Cañada College

Program Review for Psychological Services

Spring 2008 and Fall 2008

(January to December)

Program Review Team Chair:

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President

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Signature

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The Program Overview

A. The Mission of the Program and its Link to the College's Mission and Goals

"For (just as) the poor (we) have with (us) always[1]," so too, students and faculty members with mental illnesses. According to the 2004 U.S. Census residential population data for adults 18 years and older, 26.2 percent, about one in four adults, or 57.7 million people, suffers from a diagnosable mental disorder[2] in a given year. About 6 percent of the population has mental illness serious enough to qualify for disability status.

Extrapolating from the above figures, it would be reasonable to predict that at least one in four students would benefit from some mental health care. Schizophrenia, for example, often manifests itself first in young adulthood, and given the misunderstanding and stigmatization that still exists in our society concerning mental illnesses, it would serve the student population well if we could direct such students to the appropriate services. Our approach must be geared towards preventive care and not just crisis management alone[3].

In recognizing that a student's emotional development is integral to a successful college experience, the primary mission of Psychological Services at Cañada College is to support and enhance the learning potential of our student body. To this end, the mental health of our students is of utmost importance. As a community college, many of our students work full time and take full course loads. Many of them are likely to be the first in their families to attend college. They are also likely be low income and to identify as ethnic and racial minorities. These characteristics present a whole new set of challenges including, but not limited to, having no familial role models to navigate the academic environment and often times not knowing how to take care of their own mental health. Other commonly encountered issues are partner and domestic violence, addictive issues, sexual and eating disorders, psychotic processes, clinical depression, spectrum anxiety disorders and personality disorders. A secondary mission is to provide training

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[1] The Bible: Book of Mathew 26:11.
[2] As defined by the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV).
[3] As exemplified by the Virginia Tech and Northern Illinois University Incidents.

opportunities for interns[4]. Our role, as clinicians are to educate about achieving and maintaining mental health; to assess, diagnose and treat those with more serious mental health issues; to be the first line of contact for students who need crisis intervention; and to support the faculty in creating an optimal learning environment. In short, we aspire to effectively identify students in need and to provide them with the appropriate assistance and services.

As one of many resources in student support services, we are committed to:

1. Offer high-quality, campus based mental health care to our culturally-diverse student body.
2. Ensure a safe and trusting environment to facilitate mental health care.
3. Provide free and personal individual and group counseling sessions on campus.
4. Advocate in the best interest of students and faculty to resolve grievances and misunderstandings.
5. Empower students through support, insight and healing to explore and expand their potential.
6. Be proactive, respectful, and professional in responding to the needs, interests, and concerns of a diverse student community.
7. Assist students with access to outside resources by developing professional networking with outside agencies.
8. Maintain confidentiality in recognition that students, when, as consumers of our services, have the right to: Privacy and confidentiality of their health information through an informed consent to treatment.
9. Collaborate with both faculty and staff to promote student learning and access to care.
10. Be a resource to faculty with respect to understanding students' mental health needs.

[4] 'Intern' is a specific term for mental health practitioners who are counting their training hours towards licensure. Not all of the students training with us are interns but for the purpose of simplicity, this paper will refer to all mental health practitioners in training at Psychological Services under the supervision of a licensed practitioner, as interns.

11. Strengthen and further develop a well-regarded training program for graduate level students interning to become mental health practitioners.
12. To create an environment of curiosity and learning in mental health care by providing access to professional development for all service providers (both interns and supervisor.)
13. Evaluate the effectiveness of the Department on an ongoing basis.

B. Historical Background and Unique Characteristics of the Program

Historically, counseling for mental health issues at Cañada College was provided through a grant for "Stepping Stones," a project of the Middle College. Funding through the grant ended in Spring 2002 and with it ended psychological services at the college.

In response to concerns of a lack of campus-based student mental health care services following a 2005 off-campus suicide of a Cañada College student, Psychological Services, was revived with the hiring of one part-time (18 hours a week) Licensed Marriage and Family Therapist (LMFT) in Spring 2006. Since then, the Department has physically been located in the office of Disabled Students Program and Services (DSP&S). Funding for this position was supplied in part by a portion of student health fees. Our low administrative overhead was supported through a grant from the Trustee's Fund of $3,078.00 (Fall/Spring 2008/2009) and through the generous sharing of some clerking assistance from our colleagues at DSP&S. The LMFT was replaced in November 2007 by a licensed clinical psychologist in a classified position of 15 hours a week, for Fall and Spring semesters only.

The first order of business when the psychologist was hired was to secure supervisory guidance for the Marriage and Family therapist interns whose contract was with the college (ending Spring semester 2008) even though their one and only supervisor (the Licensed Marriage and Family Therapist) had left. As the incoming supervisor adhered to supervisory guidelines different from those required by the California Board of Behavioral Sciences (the BBS: licensing body for all mental health professionals except clinical psychologists,) a suitable supervisor had to be found to meet the department's commitment to the contracts for training these interns. Eventually a

supervisor, Ms. Arlene Wiltberger, from the College of San Mateo, agreed to take on this role wholly on a pro-bono basis. The two interns were then able to complete their contract at the end of Spring 2008 semester.

To meet guidelines for legal and ethical documentation of mental health service provision as set out by the American Psychological Association (APA) and the California Board of Psychology, the paper office required for such documentation had first to be developed and brought up to standard. All treatment plans and progress notes were then handwritten and filed individually, starting in Spring 2008, for all students seeking psychological services (hereafter referred as clients) at the department. All client charts are then kept in a locked and secure cabinet in the office shared with DSP&S. With documentation in place, data collection of students' utilization of psychological services could then be started.

C. Progress since the Last Program Review

This is the FIRST Review

D. Current Strengths, Opportunities, and Challenges

The recognition by the college that our students' emotional wellbeing is critical to a successful college experience, both for the student in need and for others who share the same college environment, is to be lauded and acknowledged. The setting aside of some funds from student health fees to hire a clinically trained and licensed professional to oversee the mental health needs of our students is a step in the right direction.

The hiring of a licensed mental health professional meant that interns training to be mental health professionals could be hired to provide services for the student body. This created the responsibility and opportunity to provide a well-regarded intern training program that can justify the hours that interns are willing to provide without financial compensation, in anticipation of being duly trained in mental health diagnosing and treatment.

The hiring of three post-graduate interns greatly expanded the treatment hours (set on average to last 50 minutes a session) to an average of 32 client hours a week where students can have access to mental health care.

The development of a professional standard by Jan 2008, for documentation of treatment plans, progress and outcome, has ensured the accountability and containment of health information. This allows for continuation of care in the event of case transfers across time and between providers.

The willingness of DSP&S colleagues to share administrative help, particularly to take phone messages, share office space for psychotherapy, and share office supplies, is greatly appreciated and acknowledged.

This is a department where the licensed clinician, working on a 15-hour week is expected to fulfill many roles. Here are some concerns:

1. The licensed clinician being on campus within those limited hours meant that interns are seeing student consumers of mental health services often without physical access to their supervisor under whose license they train. Granted that there are other professionals in the same office some of the time, such "staff" colleagues are neither licensed nor trained to provide clinical consultation to these interns (there are standards as set out by the American Psychological Association, as to who can legally supervise clinical psychology student interns). This is a source of major concern both in terms of standard of care and of intern safety, particularly given that some of the clients come with very serious mental health issues.

2. The limited number of hours that the licensed clinician spent on campus meant that many staff meetings could not be attended. This does not facilitate the clinician's sense of belonging to an organization and with being informed about the changing needs of college life. This has meant that understanding and responding to the particular needs of students on campus often had to be compromised.

3. The lack of private office space restricted the number of clients that could be seen at any one time to two clients (because we have two therapy rooms, one of which is the supervisor's office.) And this often entailed a great amount of "musical chairs" where the supervisor often has to operate the equivalence of a "portable

office", often writing case notes "on the go": practices not ideal in an office where DSP&S students have to use the same cubicles for test taking purposes. The potential for compromising documentation confidentiality is always a concern.

4. The lack of administrative support meant that the department is often dependent on the willingness and kindness of others to get the work done. [5]

5. The isolation of the department in a corner of the campus also meant that many students and faculty do not know that we are on campus, thus handicapping access to help should the need arise.

6. Due to DSPS and Psychological Services being located in the same office, there is often confusion about which service the client is looking for. Client confidentiality regarding help seeking for psychological services thus cannot be fully protected.

REVIEW REPORT

A. Programs and Services

In accordance with the college mission statement, the Psychological Services Department's mission is to support students in achieving or maintaining a "good enough"[6] mental health state in order that they might optimize their educational experience while they are at our college. To carry out this mission, the department provides the following services:

- Personal Individual and Couples Counseling
- Outreach
- Referral service
- Clinical Psychology Training Program

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[5] There was an incident where it took several rounds of personal request through physical visit, phone calls and emails just to get an approval to print some outreach brochures that cost less than $10.00. The time spent doing the "royal run" could be ameliorated with better administrative help.

[6] A technical term in psychoanalytic literature associated with the British Pediatrician and Psychoanalyst Donald Winnicott (1896-1971).

Personal individual counseling

Personal counseling entails that the person in need (the client), tells a trained or in-training professional (a stranger), who he or she is and the problem that has brought them to seek help. It is a narrative process and arguably one of the most frightening tasks in anybody's life. Our job as clinicians is to provide a private, confidential and safe space for this to take place. We are engaged in educating our clients about how to optimize their mental health. We seek to validate their achievements, normalize some affect states while working collaboratively with them to formulate plans and goals to reduce symptoms related to depression, anxiety, anger and other psychological issues. Our goal is to optimize our student's abilities toward having successful college experiences.

We provide referrals as needed as when medication is clinically indicated or when follow-up services become critical for continuing care (e.g. in the interim between school breaks.) These referrals are dependent on knowing about services in the community, and entail a level of networking with these same providers.

Strengths/Opportunities:

Free, confidential, and professional

Challenges/Needs:

The fact that services are provided with no visible up-front collection and payment of fees, meant that oftentimes clients are not very cognizant of their responsibility to keep their appointments. No-shows and cancellations meant that the hour that was already given out, often could not be otherwise filled given the short notice that such incidences often involved. With no penalty for failure to honor the appointment, motivation at therapeutic work is compromised, both for the client and the therapist because there is absent explicit accountability in the form of payment. Instituting fees, even low fees, to bring about better therapeutic outcome is an idea that is well researched and found to be clinically sound. This is an area that the college should consider.

Outreach

In our effort to educate faculty and students about mental health issues and access to care, we disseminate information in many forms. We invite ourselves into lecture halls to give short talks about who we are and the services that we provide. Access to students

through such means is dependent, again, on networking with faculty to generate goodwill for the privilege of access to students. All brochures are designed by the supervisor and paid for through funds shared with Health Services or through the Trustees fund. Supervisor and interns also walk around campus to introduce themselves and their services to students.

One could technically stand on any corner and sell anything, including information. In this respect, educating our students about mental health issues is only limited by institutional rules and the guidance of those institutional rules about how information can be disseminated or not disseminated on campus; by the creativity and will of those who seek to do the work; and most importantly, in the case of psychological services, the lack of staff time available to do more of such work.

Clinical Psychology Practicum Program

Generalist Training

Our program aims to train doctoral students who are in their second or third year rotation of clinical training. Our program is based on a "general practitioner model," with an emphasis on public service to a culturally diverse student population. Through exposure to an individually and culturally diverse student population, our interns will be able to acquire, consolidate and apply the general clinical skills minimally required of a mental health practitioner. By "practitioner", our focus is on the acquisition of professional skills, which are based on the science and art of psychology.

Goals

Our training program aspires to contribute the following areas of competence to our interns:

1. Competence in Professional Conduct, Ethics and Legal Matters,
2. Competence in Understanding Diversity,
3. Competence in Case Formulations
4. Competence in Scholarly Inquiry
5. Competence in Application of Effective Psychotherapeutic Techniques in Practice,
6. Competence in Professional Consultation.

Individualized Training Program

Each practicum student is encouraged to take the lead in developing an individualized training plan that is focused upon the development of specific clinical skills (e.g. outreach or group therapy). The supervisor will help to clarify each practicum student's interests and needs at the beginning of the training year. This plan will guide the direction or emphasis of various training activities.

Training Activities

Training is primarily provided in three ways:

1. Clinical service delivery,
2. Individual supervision,
3. Case Seminars and Didactics

Clinical service delivery

This is a two semester (Fall and Spring) training program with a 16-hour work-week commitment. Practicum students provide individual psychotherapy and group treatment services (e.g. process, psycho-education, support groups etc), based on needs and the practicum student's own ambition to provide treatment (learning by doing.) Additionally, practicum students write and implement behavior plans and provide crisis intervention services. They also provide consultation services to faculty regarding treatment of student clients.

Interns are expected to carry up to ten short-term psychotherapy cases, for each semester, throughout the training year. Clients are typically seen one or two times a week. Each case is assigned to the intern based on goodness of time match between the intern and client; intern interest specific to the client's mental health issue; and the discretion of the supervisor with respect to level of skill set needed to treat particular clients. The training director is also the supervisor for every case and supervision occurs on a weekly basis. The theoretical orientation of the supervisor is Psychodynamic (Drive Theory, Ego Psychology, Object-Relations, Self-Psychology and the Intersubjective

schools). However, Cognitive-Behavioral treatment approaches are often adopted when short-term therapy is indicated specific to circumscribed problems.

Individual Supervision

Interns receive a minimum of one hour per week of individual, face-to-face supervision, one hour of group didactic training on theories and techniques and one hour of group case seminar. Additional hours of supervision are available upon request and when clinically indicated due to the nature of the case.

Seminars

The weekly seminar focuses on the theory and practice of psychotherapy. This will alternate between didactic presentations and a psychotherapy case-conference format. A Copy of the Curriculum for the training program can be found in Appendix A.

During this group meeting, interns will also be able to process various aspects of their training experience and have an opportunity to provide and receive support from their fellow interns as well as from the supervisor.

Evaluation of Intern Performance

At the end of the Fall and Spring semesters, each intern will meet with the Training Director/Supervisor for a formal written evaluation, the results of which will be submitted to the Director of Training (as part of the SLOA) and the college of each intern's respective graduate program. However, interns are encouraged to discuss his or her training experience with the Training Director/Supervisor as the need arises. Feedback is given to the interns for areas of particular strength and areas requiring more attention for continued professional development. Concurrently, each intern is asked to evaluate the Training Director/ Supervisor, as well as of the program in general. The evaluation of our program will serve as information for their colleagues contemplating seeking training with us in the following training rotation. Such evaluations set a platform for accountability of training for provision of unpaid services at our college.

The Intern Site Survey can be found in Appendix B.

B. Staffing and Organizational Structure

The Psychological Services Department is led by a part time licensed clinical psychologist who takes on the tasks of all of the following: Counselor, Training Director, Supervisor, Administrator, Office Manager. There is some staff support in gaining access to certain campus resources eg. procuring stationery, "hiring" colleagues from Facilities Department to do some handy work around the office, and booking a room (with great difficulty and not much success) for training purposes. The responsibilities of this one classified part time staff member are listed below:

1. Oversees all case formulation, treatment planning and implementation of treatment (whether through direct clinical work or through supervision of every case);
2. Oversee all documentation related to standard of care i.e. every progress note entered by an intern has to be co-signed by the supervisor thus endorsing the supervisor's responsibility for all aspects of care;
3. Design some of the materials related to outreach;
4. All outreach related to publicizing the department's services;
5. Networking related to liaising with outside service providers and/or the supervision of such undertakings to locate services;
6. Designing of program evaluations, data collection, and statistical analysis of program outcome;
7. The yearly recruitment and hiring of clinical psychology interns which requires exhibiting at internship fairs at hours outside of the 15 hours contracted by the college and for which the college repeatedly refused reimbursement of time worked;
8. Supervising three graduate level interns who provide an additional 52 hours of direct and indirect, non-financially compensated service hours each week;
9. Designing and implementing a training program to ensure interns have the necessary knowledge to provide a standard of care commensurate with being a mental health care helper. To this end, the supervisor as training director provides one hour of didactic group training, one hour of group case consultation, and three individual supervisory sessions to each of the three interns, each week, in

accordance and adherence to licensing and practice standards for intern training as required by the California Board of Psychology and the American Psychological Association.

The Psychological Services Department clinician reports directly to the Vice President of Student Services and receives administrative help in return. Consultation for difficult to treat cases, is always sought by the clinical psychologist in accordance with APA recommendations for ethical client care. The costs for such consultations are personal expenses of the clinical psychologist.

The qualifications required for this one position in this department is any mental health practitioner who is licensed in the state of California. At present, the temporary part-time (15 hours for Fall and Spring semesters) classified staff is a California licensed clinical psychologist. The three interns apprentice for no pay and no stipends[7]. Please see Appendix C for the organizational chart.

C. Client Evaluation of Services

Beginning Fall 2005 to December 2008, there were three different training programs on Student Learning Outcome, an initiative to evaluate campus wide services. Each Student Services department, except Psychological Services, was represented at all three training. The Student Learning Outcomes (SLO) and Service Area Outcomes (SAO) were drafted after the last training. Data was then compiled by each department for analysis by the College Researcher. Psychological Services was a relative late-comer to the whole process but did design an SLO/SAO to evaluate services. Some of the data collected was then collated and handed to Ms. Rita Sabbatini. A review of collated but not analyzed part-data is available through Ms. Sabbatini.

Dr. Siew Jolin Kuek, the part time adjunct faculty tasked with the project, has since then decided that the initial SLO/SAO did not adequately account for the quality of the services that was provided through Psychological Services. An alternative survey was then and student clients were asked to volunteer to fill out the evaluation. The data reported here for the program review is collated in the month of December 2008.

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[7] The supervising clinician was told that "the district" does not approve of giving students stipends (personal communication, February 2008, VP of Student Services' Office.)

The instrument used to evaluate our services employ a 7-point Likert Scale of Student Satisfaction. Results of the responses can be found in Appendix D. The result will show that in all areas of evaluation, utilizers of services at Psychological Services, rated the program highly, with 11 services areas rated at a satisfaction rate of 100% and the other seven areas rated at 81% and above. One student submitted an unsolicited letter of appreciation which can be viewed as a PDF document in Appendix D.

D. Facilities, Technical Infrastructure, and Resources

Facilities

The Psychological Services Department has been fortunate to have DSP&S share their offices with us. We appreciate the generosity of Ms. Regina Blok to allow the Training Director and her interns to use two of the four private rooms for personal counseling. We also appreciate the use of the computers and cubicles, usually reserved for student taking their accommodated quizzes and tests, as office use for us to store, type and print many of our documents.

Technical Infrastructure

Due to HIPAA guidelines, the Psychological Services Department has been using mainly the phone to set up appointments. The use of emails where student clients could connect with our interns was a fairly recent one after a clinical incident that required that interns be given a separate smccd.edu email account. At the present moment, the college is not HIPAA compliant to record and store health information on computers. Where documentations are typed using a word processor, hard copies are then printed and kept in the client's chart. There is NO storage of health information on our hard drives.

Although Banner is an important software utilized by faculty, the Training Director was never trained in the program due to the limited number of hours that she is on campus. Where information needed to be accessed to establish certain information e.g. to establish a suspicion of malingering regarding student status (there have been instances of students coming to seek services even after they have graduated from the college), Ms. Debbie Joy and Ms. Katherine Reite (DSP&S's new administrative assistant) have been able to provide invaluable help.

Resources

There are grants that can be tapped into to increase the resources needed to operate Psychological Services more fully. However, given the part time position of the hired clinician, applying to such grants, which invariably would involve a lot of research and writing, cannot now be accomplished.

E. Outreach and Collaboration

The Psychological Services Department is grateful to all faculty who have extended invitations for us to come and publicize our services. The double-edged sword lies in the inverse relationship between student demand for services and the availability of service hours. The more students know about us and seek our services, the less hours we have available to see them all because we are limited by the availability of client hours in a week as constrained by space and by the number of hours those clients can be supervised by a licensed professional.

Section III: Recommendations

A. Problem Statement or Needs Assessment

The recommended Psychological Counselor to student ratio, recommended by the International Association of Counseling Services, a nonprofit accrediting organization, is one counselor per 1,500 full time students. Presently at Cañada College's Psychological Service Department, we have one part-time (15 hour week) mental health counselor to 5,579[8] enrolled students (1,080 full-time/4,499 part-time). The Department is currently (as of Fall 2008) supplemented with the help of three Clinical Psychology Post-graduate interns who apprenticed themselves in exchange for clinical training hours. Altogether, the number of potential service hours (defined as the number of clients who can be helped) standing at 35 per week, with opening hours standing at 38 hours per week. A graphical report of the utilization of our services by client hours for Spring 2008 and Fall 2008, can be found in Appendix F. The data shows that in real time, the department provides an average of 23, 50-min therapy hours a week. This does not include

[8] Data for Academic year 2006-2007 as generated by Integrated Postsecondary Education Data System (IPEDS)

administration time needed for documentation and phone contact time to set up appointments. Time devoted to training and supervision, for outreach or any other administrative duties related to the work, is not captured under client service utilization. The time needed for training has been accounted for under "Clinical Psychology Practicum Program." **At this time of writing (03/18/09), our client hours are completely full and we have 20 student clients that are either waitlisted or are referred to nearby for-fee clinics.**

Given that students attend classes from 8am to 9:50pm on weekdays alone, the Department has not been able to stay open long enough to cover all student hours. In fact, one of the most common complaints is that we do not have enough evening hours (at present we have Thursdays open until 7pm with the last student seen at 6pm) for students who also hold jobs off campus. In addition, in attempting to keep the office open for as many hours as possible, the four of us try to not duplicate or overlap our presence in the office. As such, we often have only one person in the office at any one time, usually attending to a patient with a prior appointment. There is therefore little room to maneuver with respect to attending to the crises or attending to a patient in need who made plans for the appointment[9].

Although we have quite a large number of academic counselors providing academic services, we have only one mental health counselor hired to identify and assess mental health related issues. As the counselor hired in this position, I have increased both the service and opening hours of Psychological Services (to 7 pm from Monday to Thursday) with the help of our interns. To do this, I would need your support to increase my reimbursed hours to provide training, supervision and clinical services to manage the department. The department could also benefit from having some funds set aside specifically for our department for educational materials to properly train the Intern Clinicians. At present, we barely have a budget to print materials advertising our services or to purchase materials related to our field.

We understand that the college has many budget considerations this year.

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[9] We have had several instances where a counseling session was in progress when a student in crisis turned up at the department who was clearly in need of immediate attention. The clinician then had to decide either to abandon attending to the scheduled student with the prior appointment, or to respond to the student in crisis. We, both supervisor and supervisees, had tried both at various times, often with less than optimal outcomes.

However, for the sake of student mental health and student safety, the college should also consider hiring another licensed clinician, on a part time basis (to save on benefits), to increase the presence of a trained professional to give support to the interns, who technically cover a majority of service hours provided to the students. Here are some considerations for why taking care of those who provide the services is beneficial for the college in terms of adherence to its mission and in terms of best practices:

Apprenticeship in exchange for good training

The reason that clinical interns apply to a training site in exchange for apprenticeship is dependent on the reputation of that particular site to provide a well-regarded training program. There are arguably many good reasons for why the department is able to provide a well-regarded training program or one that is sub-par. However, on the basis of logistics alone, to manage a department, provide training so that clinical interns would want to apply to come here to apprentice, would reasonably require more than 15 hours a week. Needless to say, there has been much "stretching" on the part of the present Supervising Clinician[10] whereby a lot more hours has had to be put in to manage the department than is matching compensation of any kind. Recommendation for how to remedy this situation follows.

The nature of the business

The nature of good clinical work is that it has to be both helpful and nurturing. Just as we, at the department, aim to provide a safe container for our students to work on their mental health issues, it is also incumbent on the college, as an organization, to acknowledge that sometimes, there are just not enough hours in a day to do the job at a standard that can be helpful and nurturing for all involved. To manage a department with the majority of service hours provided by interns under the minimal of supervisory attention, is to open oneself to a compromise of standards. To corroborate or dispute this

[10] The supervising clinician attends to clients for over 50% of the 15 hour reimbursed time (an average of 6-8 client hours each week on a 15 hour per week contract.) Five hours are given to supervising and training our present 3 Interns. Documentation time, checking interns' documentation, calling clients to set up their intake sessions, college wide meetings, internship fair hours and writing this report, cannot be reasonably covered by a 15 hour work week. The attendance all off-campus college counseling related meetings, are oftentimes done on her own time.

and other assertions about our training, the next SLO/SAO will focus on soliciting feedback from our past and present trainees.

B. Resource Needs

Technical, Equipment and Other Resource Needs

It would be appreciated if interns, providing, in essence, staff services, be given Staff Parking privileges and keys[11] to the office as a matter of course, of courtesy, of respect and of safety considerations and that these will not be a matter of contention as has happened. We would also appreciate that interns be provided with email accounts for the purpose of receiving communications from student clients (usually regarding appointments) and of campus related information.

Facilities Needs

The department would benefit from more rooms to provide services and also for safe documentation and storage needs for such documents.

C. Services that can be provided with additional manpower

Research Needs

More comprehensive data collection is desired for the purpose of accountability to stakeholders and as a way for the department to fine-tune its services to changing needs (as interpreted through data.)

Outreach Needs

Increase the visibility of mental health counselors on campus for the purpose of educating our students about mental health issues. This focus on preventative care through psycho-education is as important as treatment itself.

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[11] This key issue is one issue but an important one. The interns are at present not given keys to the office because of some concerns that they are "not staff" (personal communication from the VP's office.) This is a form of double-speak: they are good enough to provide staff services to the student clients but cannot be trusted to have office keys. The cognitive dissonance, the confusion and ill-feelings that such statements generate is known, in our profession, as iatrogenic factors: pathology that is not inherent in our interns but introduced, in this case, by those, apparently "at the district" (communication from VP's office) who make such rules. The interns are then expected to be helpful and nurturing to the student clients while working in an environment that is withholding. This is a policy that needs, if not reconsideration, then at least some discussion because it does not make sense to those who have to work at the frontline.

Appendix A

Group Training for Clinical Psychology Practicum Students
Fridays: 1000 hrs to 1200hrs
(Case Conference and Didactic Training)
Fall 2008/ Spring 2009

Group Training Procedure
The first training hour will be devoted to checking-in and case consultation. The second half will consist variously of the showing of video teaching materials, a discussion of the readings for that day or the presentation of a guest lecturer. For case consultation, you will be asked to volunteer to present your case for three continuous sessions (three training days.) Process notes should accompany the case consultation. These notes can be the transcript of a recorded session or a recalled and transcribed copy of the session.

Proposed readings
Readings will serve to add, if not expand, on your thinking and musings concerning what it means to engage in clinical work with our clients. It is possible that sometimes more readings will be distributed in addition to those that are indicated here. This will only be done in response to your request for more readings in a particular area or my consideration that some such articles will add to your understanding of a particular client and your work with the client. Your feedback and contributions (in ideas or more readings) in this scholastic enterprise will be most appreciated.

08/15/08:	Orientation Documentation, Campus Tour, "Self Awareness"
Discussion:	Importance of Self-in-Context
Readings:	Brightman, B. (1984-85) "Narcissistic Issues in the Training Experience of the Psychotherapist." International Journal of Psychoanalytic Psychology, 10, 293-317.
08/22/08:	On Supervision
Video:	Otto Kernberg, MD, giving a case consultation
Reading:	Wolitzy and Eagle: "Psychoanalytic Theories of Psychotherapy."
08/29/08:	Development and Psychopathology
Readings:	The capacity for understanding mental states by Fornagy, Steele, Steele, Moran and Higgitt
09/05/08:	Guest lecturer: Dr. Adeline Boye
Lecture:	Assessing for capacity
Optional:	Marc Tunzi: "Can the patient decide? Evaluating patient capacity in practice."
09/12/08:	Guest lecturer: Dr. Adeline Boye
Lecture:	Using the R-Ban as an evaluation tool.
09/19/08:	Guest lecturer: Ms. Regina Blok

Lecture:	Working with Students with Disabilities
09/26/08:	Suicide Intervention Workshop (Mandatory Training)
Lecture:	"Question, Persuade and Refer" Model
Optional:	Thomas Szasz: " The Case Against Suicide Prevention."
	David Clark: "The Evaluation and Management of the Suicidal Patient."
10/03/08:	Relationship of Models to Mind
Reading:	Bernfeld, S. (1985). The Facts of Observation in Psychoanalysis. Int. R. Psycho-Anal., 12:342-351.
10/10/08:	Relationship of Models to Mind
Reading:	Prologue (to Dr. Silverman's case) by Sydney Pulver
	Pulver, S.E. (1987). Prologue. Psychoanalytic. Inq., 7:141-145
	Clinical Material (of a case) by Martin Silverman
10/17/08:	Relationship of Models to Mind (following Dr. Silverman's case)
Lecture	On Freud and Classical Theory
Reading:	Brenner, C. (1987). A Structural Theory Perspective. Psychoanalytic Inq., 7:167-171.
10/24/08:	Relationship of Models to Mind (following Dr. Silverman's case)
Reading:	Burland, J.A. (1987). A Developmentalist Perspective. Psychoanalytic Inquiry., 7:173-179.
	Lichtenberg, J.D. (1987). A Developmentalist Perspective. Psychoanalytic Inquiry., 7:215-222.
10/31/08:	Relationship of Models to Mind (following Dr. Silverman's case)
Lecture:	On Melanie Klein and Object Relations Theory
Reading:	Mason, A. (1987). A Kleinian Perspective. Psychoanalytic Inq., 7:189-197.
11/07/08:	Relationship of Models to Mind (following Dr. Silverman's case)
Lecture:	On Donald Winnicott and The British Middle School
	Modell, A.H. (1987). An Object Relations Perspective. Psychoanalytic Inq., 7:233-240.
11/14/08:	Infant Research and Attachment Theory
Readings:	Becoming Attached by Robert Karen
	Beebe, B., Lachmann, F.M. (1998). Co-Constructing Inner and Relational Processes: Self- and Mutual Regulation in Infant Research and Adult Treatment. Psychoanalytic Psychol., 15:480-516.
11/21/08:	Relationship of Models to Mind (following Dr. Silverman's case)
Reading:	Shane, E. (1987). Varieties of Psychoanalytic Experience, 1. Psychoanalytic Inq., 7:199-205.

Shane, E. (1987). Varieties of Psychoanalytic Experience, 2. Psychoanalytic Inquiry., 7:241-248.
McDougall, J. (1987). Who Is Saying What to Whom? An Eclectic Perspective. Psychoanalytic. Inq., 7:223-232.

11/28/08: Thanksgiving: no training this week.

12/05/08: On Termination
Video: Mariam Polster, Ph.D consulting a case

12/12/08: On Termination
Readings: Dewald, P. (1973). "The Therapeutic Process: Termination." In Psychotherapy: A dynamic Approach.
Hurn, H. (1971). Toward a Paradigm of the Terminal Phase. Bulletin of the American Psychoanalytic Association, 19 (2), 332-348.

Clinic is closed from 12/19/08 to 01/19/09. We reopen on 01/20/09 (which is a Tuesday.)

01/23/09 Context for Brief Therapy
Video: Judd Marmor, MD. Ph.D, on Brief Therapy

01/30/09 On Narcissism
Lecture: Heinz Kohut and Self Psychology
Reading: Kohut, H. (1979). The Two Analyses of Mr. Z. Int. J. Psycho-Anal., 60:3-27.

02/06/09 Towards a Psychoanalytic Third
Reading: Gill, M.M. (1987). The Analyst as Participant. Psychoanalytic Inq., 7:249-259.

02/13/09: From the Intrapsychic to Interpsychic
Readings: Aron, L. (1990). One Person and Two Person Psychologies and the Method of Psychoanalysis. Psychoanalytic Psychol., 7:475-485.

02/20/09: On Language
Readings: Stolorow, R.D., Atwood, G.E., Orange, D.M. (1999). Kohut and Contextualism: Toward a Post-Cartesian Psychoanalytic Theory. Psychoanalytic Psychol., 16:380-388.
Orange, D.M. (2003). Why Language Matters to Psychoanalysis. Psychoanalytic Dial., 13:77-103.

02/27/09: The Intersubjective Schools
Readings: Stolorow, R.D., Atwood, G.E. (1996). The Intersubjective Perspective. Psychoanalytic Rev., 83:181-194.

03/06/09	On Transference I: The Classical Take
Readings:	Joseph, B. (1985). Transference: The Total Situation. Int. J. Psycho-Anal., 66:447-454.
03/13/09	On Transference II: The Intersubjective Take
Readings:	Jody Messler-Davies (2004) "Whose Bad Objects are We Anyways?" Psychoanalytic Dialogues, 14: 711-732
03/20/09	On Counter-Transference: The Classical Take
Readings:	Sandler, J. (1976). Countertransference and Role-Responsiveness. Int. R. Psycho-Anal., 3:43-47.
03/27/09	Group Supervision cancelled in lieu of Annual Conference by the Institute of Contemporary Psychoanalysis on 03/28/09: "Minding the Baby: A Mentalization Approach to Attachment Trauma" with Arietta Slade, Ph.D.
04/03/09	On Counter-Transference: The Intersubjective Take
Readings:	Maroda, K. (1991). "Counter-transference Techniques: Constructing the Interpersonal Analysis." In 'The Power of Counter-transference.' John Wiley and Sons: London.
04/10/09	No Group Supervision: Clinic closed for Spring Break
04/17/09	On Counter-transference
Readings:	Davis, T.J. (2002). Counter-transference Temptation and the use of Self-Disclosure by Psychotherapists in Training. Psychoanalytic Psychology, 19 (3), 435-454.
04/24/09	On Interpretation
Readings:	Fred Pine "The Interpretive Moment."
05/01/09	Resistance on Defenses
Reading:	Shafer, R. (1992). "Resistance: The Wrong Story?" In Retelling a Life: Narration and dialogue in Psychoanalysis. Basic Books
05/08/09	Dreams and Dream Interpretation
Readings:	Aron, L. (1989). Dreams, Narrative and the Psychoanalytic Method. Contemporary Psychoanalysis, 25:108-126.
05/15/09	Psychoanalytic treatment with "different" populations
Readings:	Sue, S. and Zane, N. "The Role of Culture and Cultural Technique in Psychotherapy."
05/22/09	Taking Care of ourselves as Clinicians
Readings:	Epstein, L. "The Problem of the Bad-analyst-Feeling."

Ogden, T. (2005). "What I would not part with." fort da, 11(2), 8-17.
Film: Ikiru (1952) by Akira Kurosawa

05/29/09 End of Training
Wrapping up the year:
'Intern Site Survey' due.

Have a wonderful journey of discovery and the best to your development as a clinician!

Appendix B

In an effort to improve our training program for practicum mental health students and interns, we would like to ask that all who have trained with us give us some feedback towards this endeavor.

Please help us to complete this survey and email it to kueks@smccd.edu or mail it to The Psychological Services Department, 4200 Farm Hill Blvd, Redwood City, CA 94061. If you have any comments or suggestions you believe we should be aware of but is not covered by any of our questions, please feel free to let us know. Thank you for taking time with our survey.

1. Your name:

2. Intern or practicum time period at Cañada College Psychological Services Department:

3. Graduate Institution:

4. Area of Professional Training: Clinical Counseling School Other

5. Degree Program Type: Ph.D.. Psy.D. Ed.D. MFT.

6. Area of training emphasis: Clinical Counseling School Other

7. School's Training Model:
   (e.g. scholar-practitioner, scientist-practitioner, marriage and family therapy etc.)

8. Have you graduated from your doctoral program? YES NO

9. If YES, what year did you graduate? _____

10. Are you a licensed clinician? YES NO

11. If YES, in what state(s) are you licensed? _____

12. When did you become licensed in each?

13. Are you a member of any professional/research societies and associations?
If YES, list your professional associations:

14. What are you doing professionally at present?
If you are employed, please tell us about where your work and what your work entails.
If you do not have an official job, please let us know what professional activities you are involved in.

    A. Name of the agency/institutions where you were employed following internship:

    B. What sort of agency or institution is this? *(non-profit, hospital etc)*

    C. Position held/ job title:

    D. Percentage of time:

    E. What professional duties does your work entail?

15. What else did you do professionally since graduation from the training program at Psychological Services at Cañada College?
In chronological order, please list other post-internship employment and professional activities:

    A. Name of the agency/institutions:

    B. Information about the agency/institution:

    C. Position held:

    D. Percentage of time:

    E. Professional duties:

    A. Name of the agency/institutions:

    B. Information about the agency/institution:

    C. Position held:

    D. Percentage of time:

    E. Professional duties:

16. Since you graduated from this training site, have you worked professionally in community mental health? In what capacities?

17. Internship Evaluation:

Please evaluate the quality of your internship at Cañada College on the following:

A. Overall quality of supervision:

☐1 ☐2 ☐3 ☐4 ☐5

Poor *Adequate* *Excellent*

B. Overall quality of training:

☐1 ☐2 ☐3 ☐4 ☐5

Poor *Adequate* *Excellent*

C. Available role models:

☐1 ☐2 ☐3 ☐4 ☐5

Poor *Adequate* *Excellent*

D. Contribution to clinical skills development:

☐1 ☐2 ☐3 ☐4 ☐5

Poor *Adequate* *Excellent*

E. Contribution to development of professional identity:

☐1 ☐2 ☐3 ☐4 ☐5

Poor *Adequate* *Excellent*

F. Contribution to professional knowledge base:

☐1 ☐2 ☐3 ☐4 ☐5

Poor *Adequate* *Excellent*

G. Contribution to development as future supervisor/consultant:

☐1 ☐2 ☐3 ☐4 ☐5

Poor *Adequate* *Excellent*

H. Contribution to clinical sensitivity development:

☐1 ☐2 ☐3 ☐4 ☐5

Poor *Adequate* *Excellent*

I. Overall training atmosphere and peer relationships:

☐1 ☐2 ☐3 ☐4 ☐5

Poor *Adequate* *Excellent*

J. Overall organizational support:

☐1 ☐2 ☐3 ☐4 ☐5

Poor *Adequate* *Excellent*

K. Diversity of experience:

☐1 ☐2 ☐3 ☐4 ☐5

Poor *Adequate* *Excellent*

L. Depth of experience:

☐1 ☐2 ☐3 ☐4 ☐5

Poor *Adequate* *Excellent*

M. Contribution to professional conduct, ethics and legal matters:

☐1 ☐2 ☐3 ☐4 ☐5

Poor *Adequate* *Excellent*

N. Contribution to imparting a passion for learning and scholarly enquiry:

☐1 ☐2 ☐3 ☐4 ☐5

Poor *Adequate* *Excellent*

O. Overall quality of experience:

☐1 ☐2 ☐3 ☐4 ☐5

Poor *Adequate* *Excellent*

18. As you think about it now, what were the highlights of your training with Psychological Services at the college?

19. Which component of the training was particularly important for your personal growth?

20. Did the training prepare you for your current professional activities?

21. As you think about it now, what could we have done differently to improve your training with us?

22. Please add any other comments that you think we should be aware of or are meaningful to you:

Name:

Address:

Phone:

E-Mail:

Appendix C

Organizational Chart for Cañada College Psychological Services

Position	Staffing Levels for Each of the Previous Five Years					% Change from Year 1 to Year 4
	2005	2006	2007	2008	2009	
Adjunct Faculty Part-time	0	1 (18 hrs)	1 (18 hrs)	1 (15 hrs)	1 (15 hrs)	-16.67%
MFT Interns (Unpaid)	0	3	2	2 Spring 2008	0	
Psy.D Interns (Unpaid)	0	0	0	3 Fall 2008	3 Spring 2009	

Appendix D

Psychological Services 2008

Sample Size: 8
Data Collection Period: December Nov/Dec 2008
Gender Split: Male: 2 Female: 6
Average Age: 30 years Range: 18 to 58
Ethnicity: 6 Caucasians 2 Not-Specified

Instructions for scoring:
For each question, participants circle the answer that best applies to them. They use a scale from 1 = "I completely **disagree**" to 7 = "I completely **agree.**" If the statement does not apply, they circle NA.

	Disagree Agree
7 Point Likert Scale:	**1 2 3 4 5 6 7 NA**
1. I know that there is a place on campus where I could seek psychological help.	**Agree 100%**
2. The therapist treated me with respect and courtesy.	**Agree 100%**
3. I felt that my problems were treated with appropriate seriousness.	**Agree 100%**
4. The therapist has the appropriate knowledge/skills to help me with my problem	**(Range: 6 to 7) Agree 86%**
5. I felt there were too many forms to fill out on my first appointment.	**100% Disagree**
6. I had to wait a long time to get my first appointment.	**100% Disagree**
7. The hours of my appointment were convenient.	**(Range: 3 to 7) Agree 81%**
8. The hours of service meets my needs.	**Agree 100%**
9. I received the kind of service I wanted when I came for therapy.	**Agree 100%**
10. I received helpful information about resources in the community	**(Range: 6 to 7) Agree 86%**
11. I felt the visits were useful.	**Agree 100%**
12. This is a safe place for me to come when I have problems.	**Agree 100%**
13. I believe that whatever I have shared with my therapist will be kept with appropriate confidentiality.	**Agree 100%**
14. My condition improved as a result of my therapy here.	**(Range: 5 to 7) Agree 83%**
15. Should the need arise again, I will return to Psychological Services to seek help.	**Agree 100%**

16. Overall, general sense, I was very satisfied with the services I received.	**Agree 100%**
17. I would recommend another student to seek help here.	**Agree 100%**

12/18/08

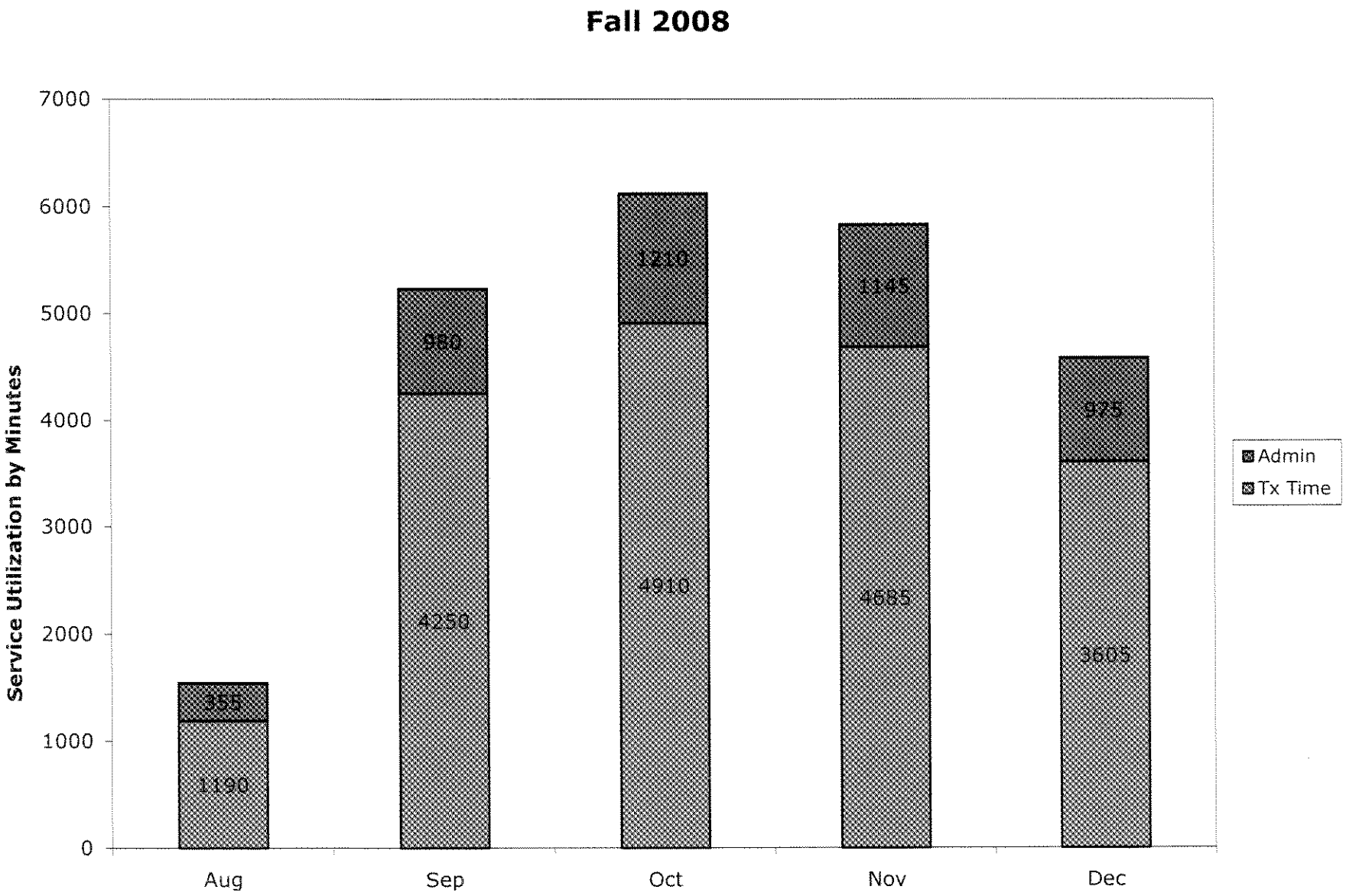
I had a liver transplant at the V.A. Hospital in Portland in 2005. I returned to Redwood City and continued my study in Multimedia during my recovery. I started with the psych services to help me reenter the world. The first psychologist Linda Huey failed me. I tried to get help from the V.A. but didn't qualify. I saw an intern at the Jung Institute in S.F. for a few months but she failed me also so I tried again last December here at Canada. They had just hired Siew; I met her and she agreed to see me starting after that Christmas break last year. I had been in an emotionally tramatizing relationship and was crying every day. She worked with me until the summer break when the school stopped the service for the summer. I went down hill until I lost my will to live by the end of July. I started formulating plans to end my pain. Then school started the middle of August and Siew helped

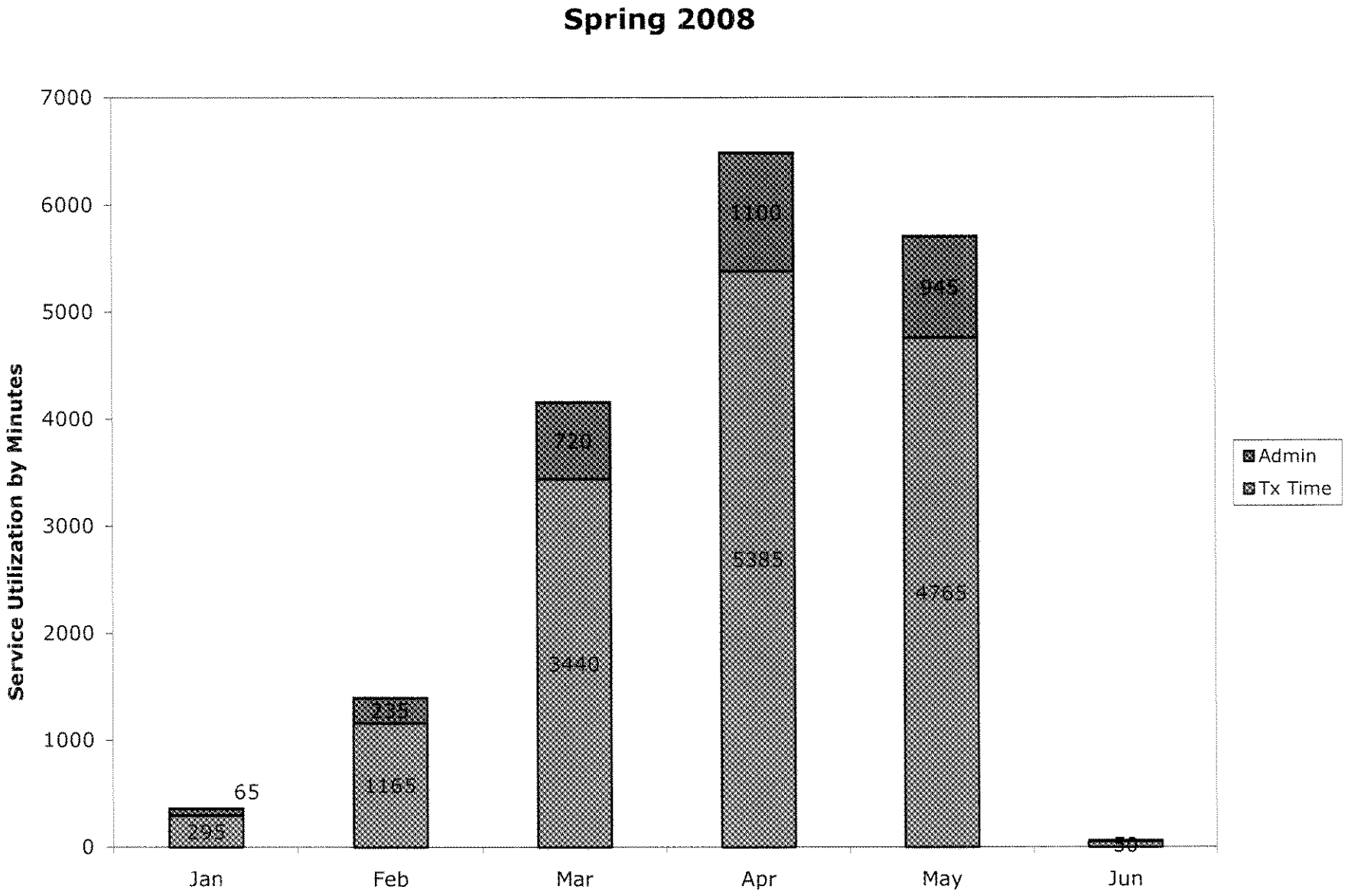
me see again. I had been sleeping in the back of my truck since May when I graduated with high honors. November 2 I finally found someone willing to rent me a room and Siew has shown me the light to see my true essence and my value as the good person I am.

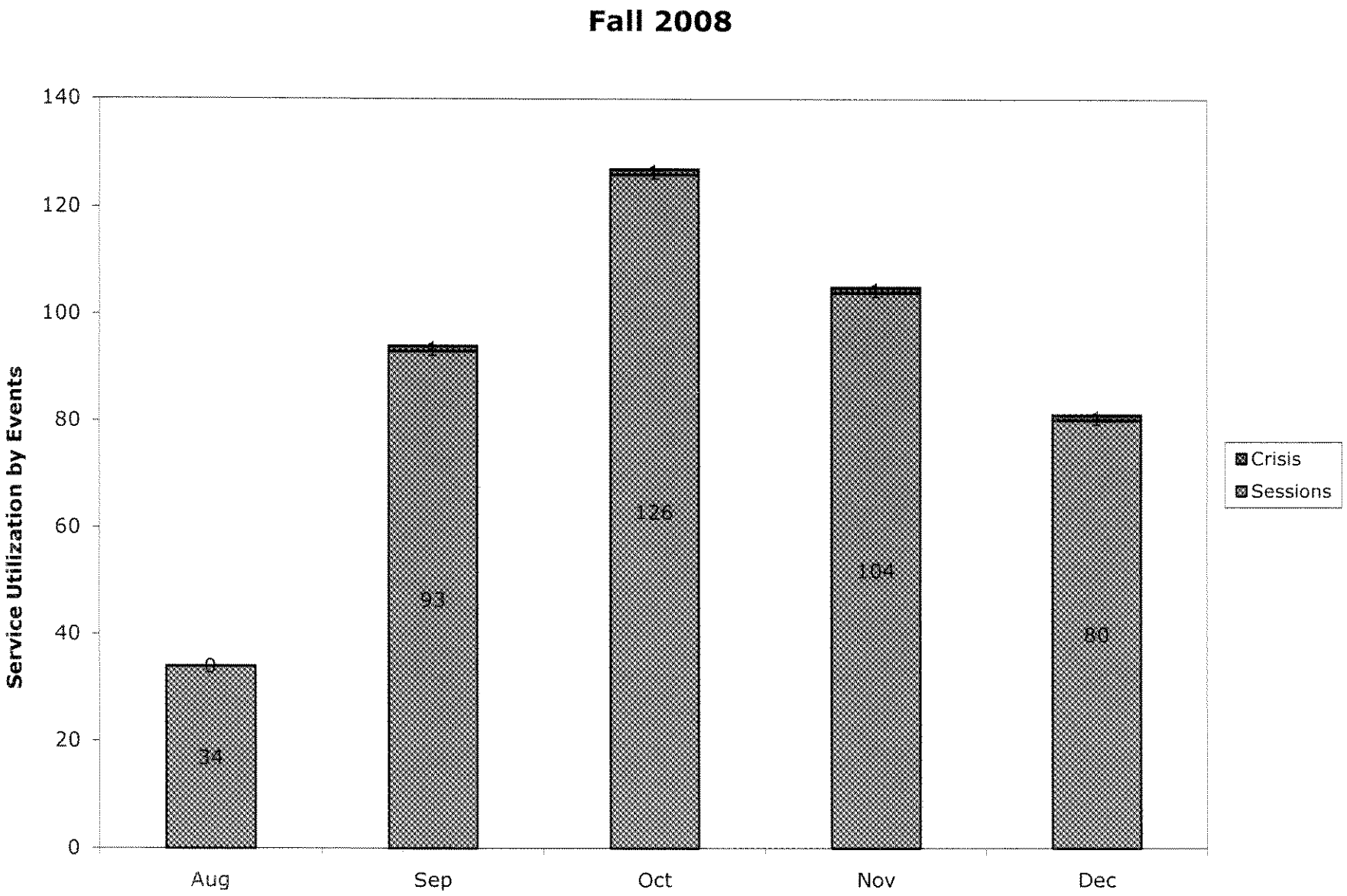
Thank you for making this service available.

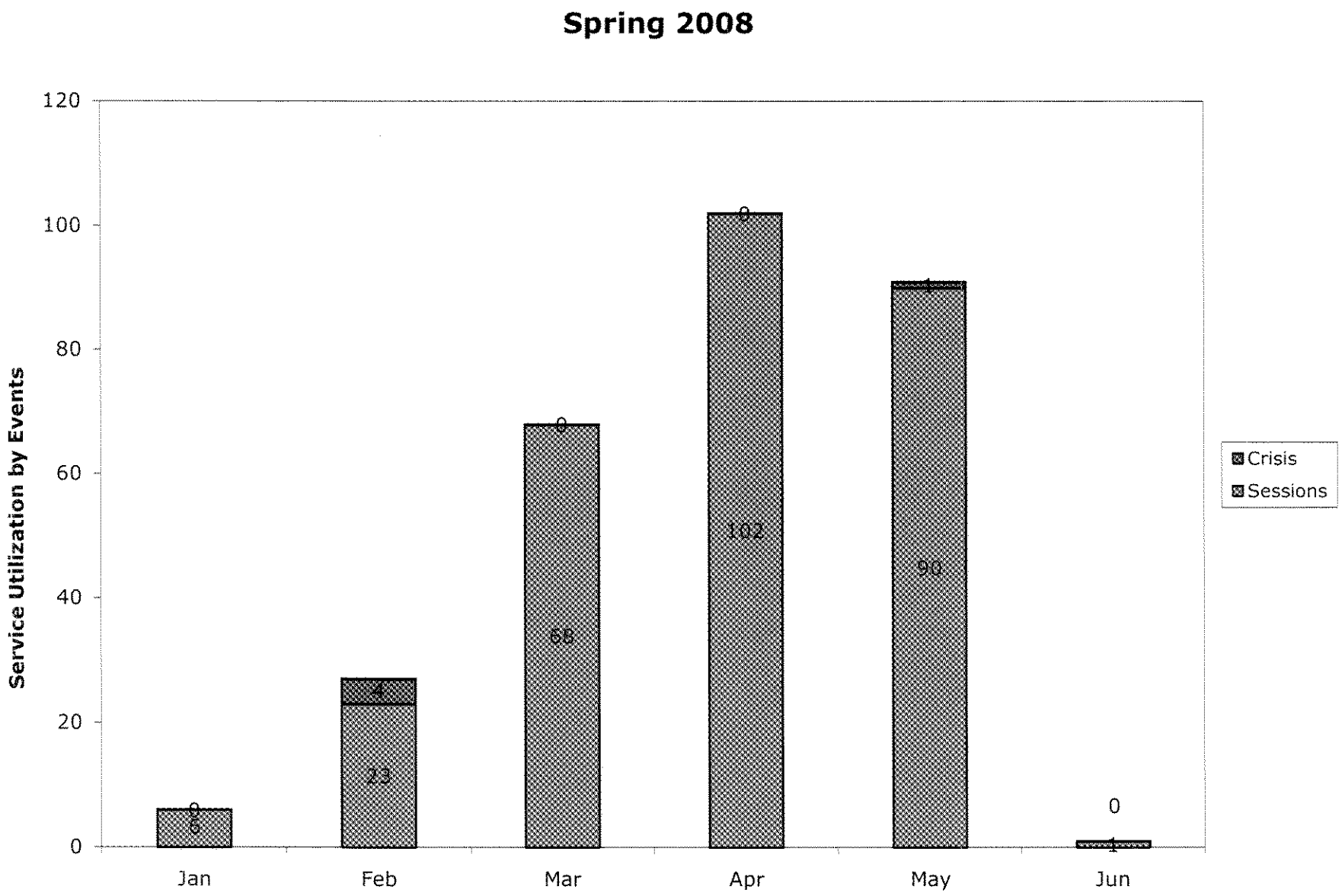
Daniel Parsons
G0616359

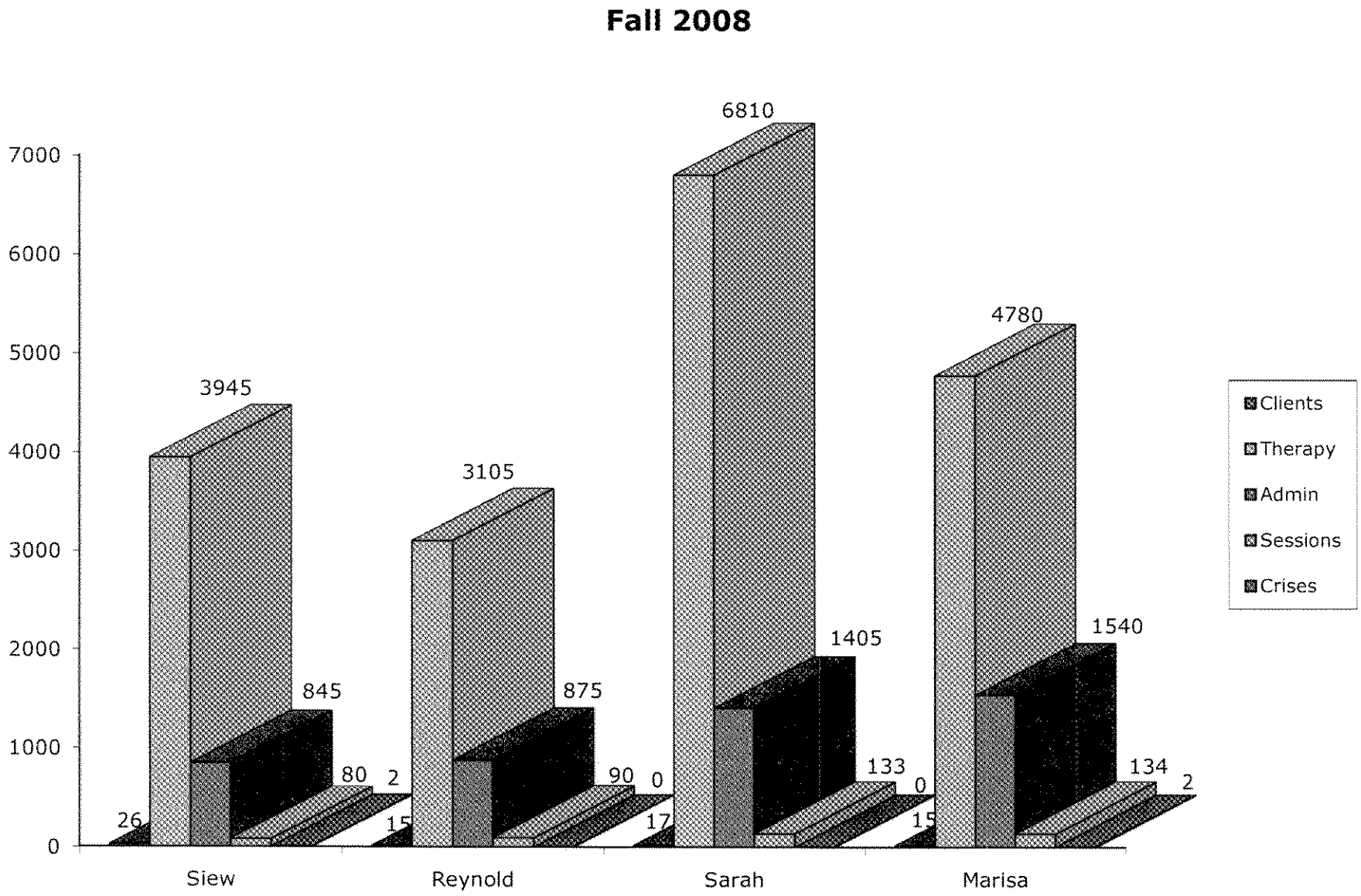
Appendix E


Fall 2008
Service Utilization by Minutes
7000
6000
5000
4000
3000
2000
1000
0
Aug
Sep
Oct
Nov
Dec
355
1190
980
4250
1210
4910
1145
4685
975
3605
Admin
Tx Time

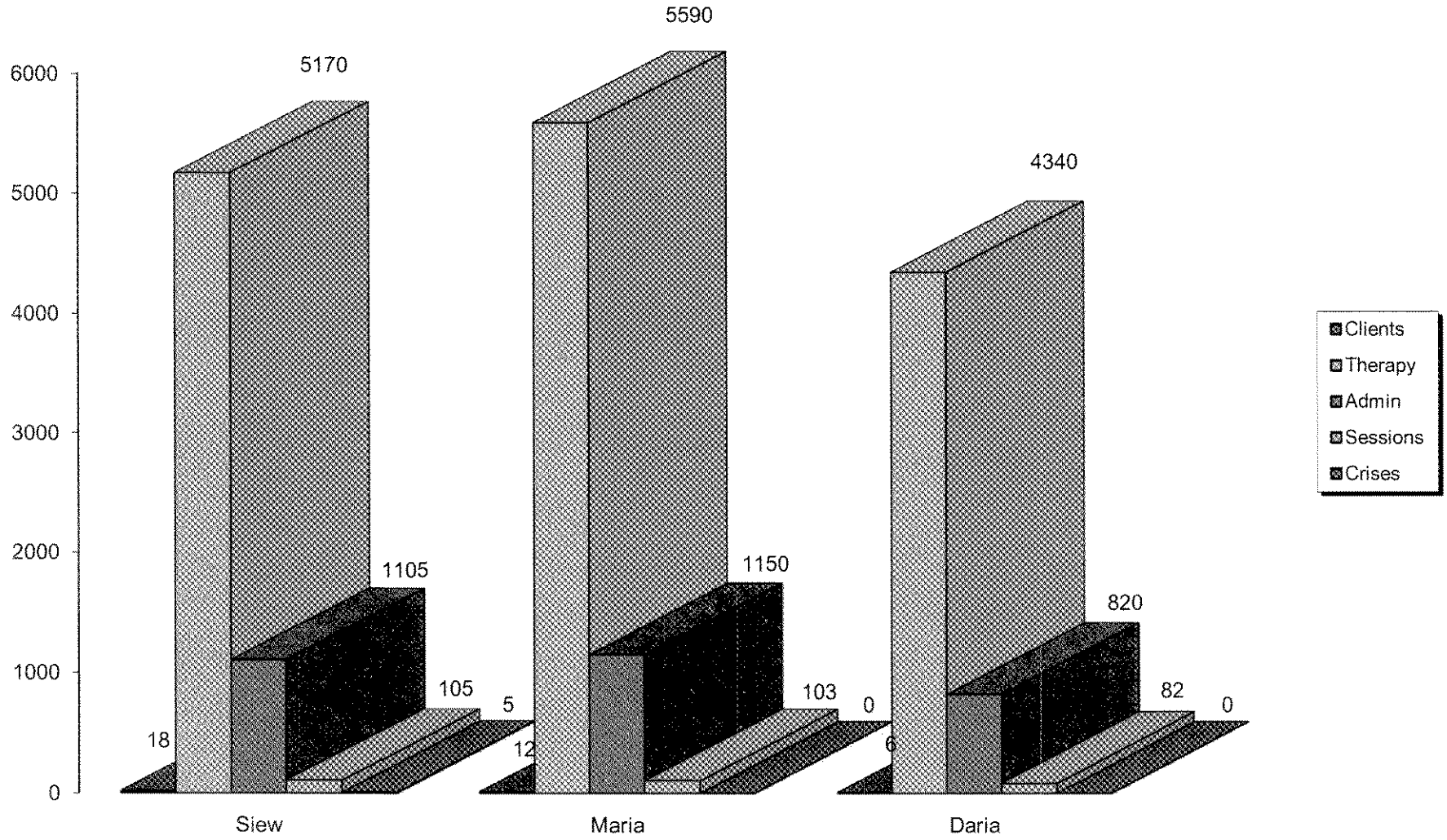

Spring 2008
Service Utilization by Minutes
7000
6000
5000
4000
3000
2000
1000
0
Jan
Feb
Mar
Apr
May
Jun
65
295
235
1165
720
3440
1100
5385
945
4765
Admin
Tx Time


Fall 2008
Service Utilization by Events
140
120
100
80
60
40
20
0
Aug
Sep
Oct
Nov
Dec
0
34
1
93
1
126
1
104
1
80
Crisis
Sessions


Spring 2008
Service Utilization by Events
120
100
80
60
40
20
0
Jan
Feb
Mar
Apr
May
Jun
0
6
4
23
0
68
0
102
1
90
0
Crisis
Sessions


Fall 2008
7000
6000
5000
4000
3000
2000
1000
0
3945
845
80
2
26
15
3105
875
90
0
17
6810
1405
133
0
15
4780
1540
134
2
Siew
Reynold
Sarah
Marisa
Clients
Therapy
Admin
Sessions
Crises

Spring 2008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5
12
4340
820
82
0
6
0
Clients
Therapy
Admin
Sessions
Crises
Siew
Maria
Daria

CAÑADA COLLEGE

PROGRAM REVIEW
INSTITUTIONAL RESPONSE SHEET

Program Name: **Psychological Services**

Thank you for your time and effort in preparing this Program Review. Your Executive Summary, with recommendations, has been sent to the Planning/Budget Committee and the Board of Trustees.

#1. Division Dean	Signature
Comments:	

#2. Curriculum Committee Chair **Sharon Finn**	Sharon Finn Signature
Comments:	

#3. College Vice President **Peter Barbatis**	Signature
Comments:	