study diversity in supervision; (9) the need for training in how to supervise; and (10) the need for psychotherapy supervision standards (pp. 94–99). The need for supervision standards largely seems to have been and to continue to be nicely addressed by means of currently evolving competency initiatives; supervision training, far more readily acknowledged today as being important, appears to also be far more widely available in some professional circles than ever before. Otherwise, that group of needs that was identified as so pressing 15 years ago tends to remain as ever pressing and eminently salient for psychotherapy supervision now. For instance, we still have acute need for the development of valid, reliable supervision measures, research on supervision outcome, more rigor in supervision research, and more study of diversity in supervision (Ellis et al. 2008; Inman and Ladany, 2008; Watkins 2011a, c; Westefeld 2009; Wheeler and Richards 2007). As we reflect on the manifold possibilities for psychotherapy supervision in the new millennium, those pressing needs merit continued mention and accent as well. While our work in this issue has had a competency-based, evidence-based, and psychotherapy-based supervision approach focus, the earlier identified needs still carry over and, in one way or another, fit in with everything that has been considered here across all contributions.

Conclusion

While psychotherapy supervision's evolution over the course of the last century might generally be characterized as "slow and steady", that descriptor in no way captures the changes that have been wrought in supervision across the last decade. We indeed have witnessed, as Falender and Shafranske (2012) have put it, a sea change in psychotherapy supervision; supervision as we know it has been and is being transformed. The competency-based culture has solidly taken hold, the evidence-based culture is getting there, and accountability rules the day. In this issue, the benefits and eminent value of that cultural shift for psychotherapy supervision have been presented in cogent, compelling, and convincing fashion; within the context of that cultural shift, excellent expositions of the pressing needs and future possibilities across four psychotherapy-based supervision approaches have been provided. In my view, this special journal issue at its core has been about one simple question: How can supervision increasingly be made a best practices endeavor? Critical, yet optimistic visions have been shared in answer to that question, and specific recommendations for making best practices more possible have been shared as well. Indeed, the psychotherapy supervision of today and tomorrow appears to be one of considerable hope, promise, and possibility, and this entire issue in my opinion is vital, living, and generative testimony to that welcome and abiding reality.

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