



**UNIVERSITY HEALTH & COUNSELING SERVICES**  
**HEALTH SERVICE PSYCHOLOGY**  
**INTERNSHIP TRAINING BROCHURE**

**University Health & Counseling Services** is an integrated mental and medical health care agency for a university community of approximately 11,500 undergraduate, graduate, and professional students. We provide personal counseling and behavioral health care to students at Case Western Reserve University, as well as to students enrolled in the Cleveland Institute of Art, the Cleveland Institute of Music, the Lerner College of Medicine, and the KSU College of Podiatric Medicine. UH&CS is comprised of a multidisciplinary staff of psychologists, social workers, clinical counselors, psychiatrists, physicians, nurse practitioners, and medical assistants, as well as trainees in psychology, social work, counseling, and psychiatry.

**UH&CS Mission Statement**

The mission of UH&CS is to advance the well-being, development, and academic success of our diverse student body through integrated medical, mental health, and wellness services. We collaborate with the entire CWRU community through outreach, education, and services to promote a culture of safety, respect, and global citizenship that fosters lifelong resilience.

**Diversity Statement**

CWRU University Health & Counseling Services is deeply committed to the appreciation of diversity. We value individuals of all identities including identities based on race, ethnicity, sex, gender expression, sexual orientation, socioeconomic status, nationality and citizenship, age, body, religion, spirituality, ability, and ideology. We recognize the effects that discrimination, prejudice, and systemic issues of power and privilege can have on a community and on individuals. We aim to respect individuality within the context of cultural background and to provide students a safe space to explore the intersection of their identities.

The UH&CS psychology internship honors the diversity of students, trainees, and staff, and the program aims to integrate multicultural perspectives and social justice awareness throughout training activities and experiences. Diversity of identity and background, as well as diversity of thought, are valued as part of the internship year. As a training site, we incorporate themes of multiculturalism in supervision, consultation, clinical intervention, and professional development. We collaborate with other CWRU departments to reach out to underrepresented and marginalized populations on campus. Interns are valued for the diversity of experience and identities that they bring to the center. They are encouraged to explore their own intersecting identities and how these impact their experiential work during internship. Interns are included in outreach to a range of campus populations and we invite them to collaborate with campus partners invested in the University's

diversity mission. They give feedback to the agency regarding how we meet our multiculturalism and diversity goals; we actively seek their evaluation of our quality improvement efforts.

In an aim to recruit diverse Interns invested in the value of multiculturalism, we ensure that a diverse representation of staff participates in the interview process, and we ask questions in the interview that emphasize our interest not only in knowledge but also in application of multicultural themes. We do not require in-person interviews; instead, we explicitly state in our materials that we are committed to encouraging a wide range of applicants, including those who may have physical or economic barriers to travel for interviews.

In terms of the training program, our site is engaged with multiculturalism and social justice themes. We include a Multiculturalism Series in the didactic program facilitated by our Multicultural Specialist, who regularly seeks training and education about issues of race and ethnicity in higher education. This didactic series includes the exploration of diverse identities of the Interns, as well as of clients. Multicultural themes are readily woven throughout the internship year in consultation and supervision and in overall program design.

### **Training Philosophy**

We believe that both practice and scholarship are essential in preparing nascent therapists to work effectively with diverse individuals and groups in an evolving world. To support this effort, our program at UH&CS values theory and research-based practice, critical thinking, ethical decision-making, engaged mentoring through supervision and consultation, and respect for human diversity.

We appreciate the contributions of our own and others' professional disciplines and recognize that a diverse set of knowledge and skills is essential for professional growth. We believe that the effectiveness of a mental health professional is not simply the result of building clinical skills; it is also the development of a sense of professional identity and competence that is based on a foundation of dynamic self-assessment. We believe that being self-aware and working within one's competencies are fundamental aspects of the ethical practice we value.

University Health & Counseling Services strives to foster a positive training environment in which trainees explore all ideas, assess their strengths and weaknesses, and welcome challenges designed to facilitate their personal and professional development.

We hold as the standard for best practice that staff and trainees be committed to the social values of respect for diversity, inclusion, and equity. We expect both staff and trainees to demonstrate a readiness to examine their own values, assumptions, and behaviors in order to develop along the aims of cultural competency, as well as a willingness to challenge one another in the progression toward those aims.

### **Training Model**

Members of the training staff at University Health & Counseling Services work with each Intern to create a developmental training plan with clearly stated aims and objectives, one that includes supervisor-evaluation and self-evaluation. Encouraging progress toward achieving the developmental aims established in the training plan is integral to our core values in training. We incorporate teaching and coaching approaches to promote advanced clinical skills, greater self-awareness, and autonomous functioning. We also use supportive supervision as an introspective space where trainees can explore personal attitudes and interpersonal dynamics that affect clinical performance.

An essential element to the training experience is to develop ethical decision-making, both in clinical and professional identity decisions. Interns observe staff regularly consulting with one another on clinical cases and ethical questions; in this way, staff members model and underscore the value of ethical practice as an on-going process. Along with these aims, we encourage all staff and trainees to explore self-knowledge as it relates to self-care, by developing strategies to balance personal and professional lives in order to become effective providers.

### **Training Aims**

We base our training aims on the foundational and functional competencies typically required of an entry-level psychologist in a university setting. The objectives and competencies below outline the knowledge and skills we believe necessary for practice and are the basis of our psychology internship program.

#### *Core Competencies:*

1. Interns will achieve competence appropriate to their professional developmental level in the area of **Research**.
2. Interns will achieve competence appropriate to their professional developmental level in the area of **Ethical and Legal Standards**.
3. Interns will achieve competence appropriate to their professional developmental level in the area of **Individual and Cultural Diversity**.
4. Interns will achieve competence appropriate to their professional developmental level in the area of **Professional Values, Attitudes, and Behaviors**.
5. Interns will achieve competence appropriate to their professional developmental level in the area of **Communications and Interpersonal Skills**.
6. Interns will achieve competence appropriate to their professional developmental level in the area of **Assessment**.
7. Interns will achieve competence appropriate to their professional developmental level in the area of **Intervention**.
8. Interns will achieve competence appropriate to their professional developmental level in the area of **Supervision**.
9. Interns will achieve competence appropriate to their professional developmental level in the area of **Consultation and Interprofessional/Interdisciplinary Skills**.

## **Doctoral Psychology Internship Program Description**

UH&CS offers two, one-year, full-time doctoral psychology Intern positions. Interns devote a minimum of 16 hours per week to clinical activities and receive individual, assessment, and umbrella supervision with licensed psychologists. Interns will receive didactic training by senior clinical staff and participate in weekly case conferences. Interns work within an interdisciplinary context, collaborating with social work staff and trainees, clinical counselors and trainees, psychiatry staff and residents, and other professions afforded by this site.

As a university department, student enrollment fees fund our agency. Consequently, UH&CS does not expect Interns to generate revenue for our site. Our program emphasizes an experiential approach to training with an emphasis on the training experience taking precedence over service delivery. There is an initial shadow process to training: (a) Intern watches a walk-in session conducted by a seasoned staff member, (b) Intern co-facilitates a walk-in session with a staff member, (c) Intern conducts an initial session with staff member present as back-up. Interns are supervised on initial clinical interviews and on the quality of documentation in the client's chart. When trainees begin seeing their own clients for regular counseling sessions, video recording of sessions permits observation and review of trainee performance.

After Interns are oriented to the agency and trained in our service model, they are integrated into the direct-access service delivery of UH&CS. This model includes walk-in appointments available to students covering every hour that the agency is open. For students seeking a new regimen of therapy, we assign therapists on a rotating basis from our entire set of providers, including trainees; consequently, we do not typically pre-screen clients for trainees, which presents for them a unique set of challenges and opportunities.

However, because we emphasize training over service delivery, we provide supports to the Intern. Interns are encouraged to step out of a walk-in (or any session) to seek consultation when needed. A provider (who could be the supervisor, the Training Director, the Director, or another licensed provider) can then discuss and advise. If needed, a staff counselor could accompany the Intern into the session for an in-vivo consultation and intervention.

Also, Interns work with their supervisors and with the Associate Director for Care and Crisis Management to balance their schedules. If an Intern is experiencing workflow that does not match with availability or ability, we will adjust the schedule to decrease work load (for example, number of walk-in hours) or adjust clients seen by severity (for example, transfer care to other staff if needed).

Interns are all trained as generalists within our agency. However, they have the opportunity to individualize their training by attending specific team meetings, (e.g., eating disorders, substance abuse), by developing consultation projects, and in providing psycho-educational programming in behavioral health and wellness (i.e. suicide prevention, stress management, sexual identity, weight and body image).

Interns are encouraged throughout the year to provide feedback on their experience, and supervisors advocate on behalf of Interns for training needs. Interns and supervisors must both construct

training aims for the year. This involves the supervisor preparing a “supervision contract,” which outlines their background expertise and their responsibilities to trainees. It also involves preparation by the Intern of a “Learning Goals Agreement,” which describes the Intern’s needs and desires for clinical skill development, professional development, and any skills related to the nine core competencies. A key intention of the training program is that Interns progress through the year with a sense of their own development as a priority.

### **Doctoral Psychology Internship Training Elements**

#### *Psychological Assessment:*

Interns will continue to advance their skills in psychological assessment through training on administration and evaluation of testing material and its incorporation into therapy practice. Interns will have assessment training as described below.

- A) Training on the MMPI: how to conduct, interpret, and integrate into treatment.
  - 1) Interns will conduct MMPI's on their own clients
  - 2) Interns will conduct MMPI's on clients referred to them by providers at the center
- B) Didactic training on the WAIS: training on how to conduct WAIS and utilization into clinical treatment.
- C) Didactic training on personality assessment, including both objective and projective measures.

#### *Clinical Services:*

Interns devote a minimum of 16 hours per week engaging in direct clinical services, as described below.

Walk-in Services: CWRU students access our services through a walk-in-model. Interns, along with all other staff, are scheduled for walk-in blocks on a rotating basis. Walk-in sessions are available to clients seeking to establish care and for clients who already have a provider but request to be seen sooner than their next scheduled appointment. During the walk-in session, Interns will assess risk and develop preliminary treatment plans.

Individual Therapy: Interns devote a minimum of 12 hours per week to providing psychotherapy services to individual clients.

Group Therapy: Interns co-lead at least one group per semester. Groups are either process-oriented, support, psycho-educational, and/or theme-oriented. Interns might have the opportunity to design and implement a group of their choice, based on their experience and interest and on the needs of the agency.

Outreach Services: Interns participate in a variety of outreach activities such as presentations and university-wide fairs; they also provide programming targeted at groups who request a theme-related activity or at a population which might not typically seek counseling services. In addition

to outreach programming, Interns are expected to participate in campus-wide community events. Interns can participate in campus wellness and outreach initiatives in primary (planning and leading) and supportive (participating and representing UH&CS) roles.

### *Supervision:*

#### Individual Supervision

- Each Intern will engage in two hours of weekly individual therapy supervision. Interns will work with a supervisor during the first academic semester and then will work with a different supervisor for the second semester.
- Each Intern will receive group therapy supervision from their co-facilitator; this typically involves 30 minutes of processing at the conclusion of each group session.
- Each Intern will also be individually supervised on assessment cases.
- When assigned to supervise an advanced practicum counselor, Interns will receive individual supervision of supervision (umbrella supervision).

#### Group Supervision

- Interns are supervised in a training cohort on individual cases and themes related to psychotherapy.
- Interns are supervised in a training cohort on group therapy processes related to the groups they will be co-facilitating during the year.

### *Didactic Elements:*

Didactic programming is targeted for psychology Interns and is sequential and graded in design and implementation.

- Doctoral Interns (only) receive assessment didactic training and supervision throughout the year. We tailor the didactic material to the level of the incoming Interns and the level advances accordingly over the course of the year.
- Doctoral Interns (only) meet regularly with the Training Director for consultation and mentorship in Professional Development. This training element is graded in approach and consists of discussions related to navigating confidentiality dynamics, ethics of practice in a university setting, and integration of themes raised in other didactic seminars (such as boundaries, self-care, professional communication, and consultation) into a professional role at this site. Mid-year, consultation begins to include professional development themes related to career-building (including articulating professional goals, job search, and interviewing styles). Toward the end of the training year, consultation includes topics related to transition from a training role to a professional work identity.
- Doctoral Interns (only) will receive didactic training in supervision in order to supervise a psychology practicum counselor under umbrella supervision.
- Doctoral Interns participate in case conferences for counseling providers only, as well as in UH&CS integrated case conferences. These are held at least twice per month. The conferences constitute didactic training elements that focus on the presentation of a clinical case, a review of theoretical approaches and relevant treatment modalities, and a discussion

on treatment planning. Holding case conference with an interdisciplinary staff provides an opportunity for learning from professionals in fields such as social work, psychiatry, and primary care. This team approach to case discussion allows for the development of consultation skills and a well-rounded view of the client. At the start of the year, staff present cases; however, as the year progresses, Interns present their own cases to all staff, engage in a discussion on assessment of presenting issues, multicultural case conceptualization, and treatment approaches. Interns receive feedback on their presentation, and they are encouraged to evaluate and discuss this feedback in the context of individual supervision.

- Doctoral Interns receive 1 hour per week of Didactic Seminar that is sequential and graded. It begins with an orientation to working with university students and developmental themes, an introduction to options for treatment modalities, and approaches to initial crisis intervention. As the year progresses, the focus of the didactic programming shifts to more advanced topics in ethics and professional development, transference/counter-transference, integrated behavioral health topics, and termination. Interns become increasingly sophisticated in the level at which they are performing during the year and are prepared to explore and investigate topics more deeply in their work. The didactic seminar includes a series on multicultural themes related to clinical practice.
- Didactic in-services and colloquia over the course of the year offer training to all staff; these colloquia are formatted with continuing education as the goal and thus are intended to be at the level of doctoral Interns or higher.

*Administrative Activities:*

- Interns may schedule 3 hours each week to write clinical notes, make phone calls, respond to e-mails, and attend to other administrative tasks.

**Sample Schedule of Weekly Hours**

*Clinical Services:*

Clinical cases	16.0 (on average, over course of year)
Group counseling	1.5
Walk-in sessions	7.0
Supervision of trainee	1.0 (4.5 months)

*Supervision:*

Individual Counseling	2.0
Group Counseling	0.5
Group Supervision of Individual Counseling	1.0
Group Supervision of Group Counseling	1.0
Umbrella Sup	1.5 (4.5 months)

*Didactics:*

Seminar	1.0
Case Conference	1.5 (bi-weekly)

*Administrative*

Lunch	5.0
Charting	3.0

*\*Other training activity* 0.5 - 2.0

**\*Potential additional training:**

Outreach/Consultation	0.5 (1 hour every other week)
Supervision: of Supervision	1.0
Assessment (clinical hours)	1.0
Assessment Testing (supervision)	1.0
Consultation with Training Director	0.5
Staff Meeting	1.0
External hours (outreach, research, etc.)	1.0 – 5.0

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**Total Hours/wk:** 42.5 – 45.0

Some of these hours occur during evenings and weekends due to outreach, report writing, research, etc.

**Tracking Hours**

Interns begin the internship year prepared to track their hours as encouraged by their doctoral program. In this sense, it is the Interns' responsibilities to keep records of their hours using Time-to-Track or another tracking program, as preferred by their doctoral program.

The Training Director also assumes responsibility for working with Interns to track hours towards a successful internship year. On a weekly or biweekly basis, the training director independently tracks each Intern's hours (intervention, supervision, and support). This tracking is compared with the Intern's own tracking, and discrepancies are mutually reviewed to achieve agreement. As the year progresses, the Training Director collaborates with Interns to insure that they are making adequate progress toward their minimum expectation of 500 intervention hours. In particular, if Interns are not achieving as many intervention hours as might be expected, the Training Director and Interns will investigate the cause (for example: Intern out of office due to medical leave or rate of no-shows higher than usual). The Training Director will work with Interns to adjust their clinical schedule to allow for more initial clinical visits or to address any possible clinical issue that might reflect in direct intervention hours.

At the end of the internship year, the Training Director and each Intern together review the Intern's summary hours. The Training Director maintains a spreadsheet in which hours are documented. This file is kept on record for each Intern. Final hours must meet internship expectations in order for Intern to receive a Certificate of Completion for the internship year.

**Evaluation Procedures**

**Intern Evaluations:** At the onset of each semester, each Intern will meet with her/his supervisor to establish goals for the semester. The Intern is responsible for articulating goals and collaborating with the supervisor on a plan for clinical and professional development. At the conclusion of each semester, supervisors and the Training Director meet with each Intern to review and provide feedback on progress towards goals. Evaluation forms are completed by each primary supervisor at the end of the supervision period these forms cover the core competencies as highlighted above.



In order to be granted a Certificate of Completion from the UH&CS Internship, Interns must:

- Complete 500 direct service hours and 1,930 overall hours.
- Complete all responsibilities of the full-time, 12-month internship.
- By the final evaluation, Interns need to have ratings of T (on target) or higher on all items of their final evaluation form. Interns who earn M ratings at mid-term will be evaluated again on those areas before the final evaluation; if they are not on track towards a T rating, then this will initiate a remediation process. In order to pass internship, Interns will need to demonstrate T ratings by the end of their final evaluation.

*Intern Feedback for Training Program:* Interns are asked to provide feedback about the program and supervisors throughout the year and complete a supervisor evaluation form. At the conclusion of the training year, Interns will be asked to submit an evaluation of the training program.

### **Statement about the 2,000-Hour Internship**

In addition to the standard expectation of 40 hours of on-site clinical work, Interns are also granted 2.5 hours of after-hours, off-site work for dissertation and scholarly activities, which they can count toward their expected 2,000-hour obligation. After a full year of internship (40 hours per week, 52 weeks), Interns could accrue up to 2,210 hours. However, subtracted from this figure is approximately 15 days of University holiday observance (120 hours) and leave time (160 hours). If Interns choose to take off all of the additional time permitted for sick leave, vacation, and professional development, they could possibly fall short of the 2,000 hours that UH&CS promises.

Each Intern is responsible for investigating the minimum number of hours needed for licensure in the jurisdiction(s) where they wish to practice, which might be less than 2,000. Knowing this information can help Interns plan their use of discretionary time. Also, UH&CS provides additional opportunities to accrue hours toward Internship beyond the weekly 40 agency hours; these opportunities will be reviewed at the start of the Internship year. In order to receive their certificate of Internship completion, Interns MUST complete a minimum of 1,930 hours.

### **Intern Stipend, Leave, and Benefits**

The internship at Case Western Reserve University is a full-time, one year, paid internship. Interns receive a stipend of \$30,000 disbursed in 12 monthly payments. Interns are matriculated as non-degree graduate students, and consequently are provided with student health insurance.

Discretionary leave (vacation) is 10 days; up to 5 Income Protection (sick) days are included, to be taken as needed; and up to 5 Professional Development days are included, to be taken as needed (to be used, for example, for activities such as conferences, dissertation meetings, graduation, and/or career-related interviews). All planned leave must be requested and reviewed at least two weeks in advance, and requests are not all guaranteed to receive approval.

### **Qualifications**

We seek high-energy individuals who are open to learning, receptive to feedback, and motivated to develop a wide range of skills required in a psychologist. We consider only applications from students enrolled in APA-accredited Counseling and Clinical Psychology programs.

To be considered a candidate for the CWRU UH&CS internship, applicants must:

- Demonstrate consistency between candidate's interests and the aims of the CWRU UH&CS internship.
- Be a registered student, in good standing, at or beyond the third year in an APA-accredited doctoral program in Clinical or Counseling Psychology.
- Have completed supervised practicum and clinical placement experience with a minimum of 500 total intervention hours.
- Have successfully completed all preliminary or qualifying exams required by the home program before internship ranking submission in February.
- Have successfully proposed dissertation by internship ranking submission in February.
- Have completed all doctoral coursework by July 31 of the entering internship year.
- Be willing and able to commit to a busy, full-time, twelve-month internship.
- Be willing to engage in self-reflection in supervisory and training relationships as needed, to ensure ethical and appropriate clinical practice.

### **Counseling Services Clinical Staff**

Naomi Drakeford, Ph.D.  
Psychologist

Simona Mkrtshjan, LISW-S  
Social Worker

Beth Garrett, LISW-S  
Social Worker

Vicki Moore-Holzhauer, LISW  
Social Worker

Hilary Jones, LPCC  
Clinical Counselor

Richard Pazol, Psy.D.  
Director

Sarah Hill, LISW-S  
Substance Abuse Counselor

Jessica Perry, LISW-S  
Outreach Specialist

Andrew Katz, Ph.D.  
Training Director

Michelle Romero, DO  
Psychiatrist

Vance Kunze, Psy.D.  
Psychologist

Diljot Sachdeva, Psy.D.  
Multicultural Specialist

Jessica Lombardi, LPCC-S  
Associate Director

Melinda Waggoner, LISW-S  
Social Worker

### **Case Western Reserve University Statement on Equal Opportunity and Diversity:**

In employment, as in education, Case Western Reserve University is committed to Equal Opportunity and Diversity. Women, veterans, members of underrepresented minority groups, and individuals with disabilities are encouraged to apply.

Case Western Reserve University is an equal opportunity/affirmative action employer and complies with all Federal and Ohio State laws, regulations, and executive orders regarding affirmative action requirements.

Case Western Reserve University provides reasonable accommodations to applicants with disabilities. Applicants requiring a reasonable accommodation for any part of the application and hiring process should contact the Office for Inclusion, Diversity, and Equal Opportunity at (216) 368-8877 to request a reasonable accommodation. Determinations in granting reasonable accommodations for any applicant will be made on a case-by-case basis.

### **Application Forms, Procedures, & Deadlines**

Internship applicants must complete the AAPI Online <http://www.appic.org/>. This will include cover letter, curriculum vita, application form with essays, verification of readiness for internship from your academic program, all graduate transcripts, and three letters of recommendation. No supplemental materials are required by Case Western Reserve University. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any Intern applicant.

### **OUR SITE IS A MEMBER OF APPIC**

### **10 YEARS APA ACCREDITATION GRANTED ON NOVEMBER 20, 2018**

Our next accreditation site visit is expected in 2028. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

*Office of Program Consultation and Accreditation*

*American Psychological Association*

*750 1st Street NE*

*Washington, DC 20002*

*Phone: (202) 336-5979*

*Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)*

*Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)*

