

Intern Trimester Competency Evaluation Form
Updated 2008

Intern Name:

Primary Supervisor:

Rotation Evaluation:

Assessment Method(s) for Competencies

- Direct Observation Review of Written Work Videotape Review of Raw Test Data
 Audiotape Discussion of Clinical Interaction Case Presentation Feedback from Other Staff

Competency Ratings Descriptions:

N/A - Not applicable for this training experience / Not assessed during this phase of training experience

Expert / Skills comparable to autonomous practice at the licensure level.

Competency attained at full psychology staff privilege level, however as an unlicensed trainee, supervision is required while in training status.

Advanced / Occasional supervision needed.

Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.

Intermediate / Should remain a focus of supervision

Common rating throughout internship. Routine supervision of each activity. By the end of internship, 90% of ratings should be at this rating or above.

Beginning / Continued intensive supervision is needed

Minimum expected at beginning of pre-doctoral internship. Routine, but intensive, supervision is needed.

Remedial / Needs remedial work

Requires remedial work if trainee is in internship or post-doc.

PROFESSIONAL STANDARDS AND BEHAVIOR

(A) Maintenance of Professional Boundaries

ETHICS AND LAW				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
May be unaware of important ethical and legal issues. Disregards important supervisory input regarding ethics or law.	Basic awareness of commonly encountered ethical and legal issues, but consistently needs significant supervisory input on dealing with these issues. May fail to recognize more complex issues.	Generally recognizes situation where ethical and legal issues might be pertinent and routinely seeks supervisory input; May need assistance of supervisor in identifying and sorting out more complex ethical concerns.	Consistently recognizes ethical and legal issues and independently addresses these, often informing the supervisor after the fact. Appropriately asks for supervisory input on more complex situations.	Spontaneously and consistently identifies ethical and legal issues and addresses them proactively. Judgment is reliable about when peer or supervisory consultation is needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

(B) Professional Department

PROFESSIONAL INTERPERSONAL BEHAVIOR				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues.	Ability to participate in team model is limited, relates well to peers and supervisors.	Progressing well on providing input in a team setting. Effectively seeks assistance to cope with interpersonal concerns with colleagues.	Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.	Smooth working relationships, handles differences openly, tactfully and effectively.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

(C) Respect for Cultural Diversity

SELF AWARENESS				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Has little insight into own cultural beliefs even after supervision. Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.	Is beginning to learn to recognize beliefs which limit effectiveness with patient populations. Highly dependent on supervision to point out the effects of beliefs and actions in therapeutic situations.	Uses supervision well to recognize how own cultural background impacts psychological work. Comfortable with some differences that exist between self and clients and open to working on others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.	Actively aware of own cultural background as it impacts beliefs and actions. Readily acknowledges own culturally-based assumptions when these are identified in supervision and uses supervision well to examine this in psychological work.	Accurately self-monitors own responses to differences, and differentiates these from patient responses. Aware of personal impact on clients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

(D) Maintenance and Professional Boundaries

BOUNDARIES				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Discloses inappropriate personal information to clients. May become over-involved with client's situations. Accepts gifts from client without discussion. Encourages or accepts physical contact from clients (e.g. hugging) without discussion or awareness of therapeutic implications.	Limited awareness of personal and professional boundaries, which interferes with therapeutic process; e.g. may disclose too much personal or irrelevant information in session, or maintain excessive distance such as to inhibit the therapeutic process.	Awareness of personal / professional boundaries but may not always respond appropriately. Routinely seeks supervision when boundary issues arise.	Demonstrates appropriate boundaries and flexibility in therapy process. Generally functions independently, but may need supervision on more complex therapeutic and interpersonal interactions with clients.	Consistently demonstrates awareness of personal / professional boundaries. Able to sensitively process client concerns regarding the keeping of these boundaries.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

PROFESSIONAL SKILL COMPETENCY

(A) Case Conceptualization

ARTICULATION OF CLIENT PRESENTING PROBLEMS				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Proceeds with interventions when does not seem to know or is unable to clearly articulate client's presenting problems	Presenting problem is vaguely defined by counselor. Has difficulty separating critical information from extraneous information.	Presenting problem is more clearly understood by counselor but articulation of the problem continues to be somewhat challenging	Is able to define and articulate the clients presenting concern(s) however, may use supervision to sort out more complex issues.	Is able to independently define and articulate the clients presenting concern(s) verbally and in documentation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONCEPTUALIZATION				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Unable to articulate conceptualization of case from any theoretical framework. Denies importance of theoretical basis for conceptualization. Misses or misperceives important emotional issues.	Limited awareness of conceptual framework for treatment resulting in less adequate (incomplete) treatment planning	Accurately conceptualizes client concerns but the treatment plan only partially reflects case conceptualization. Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the patient, needs supervision for development of awareness of underlying issues.	Reaches case conceptualization on own, recognizes improvements when pointed out by supervisor. Readily identifies emotional issues but sometimes needs supervision for clarification.	Independently produces accurate case conceptualizations within own preferred theoretical orientation, can also draw some insights into case from other orientations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTENTION TO GROUP PROCESS				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Unaware of or demonstrates inadequate understanding of basic group dynamics. Fails to attend to process issues.	Limited knowledge of group stages and effects of group process. Highly dependent on supervisor or co-leader to identify process issues and suggest appropriate interventions.	Able to identify basic stages of group process. Identifies problematic process issues. Routinely needs assistance from co-leader or supervisor to handle them, then works to apply new knowledge and skills.	Able to articulate and analyze group dynamics. Generally responds effectively to group process issues. Seeks supervisory input on more complex group process issues as needed.	Anticipates group process issues relevant to stages of group development. Responds to process issues in such a way as to facilitate positive therapeutic movement.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

(B) Cultural Diversity

REFERRAL AS ADJUNCT TO THERAPY				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Unaware of or disregards the importance of other support resources. Limited knowledge of VA and community resources to support counseling process. Highly dependent upon supervisor to suggest such referrals.	Limited knowledge of VA and community resources to support counseling services. Highly dependent upon supervisor to suggest such referrals.	Basic knowledge of VA and community resources but may inconsistently use them to support counseling process.	Routinely uses VA and community resources to maximize effectiveness of treatment. May seek assistance from supervisor or peers with identifying appropriate resources for more complex or unusual cases.	Actively educates self about availability of VA resources. Anticipates referral to such resources as part of treatment planning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MULTICULTURAL KNOWLEDGE AND APPRECIATION OF DIFFERENCES				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Little salient knowledge about cultures other than one's own. May deny that multicultural knowledge is important.	Verbal and nonverbal communication reflects a limited amount of knowledge regarding client groups that may be different from the trainee. Needs supervisory structure to recognize knowledge deficits and suggest adjunctive learning for the trainee.	Verbal and nonverbal reflects some appreciation of individual differences, although as differences increase, appreciation becomes more difficult. Trainee recognizes limitations but needs assistance with exploring such issues effectively in supervision.	Verbal and nonverbal communication which consistently reflects appreciation or respect of individual differences, even when differences are significant. In supervision, recognizes and openly discusses limits to competence with diverse clients and with supervisors assistance actively seeks to improve multicultural knowledge.	Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERACTION WITH CLIENT DIFFERENCES IN CLINICAL WORK				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Trainee is unaware of the impact of client differences in relation to their presenting problems or as they impact the therapist / client relationship. Verbal and non-verbal communication reflects discomfort or lack of cultural sensitivity.	Verbal and nonverbal communication reflects a limited appreciation and respect of individual differences in the therapy process. At times, neglects or is reluctant to explore cultural differences in counseling and has a limited ability to integrate them in the therapy process	Verbal and nonverbal communication in counseling reflects basic appreciation of individual differences. Demonstrates willingness to explore cultural differences in counseling but may not be consistent with integrating them into the therapy process. Supervisor may need to be active in reminding trainee to consider differences in conceptualization and interventions	Verbal and nonverbal communication in counseling reflects respectful appreciation of individual differences. Generally integrates differences in counseling process, but may need occasional supervisory reminders to consider differences in conceptualization and interventions	Verbal and nonverbal communication in counseling consistently reflects appreciation and respect of individual differences, even when differences are significant. Actively explores cultural differences and integrates these issues into all aspects of therapy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cultural Diversity Comments:

(C) Diagnostic Skills/Use of Formal Assessment

DIFFERENTIAL DIAGNOSIS				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Has limited understanding of the psychiatric classification system and/or ability to use DSM-IV-TR criteria to develop a diagnostic conceptualization.	Basic knowledgeable about DSM-IV-TR but has difficulty accurately connecting client's symptoms with diagnosis or may miss relevant patient data when making a diagnosis. May tend to under-diagnose or over-pathologize. Makes symptom-based diagnosis with limited awareness or consideration of other variables (i.e. cultural, developmental, situational, or contextual).	Able to articulate diagnostic impressions based on the DSM-IV-TR but may be inconsistent with accurate diagnosis. May tend to use diagnoses with which they are most familiar, while ignoring conflicting or additional data. Requires supervisory input on most complex diagnostic decision-making.	Uses DSM-IV-TR to accurately diagnose client symptoms. Initial diagnostic impressions are supplemented with additional assessment data before making diagnosis. but may have difficulty integrating data Uses supervision well in more complicated cases involving multiple or more unusual diagnoses.	Demonstrates a thorough knowledge of psychiatric classification, including multiaxial diagnoses and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously. Diagnosis is made after assessing and integrating cultural, developmental, situational, and contextual variables. Integrates multiple assessment data to formulate diagnosis/ treatment plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EFFECTIVE FEEDBACK				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
No experience in providing feedback to clients or referral sources. Unaware or careless about impact of feedback on client. Does not modify behavior in feedback sessions in response to supervisory or client input.	Limited experience providing direct feedback to client or referral source. May be unsure what feedback is important. Dependent on supervisor to develop feedback plan. Limited awareness of potential impact of feedback on client. Moderate to high anxiety about providing feedback to client and referral source.	Collaborates with supervisor to develop a plan for the feedback session. Basically communicates results to client; e.g., may read routinely from test report, but less effective in helping client to integrate findings into their own experience. Mostly comfortable with providing feedback but may have difficulty articulating responses to client challenges or concerns.	Minimal discomfort while providing feedback to client. Feedback is appropriate and counselor responds effectively to client concerns. May need some assistance to identify issues which may become problematic in the feedback session.	Independently develops feedback plan. Adjusts personal style and complexity of language and feedback details to accommodate client needs. Effectively helps client integrate test results into their own experience.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEST INTERPRETATION				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Verbatim use of computerized reports without attention to supporting and conflicting information across test data	Understands basic use of tests, however, interpretation skills and experience are limited. May occasionally reach inaccurate conclusions or take computer interpretation packages too literally.	Completes assessments on typical patients with some supervisory input, occasionally uncertain how to handle difficult patients or unusual findings. Some integration of test instrument results and interview data with limited attention to conflicting data or alternative factors	Demonstrates knowledge of scoring methods, reaches appropriate conclusions with some support from supervision.	Consistently and autonomously integrates computer testing report information with other data, taking into consideration cultural, developmental, situational and contextual factors specific to the client.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WRITTEN ASSESSMENT REPORTS				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Some major aspects of the report are missing (i.e. significant history, referral question, cognitive functioning, interpersonal functioning, self-image, coping skills, and symptoms). Grammatical and/or spelling errors indicate inadequate attention to proofreading.	Assessment reports tend to lack structure, detail or idea development, and may be test based instead of integrated. Some aspects of the report may be underdeveloped.	Reports integrate test data with interview data but do not fully address some aspects of personality/social functioning (i.e. referral question, cognitive functioning, interpersonal functioning, self-image, coping skills, and symptoms). Has completed 1-2 assessment batteries and reports.	Reports follow a coherent outline and cover essential points without serious error, but may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant recommendations. Minimal grammatical and spelling errors. Has completed 3-4 assessment batteries and reports.	Reports are well-structured and thorough and are effective summaries of major relevant issues. Relevant test results are woven into the report as supportive evidence and recommendations are related to referral questions. Has completed more than the minimum expected # of assessment batteries and reports.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROLE OF ASSESSMENT				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Shows limited understanding or misinformed about the role of testing and assessment in clinical setting. Limited ability to articulate referral questions.	Basic understanding of the role of testing and assessment for diagnostic purposes. Focus is on documentation of symptoms. Non-specific, stereotypical articulation of referral questions. May not consider testing referrals unless recommended by supervisors.	Recognition of role of assessment in both diagnosis and treatment planning, but continues to focus primarily on diagnostic concerns. With supervision clarifies appropriate referral questions. May need some prompting from supervisor to consider assessment for clients.	Independently recognizes that assessment is done to enhance treatment planning as well as diagnosis. Able to effectively formulate differential referral questions. May consult with supervisor regarding appropriateness of testing and effective use of testing recommendations.	Appreciation of the integration of assessment into treatment. Sees testing recommendations as important in forming effective treatment interventions. Testing is not seen as a discrete event but test instruments may be completed both initially for diagnostic purposes and to document progress and outcomes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEST SELECTION AND ADMINISTRATION				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Little or no knowledge of commonly used assessment instruments. Little or no practical experience with test administration and low comfort with administering testing instruments.	Basic knowledge of commonly used assessment instruments. Administration skills and experiences are limited. May need to recall patient to further testing sessions due to poor choice of tests administered or due to slow administration.	Increased comfort and familiarity with commonly used assessments. Limited range of flexibility with selecting assessment. Some difficulty articulating “why” assessments are selected. More comfortable with “standard” test battery.	Comfortable with a wider variety of instruments and able to appropriately select assessment instruments based on relevance to referral question(s) with limited supervision.	Comprehensive knowledge of wide variety of assessment instruments and skilled in test administration. Able to independently select appropriate assessment instruments based on relevance to referral question(s).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTAKE				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
<p>Fails to complete salient information on intake form, e.g. thoughts of harm to self or others.</p>	<p>Awareness of critical issues is adequate, but may not follow through with thoroughly screen critical items in intake assessment. May have difficulty limiting time spent on less salient items and neglect more critical items. Needs significant supervisor input on identifying critical information.</p>	<p>Intake assessments are more complete but continue to lack detailed assessment of some areas; i.e., obtains necessary intake information (completes form) but neglects gathering additional salient information. Screens critical items in a rote way but exploration of related issues is limited. May need reminders from supervisors to explore all domains indicated on intake form.</p>	<p>Intake assessments are thorough, including the treatment plan and DSM diagnosis. Consistently broadens scope of assessment to include gathering info regarding salient issues. Seeks supervision as needed with more complex presenting problems or challenging clients.</p>	<p>Complete and accurate intake assessment, with ability to integrate relevant clinical data into conceptualization and treatment planning</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

(D) Psychotherapy/Counseling, Crisis Intervention Skills

TREATMENT PLANNING				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
<p>Fails to set appropriate treatment goals with client. Sets goals for client rather than collaborating with the client. May proceed with counseling without any clearly stated goals or plan.</p>	<p>Able to articulate broad treatment goals. May find it difficult to visualize treatment process from intake to termination, e.g. has difficulty translating goals into specific interventions or vice versa</p>	<p>Able to develop treatment plan for familiar client concerns with more difficulty developing a treatment plan for less familiar diagnoses. Requires ongoing supervision to set therapeutic goals aside from those presented by client.</p>	<p>Sets appropriate goals with occasional prompting from supervisor; distinguishes realistic and unrealistic goals.</p>	<p>Collaboratively sets realistic goals with clients. Treatment plans are more focused and coherent. Plans flow from assessment and conceptualizations, appropriately altered as a result of interventions.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GROUP ORGANIZATION				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Fails to reserve group meeting space. Fails to solicit referrals or to implement publicity. Fails to utilize group tracking forms. Fails to complete or inappropriately completes group notes. Begins group without planning or setting group rules.	Highly dependent on structure from co-facilitator or supervisor to complete planning and group development details.	Completes basic group planning and assists with group development. May require prompting from supervisor or assistance with maintaining appropriate group documentation.	Adequately plans for details of group organization. Maintains appropriate group documentation. Requires only occasional prompting from supervisor regarding solicitation of referrals or timeliness of documentation.	Independently attends to details of group planning, organization and documentation in a timely manner. Actively recruits for group referrals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNITY REFERRAL				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
No awareness of community resources. Fails to make community referrals when it is clearly appropriate. Suggests off-campus referral but offers no assistance with facilitating the off-campus referral process.	Limited awareness of community resources. Unsure which clients are appropriate for off-campus follow-up. Highly dependent on supervisor to point out need for referral or appropriate resources.	Basic awareness of community resources. May make community referral based on appointment availability rather than assessment of the appropriateness of available services.	Aware of range of community resources and generally refers as needed. May need occasional feedback from supervisor regarding appropriateness for community referral.	Adequately assesses appropriateness of community referral based on severity and assists with referral process including follow-up with student. Good awareness of community resources.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERVENTIONS				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Fails to recognize or avoids addressing difficult issues in group therapy. Unable to maintain sufficient control in group.	Tentative in interventions. Highly dependent on co-leader or supervisor to deal with problematic process issues (e.g., group resistance, challenges to the leader).	Able to facilitate connection between group members. Recognizes important issues for the group therapy process but inconsistently addresses them in group.	Effectively addresses important issues in group therapy. Routinely and independently uses group process to promote growth and therapeutic change. Can manage group alone in absence of co-therapist/supervisor with follow-up supervision later.	Comfortable in group leadership role. Intervenes in group skillfully. Elicits participation and cooperation from all members, confronts group problems appropriately and independently.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COLLABORATION WITH CO-LEADERS				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Silent when co-leaders are present. Ignores co-leader's input or is argumentative with co-leader in the group. May be visibly anxious or detached in group.	Some discomfort with co-leadership role. May consistently rely on co-leader to assume predominant leadership role or alternatively may monopolize group leadership. Needs supervisory input to promote awareness of style conflicts or to assist with resolving differences	Basic comfort with co-leadership role though may have some anxiety about the specifics of sharing leadership responsibilities. May need supervisory structure to resolve any differences or therapeutic style conflicts with co-leader.	Generally comfortable with co-leadership role. Differences with co-leader are resolved in a respectful manner, with minimal supervisory input in more complex situations.	Respectful, collaborative relationship with co-leader. Comfortable in spontaneous and planned interchanges with co-leader. Able to independently address and resolve any differences with co-leader.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONFRONTATION				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Actively avoids confrontation or is overly aggressive in confronting clients.	Fails to recognize or avoids addressing difficult issues in individual therapy until prompted by supervisor. May be anxious during such interventions with a result of reduced therapeutic effectiveness.	Recognizes important therapeutic issues but may inconsistently address them in therapy. Frequent consultation with supervisor may be needed to plan and process confrontation interventions.	Effectively addresses important issues in individual therapy. Anxiety regarding such interventions is minimal. Supervision may be used to process complex situations.	Anticipates therapeutic situations in which confrontation may be necessary. Handles such situations in such a way as to advance the therapeutic process.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EFFECTIVENESS OF INTERVENTIONS				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Interventions may be inappropriate or inadequate for addressing the presenting problem. Most interventions and interpretations are rejected by clients.	Rote application of familiar interventions. May be uncomfortable or unwilling to consider use of more complex or creative interventions.	Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations. May need supervisory prompting to consider more creative interventions.	Most interventions and interpretations facilitate client acceptance and change. Open to trying creative and integrative interventions, however supervisory assistance may be needed for timing and delivery of more difficult interventions.	Interventions and interpretations facilitate client acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TERMINATION ISSUES				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Disregards termination issues. May handle terminations in an insensitive manner. Fails to develop appropriate referral plan if further treatment is needed.	Limited awareness of termination issues and ability to process them. Dependent upon supervisor to recognize appropriateness of termination.	Demonstrates awareness of termination issues but does not always process issues effectively or in a timely manner. May need assistance from supervisor with identifying appropriate timing of termination, particularly with preferred or long-term clients.	Able to appropriately plan timing of termination and facilitate separation. May need supervisor's assistance with planning in more complex cases and in dealing with client relapses.	Anticipates termination issues, adequately prepares client for termination, actively processes meaning of termination for client and self and assists clients with obtaining closure.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COUNTERTRANSFERENCE				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Unable to see countertransference issues, even with supervisory input; Consistently allowing countertransference reactions to negatively impact the therapeutic relationship	Understands basic concepts of countertransference, but in practice may have difficulty separating accurate perceptions from emotional reactions to clients. Often does not recognize this until pointed out by supervisors.	Is developing awareness of importance of transference and countertransference issues in therapy process. Supervisory input is frequently needed to process the information gained.	Can usually identify own emotional reactions to client as countertransference and seeks supervision appropriately around these issues.	Consistently demonstrates professional objectivity and awareness of transference and countertransference; seeks peer or supervisory consultation on the rare occasions when it is needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CRISIS INTERVENTION				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Fails to respond in crisis situation. Fails to seek supervision or consultation when situation clearly warrants.	Rigid application of crisis intervention skills. Level of crisis intervention response may be too much or too little as compared to the level of risk presented. Fear may occasionally overwhelm abilities in dealing with client crises. Significant supervision is needed to help trainee formulate and implement appropriate interventions.	Follows basic crisis intervention procedures. Seeks consultation immediately if needed, while client is still on site. Supervision may be needed to cope with safety issues and own anxieties; however, afterwards trainee handles them well. Occasionally needs prompting to discuss confidentiality issues with patient and may need input regarding appropriate documentation of risk	Level of crisis intervention is appropriate to level of risk. Aware of how to cope with safety issues but may need to refine crisis plans in collaboration with supervisor. Good awareness of confidentiality issues as they relate to crisis situations. Continues to need occasional reassurance in supervision.	Collaborates with clients in crisis to make appropriate short-term safety plans, and intensifies treatment as needed. Appropriately addresses confidentiality issues with client. Acts independently, but appropriately seek peer or supervisory input as needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRIAGE AND CRISIS ASSESSMENT				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Incomplete assessment of critical concerns. Neglects explanation of confidentiality limitations. Unable to complete triage screenings in time allotted.	Rote completion of triage form without elaboration of critical items. May have some difficulty separating routine from more urgent client concerns. Needs guidance regarding sufficient documentation of client risk. Needs frequent prompting to address confidentiality issues.	Generally recognizes potentially problematic cases, but may need some guidance regarding complete evaluation of client risk. Asks for input regarding documentation of risk as needed. Occasionally needs prompting to discuss confidentiality issues with client.	Able to quickly assess client concerns and make appropriate assessment. Effectively screens for critical items e.g. thoughts of harm to self or others. Needs supervision on more complex cases.	Independently and effectively evaluates, manages and documents client risk by assessing immediate concerns and is able to prioritize response according to severity. Discusses all applicable confidentiality issues openly with patients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THERAPEUTIC RELATIONSHIPS				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
<p>Fails to adequately engage or actively alienates clients. Minimal rapport with client, as demonstrated by a low level of sharing by client and distancing non-verbal counselor behaviors. Clients routinely decline to reschedule or request a different counselor.</p>	<p>Able to develop at least minimal working rapport with most clients. Uses fundamental counseling skills (i.e. paraphrases, reflections, questioning, etc.) to gain and demonstrate understanding of client's concern. Likely needs supervisory input to recognize difficulties in the therapeutic relationship, (e.g., anxiety, language, non-verbals.)</p>	<p>Able to establish moderate rapport w/ clients, as shown by the client's depth of sharing and more engaging counselor verbal and non verbal behaviors. In supervision actively works on identified impediments to relationships.</p>	<p>Establishes good quality working relationships with clients. Generally comfortable and relaxed with clients in session. Seeks supervisory input on the rare occasions of difficulty developing relationships with particular clients.</p>	<p>Able to establish moderate rapport with clients, as shown by the client's depth of sharing and more engaging counselor verbal and non-verbal behaviors. In supervision actively works on any identified impediments to relationships.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THEORETICAL BASIS OF TECHNIQUES/ INTERVENTIONS				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
<p>Interventions are random and unrelated to conceptualization</p>	<p>Routinely uses one theoretical orientation to implement client change. May be anxious or somewhat resistant to trying alternative techniques or considering alternative conceptualizations.</p>	<p>Works mainly from one theoretical orientation, however, under supervision is open to experimenting with new perspectives and techniques.</p>	<p>Broadens theoretical orientation, utilizing skills from several theories in work with clients.</p>	<p>Applies several theories to clinical work with clients in a creative and integrative manner.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
May seem unconcerned about documentation. May neglect to document patient contacts. Documentation may be disorganized, unclear or excessively late.	Needs considerable direction from supervisor. Needs regular feedback about what to document. May leave out crucial information.	Uses supervisory feedback well to improve documentation. Rarely, may leave out necessary information, and occasionally may include excessive information. Most documentation is timely.	Maintains timely and appropriate records; may forget some minor details or brief contacts (e.g. phone calls from patient), but recognizes these oversights and retroactively documents appropriately. Records always include crucial information.	Maintains complete records of all patient contacts and pertinent information. Notes are clear, concise and timely. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOCUMENTATION THOROUGHNESS				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
May neglect to document patient contacts. Progress notes may be disorganized, or fail to include relevant information, and are not written in a brief, legible fashion. Fails to obtain supervisory signatures on notes and forms.	Progress notes are completed but often include irrelevant information, may be overly detailed, or may be too telegraphic. Needs consistent direction from supervisor regarding what to document. Inconsistently includes the supervisor's signature.	Progress notes accurately reflect session content, usually include the supervisor's signature, and rarely, may leave out necessary information, and occasionally may include excessive information. Uses supervisory feedback well to improve documentation.	Progress notes are written in a brief, legible fashion always include crucial information. May forget some minor details or brief contacts (e.g. phone calls from client), but recognizes these oversights and retroactively documents appropriately with occasional prompting from supervisor.	Progress notes are consistently an accurate reflection of the session, and are written in a brief, legible fashion in all cases w/out prompting from supervisor. Records include the supervisor's signature.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

(E) Consultation/Evaluation/Supervision

ADMINISTRATIVE ASPECTS OF SUPERVISION				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Inconsistently meets the demands of the supervision process (e.g., neglects documentation of supervision sessions; neglects review and co-signatures of supervisee notes, fails to meet with supervisee on a regular basis)	Challenged by the time and activity demands of the supervisory role (e.g. documentation of supervision process, signing case notes, protecting supervision time). May have difficulty balancing supervisory duties with other clinical and administrative activities.	Meets some demands of the supervisory role well but has difficulty meeting other demands. May need additional time to attend to supervision documentation.	Meets with supervisee on a weekly basis. Prompt for supervisory sessions. Reviews and co-signs all supervisee’s notes and returns charts in a timely manner. Completes supervisee evaluations in a timely manner.	Consistently meets demands of the supervision process and is able to balance supervisory demands with other clinical and administrative demands.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISION INTERVENTIONS				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Supervisor makes inadequate or inappropriate supervisory interventions	Supervisor needs significant assistance with identifying supervision interventions appropriate to the developmental level of the supervisee (e.g. teacher, counselor, consultant role; didactic v. experiential methods; support v. challenge)	Supervisor is generally knowledgeable about supervision interventions and roles, however, application of these interventions may be inconsistent, and routine feedback from own supervisor may be necessary to choose appropriate level or style of intervention	Supervisor is able to identify supervision interventions appropriate to the developmental level of the supervisee when supervision issues are more routine, although continues to need guidance when more complex or sensitive supervision issues arise.	Supervisor consistently identifies and utilizes intervention strategies appropriate to the developmental level of the supervisee that result in an effective and productive supervisory relationship and leads to trainee growth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONFRONTATION				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Actively avoids confrontation of supervisee around problem behaviors, or is overly aggressive in addressing supervisee problem behaviors or clinical weaknesses.	Has difficulty recognizing and addressing challenges presented in the supervision process (e.g. resistance, parallel process, values differences) and relies heavily on own supervisor for guidance in this area.	Recognizes challenges present in the supervisory process, but may be anxious, tentative, or postpone confronting supervisee. May need prompting and explicit guidance from supervisors regarding specific situations.	Recognizes challenges in the supervisory process and is able to address them with supervisees. Continues to seek minimal guidance from supervisors as needed.	Anticipates challenges in the supervisory process and plans for contingencies. Adequately processes challenging situations with supervisee.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISOR/SUPERVISEE RELATIONSHIP				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Unable to establish an effective supervisory relationship. Interactions with supervisee may be antagonistic, disrespectful, or defensive.	Needs direction for identifying strategies useful for creating and maintaining a positive supervisory relationship (e.g. establishing rapport, setting appropriate boundaries, creating open working relationship)	Uses a limited range of strategies for creating and maintaining a positive supervisory relationship. Needs assistance from supervisors to identify parallel process issues.	Practices a variety of strategies for creating and maintaining a strong supervisory relationship	Effectively develops rapport with supervisee and creates a strong working relationship. Able to keep appropriate professional boundaries while being aware of parallel process with supervisee.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISOR ASSESSMENT				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Supervisor begins supervision without any assessment of supervisee's strengths or growing edges, or without identifying any training goals. May be unaware of need for such structure or may avoid this part of the supervision process.	Supervisor needs significant assistance with identifying assessment strategies (e.g. developing contract, identifying goals, monitoring progress toward goals) and providing constructive feedback consistent with the developmental level of the supervisee	Supervisor needs some assistance from own supervisors to identify assessment techniques and feedback strategies consistent with the developmental level of the supervisee.	Supervisor collaborates with supervisee to adequately identify goals appropriate to the developmental level of supervisee.	Supervisor's assessment techniques and feedback are consistently appropriate to the developmental level of the supervisee. A collaborative plan is identified and consistently followed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONSULTATIVE RELATIONSHIPS				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Working relationships with professionals outside of program are limited, underdeveloped or compromised; Consistently negative feedback from consultees	Limited ability to offer connections, provide assistance, or otherwise consult within the VA community; Dependent on supervisor to mediate with external departments when developing consultative or outreach plans.	Establishes basically positive relationships with external departments; May need some assistance with making connections with under-served population or otherwise unique groups;	Provides respectful, competent, reliable communication with all members of the VA community with minimal need for supervision except in complex situations. Consistently positive feedback from consultees.	Shows exceptional ability to collaborate with other professionals; Demonstrates initiative in establishing relationships with other departments, serving on committees, etc. Superlative feedback from consultees.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROBLEM DEFINITION AND CONSULATIVE INTERVENTIONS				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Has difficulty identifying the problem presented for consultation; does not adequately differentiate the “client” of the consultation; and/or responds inappropriately despite supervision	Needs significant assistance with identifying the “client” of the consultation process; May misunderstand or be unclear about the goal of the consultation and may need structure from supervisor to appropriately clarify issues with consultee	Identifies “client” in less complex situations but needs assistance from supervisor for more complex situations; able to collaboratively formulate goal of the consultation but may need to seek input from supervisor about appropriateness of request Can provide general interventions but has difficulty addressing unique aspects of the consultation request	Appropriately identifies the problem for consultation, seeking supervision when needed in more complex situations. The appropriate goal of the consultation process is consistently identified collaboratively with the consultee. Can identify unique aspects of consultation situations; needs little assistance tailoring the intervention to the needs of the consultee	Is consistently able to accurately identify the “client” of the consultation process Demonstrates independent ability to decipher and appropriately respond to complex problems presented for consultation. Devises interventions that fully address the consultation goal with minimal guidance or assistance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OUTREACH PRESENTATION SKILLS				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Unwilling or unable to present effective outreach programs (e.g., inadequate public speaking skills, disorganized programs, uses erroneous or outdated information).	Able to present structured programs, but may be less comfortable in less structured outreach situations. Depends heavily on supervisor to provide presentation outlines and to assist with details of outreach planning.	Comfortably presents pre-developed programs and basically comfortable in unstructured outreach situations; May need assistance with tailoring programs to meet specific needs of the target group or developing programs on unfamiliar topics.	Assesses program needs, plans, and implements programs on familiar topics; Has little difficulty developing and implementing workshops on new topics with consultation as needed from supervisor.	Demonstrates ability to independently assess needs, develop plans, and implement a wide range of outreach programs. Comfortable in structured and unstructured outreach situations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

(F) Scholarly Inquiry

FORMULATING RELEVANT RESEARCH QUESTIONS				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Unable to identify research ideas or generates ideas that are irrelevant to patient care ideas may be too vague to allow practical implementation	Needs significant assistance with generating research ideas and/or identifying their relevance to pt care .	Able to formulate generic research questions, but may need assistance with refining questions unique to pt care that are addressable with existing data or amenable to focused data collection	Easily identifies potential research projects, needing limited assistance with defining a research question that is particularly relevant to pt care .	Independently conceptualizes a novel research question that is highly relevant and useful to pt care .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESEARCH DESIGN AND IMPLEMENTATION				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Unable to design research methodology appropriate to address the research question.	Needs significant guidance in order to design and implement a methodology to address the research question.	Has basic knowledge of research design, however may need moderate assistance refining the design and / or implementing the methodology to fully address the research question	Generates research design with limited assistance needed to refine and / or implement the methodology to fully address the research question	Independently designs and implements a research methodology that fully addresses the research question
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

PERSONAL FUNCTIONING

(A) Use of Supervision

USE OF CONSULTATION/SUPERVISION				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Frequently defensive and inflexible, resists important and necessary feedback.	Needs intensive supervision and guidance, but is anxious about possibility of negative evaluation by supervisor. May have difficulty accurately assessing own strengths and limitations.	Generally accepts supervision well, but occasionally defensive or reluctant to expose areas of weakness. Needs supervisory input for determination of readiness to try new skills.	Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain, occasionally over or under-estimates need for supervision	Actively seeks consultation when treating complex cases and working with unfamiliar symptoms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

(B) Self-Regulation

USES POSITIVE COPING STRATEGIES				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Denies problems or otherwise does not allow them to be addressed effectively.	Personal problems can significantly disrupt professional functioning.	Needs significant supervision time to minimize the effect of stressors on professional functioning. Accepts reassurance from supervisor well.	Good insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact.	Good awareness of personal and professional problems. Stressors have only mild impact on professional practice. Actively seeks supervision and/or personal therapy to resolve issues.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADMINISTRATIVE SKILLS AND TIME MANAGEMENT				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Frequently has difficulty with timeliness on tasks, or tardiness or unaccounted absences are a problem. Deadlines pass without task being done. Not receptive to supervisory input about own difficulties in this process.	Trainee takes on responsibility, and then has difficulty accomplishing goals within timeframe. Highly dependent on reminders or deadlines to structure activities.	Generally completes work effectively and in a timely manner, though initially may need to devote extra time to paperwork and planning. Regularly dependent on deadlines or reminders. Actively uses supervision time to identify priorities and develop plans to accomplish tasks.	Typically completes clinical work/patient care within scheduled hours. Generally on time. Accomplishes tasks in a timely manner, but needs occasional deadlines or reminders. Receptive to supervisory input to develop own skills in administration.	Efficient in accomplishing tasks without prompting, deadlines or reminders. Prioritizes various tasks and deadlines efficiently and without need for supervisory input. Makes adjustments to priorities as demands evolve. Excellent time management skills regarding appointments, meetings and leave.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TIMELY DOCUMENTATION				
N/A				
Remedial	Beginning	Intermediate	Advanced	Expert
Case documentation is rarely completed in a timely manner. Uncompleted notes may accumulate over time.	May struggle to complete notes in a timely manner. May need supervisory prompting to get notes completed or reduction in client contact to allow for completion of documentation.	Generally completes notes in a timely manner, however, may delay documentation of more difficult cases, or require extension of working hours to catch up on notes.	Typically completes documentation within scheduled hours however may occasionally get behind with notes as caseload increases.	Documentation is consistently completed within scheduled work hours, with particular attention to completing documentation on high risk situations prior to leaving for the day.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Optional Mentor

Comments:

Areas of Remediation, including Recommendations:**REMEDIAL INSTRUCTIONS**

In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the director of training. In order to allow the trainee to gain competency and meet passing criteria for the competency area, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly.

Based on this evaluation, a remedial plan (attached) was made for the area(s) of:

- Ethics
- Professional Deportment
- Respect for Cultural Diversity
- Maintenance of Professional Boundaries
- Case Conceptualization
- Diagnostic Skills/Use of Formal Assessment
- Psychotherapy/Counseling, Crisis Intervention Skills
- Consultation/Evaluation/Supervision
- Scholarly Inquiry
- Use of Supervision
- Self Regulation
- Optional Mentor

If a remedial plan was made prior to this evaluation, please specify whether:

- The trainee **HAS** successfully completed the remedial goal(s) specified in the remedial plan dated.
- The trainee **HAS NOT** successfully completed the remedial goal(s) in the remedial plan dated. We have made a joint written remedial plan as attached, with specific dates indicated for completion. Once completed, the area will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink.

Intern Response

Regarding Evaluation

(If Any):

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Intern: _____ **Date:** _____

Primary Supervisor: _____ **Date:** _____

Secondary Supervisor: _____ **Date:** _____

Supervisor Feedback Re-Evaluation Form:

- Supervisors; please use this worksheet to evaluate the evaluation form you just completed to help us improve the evaluation process-
- Please complete and return to Training Director –

General Comments:

Specific Recommendations for Revisions: