

**Texas A&M Counseling &  
Psychological Services  
Health Service Psychology Internship**

**Administrative  
Policies & Procedures**

## **INTERN GRIEVANCE PROCEDURE WITHIN COUNSELING & PSYCHOLOGICAL SERVICES**

### **I. Conflict with Another Intern**

- Level 1:** Make an attempt to work through conflict with the other intern
- Level 2:** Bring matter to the attention of your Primary Supervisor, who will intervene as appropriate.
- Level 3:** Intern(s) and supervisor(s) bring matter to the Training Director, who will intervene as appropriate.
- Level 4:** Matter is brought before the Director.

### **II. Conflict With an Associate Staff Member**

- Level 1:** Make an attempt to work through conflict with Associate Staff Member.
- Level 2:** Bring matter to the attention of your Primary Supervisor.
- Level 3:** Matter is brought before the Office Manager.
- Level 4:** Training Director and/or another Associate Director intervenes.
- Level 5:** Matter is brought before the Director.

### **III. Conflict With a Senior Staff member or an Associate Director**

- Level 1:** Make an attempt to work through conflict with senior staff member or an Associate Director.
- Level 2:** Bring matter to the attention of your Primary Supervisor.
- Level 3:** Intern and supervisor bring matter to the Training Director.
- Level 4:** Matter is brought before the Director.

### **IV. Conflict With Primary Supervisor**

- Level 1:** Make an attempt to work through conflict with Supervisor.
- Level 2:** Bring matter to the attention of the Training Director.
- Level 3:** Matter is brought before the Director.

### **V. Conflict With Adjunct Supervisor**

- Level 1:** Make an attempt to work through conflict with Adjunct Supervisor.
- Level 2:** Bring matter to the attention of the Primary Supervisor.
- Level 3:** Bring matter to the attention of the Training Director.
- Level 4:** Matter is brought before the Director.

### **VI. Conflict With the Training Director**

- Level 1:** Make an attempt to work through conflict with Training Director.
- Level 2:** Bring matter to the attention of your Primary Supervisor.
- Level 3:** Intern and Supervisor attempt to work through conflict with Training Director.

**Level 4:** Matter is brought before the Director.

**VII. Conflict With Director**

**Level 1:** Make an attempt to work through conflict with Director.

**Level 2:** Bring matter to the attention of your Primary Supervisor, who will intervene as appropriate.

**Level 3:** Intern and supervisor bring matter to the attention of Training Director, who will intervene as appropriate.

## **DUE PROCESS FOR PSYCHOLOGY INTERNS**

### **VIII. General Guidelines for Due Process**

Due process insures that judgments or decisions made by the internship program about interns are not arbitrary or personally biased. The training program has adopted specific evaluation procedures which are applied to all trainees. The appeals procedures presented below are available to the intern so that he/she may challenge the program's action.

#### **General due process guidelines include:**

1. presenting to interns, in writing, the program's expectations in regards to professional functioning at the outset of training;
2. stipulating the procedures for evaluation, including when, how, and by whom evaluations will be conducted;
3. using input from multiple professional sources when making decisions or recommendations regarding the intern's performance;
4. articulating the various procedures and actions involved in making decisions regarding impairment;
5. communicating, early and often, with graduate programs about any suspected difficulties with interns;
6. instituting, with the input and knowledge of the intern's graduate program, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies;
7. providing the intern with a written statement of procedural policy describing how the intern may appeal the program's actions or decisions;
8. insuring that interns have a reasonable amount of time to respond to any action(s) taken by the program; and
9. documenting, in writing and to all relevant parties (e.g., the intern's academic advisor or training director, internship supervisor), the action(s) taken by the program and the rationale.

#### Procedures for Appeal

Within five days of the communications of (1) inadequate or impaired performance, (2) plan of change, or (3) termination, a trainee may submit a letter to the Training Director requesting an appeal. An appeal may be requested on one or both of the following grounds:

1. Denial of the described due process granted to the intern in any part of the evaluation procedure.
2. Denial of the opportunity to fairly present data to refute criticisms in the evaluation.

Within five working days of the receipt of the appeal request, the Training Director will request that the Director of CAPS convene an Appeals Committee.

The procedures invoked for a special fact-finding review by this Committee are as follows:

1. The trainee and his/her supervisor or the staff member(s) involved will be notified that a special review meeting will be held.
2. The Appeals Committee may request personal interviews and/or written statements from individuals as it deems appropriate.

3. The trainee may submit to the Appeals Committee any written statements he/she believes to be appropriate, may request a personal interview, and/or may request that the Committee interview other individuals who might have relevant information. The supervisor or staff members involved will also be afforded the same privilege.

Following the fact finding review, the Director will communicate a summary of the Appeal Committee's findings and any recommendations to the Training Director, within two working days of the end of their deliberation. The Committee may choose to sustain any previous actions taken or may implement a new course of action as it deems necessary. The decision of the Appeals Committee is final.

## **PROCEDURES FOR ASSISTING INTERNS NOT PERFORMING AT THE TRAINING PROGRAM'S EXPECTED LEVEL OF COMPETENCE**

### **Definition of Inadequate or Impaired Performance**

For the purposes of procedural policy, inadequate or impaired trainee performance is defined broadly as interference in professional functioning which is reflected in one or more of the following ways: (a) an inability and/or unwillingness to acquire and integrate professional behaviors and ethical standards, (b) an inability to acquire the level of professional skills necessary to reach an acceptable level of competency, and (c) an inability to manage personal stress, psychological problems, and/or excessive emotional reactions which interfere with professional functioning. Criteria which link this definition of impairment to particular professional behaviors and attitudes are incorporated into the program's evaluation procedures.

Problems typically identified as impairments are those which include one or more of the following characteristics:

1. the intern does not acknowledge, understand, or address the problem when it is identified,
2. the problem is not merely a reflection of a skill deficit which can be rectified by further academic or didactic training,
3. the quality of the intern's service delivery is negatively affected and may be considered to be destructive to clients,
4. the problem is not restricted to one area of professional functioning,
5. a disproportionate amount of attention by training personnel is required, compared to other interns in the group, and/or
6. the trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

Ultimately, it becomes a matter of professional judgment as to when a trainee's behavior has reached a point of impairment rather than being simply inadequate or deficient.

### **Procedures**

The following procedures are followed in cases of inadequate or impaired trainee performance.

- I. Problem Recognized – A problem is recognized by the primary supervisor or another staff member. The problem will probably fall into one or more of the four basic categories: competence, professional issues, psychological adjustment, and organizational behavior.
- II. Problem Defined by Supervisory Staff – The staff member that has recognized the problem will bring it to the attention of the supervisory staff in the weekly supervisors' meetings. The staff will work together to define the problem very specifically, using terminology that is as concrete and behavioral as possible. The problem will then be labeled as typical or atypical.
- III. Typical Problem – A typical problem is defined as one that is believed to be modifiable to an acceptable level through the cooperative efforts of the primary supervisor and intern, with support from the training program and the agency. Examples of typical problems include difficulty in reflecting feelings with clients, lack of awareness of some confidentiality issues, initial stress in adjusting to the internship, etc.

- A. Plan of Change Generated – The primary supervisor discusses the problem area with the intern. Both work together to generate a plan for change. The primary supervisor utilizes other supervisory staff for consultation in this process. Plans of change might include additional supervision, adjunct supervision, temporary screening of clients, etc.
- B. Plan Put into Action – The primary supervisor is seen as the individual both responsible for and competent to carry out the plan, and thus becomes a facilitator and monitor of change. Communication between the primary supervisor and intern regarding this problem area is regular and frequent.
- C. Sufficient Positive Change – The primary supervisor is satisfied that sufficient positive change has taken or is taking place.
- D. End of Rotation Formal Evaluation – The primary supervisor evaluates change in the problem area in the context of the formal evaluation of the entire rotation.
- E. Letter to Academic Department – The training coordinator sends a letter of evaluation to the intern’s Director of Training. In this letter the problem area is appropriately discussed in the context of the entire rotation evaluation.
- F. Insufficient Positive Change – The primary supervisor is not satisfied that an appropriate level of change is taking place. The problem is then brought back to the supervisory staff for redefinition (II).

IV. Atypical Problem – An atypical problem is recognized by the primary supervisor, another staff member, or through the procedures just described in III as one that appears to be more serious in nature and to require much greater effort to modify than a typical problem. Examples of atypical problems include lack of awareness of clients’ feelings, a blatant breach of confidentiality, chronic stress affecting mental and physical functioning, etc.

- A. Recommendation for Termination (see Note 1) – Termination at this point will be recommended in only extreme circumstances. An example of such a circumstance is an act of physical aggression against a staff member or client.
- B. Plan of Change Generated – The supervisory staff works together to generate an appropriate plan and to appoint a staff member who will serve as facilitator and monitor of change. The staff member will be chosen with the belief that her or she might best work with the intern regarding the target problem. The staff person may or may not be the intern’s primary supervisor. Plans of change might include a change of primary supervisor, mental health treatment (see Note 2), screening of clients, etc.
- C. Plan put into Action – The appointed staff member will facilitate and monitor change. Communication between this staff member and both the intern and supervisory staff will be regular and frequent.
- D. Sufficient Positive Change – The appointed staff member and the supervisory staff are satisfied that sufficient positive change has taken place.
- E. End of Rotation Formal Evaluation – (Same as in III.D.)
- F. Letter to Academic Department – (Same as in III.E.)
- G. Insufficient Positive Change – The supervisory staff is not satisfied that sufficient positive change has taken place.
- H. Review by Training Committee – The training committee reviews the problem, utilizing any and all appropriate staff for consultation.
- I. Recommended for Termination (See Note 1) – The training committee concludes that the problem is both so serious and so resistant to change that termination is recommended.
- J. New Plan Generated – The training committee feels that a recommendation for termination is not appropriate at this time. A new plan is generated in another attempt to promote change.

This plan might consist of such things as psychological/psychiatric treatment (see Note 2), very careful screening of clients, more intense individual supervision, etc.

- K. Sufficient Positive Change – The training committee is satisfied that sufficient positive change has taken place.
- L. End of Rotation Formal Evaluation – (Same as in III.D.)
- M. Letter to Academic Department – (Same as in III.E.)
- N. Insufficient Positive Change – The training committee is not satisfied that sufficient positive change has taken place.
- O. Review by Training Committee – (Same as in IV.H.)
- P. New Plan Generated – (Same as in IV.J.)
- Q. Recommendation for Termination – (see Note 1) – (Same as in IV.I.)

Note 1: Counseling Psychology Interns at the Texas A&M University Counseling & Psychological Services are employees of the State of Texas. Consequently, they are subject to the policies and procedures of Texas A&M University. More specifically, they are subject to procedures outlined in the attached document entitled Discipline and Dismissal Procedure for Employees other than Faculty. This document states: “All appointments to nonfaculty positions are considered probationary for three months. During this period an employee is subject to separation if services rendered are unsatisfactory. Dismissal during the probationary period is not subject to appeal unless the employee believes discrimination because of race, color, religion, sex, age, ethnic origin, or nonjob-related handicap is the reason for the termination.”

Note 2: Texas A&M University has developed an Employee Assistance Program which provides mental health assessment and referral. Mental health professionals who are not on the Counseling & Psychological Services staff deliver this service at no charge. Interns are eligible for this service.

All of the above actions will be appropriately documented and implemented in a manner consistent with due process procedures. The trainee is notified of the final decision and, again, at this point may appeal the decision. If the intern accepts the decision, his/her academic program and other appropriate individuals are notified. If the trainee chooses to appeal, these individuals will be notified of the final decision at the conclusion of the appeal process.



## SCS Scope of Practice

The role of Counseling & Psychological Services (CAPS) at Texas A&M University is to provide brief mental health counseling and related services that advance student development and academic success. Brief mental health counseling is available to eligible students whose concerns fall within our scope of practice. Those whose needs cannot be accommodated within our treatment model will be referred to community resources for care. Such referrals might occur immediately following an initial assessment or at any time during the treatment process based on clinical judgment.

Group therapy and workshops are unlimited for eligible students. Accessibility for psychiatric services is only through a referral process. Scope of psychiatric services is determined by clinical judgment and availability. Students who have established a psychiatric provider within about a 200-mile radius are typically encouraged to continue with that provider. Brief mental health counseling, including individual and couples, is defined by the CAPS as assessment of and intervention for concerns reasonably addressed within a semester. On average, students attend 3-5 individual sessions. Crisis services are available for eligible students during regular business hours. HelpLine is available during the academic year outside business hours when class is in session.

**Clinical issues** that will likely be addressed through a community referral, include but are not limited to:

- Students with chronic mental health conditions that require longer-term, ongoing care.
- Clinical presentations, such as some personality disorders, that indicate short-term therapy may be ineffective and/or detrimental.
- A need or desire to be seen more frequently than CAPS can accommodate. Excessive utilization of CAPS crisis intervention services indicates that standard session frequency is inadequate.
- Chronic suicidality and/or recent history of multiple suicide attempts.
- Severe and chronic self-injury.
- A history of multiple psychiatric hospitalizations.
- Issues that require more specialized care than can be provided at CAPS, including:
  - Significant or chronic disordered eating symptoms posing medical danger
  - Significant or chronic substance use/abuse which interferes with engagement in therapy
- Active symptoms of psychosis at risk for progressive deterioration.

Other reasons why we may refer students to community resources include, but are not limited to:

- Lack of motivation or engagement in treatment, as evidenced by:
  - Unwillingness to provide information sufficient for clinical assessment
  - Inability to identify a treatment goal appropriate for brief mental health counseling
  - Inconsistent attendance (More than 2 no shows and/or late cancellations may require a meeting with an administrator)
  - Poor compliance with treatment recommendations
- Ongoing treatment relationship with another mental health provider.
- Inappropriate, harassing, menacing, threatening, or violent behaviors.
- Mandated or required treatment, including, but not limited to:
  - Counseling ordered through legal proceedings, such as substance abuse treatment, alcohol education, anger management, parenting education, or domestic violence treatment
  - Counseling required by external entities, such as employers, government agencies, academic departments, or classes
- Comprehensive psychological evaluation of any type, including, but not limited to:
  - Neuropsychological evaluations
  - Forensic assessments
  - Custody evaluations
  - Assessment and documentation for service or support animals

- State/Federal benefit programs, including vocational rehabilitation and social security/disability
- Fitness-for-duty evaluations
- Pre-surgical mental health evaluations
- When treatment is not advancing, the ethical guidelines of the mental health providers of CAPS may necessitate termination of therapy and referral to community resources.
- Other situations that are determined to be outside the scope of services provided by CAPS, or in which case a clinical staff member determines that treatment would be detrimental to the client or to the proper functioning of the facility.

### **Virtual Private Network (VPN) Policy**

A virtual private network (VPN) may be created upon request to allow staff members to access their CAPS computing account from a remote location away from campus. Staff who take advantage of this opportunity are encouraged to be mindful of the importance of self-care including the value of maintaining healthy work-life balance. Only those staff members who have completed the following requirements are eligible for VPN access:

- 1) Successfully navigate the hiring or matching process
- 2) Employed at CAPS for six months with positive performance reviews
- 3) Complete IT training with Roger Whitaker
- 4) Sign a confidentiality commitment form.

\*No practicum counselors will ever be eligible for this privilege.

**Counseling & Psychological Services**  
**Guidelines Regarding Multiple Relationships**

Counseling & Psychological Services (CAPS) has multiple functions including service delivery, training, research, and teaching. It is expected that individuals within CAPS will be involved in multiple roles with each other. Because individuals have multiple roles in CAPS, it is important that they continually be aware of, monitor, and clarify the implications of these multiple roles within CAPS. Supervisors of trainees and employees should make special efforts to alert and dialogue with their supervisees about the issues associated with multiple roles in CAPS. Multiple roles, per se, are not unethical or problematic, and are unavoidable in counseling centers with many functions. APA's Ethical Principles of Psychologists and Code of Conduct (2002) define a multiple relationship.

**STANDARD 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.

Multiple relationships at CAPS might be formed from any of the following multiple role possibilities: therapist, co-therapist, supervisor, supervisee, employer, employee, consultant, presenter, mentor, student, colleague, friend, partner, or relative. Multiple relationships can become problematic and/or unethical when functioning in one role or relationship, (A) has potential for maximizing and/or abusing a power differential which may exist between the individuals involved, (B) has implication and/or potential influence on the nature or course of the other relationship with that same person, and/or (C) makes it likely that objectivity will be compromised in the other relationship with that same person when evaluation is an important part of the other relationship.

CAPS holds staff members responsible for monitoring their multiple relationships and refraining from developing problematic and/or unethical multiple relationships. Staff members are encouraged to consult with each other whenever questions arise about multiple relationships. When in a multiple relationship or when considering entering into a multiple relationship, it is incumbent upon the person in the more powerful position to take special care to set appropriate limits and monitor the relationship. In addition, each person has the responsibility to refuse to enter into or remain in a multiple relationship at CAPS if she or he believes the relationship is or would become problematic.

Staff members will follow applicable professional ethical codes (including those of the American Psychological Association), state laws (including the Rules and Regulations of the Texas State Board of Examiners of Psychologists, and Texas A&M University rules and regulations which pertain to multiple relationships.

Because certain multiple relationships have a high probability of becoming problematic, the following guidelines are established in order to directly address the issue of multiple roles and to avoid possible problematic multiple relationships within CAPS:

1. All staff are prohibited from entering into sexual, romantic, social, employer, employee, or business associate relationships with current clients of CAPS.

2. Staff who have entered into a professional relationship with a client are prohibited from engaging in a sexual, romantic, social, employer, employee, or business associate relationship while employed at CAPS.
3. CAPS employees and practicum students are prohibited from receiving ongoing counseling services from CAPS staff members concurrently with the period of employment/training at the SCS. .
4. Employees (including interns) who request psychotherapy, professional assistance with a personal crisis, remediation of dysfunctional behavior, or academic, career, or personal growth counseling will be referred to the TAMU Employee Assistance Program, other campus agencies, or community resources.
5. In the event that a practicum student desires crisis intervention from CAPS, a counselor not directly involved with the practicum student's training may see the student to help the student gain stability and support. The counselor will refer the student to other campus or community resources for ongoing services as needed.
6. Applications from current or former CAPS clients to become CAPS trainees will be processed in the same manner as applications from non-clients. A trainee applicant's current or former counselor shall not communicate with any staff member about the trainee applicant in any way that would divulge privileged information.
7. A CAPS trainee may not be supervised by his or her former CAPS counselor or the counselor's supervisor.
8. Counseling records of a trainee who was a previous CAPS client will be protected from access by staff that are or could become involved in the supervision/training of the trainee. Paper records will be stored separately from CAPS general client files and kept by CAPS Custodian of Records, the Director. Electronic records will be protected through access restrictions based on "need to know."
9. Clients who may become future trainees may request that documentation of services provided be restricted as stated in the paragraph 8 above.
10. Former CAPS trainees who become CAPS clients shall not be counseled by anyone who was involved in their supervision.
11. At the beginning of each semester, a roster of new HelpLine volunteers, student workers, and trainees will be checked against the CAPS's client files. Client files that are identified will be given restricted access according to paragraph 5 above.
12. It is unethical, and therefore prohibited, for a CAPS professional staff member or trainee to develop a romantic relationship with a potential or current supervisee/supervisor. The Ethics Code of the American Psychological Association states; "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" (7.07 Sexual Relationships With Students and Supervisees)..
13. HelpLine workers may receive counseling services, but not concurrently from staff that have major involvement in the training, supervision, or administration of HelpLine.
14. Test interpretation by CAPS staff for personal use is not permitted. Academic, career, and non-clinical instruments may be given as part of training, team building, or continuing education. Employees and trainees are permitted to use the resources of CAPS, such as reading materials and computerized educational programs. However, they may not enter into counseling relationships with one other.
15. It is recognized that multiple relationship problems can develop when a close friend, significant other, or family member of a CAPS staff member or trainee receives counseling at CAPS. A primary concern is protecting confidential information. If any person anticipates or

experiences such problems, the person should consult with the Director so that arrangements can be made to prevent or resolve the problem. Counseling records of close friends, significant others, and family members of CAPS staff members or trainees will be protected as described in paragraph 8.

16. If a staff member anticipates or experiences a problem from a multiple relationship at CAPS, the staff member should attempt to deal with the problem by following APA ethical guidelines. The staff member should use discretion and attempt to resolve the issue by communicating directly with the other individual involved. If this is not successful, the staff member should attempt to gain resolution by consulting with his/her immediate supervisor or a higher supervisor if the problem is with the immediate supervisor.
17. CAPS trainees should not engage in social media relationships with senior staff members or clients of CAPS.
18. If a staff member believes a multiple relationship between two other people at CAPS is problematic, the staff member should attempt to deal with the problem by following APA ethical guidelines. In this case, the staff member should use discretion and first attempt to resolve the issue by communicating directly with the individual involved in the questionable relationship who holds the more senior position at CAPS. If the issue is not resolved at this level, the staff member should consult with the Director about the matter.
19. Exceptions to these guidelines may be made only by the approval of the CAPS Director.

## **CODE OF PROFESSIONAL CONDUCT FOR INTERNS**

### **EXPECTATIONS OF PSYCHOLOGY INTERNS**

With regard to intern behavior and performance during the internship year, the general expectations of the training program are that the intern will:

- Practice within the bounds of the APA Ethical Code of Conduct ([www.apa.org/ethics/](http://www.apa.org/ethics/)) and TSBEF Rules and Regulations ([www.tsbep.state.tx.us/](http://www.tsbep.state.tx.us/)) for Psychologists in Texas. (printed copy available upon request)
- Practice within the bounds of the laws and regulations of the State of Texas;
- Practice in a manner that conforms to the professional standards of Texas A&M University and Counseling & Psychological Services.

Interns are responsible for maintaining standards of conduct appropriate to their work environment and mandated for all employees of Texas A&M University. Please see: <http://rules.tamu.edu> (printed copy available upon request)

### **RIGHTS AND RESPONSIBILITIES OF PSYCHOLOGY INTERNS**

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

The interns have access to clear statements of the standards and expectations by which they are evaluated at midterm and semester end. Throughout the year, interns receive two hours of individual clinical supervision weekly when they will be given informal verbal feedback on their performance. They have the opportunity to ameliorate deficiencies or misconduct prior to the semester evaluation and/or special review, unless continuation of service delivery would be to the detriment of clients.

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

Interns have the right to activate a formal review when they believe that their rights have been infringed upon. When the evaluation process is completed at the end of the semester, interns have the right to contest criticisms in the evaluation, to disagree with the primary supervisor's summary evaluation, and to request an appeal.

Violations of intern's rights include, but are not limited to, exploitation, sexual harassment, arbitrary, capricious or discriminatory treatment, unfair evaluation criteria, inappropriate or inadequate supervision or training, and violation of due process.