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**Interim Training Director/Staff Psychologist**

[**http://www2.humboldt.edu/counseling**](http://www2.humboldt.edu/counseling)

**707-826-3236**

**Postgraduate Residency**

**An APPIC Postgraduate Training Program**

**Counseling and Psychological Services**

**Welcome**

Thank you for your interest in our Postgraduate Residency training program. The staff at Counseling and Psychological Services at Humboldt State University is dedicated to providing our residents with excellent training in an atmosphere that is collegial and supportive. We hope you find this brochure, highlighting our training program, helpful as you consider your options for postgraduate training.

**Setting**

Humboldt State University (HSU) is located on the northern California redwood coast, in the community of Arcata (pop. 18,000). The hillside campus overlooks Humboldt Bay and the Pacific Ocean, and is nestled into the surrounding Redwood community forest. Six rivers flow through the area providing residents with year around water activities. The average daily temperature is 57 degrees, ranging from an average high of 53 degrees in January and 62 degrees in September.

**The University**

With an enrollment of approximately 7,774 (Fall 2018), HSU is one of the smaller campuses of the California State University system. It is also the most northern campus, situated approximately 280 miles north of San Francisco. HSU is known for its open and friendly campus environment and has a national reputation for academic excellence, especially in the sciences. HSU has been designated a Hispanic-serving institution, with the most recent enrollment statistics indicating that Hispanic/Latino students comprise 34% of the student population. Other self-reported ethnic/racial identities represented at HSU include: 1 % American Indian/Alaskan Native; 3% Asian; 4% African American/Black; 43% white; 4% two or more races; 1% international; and less than 1% Native Hawaiian or other Pacific Islander. Eight percent of enrolled students did not identify their race/ethnicity. In total, 44% of our students are underrepresented minorities.

Approximately 15% of the student population comes from the surrounding area, 10% from northern California, 13% from the San Francisco Bay area; 4% from Sacramento, 30% from Los Angeles, and 7% from San Diego. Three percent of the student population comes from other states and 1 % comes from other countries. The average age of HSU students is 22 with 17% of students age 25 or older. Students who identify as low-income comprise 50% of the population. The campus is highly residential with 88% of new freshman living in campus-based housing and 26% of all undergraduates living on campus.

**Counseling and Psychological Services (CAPS)**

CAPS has two locations on campus. Our main site is housed on the second floor of the Student Health & Counseling (SHC) building on campus. CAPS’ staff works closely with medical staff at the SHC (who are located right below us). CAPS has a secondary site across campus at the Behavioral and Social Sciences (BSS) building. This site hosts most of our MFT trainees and is home to a couple of our licensed clinicians. All providers of Student Health and Counseling meet regularly for trainings and clinical discussions.

CAPS facilities at SHC include a group room, a conference room, and a staff kitchen and lounge. Each resident has a private office, with a computer and internet access, and a video camera to record sessions for use in supervision. Feel free to take our virtual tour of the space: <http://www2.humboldt.edu/counseling/virtual_tour.html>

In any given year, CAPS staff typically consists of 12-16 professional therapists working as a team. Peer consultation is emphasized and constantly utilized in a supportive and collegial atmosphere. The staff is especially interested in residents who will support this type of work environment. Residents will engage in both formal and informal supervisory contact with all professional staff. In addition to supervision, residents will participate in our weekly case conference and training seminars.

Due to the demand on CAPS’ services, CAPS clinicians primarily conduct brief therapy which is often solution focused. However, a wide range of theoretical orientations informs the work at CAPS including: developmental; object relations; psychodynamic; interpersonal; humanistic; positive psychology; Buddhist psychology; dialectical behavior therapy; and acceptance and commitment therapy. All staff members are integrationists to one extent or another.

**Clientele**

During the 2017-2018 academic year, CAPS clinicians provided services to 16% of our student population, providing 1,372 individual appointments. We have a robust group program, with as many as 20 groups offered each week. For some context on the popularity of our groups… our group program is about 4.5 times more robust than the national average for a school of our size and residents often co-lead two different therapy groups per semester.

Last year, approximately 50% of clients seeking counseling services self-identify as non-white including 26.6% Hispanic/Latino, 8.7% multiracial, 5.7% Black, 3.8% Asian. Many of our clients identified themselves as first- generation college students (42.8%), Trans or non-binary (5.4%), LGB (over 23.6%), and/or transfer students (39.5%), and as having participated in therapy prior (69.5%).

Students seeking CAPS’ services present with a variety of symptoms, syndromes, and disorders including affective disorders, anxiety disorders, relationship problems, eating disorders, substance abuse issues, and personality disorders. In any given year, a few students present with schizophrenic disorders or psychotic symptoms. The most common symptoms endorsed by CAPS’ clients are: feeling sad/depressed; problems with anxiety; academic concerns; problems with sleep; social isolation/loneliness; and poor self-esteem.

**CAPS Mission Statement**

The staff of CAPS strives to enhance the academic environment of the university by promoting the well-being of Humboldt State University students, offering a range of services that include counseling, consultation, outreach, research, education, and the training of new professionals. Counseling services are offered with recognition and appreciation of each student’s individual and unique personality. We strive to create and maintain an environment that values diversity and difference, provides a feeling of safety, and promotes intellectual and emotional growth while fostering personal and social learning and development. Additionally, we aspire to be a highly visible and appreciated member of the broader university community by serving the campus outside of our offices and by being accessible to all facets of university life. We view our mission as being one of mental health promotion (through education and outreach) as well as the treatment and care of mental health problems (through counseling, consultation, and referral). We believe we play an important role in helping to create a campus climate that fosters emotional, psychological, intellectual, and interpersonal growth.

**Statement of CAPS’ Core Values**

* We believe that the university counseling center is an important part of the larger university community and, as such, should attend to both systemic and individual needs which is why we attend to student’s individual needs while also: helping professors address behavioral/psychological issues that may be impacting the learning environment of their student; consulting with key university personnel concerned with campus safety/threats of violence; and providing consultation to parents to help them support their students while also respecting their independence.
* We believe that our center should offer a spectrum of mental health services, paying particular attention to:
* Students faced with developmental challenges, including challenges that arise in relation to transitional phases of life (e.g., living on one’s own for the first time, graduating college and starting a new career, etc.) and challenges that arise in relation to facing new and/or otherwise stressful situations (e.g., choices concerning sexuality, use of drugs/alcohol, major/career; roommate conflicts, relationship break-ups, etc.).
* Students faced with serious mental health issues and needs, including Major Depression, Bipolar Disorder, Schizophrenia, serious addiction issues, serious eating disorders, etc.
* Students who are in immediate need of emergency services, for such issues as suicidality, homicidality, emergence of psychotic symptoms, sexual assault, death of a loved one, etc.
* CAPS believes strongly that self-reflection, an openness to change, and a sense of responsibility for oneself are qualities that are key to living a meaningful life. They are also key and to achieving personal, relational, and intellectual growth throughout the lifespan. We believe that helping to promote these characteristics within the students with whom we work provides a very important skill set that will serve students well as they mature and as they tackle life’s challenges, including issues related to academic and career success.
* We believe that the healthiest members of our society have developed a personal model of wellness that incorporates positive self-care and stress management. We do our best to advocate such a model within our university community and to follow such a model ourselves, as a staff, in our own lives.
* We believe wholeheartedly that we are stronger as individuals and as a society when we embrace and learn from our diversity and therefore, as a staff, we entrust each other with the responsibility of creating an environment that fosters personal and professional integrity, civility, respect, freedom of expression, individuality and fairness. We are committed to the promotion and affirmation of diversity in its broadest sense and place a high value on the dignity and worth of all individuals. We strive to maintain a counseling center that is accessible and valuable to all students, including those of differing races, ethnicities, sexual orientations and genders, abilities, religions, political beliefs, etc.
* Many students struggle in their effort to remain at HSU. For some this is due to academic difficulties but for many it is due to a difficulty in developing a sense of connection here and/or to a lack of internal or external resources in dealing with the stressors in their lives. CAPS therapists do our best to help get students connected to peers, university personnel, and others in the community while helping them learn to better manage emotional and psychological needs in support of enhancing their academic success at HSU.
* We value the continual development of our professional staff and of our center. We do our best to stay abreast of recent advances in the fields of psychology and social work and to incorporate these within our clinical work. We also strive to utilize technological advances to improve our services and the running of our center.

**Training Program Overview**

Each year, Counseling and Psychological Services provides training to 3-4 postdoctoral and/or MFT associate residents. The residency is a little over 9 months, generally beginning the second week of August through about mid-May, with the usual academic breaks. Postdoctoral residents will accrue 1500 clinical hours while MFTA residents will accrue significantly less due to the regulations of, and counting of hours by, the BBS. All residents participate in supervision (individual and group) that meets or exceeds the requirements of licensure in California (according to the BoP and BBS).

The residency training program follows a developmental model that supports and builds on the knowledge residents bring with them. It emphasizes training in brief therapy and multicultural competency within an integrationist framework. CAPS provides residents with opportunities for advanced training in the general practice of psychology/psychotherapy and, specifically, working with a college population. Over the course of the year, residents continue to enhance and solidify the clinical skills required for independent, professional practice in psychology. They do this through a number of clinical activities: (a) providing brief, time-limited individual and couples therapy (b) co-facilitating group therapy; (c) providing crisis intervention and same-day on-call services; (d) conducting assessment and providing referral services; (e) developing and implementing outreach programming; and (g) providing psychological consultation to the campus community. In addition, given that CAPS typically has 10 to 24 practicum level trainees through Humboldt State University’s graduate programs in Counseling Psychology and Social Work, residents may be involved in training and mentorship of these practicum students. All resident activities are informed by a multicultural perspective.

The coordination and day-to-day administration of the postgraduate and associate residencyprogram are the primary responsibilities of the Training Director. The Training Director, in consultation with the supervisory staff and Director, has primary responsibility for all decisions regarding training curriculum, program philosophy, format and structure, postgraduate fellow selection, assignment of supervisors and resolution of problems or concerns. Development, implementation and evaluation of the training program, policy recommendations and training philosophy are developed in consultation with the Director of CAPS.

**Goals of the Training Program**

1. To train residents as practitioners who are grounded in ethical and legal standards of psychological practice and who conduct themselves accordingly.
2. To train residents as compassionate and competent psychologists / MFTs who are capable of functioning independently and who will contribute to both the profession and the welfare of society.
3. To help residents develop an understanding of the intersection of psychopathology with developmental forces, with the understanding that development happens across the lifespan.
4. To enhance and solidify residents’ competencies in: intake assessment; individual, couples and group counseling and psychotherapy; crisis intervention; consultation; outreach; program development; and ethical decision making.
5. To enhance and deepen residents’ understandings of diversity in order to improve ethnic and cultural sensitivity, increase awareness of different lifestyles (e.g. sexual orientation, gender identity, physical challenge, non-traditional age, socio-economic status, etc.), and further develop competence in multicultural counseling.
6. To facilitate personal growth and professional identity including gaining increased self-knowledge and increased confidence in conducting compassionate and competent clinical work with richly diverse populations.
7. To help residents prepare for licensing upon the completion of the program by helping them reach advanced professional competency through integrating their academic knowledge and clinical skills into the professional identity/role of a psychologist.

**Expectations of Residents**

Trainees are encouraged to engage in self-reflection in an effort to recognize and resolve attitudes, beliefs, opinions, feelings, and personal history that may negatively impact their work with others, especially with regard to working with others from cultures and with beliefs different from their own.

Trainees are expected to have a working understanding of and adherence to ethical standards including maintaining client confidentiality. We expect and encourage the regular practice of consultation whenever ethical dilemmas arise.

**Orientation of Residents**

Residents will undergo a CAPS orientation in their first couple of weeks at our center. You can expect to meet with program coordinators, training staff, and potential supervisors. You will attend a number of training programs on: clinical assessment; crisis intervention; assessment of dangerousness; CAPS policies and forms; and the use of Titanium record keeping software. You will also learn about other agencies on campus and in the community.

Residents’ supervisors are assigned during this time, based on a match of trainee interest and need, and availability and interests of potential supervisors. The Training Director will facilitate and coordinate this selection process. Service contracts are developed among each trainee, his/her primary supervisor, and the Training Director.

**Typical Resident Schedule**

Residents’ weekly schedule can be roughly broken down into three categories: 1) direct services; 2) supervision/training; and 3) other professional activities. Those categories and the approximate time devoted to each weekly is below:

**Direct Service**

* Crisis “on-call” (during work hours): 3-4 scheduled hours (1/3 of these count toward direct service as most of these hours can be spent doing professional development or paperwork)
* Intakes and Single-Session-Therapy Sessions: 5 hours
* Therapy Sessions: 13-15 hours
* Scheduled Groups: 1-2 groups (1.5 to 3 hours)

Total: approximately 25 hours

**Supervision/Training**

* Individual Supervision: 2 hours
* Group Supervision of Groups: 1 hour e/o/w
* Ind. Supervision of Group: 30 minutes per group
* Training Meetings: 2 hours
* Case Conference: 1.5 hours

Total: 7 to 8 hours

**Other Professional Activities**

* Case Management (paperwork, prep. time, client phone calls, etc): 5
* Outreach (workshops, classroom visits, etc.): varies
* Professional Development: varies (2+ hours/mo)
* Mentorship/training of practicum students: 1 hour
* Staff Meeting: 1 hour e/o/w

Total: 6 to 8 hours

**Training Evaluation Procedures**

Evaluation is designed to function as a natural part of the training process. An effort is made to combine a thorough approach to evaluation with a flexible perspective. The evaluation process begins during the orientation period, when residents begin to identify their goals. Primary clinical evaluation of the resident is completed by the individual supervisor, with written evaluations completed at the end of both the first and second semesters. Evaluations include general feedback about progress as well as more specific feedback regarding strengths and areas for improvement. Written evaluations consist of a review of the resident’s objectives and goals, and feedback in the areas of assessment/conceptualization, psychotherapy/counseling skills, consultation/program development skills, professional standards/behaviors, and the resident’s use of supervision. Likewise, residents provide formal evaluations of their supervisors in regard to the supervisory relationship at the end of each semester. Throughout the supervision process, it is expected that feedback and discussion are continuous; thus if goals are not being met (by either supervisee or supervisor), feedback should be given prior to the formal evaluation. All evaluation materials are reviewed by the training director to assist in the future development of each resident’s individualized program as well as the overall training program.

**Training Staff**

Jennifer Sanford, PhD

Director

Shane Calhoun, PsyD

Interim Training Director

Staff Psychologist

Stephanie McGrath, PsyD

Staff Psychologist

Outreach Coordinator

Cedric Aaron, MSW Multicultural Specialist

Jacqueline Mayrand, LMFT Clinical Coordinator Staff Psychotherapist

Elizabeth McCallion, PhD

Staff Psychologist

Craig Beeson, PhD

Staff Psychologist

Group Coordinator

Ned Peck, LCSW

Staff Psychotherapist

Liza Auerbach, PhD

Staff Psychologist

Johneen Manno, MA, LPC

Practicum Coordinator

Staff Psychotherapist

Paula Nedelcoff, LMFT

Staff Psychotherapist

Lisa Turray, LPCC

Staff Psychotherapist

Kelsi Guerrero, MFT

Case Manager

**Qualifications**

The applicant for a postdoctoral residency must have completed a doctoral degree in clinical or counseling psychology.  The degree must come from a regionally accredited institution of higher education or an APA/CPA-accredited program and pre-doctoral internship meeting [**APPIC (Association for Psychology Postdoctoral and Internship Centers) standards**](http://www.appic.org/) as CAPS is a member of [**APPIC**](http://www.appic.org/). The applicant for an associate residency must have completed a master’s degree in an accredited university. Interest and experience serving multicultural populations is highly desirable. Applicants with interest, training and experience in the area of alcohol and drug abuse, crisis intervention, and/or Latino students are also particularly encouraged to apply. The residency is for the duration of the academic year (approximately 9 months), with vacation during Thanksgiving break, winter holiday, and spring break. The salary is $32,000 for a postdoctoral position and $25,000 for a masters level residency position. The position is classified within the faculty unit and carries benefits.  Residents have staff privileges on campus (library privileges, access to employee wellness program, etc.) & the added benefit of living in an extraordinarily beautiful place.

**Application Requirements**

Application requirements include: (a) cover letter that includes residency goals and interest/experience working on a clinical team; (b) copies of academic transcripts; (c) curriculum vitae; and (d) three letters of reference from supervisors of your clinical work. Review of applications typically begins in mid-January for openings in August. HSU CAPS’ follows the uniform notification date for postdoctoral training programs as outlined by APPIC which is typically in mid-February. These positions remain open until filled. Candidates are welcome to contact Dr. Shane Calhoun, Interim Training Director, with questions. Applications may be sent electronically or via post.   Please direct questions and applications to:

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