

Cal Poly Pomona
Counseling and Psychological Services

**MULTICULTURAL POST-DOCTORAL FELLOWSHIP
IN PSYCHOLOGY
TRAINING MANUAL**



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Multicultural Post-Doctoral Fellowship Description

The Cal Poly Pomona Counseling and Psychological Services (CAPS) Multicultural Post-Doctoral Fellowship is designed to train fellows to be ethical generalists with a particular expertise in working with college students from diverse backgrounds.

Fellowship Values

Valuing human diversity is the cornerstone of the Counseling and Psychological Services (CAPS) Fellowship Program. This value is in alignment with the Respect for People's Rights and Dignity Principle (Principle E) of the American Psychology Association Ethical Principles of Psychologists and Code of Conduct as follows:

“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.” (American Psychological Association Ethical Principles of Psychologists and Code of Conduct, 2017).

Embracing this value, the Postdoctoral Fellowship Program places an emphasis on advancing fellows' skills and specialty in working with a diverse student population and promoting cultural humility. To achieve this, diversity is integrated into every aspect of the program. Post-doctoral fellows are expected to enter the program with basic understanding, training, humility, and experience working with diverse populations.

Goals of the Post-Doctoral Fellowship Program

Recognizing that post-doctoral fellows are professionals in their final year of their supervised professional experience, the program expects that fellows have completed their doctoral education program and have had basic training and prior clinical experience. The goals of the post-doctoral fellowship at CAPS include, but are not limited to:

- 1) To refine clinical skills for those who wish to build careers within university counseling centers.
- 2) To advance crisis intervention skills.
- 3) To strengthen multicultural humility.
- 4) To promote intentional and mindful clinical practice.
- 5) To prepare future psychologists for independent practice.
- 6) To foster professional development, ethical awareness, and understanding of self.

Individualized Goals

Considering that post-doctoral fellows begin their fellowship at varying developmental levels, an assessment is made of their training needs at the beginning of the year. The Training Coordinator and post-doctoral fellow collaborate to develop training goals tailored to the individual trainee. In addition, fellows collaborate with their supervisors to develop specific training goals that are related to their supervisor's specialties. The Post-Doctoral Training Goals Table, which is included in Appendix A, is used to record, and monitor a fellow's training goals.

CAPS counselors typically self-assign clients after completing their intake screening. Fellows may share their specific clinical training interests with CAPS clinicians and request to be referred students who present with clinical concerns and diagnoses of their interest.

Components of the Fellowship

The Post-Doctoral Fellowship Program has the following components: orientation, training seminars, supervision, clinical consultation, case presentation, professional development, and supervised experiences. Supervised experiences include individual and couple's counseling, group counseling, crisis intervention, initial clinical assessment (intake) and triage, case management and referrals, outreach, on-site consultation for a university department, and a special project. All seminars have both didactic and applied components and are either a one-session seminar or a series of seminars.

Orientation

During the first month of employment at CAPS, post-doctoral fellows receive orientation on assorted topics provided by CAPS counselors. These orientation sessions are designed to provide an overview and procedures of CAPS activities. They include the following:

1. Introduction of PnC
2. Clinical Flow
3. Case Assignment Disposition for Short-Term Therapy
4. Triage Services and Procedures
5. Walk-in Crisis Services Overview
6. Walk-in Crisis Paperwork & Procedures
7. Intake Procedures and Notes for Individual Counseling
8. Intake Procedures and Notes for Couple's Counseling
9. Intake Visit Form
10. Scheduling Individual Counseling Sessions on PnC
11. Individual Counseling Progress Notes
12. Termination and Discharge Procedures & Notes
13. Additional Treatment Options
14. Common Referrals & Release of Information Procedures
15. Guidelines for Groups & Workshops
16. Procedure for CAPS Workshops
17. Scheduling and Tracking for Outreach (Direct Services)
18. Embedded Counseling/Services

Fellows will also have 30-minute meetings with university campus partners, including University Housing, University Village, Disability Resources Center, Cultural and Identity Centers, Student Health Services, Bronco Wellness Center, Care Center, Office of Student Conduct and Integrity, Career Center, International Student and Scholars Office, Learning Resource Center, Veterans Resource Center, Student Support & Equity Programs, Renaissance Scholars Program, and Survivor Advocacy Services.

To orient fellows to the intake procedures and crisis/triage services at CAPS, fellows will start by shadowing intakes and crisis/triage shifts done by counselors, followed by conducting intakes and providing crisis/triage services while being observed by counselors, preferably their supervisors. After each observed intake, crisis, and triage session, the observer provides feedback to the fellow and the

fellow's primary supervisor. Primary supervisors inform the Training Coordinator when their supervisee is ready to do intakes and to cover a crisis/triage shift by themselves. The Training Coordinator will then inform the front desk personnel to begin scheduling intakes and a weekly crisis/triage shift will be assigned.

Post-Doctoral Fellows start providing counseling as soon as they are oriented to the basic policies and procedures of CAPS.

Seminars

Seminars are provided by CAPS counselors and/or off-campus guest speakers.

Outreach and Programming: Outreach and Programming training is offered via a didactic seminar. The goal of the training is to help fellows improve their skills in developing and making effective presentations. This seminar also includes teaching methods that address diverse learning styles and culture-based responses. Fellows are expected to develop and deliver workshops and presentations to the campus and participate in CAPS outreach campus activities.

Crisis Assessment and Interventions: Fellows are trained in crisis assessment and interventions via a didactic seminar, on-going consultations, feedback and when possible, live observation. The goal of the training is to help fellows improve their skills in crisis response with special consideration of how cultural factors influence students' access of and response to crisis intervention. Training is also adjusted to meet the experience and developmental level of trainees.

Case Management and Integrating Community Resources: This seminar teaches fellows on management of challenging cases that require services beyond CAPS' scope of practice. Fellows learn how to provide support to at-risk clients, consult with and collaborate with CAPS colleagues and relevant providers outside of CAPS, motivate clients to seek off-campus, specialized, or long-term counseling services, identify resources, make referrals, and help clients connect to community resources. Cultural barriers to accessing and using mental health services are discussed in this seminar.

Group Counseling: Training in group counseling involves a didactic seminar and supervision by group counselors/co-facilitators. The goal of the training is to help fellows improve their skills in delivering group services that are in alignment with the department's commitment to equity, diversity, and inclusion practices. When feasible, fellows have opportunities to co-facilitate one structured or process group with a faculty counselor during the fall semester. In the spring semester fellows co-facilitate a structured or process group with another fellow.

Case Conceptualization and Treatment Planning: This seminar provides a framework for conceptualizing cases taking into consideration the client's personal past and current experiences, family issues, interpersonal dynamics, cultural backgrounds, sexual orientation, gender identity, social economic status, societal context, and relevant factors (e.g., adult children of alcoholic (ACOA) issues, religion, experiences with oppression or privilege, first generation college students, etc.) and their intersections. The fellows will be assisted to reflect on and critically think about how to integrate theoretical models and therapeutic approaches into practice to better meet, understand, and serve the diversity of client's needs. Based on their case conceptualization, fellows will learn to develop culturally responsive treatment planning with counseling goals appropriate for short-term counseling and to

differentiate short-term counseling goals from long-term counseling goals.

The Use of Self in Psychotherapy / Managing Transference and Countertransference: CAPS faculty provides training on transference and countertransference issues in treatment to fellows via a case conference style seminar to discuss assigned topical readings, present and discuss clinical cases, and provide consultation and feedback. The goal of the training is to help fellows improve their skills in identifying transference and countertransference and cultural factors involved therein; and to formulate and apply effective treatment interventions with that awareness.

Multicultural Counseling Training Series (MCTS): This seminar series is offered once a month over the course of four months. The MCTS aims to support post-doctoral fellows' growth in providing culturally relevant and responsive psychotherapy services. CAPS faculty work to emphasize multicultural considerations in all aspects of clinical training and supervision in response to the diverse needs of Cal Poly Pomona students. The MCTS seek to build on fellows' previous training and clinical experiences through didactic seminars and experiential exercises. This training series focuses on enhancing fellows' self-awareness including their own cultural and racial identity, experience of privilege or lack thereof, socio economic status, spirituality, gender identity, sexual orientation, educational level, professional status, and the intersections of these factors and blind spots impacting their clinical practice. The goals are to deepen fellows' understanding of how these factors impact their clinical and outreach work and to develop effective skills in working with a diverse student body.

Session 1: Immersion: Exploring self in Context, Intro to MCTS

Session 2: Cultural Identity as a process: Your journey and its impact on clinical work.

Session 3: Breaking the silence around Class and Socio-economic Status

Session 4: Spirituality and Counseling

In addition to this MCTS, fellows have opportunities to provide counseling to diverse student population. Fellows also attend university trainings such as Safe Zone Allies, Disability Awareness, and have opportunities to serve as consultants for the annual Cultural Retreat (if it is offered).

Counseling Other Diverse Student Groups: To enhance fellows' knowledge of and skills in working with other diverse college students the following seminars are offered:

1. Mental Health Needs of First-Generation College Students
2. Counseling College Students with ADHD and Autism Spectrum Disorder
3. Counseling Veteran College Students

Preparation for the Psychological Licensing Exams: This seminar provides guidelines on taking the psychological licensing exams.

Supervised Experiences

In alignment with the APA ethical guideline of informed consent, fellows must inform their clients of their unlicensed status. At the beginning of their work with clients, fellows shall explain to the clients their status, review the Supervisory Disclosure Form, and ask their client to sign it.

Fellows may have a hybrid schedule which entails working at the office on some days and working remotely on other days. When on campus, fellows work mostly from their CAPS office. A few hours a

week a fellow may provide consultation for students in a campus department from an embedded office located in that department.

Fellows' Training Goals:

At the beginning of their fellowship, fellows collaborate with their supervisors and the Training Coordinator to develop their training goals. Appendix A contains the Post-Doctoral Fellow's Training Goals Form. Appendix A contains the Post-Doctoral Fellow's Training Goal Form. It is recommended that fellows, their supervisors, and the Training Coordinator regularly monitor fellows' progress towards their goals, and revise and update their goals accordingly.

Individual and Couple's Counseling:

At the beginning of their fellowship, fellows complete intakes and forward their intake notes to their supervisor, who decides whether the cases are appropriate for the fellows and assigns them accordingly. These decisions are made based on the fellows' training needs, their clinical competency, and the clinical needs of the counseling center. When fellows are interested in working with certain clients, they may indicate their interest in an IM message to their supervisor to get approval for case assignment. When supervisors deem certain cases to not be appropriate for their supervisee, fellows will present these cases in the weekly Case Conference so that they can be assigned to other counselors.

Once fellows are familiarized with the case assignment process, they may self-assign cases upon approval from their primary supervisor and the Training Coordinator. Fellows indicate self-assignment in the intake note and forward it to their supervisor. The length of time before fellows begin to self-assign cases may vary depending on their readiness.

Group Counseling:

There are opportunities for fellows to lead or co-lead counseling groups. Groups generally have at least six committed members. Typically, in the fall semester, fellows start by co-leading a group with a licensed counselor. Following each group counseling session, the licensed counselor provides a 30-minute group counseling supervision to the fellow.

In the spring semester, fellows may lead a group on their own or with another fellow. When this happens, a licensed supervisor provides one-hour weekly group supervision of group counseling.

Initial Clinical Assessment (Intake):

Similar to staff counselors, post-doctoral fellows conduct initial clinical assessments (intake) of incoming clients. Fellows will have two intake appointments per week. Intake appointments are scheduled by front desk personnel. Intake cases with complex and/or long-term issues are brought into the weekly Case Conference for discussion of case disposition.

To acclimate fellows to the intake procedures at our counseling center, fellows first observe intakes conducted by counselors. If fellows wish to be observed beyond the initial observation phase, they can inform the Training Coordinator, who can then make arrangements for additional support.

Case Management and Referrals:

Fellows are expected to efficiently manage their individual caseload. As students may not be seen on a weekly basis, fellows will receive training and supervision on effective case management techniques in supervision and in the Case Management and Integrating Community Resources Seminar.

When a fellow, their supervisor, or the clinical team determines that a fellow's client, who deals with complex or long-term issues, would benefit from services in the community, the fellow will provide case management and referrals to the client. Referrals services may also be provided by a case manager from the Care Center. Case management and referrals services typically entail meetings with clients to discuss their needs and link them to appropriate resources. However, sometimes these services last up to eight sessions due to factors such as lack of community resources, clients' limited resources or mobility, and/or client's need for preparation for counseling and encouragement to use community counseling resources.

Crisis Intervention and Triage:

There are two counselors on crisis coverage every weekday. One covers the morning shift from 8am to 1pm, and the other covers the afternoon shift from 1 to 5pm. If there is a crisis session that continues past 5 pm the counselor on crisis coverage in the morning shall stay behind to serve as the backup person for the afternoon counselor who is dealing with the crisis.

To ensure that fellows always have someone with whom to consult there will always be at least one licensed clinician at the CAPS location whenever there is a fellow on campus. If a fellow is seeing a client past 5 p.m., the licensed clinician who is on their afternoon triage/crisis shift will remain in the building until the client leaves.

Like staff counselors, each post-doctoral fellow has one shift of crisis/triage coverage a week. When a student requests counseling services, walks in, or calls in needing to talk to a counselor urgently, or when a faculty or staff member wants to consult about a student, the counselor or post-doctoral fellow on crisis/triage coverage talks to the individual. Please review the Crisis/Triage Policies and Procedures in the CAPS Guidelines and Procedures Document for additional information.

In the beginning of their fellowship, post-doctoral fellows receive triage and crisis intervention training before starting their triage/crisis coverage shift. Fellows complete the crisis or triage note as soon as possible within the same day and submit it to one of their supervisors for review and feedback.

When on triage/crisis coverage, fellows are expected to be available to provide coverage. Fellows are expected to be attentive to the department crisis coverage needs during their shifts.

When fellows know ahead of time that they will not be available on their crisis coverage shift, it is their responsibility to ask via email for coverage by other counselors. Fellows will notify the front desk personnel, the Clinical Services Coordinator, their primary supervisor, the Training Coordinator, and the CAPS Director about this change.

If there is a major campus-wide after-hours emergency, counselors and post-doctoral fellows in the department may be activated to assist in providing support to the campus community. If there is a non-major after-hours crisis, post-doctoral fellows will not be contacted to come in. However, if fellows are interested in gaining such crisis intervention experience, they inform their supervisors and the Training Coordinator about their interest. The Training Coordinator will consult with the CAPS Director to have fellows accompany counselors to their crisis intervention.

Outreach and Consultation:

Serving as consultants, trainers and educators, CAPS staff participates in many activities to enhance the quality of student life and offers services not only in our offices but also throughout the campus and surrounding communities. Members of the staff lead discussions, provide training, and make presentations in classes, and to such groups as residential students, student clubs and organizations, fraternities and sororities, and the university's staff and faculty. Fellows are expected to participate in the department's outreach activities. The Outreach Coordinator assigns requests for programming to fellows and counselors.

On-Site Consultation:

Depending on the campus departments' demand or the fellows' area of interest or specialty, each fellow may serve as a consultant to a campus department. In this capacity, fellows have a few office hours per week at the location of their department to provide consultation to students within that department.

Special Projects:

During their training year post-doctoral fellows introduce or develop a project of their choice. The project can be a workshop / presentation, a series of workshops / presentations, an event, or a program offered to students within the department for which they provide consultation, any groups of students within the university, or the community at large. If they choose a department that has an existing liaison relationship with a CAPS counselor, the counselor will help connect the fellow with that department. Examples of previous fellows' projects include the Body Project (a psychoeducation program on body image) for university students, the East-West Program for international students, the day-long Transgender Conference for the university and the community at large, and the Mentoring Program for LGBTQ students.

Supervision

Each post-doctoral fellow will have two weekly individual supervision hours from a primary supervisor and a delegated supervisor, assigned by the Training Coordinator. Factors that are considered for assignments include supervisors' and fellows' levels of clinical experience and skills, areas of interest, and theoretical orientations.

In addition, fellows will have two hours of group supervision per week. One group supervision is between fellows and the Training Coordinator. Individual supervisors and the Training Coordinator are licensed psychologists who have been licensed a minimum of three years. The other weekly group supervision is in the form of a Case Conference, during which the entire clinical staff (all are licensed mental health professionals) meet to discuss campus crises, difficult or challenging clinical cases, and

case management. In consultation with their supervisors, fellows present challenging cases for additional consultation during Case Conference.

Supervision Readiness: Supervision is most beneficial when fellows maintain a cooperative and learning-oriented attitude. Fellows also benefit from taking responsibility for initiation of discussions in areas where they recognize a need to expand skills and/or understanding of their clients. They will also learn by being willing to read, to expand knowledge, and to implement a range of therapeutic interventions. They are expected to come to supervision on time and be prepared for supervision sessions by bringing in case material and clinical questions, and by identifying which part of the recorded session is to be reviewed together with supervisors. Fellows divide their case load among their individual and group supervisors and consult each of their cases only with the supervisor of that case.

Audio/Video Taping: A supervisor may request video recording of counseling sessions.

Clinical Consultation

CAPS offers a training environment in which all clinical staff serve as consultants and training resources for fellows. For example, fellows' intakes and crisis/triage sessions can be observed by any licensed counselors, who give them feedback on their intake and triage/crisis intervention skills. Following observation, licensed counselors give feedback about the fellow's performance to their primary supervisor and the Training Coordinator. This is to ensure that fellows' training needs are addressed. Once per semester, licensed therapists who have had opportunities to collaborate with fellows are invited to the supervisors' meeting to provide feedback.

When post-doctoral fellows need to consult with a **licensed** therapist regarding a **crisis**, they may consult in person or via telephone or Zoom. It is preferable that they consult with a licensed psychologist in person, should the latter need to provide assistance at the location. Consultation via telephone or Zoom is necessary when fellows work remotely.

Below is the hierarchy of crisis consultation. If the first individual is not available, consult with the second individual. If the second individual is not available, consult with the third individual and so on. When a licensed psychologist is not on site, it is recommended that fellows seek consultation from the next licensed psychologist who is on site. In other words, consulting with an on-site licensed psychologist takes precedence over the order of the hierarchy of consultation. An exception is when the consultation case is the fellow's current client. The supervisor on this case should be the first one with whom to consult, even when that supervisor works remotely.

If the consultation case is the fellow's current client, consult with:

1. Their supervisor of the case even when this supervisor works remotely
2. Their other individual supervisor
3. The Training Coordinator
4. Either of the other two CAPS licensed individual supervisors
5. The Director or Associate Director of CAPS

If the consultation case is **not** the fellow's current client, consult with:

1. Their primary supervisor
2. Their delegated supervisor
3. The Training Coordinator
4. Either of the other two CAPS licensed individual supervisors
5. The Director or Associate Director of CAPS

Case Presentation

Faculty counselors make formal case presentations to serve as professional role models in case presentation, diagnostic formulation, case conceptualization, treatment planning, interventions, and consultation. Each fellow makes a formal case presentation during the spring or summer semesters. A case presentation outline is included in Appendix B.

SAMPLE OF POST-DOCTORAL FELLOWS' WEEKLY SCHEDULE

	Hours	Percentage
Clients	13	32.50%
Intake	2	5.00%
Group Counseling	1.5	3.75%
Triage/Crisis Coverage	5	12.50%
Consultation for a Campus Dept (Number of hours might vary depending on the dept needs)	2	5.00%
Outreach (Vary depending on requests & replace clients' hours)		
Direct Services Total	23.5	58.75%
Records	8	20.00%
Crisis Notes	1	2.50%
Staff Meeting	1	2.50%
Case Conference	1	2.50%
Individual Supervision	2	5.00%
Group Clinical Supervision	1	2.50%
Supervision of Group Counseling	0.5	1.25%
Training Seminar or Project Development	2	5.00%
Outreach Preparation (Number of hours vary depending on requests. Replace clients, records, or project development hours for that week)		
Indirect Services Total	16.5	41.25%
TOTAL	40	100.00%

Operation Policies, Procedures, and Expectations

Counseling and Psychological Services has a Guidelines and Procedures Document, the link to which will be given to fellows at the beginning of the fellowship. Fellows are expected to read this document as well as the Training Manual, and the Orientation Handbook, and to familiarize themselves with the center's policies and procedures. The following section describes additional policies and expectations that pertain to fellows.

Weekly Logs

It is the fellows' responsibility to correctly complete and sign the Weekly Log of Activities Form (an Excel document provided by CAPS) and turn it in to their primary and delegated supervisors for signatures at the end of each week. Primary supervisors shall review a fellow's weekly logs to assure accuracy. Fellows shall keep the original signed copy of their weekly logs and provide a copy of these updated logs to the Training Coordinator at the end of each month. The Training Coordinator will use these logs to complete the Board of Psychology's Verification of Supervised Experience Form.

Work Hours

Fellows must not work more than 40 hours a week. When fellows participate in an after-hours outreach event or stay late for a crisis, their work hours during that week need to be reduced to ensure that they do not exceed 40. Fellows consult with the Training Coordinator to decide which day and time of that week to take off to compensate for the after-hours outreach work.

Once the out-of-office time is determined fellows submit a request for out-of-office time. Please refer to the CAPS Guidelines and Procedures Document to follow the updated policies and procedures to request and notify time off. Once the CAPS Director or Associate Director approves the request, fellows will send an email notification to their individual supervisors, the Training Coordinator, the Clinical Services Coordinator, and the front desk personnel and cc it to the Director or Associate Director.

Lunch Time

Lunch time is scheduled in each counselor's daily schedule. If a lunch time needs to be moved to accommodate doctor's appointments it can be moved somewhere around lunch time (e.g., 11 am, 1 pm or 2 pm). The lunch time cannot be moved to the beginning or end of the day. This is to comply with California law which states: "In California, an employer may not employ an employee for a work period of more than five hours per day without providing the employee with a meal period of not less than thirty minutes, except that if the total work period per day of the employee is no more than six hours, the meal period may be waived by mutual consent of both the employer and employee."

Time off

Each month fellows earn 8 hours of sick leave and 16 hours of vacation. They also have one personal holiday per year. It is recommended that fellows keep track of their sick leave and vacation hours to avoid not having enough accumulated post-doctoral hours toward their licensure. Towards the end of

every month fellows enter their sick leave, vacation time, and personal holiday into the Cal Poly Pomona Human Resources website.

Fellows are non-exempt employees. Therefore, any hour taken as vacation or sick leave is counted toward the total hours taken. Time taken off for doctor's appointments is deducted from the total of accumulated sick leave hours and is reflected in the Weekly Log of Activities.

The Assistant to the Director keeps track of the time taken for professional development, vacation, sick leave, and personal holiday. When these accumulated hours are exhausted, and an employee needs to take additional time off, their paycheck amount for that month will be decreased by the number of additional hours taken off.

Fellows consult with the Training Coordinator regarding their requested time off. Once this is determined, fellows submit a request for out-of-office time. Please refer to the CAPS Guidelines and Procedures Document to follow the updated policies and procedures to request and notify time off. Once the CAPS Director or Associate Director approves the request, fellows will send an email notification to their individual supervisors, the Training Coordinator, the Clinical Services Coordinator, and the front desk personnel and cc it to the Director or Associate Director.

If fellows miss supervision / case conference it is their responsibility to inform their supervisors and the Training Coordinator, and to re-schedule to assure that their supervision hours are 10% of their work hours for that week.

Record Development and Maintenance

To ensure quality care for clients, clinical records need to be completed in a timely and professional manner. Typically, progress notes, intake notes, and case management notes are expected to be completed within three business days. Crisis and triage notes are expected to be completed within the same day. Child abuse reports must be made immediately, or as soon as practically possible, by phone. A written report must be forwarded within 36 hours of receiving the information regarding the incident (PC 11166[a]).

Occasionally, if heavy workload puts fellows behind in the completion of their notes, they may consult with their primary supervisor. The primary supervisor may add an extra hour of "Records" in a week to allow fellows to catch up with their notes. The primary supervisor sends an email to the fellow's delegated supervisors, CAPS Associate Director, Training Coordinator, and front desk personnel to inform them about his or her decision. If more than one "Records" hour in one week are needed, the primary supervisor consults with the Training Coordinator and updates the fellow, delegated supervisors, CAPS Associate Director, and front desk personnel.

Client Charts

In compliance with ethical and legal guidelines all clinical documents are kept secure and confidential at all times. During the day, when fellows step away from their office for any duration of time all materials that have client information are put away in a closed drawer, and clinical notes on the computer screen are closed. At the end of the day by 5:00 pm audio/video recordings and any confidential clinical

information are locked up in the designated locations.

Videotaping and Recording

Video recording of counseling sessions is at the discretion of a fellow's supervisor.

Emails

It is preferable to use the PnC IM feature when communicating about clients within the department. When emailing about a client to another provider within CAPS, only the client's ID number and no other identifying information is used.

Communication with clients should be done using the PnC messages via the student health portal. If this is not possible and emailing is necessary, to preserve the client's confidentiality as much as possible, omit "Counseling and Psychological Services" name and your title from the signature line and do not identify counseling as our service to them.

Social Media and Multiple Role Relationships

According to the CAPS Guidelines and Procedures Manual, "Counseling and Psychological Services counselors and staff shall not accept friend or contact requests from current or former student's social networking site (e.g., Facebook, LinkedIn, etc.). Social media sites managed by Counseling and Psychological Services shall not have that capacity for students to post or respond to any posting." Please review additional guidelines on multiple role relationships in the CAPS Guidelines and Procedures Document.

Professionalism

Part of a professional identity is to dress professionally, maintain hygiene, be punctual, and communicate clearly with others. Good working relationships with other fellows, and support, administrative, supervisory, and counseling staff are consistent with our values and standard of practice. Our department also strives to maintain a harmonious and respectful environment and, therefore, strongly discourages splitting among employees.

If and when conflicts occur between fellows or between fellows and another CAPS staff member including their supervisors and the Training Coordinator, and if fellows feel comfortable about it, they may want to resolve conflicts directly with the involved individual(s). If necessary, they may also consult with their supervisor or the Training Coordinator. If their conflict is with their direct supervisor, and they are uncertain about how to broach the issue with their supervisor, they may want to consult with the Training Coordinator and vice versa. Another consultation resource is the CAPS Director.

One of the fellowship goals is to prepare fellows to operate independently and to enhance their clinical judgment. Part of this judgment involves recognizing one's boundaries of competence and when to refer clients out. Fellows are encouraged to fine-tune their clinical judgment and to seek appropriate consultation from supervisors.

CAPS is committed to upholding ethical standards of the APA and California Law. Exploration of

ethical and legal issues and discussion of ethical and legal practice occur during weekly case conference, orientation, training, consultation, and supervision. The Internet links to the APA Ethical Principles of Psychologists and Code of Conduct, and California Board of Psychology Laws and Regulations are <https://www.apa.org/ethics/code>, and https://www.psychology.ca.gov/laws_regs/2023lawsregs.pdf, respectively. It is expected that fellows have had at least a course on ethics in their educational program. Nevertheless, consultation with supervisors and staff is considered paramount in clinical training and practice.

Evaluations

Evaluations of Post-Doctoral Fellows

Like all CAPS clinicians, post-doctoral fellows' activities are evaluated using the following instruments: Student Evaluation of Individual Counselor, Student Evaluation of Drop-In Individual Counselor, Student Evaluation of Group Counselor, Student Evaluation of Drop-In Group Counselor, Outreach Presenter Evaluation, Evaluation of Workshop Facilitator, and Case Presentation Evaluation.

For the up-to-date, step-by-step procedures of collecting and submission of evaluations, please refer to the CAPS Guidelines and Procedures Document.

All CAPS evaluation forms of CAPS clinicians including post-doctoral fellows can be found in the CAPS shared folder \ Evaluation Instruments folder \ CAPS Websurvey information folder.

In addition, fellows' supervisors use the Post-Doctoral Fellow Evaluation to provide feedback to fellows. The Post-Doctoral Fellow Evaluation can be found in the CAPS shared folder \ Evaluation Instruments folder \ Training Program Evaluation Instruments.

Student Evaluation of Individual Counselor & Student Evaluation of Drop-In Individual Counselor

When fellows are about to end their work with individual clients, they write in the client's PnC next appointment time (in the "Additional Information" box) "CCAPS 34 and counselor survey please," and they ask the client to show up early for their next appointment. Before the appointment time, the CAPS front desk personnel sends survey links to the student. The CCAPS 34 result is made available in PnC for the therapist to review before and during the session with the client. At the end of each semester a summary of students' evaluations of individual counselor will be generated, and will be provided to fellows, their supervisors, and the Training Coordinator.

Student Evaluation of Group Counselor & Student Evaluation of Drop-In Group Counselor

When fellows are about to end their counseling group, they ask group members to complete the Student Evaluation of Group Counselor. A summary of these evaluations will be given to fellows, their supervisors, and the Training Coordinator.

Outreach Presenter Evaluation

Whenever fellows provide a workshop or training on campus, they will ask participants to complete the Outreach Presenter Evaluation Form at the end of the workshop or training. A summary of these evaluations will be provided to fellows, their supervisors, and the Training Coordinator.

Evaluation of Workshop Facilitator

At the end of a workshop offered at CAPS post-doctoral fellows ask participants to complete the Student Evaluation of Workshop Facilitator. A summary of these evaluations will be given to fellows, their supervisors, and the Training Coordinator.

Case Presentation Evaluation

Case Presentation Evaluation Form is completed by counselors and other fellows who attend fellows' formal case presentations. This form is to be completed and submitted by the end of the week of the presentation. Copies of the evaluations and the summary of evaluations of the fellows' case presentations will be given to fellows, their supervisors, and the Training Coordinator.

Post-Doctoral Fellow Evaluation

In January and July mid-year and final evaluations will be conducted, respectively. Fellows' supervisors complete together the Post-Doctoral Fellow Evaluation. Depending on their preference, either the primary supervisor alone or both primary and delegated supervisors will meet with fellows to review their evaluation with them. Fellows will have opportunities to respond to the evaluation during the meeting as well as time to write their response on the evaluation form. It is expected that supervisors provide ongoing oral feedback regarding fellows' strengths and areas of growth during weekly individual and group supervision and training. Copies of the signed evaluations including the fellows' responses will be given to fellows, their supervisors, and the Training Coordinator.

Evaluations by Post-Doctoral Fellows

Post-doctoral fellows provide feedback using the following evaluation forms: Individual Supervisor Feedback, Group Supervisor Feedback, Group Counseling Supervisor Feedback, and Training Seminar Evaluation. These forms can be found in the CAPS shared folder \ Evaluation Instruments folder \ Training Program Evaluation Instruments.

Individual Supervisor Feedback, Group Supervisor Feedback, & Group Counseling Supervisor Feedback

In January and July mid-year and final evaluations will be conducted, respectively. Post-doctoral fellows complete the Individual Supervisor Feedback Form, Group Supervisor Feedback Form, and Group Counseling Supervisor Feedback Form.

Training Seminar Evaluation

The Training Seminar Evaluation Form will be completed by fellows by the end of the week when seminars are offered.

Clinical Training Program Evaluation

Fellows will provide mid-year and final evaluations of the training program by completing the Clinical Training Program Evaluation in January and July.

Due Process and Grievance

Problems/Behaviors/Concerns

Problems or concerns regarding the professional behavior of a fellow will be directed to the primary supervisor and Training Coordinator. The Training Coordinator will apprise the CAPS Director or Associate Director of the fellow's problems in terms of professional behaviors. It is expected that a collaborative discussion of the issues will ensue with the fellow, domains of professionalism are addressed, and goals and corrective actions are formulated.

Professional Functioning

When problems, behaviors and concerns regarding a fellow are impacting professional functioning across several domains, further levels of accountability will be established by the CAPS supervisors, Training Coordinator, and Director or Associate Director. These situations will involve evaluating the professional judgment of a fellow particularly regarding the impact upon clients' welfare.

These types of situations include, but are not limited to the following:

1. A fellow does not acknowledge, understand, or address a problem when it has been identified and discussed.
2. Clinical services by a fellow are considered to negatively impact clients' welfare.
3. An elevated level of additional time, supervision, and training is required by supervisors, Training Coordinator, and CAPS Director or Associate Director.
4. The fellow's level of professional functioning has not improved at an appropriate developmental pace despite additional supervisory feedback, training, and time.

Corrective Actions

1. After discussions with the CAPS Director or Associate Director, and primary and secondary supervisors, the Training Coordinator will propose a plan of corrective action. This plan of corrective action will identify recommended action steps to be followed for a specific period (e.g., increasing focus or time of supervision, recommendation of personal therapy, etc.). The fellow, Training Coordinator, Director or Associate Director, and primary and secondary supervisors will all provide written consent to this agreement.
2. Consequences for lack of accountability to the plan of correction actions may warrant:
 - a. A limited scope of professional activity with specific domains of professional functioning (e.g., reduced number of clients, some clients may be transferred to another therapist), endorsed by the Training Coordinator, Director or Associate Director, and primary and secondary supervisors.
 - b. A plan to abbreviate or suspend clinical training.
 - c. Formal termination of participation in the training program.

Grievance and Appeals

Fellows may follow levels of appeals and grievance for disputed evaluations and problems. In general, these levels include:

1. Primary Supervisor
2. Training Coordinator
3. CAPS Director or Associate Director
4. AVP of Student Well-Being
5. California Faculty Association / Faculty Rights Committee Chair. Contact information of the Faculty Rights Committee Chair can be found at <https://www.cpp.edu/cfa/officers.shtml>
6. Information pertaining to faculty's grievance and procedures is in Article 10 of the Collective Bargaining Agreement: <https://www.calstate.edu/csu-system/faculty-staff/labor-and-employee-relations/Documents/unit3-cfa/2022-2024-CFA-CBA.pdf>

Additional Learning Resources for Post-Doctoral Fellows

References

Following are reference links to helpful resources:

Quick Reference to Psychiatric Medications:

<https://www.apadivisions.org/division-55/councils/research/quick-reference.pdf>

California Board of Psychology Laws and Regulations:

https://www.psychology.ca.gov/laws_regs/2023lawsregs.pdf

Therapy Never Includes Sexual Behavior:

<https://www.dca.ca.gov/publications/proftherapy.pdf>

Assembly Bill 665 Minors: Consent to Mental Health Services

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB665

The California Child Abuse and Neglect Reporting Law:

<https://mandatedreporterca.com/images/Pub132.pdf>

When Sexual Intercourse with a Minor Must Be Reported as Child Abuse: California Law:

<http://publichealth.lacounty.gov/dhsp/Providers/toolkit3.pdf>

American Psychological Association Ethical Principles of Psychologists and Code of Conduct:

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

APPENDIX A

Post-Doctoral Fellow's Training Goals Form

FELLOW NAME		
SUPERVISOR NAME		
DATE CREATED		
GOAL 1	DATE TO BE COMPLETED BY	
OUTCOMES THAT INDICATE I HAVE ACHIEVED MY GOAL		
1.		
2.		
3.		
ACTIVITIES TO ACHIEVE MY GOAL		
1.		
2.		
3.		

GOAL 2	DATE TO BE COMPLETED BY
OUTCOMES THAT INDICATE I HAVE ACHIEVED MY GOAL	
1.	
2.	
3.	
ACTIVITIES TO ACHIEVE MY GOAL	
1.	
2.	
3.	
GOAL 3	DATE TO BE COMPLETED BY
OUTCOMES THAT INDICATE I HAVE ACHIEVED MY GOAL	
1.	
2.	
3.	
ACTIVITIES TO ACHIEVE MY GOAL	
1.	
2.	
3.	

APPENDIX B

Case Presentation Outline

Consultation Question(s) (Optional)

Demographic Information

Presenting Problems

Background Data

Crisis, Legal and Ethical Issues and Interventions

Diagnosis Supported by Symptoms and DSM Criteria

Treatment Goals

Treatment Plan (Specify that it is long term if it is a long-term case)

Theories that Apply to this Case

Case Conceptualization Based on the Relevant Theories: Describe how the relevant theories, and the client's past and current experiences, background, and cultural factors explain the client's:

- Presenting concerns and symptoms
- Current social, family, academic, and work functioning
- Perception of themselves, others, and life
- Beliefs about how others perceive and treat them
- Defense mechanisms to manage threatening perceptions and beliefs

Course of Treatment:

- Number and frequency of sessions
- Attendance
- Client's approach to session and to therapist
- Themes and issues
- Cultural/diversity issues, if relevant
- Phases of counseling
- The turning point in the treatment
- Interventions
- Responses and defenses
- Client's strengths
- Progresses and setbacks
- Transference and countertransference
- Referrals and case management