

**ROTATION SUMMARY**  
**Counseling and Psychological Services**

**Rotation Contacts and Scheduling Details**

**Rotation Directors:**

Mary Mendoza-Newman, Ph.D., Assistant Director for Training  
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Vaden Health Center  
Counseling and Psychological Services  
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**Counseling and Psychological Services Attending Psychiatrist**

Ronald Albucher, M.D., Director  
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**Administrator:**

Jerlaine Ewing  
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**Positions Available:** 80%, 6 month rotation for PGY 4 in college mental health. A maximum of two trainees will be assigned to the service at each time.

**Introduction**

The primary mission of CAPS is to support the University's academic mission by providing comprehensive mental health services and programs to a diverse student body. CAPS promotes the academic, personal, civic and professional growth and development of Stanford students. CAPS is committed to providing high quality, confidential, care for students who experience a range of personal, academic, and relationship problems common to college populations. Also, we provide assessment and referrals to students with more acute or chronic psychological problems. In addition to direct clinical services to meet the mental health needs of students, CAPS engages in educational efforts focusing on prevention and skill building through outreach and programming and through the establishment of collaborative liaison relationships to a range of departments within Student Affairs.

Counseling and Psychological Services (CAPS) Psychiatry Resident Rotation provides comprehensive training in college mental health including experience with intakes, assessments, on-call coverage, crisis intervention, suicide assessment and management, brief counseling, individual and couples counseling, group psychotherapy, consultation, case management, medication management, and working with a diverse and gifted student population with a range of developmental issues to more acute psychiatric conditions.

Residents work as part of a multidisciplinary staff that is made up of social workers, marriage and family therapists, psychologists, psychiatrists, predoctoral Residents, and postdoctoral fellows. This approach uniquely strengthens the training of each Resident by facilitating the knowledge and skill base of each trainee by exposure to the theoretical perspectives and intervention approaches and by acquiring skills that foster teamwork and collegiality across disciplines. In addition, Residents gain skill in providing consultation to the campus community.

This rotation is intended to help Psychiatry Residents grow and develop outpatient psychotherapy skills. At CAPS, Residents gain extensive clinical experience with a diverse range of students and presenting problems. Residents continue to enhance and solidify the development of clinical skills required for professional practice including: skills to effectively respond to crisis situations, consultation and collaboration skills to work with an interdisciplinary staff, the campus community and off-campus community, and skills to work with individual and cultural diversity.

**Weekly Schedule**

Last updated 05/01/11

Residents are expected to manage 20 patient hours per week, spread over a 4 day work week. Residents carry approximately 10 -12 hours of short-term individual therapy and 8 medication hours (4 hours medication evaluations includes 1 hour med back-up and 4 hours of 30 minute medication checks). Two students can be selected to be seen for longer term therapy (6 months). Residents spend the majority of their clinical time conducting psychological evaluations, brief therapy, crisis intervention, and outpatient psychopharmacology. There also are opportunities to provide couples therapy, group psychotherapy, structured psycho-educational workshops, consultation, and community psychiatry. Two hours of individual supervision with a psychiatrist, one hour of case consultation, and attendance at two staff meetings are required. Residents are generally not here on Thursdays to assist with the attendance of Grand Rounds and Didactics at the Department of Psychiatry.

### Sample Schedule

	MON	TUE	WED	THUR	FRI
8:30	Administration	Administration	Administration	Out of office	Administration
9:00	Med Eval	Individual Therapy	Individual Therapy		Individual Therapy
10:00	Individual Therapy	Individual Therapy	Med Checks		Med Checks
11:00	Individual Therapy	Staff Meeting	Supervision		Case Conference
12:00	Lunch	Lunch	Lunch		Friday Noon Mtg
1:00	Med Check	Individual Therapy	Individual Therapy		Individual Therapy
2:00	Supervision	Med Checks	Individual Therapy		Med Eval
3:00	Urgent Med Eval	Individual Therapy	Med Eval		Individual Therapy
4:00	Administration	Administration	Administration		Administration

### Rotation Specifics

#### Orientation

The Assistant Director for Training contacts incoming Residents with instructions in preparation for Orientation. The Orientation Program lasts about 3-5 days. The Orientation program is intended to provide Residents with an overview of CAPS mission and values, structure, functions, and processes. Additionally, the orientation period serves to clarify expectations, to learn about the history of CAPS and its administrative and clinical policies and procedures, to learn about other campus agencies, and to facilitate team building and set goals. An orientation schedule is sent via email to the Residents about a week in advance.

#### Direct Service

Residents provide initial assessments and brief therapy for registered Stanford University undergraduate, graduate and postdoctoral students. Residents also have the opportunity to provide longer-term therapy during their 6 months rotation with two students. In addition, Residents have opportunities to gain experience with couples, groups, and referring students to outside therapists for ongoing therapy. Residents interface with other staff on and off campus regarding student mental health care. Residents also discuss their treatment plan in ongoing supervision and gain greater experience and competence in their clinical interventions.

#### Initial Assessments

Residents establish a therapeutic relationship and assess the appropriateness of the student's presenting problem to a brief treatment model versus longer term therapy. Residents also develop skills conducting assessments for a range of presenting issues, providing crisis intervention, providing differential diagnosis, and engaging in collaboration with other sources. Residents also have the opportunity to rotate through a series of specialty tracks: assessment and treatment of eating disorders, substance abuse, or working with gender and sexual identities.

#### On-call

All Residents provide med back-up on a Monday or Wednesday. Residents may see a student of concern for urgent assessment and medication evaluation. Med back-up includes answering phone calls regarding medication questions, refills, or side effects. Residents also provide overnight on-call on a Monday or a Wednesday. On-call provides crisis intervention to the campus community, mostly through phone. Residents may manage calls from students, professors, parents, Resident Advisors, or Resident Deans to consult, triage, or assess for safety issues for students of concern. In the case of a crisis involving potential harm to self or others, Residents consult with a senior staff/admin back-up. Residents gain experience with crisis assessment, management, and hospitalizations within a university setting.

#### Crisis Intervention

Residents have a range of opportunities to manage crises in the course of their ongoing therapy with students or when on-call. Residents assist the community by providing consultation for the management of situations that are

impacting the community. In addition, Residents may join senior staff in speaking to various academic departments or resident halls when critical incidents arise.

### **Outreach**

Residents have the opportunity to participate in various types of outreach to the Stanford community during their rotation. Outreach encompasses both preventative work and may include responding to an event on-campus. Residents may present to student groups on particular topics (e.g. depression, anxiety, substance abuse, or date rape) or they may go and speak to an on-campus group to help students to deal with the effects of a suicide, a sexual assault, or a national disaster. In addition, throughout the year, there are opportunities for tabling at a range of events (NSO, Parent's Weekend, Admit Weekend).

### **Consultation**

A key role in university counseling centers is providing consultation to faculty, staff, parents, Resident/Graduate Deans, or students. The community is the context for student life and mental health problems may be seen in the academic or social contexts. Consultation may occur over the phone or in person. CAPS provides support for how to manage a situation, assess for safety, or facilitate referral to CAPS. Senior staff/Admin back up is available for understanding the campus community and how to respond.

### **Primary Supervision**

Residents attend two hours of weekly Primary Supervision. In individual supervision, Residents are encouraged to develop reflective, introspective clinical and case conceptualization skills that aid in their development as professional therapists. The primary supervisor carries responsibility for case management, acquainting the Resident with the operations of the agency, training requirements, mentoring, and moral support. The primary supervisor evaluates the Resident's clinical work mid-rotation and again at the end of the rotation.

### **Pagers**

Residents rotating on service are expected to carry their own pager so they can be contacted.

### **Resident Rights and Responsibilities**

CAPS at Vaden is committed to providing quality services to the Stanford community. We are also committed to the professional growth and development of all members of the Counseling Center. Each staff person and Trainee has the right to be treated with respect and dignity. Each staff person and Trainee has the responsibility to foster an environment where this right is maintained. In order to best meet our goals, we hold the following rights and responsibilities critical to the functioning of our Residency program. All Trainees sign an agreement under which they have the following rights and responsibilities.

Residents are responsible for:

1. Fulfilling all contracted duties, including time and duration commitments, and acceptance agreements.
2. Conducting oneself in a professional manner, including maintaining cooperative relationships with CAPS staff, completing required paperwork accurately and on time, and supporting and following CAPS rules, procedures, and policies.
3. Actively attending and participating in all weekly supervision meetings and required training meetings. Any changes in supervision must be approved by the CAPS Training Director.
4. Notify one's supervisor and/or the Training Director of other training commitments when it may impact the training experience at CAPS.
5. Working within the limits of one's skill and training and handling clinical emergencies and legal responsibilities by consulting with supervisors and other appropriate CAPS senior staff in a timely manner.
6. Providing appropriate and responsible care to clients during emergencies, even if this requires additional time.
7. Fully reviewing in supervision students of concern for support and guidance in managing challenging or difficult cases.
8. Consulting with administrative back-up or senior staff during one's first month of on-call (September or January) for guidance and support in becoming acquainted with on-call procedures in college mental health.
9. Making appropriate use of supervision and other training formats through such behaviors as arriving on time and being prepared, taking full advantage of learning opportunities as well as maintaining openness to learning and being able to accept and use constructive feedback effectively.

10. Meeting training expectations responsibly by developing competencies in the skill areas outlined in CAPS goals and objectives.
11. Managing personal stress, which includes tending to personal needs and seeking personal and/or professional help if necessary.
12. Giving professionally appropriate feedback to peers and training staff regarding the impact of their behaviors, and to the training program regarding the impact of the training experience.
13. Adhering to all ethical and legal guidelines.

Residents have a right to:

1. Be trained by professionals who behave in accordance with ethical guidelines and regulations/laws from the State of California.
2. An accurate description of activities and time commitment that will be honored by CAPS.
3. Receive timely, honest, and specific feedback about their performance on a regular basis.
4. Have, in writing, ways to reach a licensed staff member if the Resident encounters an emergency situation with patients.
5. Timely response by senior staff/administrative back-up when on-call or needed for consultation.
6. Expect reasonable accommodations by CAPS for documented disabilities in accord with the Americans with Disabilities Act.
7. Have two hours of primary supervision and one hour of group supervision occurring at each scheduled time.
8. Have any contract change clearly negotiated with the Training Director.
9. Know about safety policies and procedures in place to protect the Postdoc. This may include, but is not limited to, such matters as never being alone in the clinic with a patient, access to an alarm system, an illuminated parking lot at night, etc.
10. A workplace free from sexual harassment, intimidation, and exploitation.
11. A workplace free from discrimination.
12. Have, in writing, CAPS policies regarding sickness, vacation, and personal leave.
13. Initiate an informal resolution of problems that might arise in the training Experience through request of the individual(s) concerned, the Training Director, and/or the training staff as a whole.
14. Have, in writing, established due process and grievance procedures.

### **Evaluation and Feedback**

Supervisors will complete a MedHub Resident Evaluation. In addition, Residents will complete a CAPS supervisor evaluation at the end of their rotation. Feedback is an essential part of professional development and we encourage a transparent dialogue on a regular basis. The focus of feedback will be on competency-based goals and objectives. At the end of the rotation a comprehensive mutual feedback session will be conducted by the supervisor with the rotating trainee.

### **Faculty**

Ronald Albucher, M.D.  
 Michael Haberecht, M.D.  
 Mary Mendoza-Newman, Ph.D.  
 Bina Pulkit Patel, M.D.  
 Julie Tinklenberg, M.D.  
 Sujata Pulkit Patel, M.D.  
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### **References:**

1. Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR Fourth Edition (Text Revision) by American Psychiatric Association, Jun 2000
2. Kadison, R., & DiGeronimo, T. (2004). *College of the Overwhelmed. The Campus Mental Health Crisis and What to do about it*. San Francisco: Jossey-Bass.
3. Benton, S.A... & Benton, S. L... (2006). *College Student Mental Health*. NASPA.
4. Levenson, H. (1995). *Time-limited dynamic psychotherapy: A Guide to Clinical practice*. New York: Basic Books.
5. Goleman, D. (2000). *Working with Emotional Intelligence*. New York: Bantam Books.

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## Competency-based Goals and Objectives

### Goal 1. Develop Clinical Skills relevant for working in college mental health

Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Residents will demonstrate the ability to conduct psychiatric assessments, develop case conceptualizations and treatment plans, and make appropriate case dispositions.	<ul style="list-style-type: none"> <li>• Direct patient care</li> <li>• Individual Supervision</li> <li>• Case Conference</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly review and sign-off of case notes by primary supervisor</li> <li>• Informal evaluation mid-rotation</li> <li>• Written evaluation end-of-rotation</li> </ul>	
Residents will demonstrate the ability to work within a range of therapeutic modalities.	<ul style="list-style-type: none"> <li>• Direct patient care</li> <li>• Individual Supervision</li> <li>• Case Conference</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly review and sign-off of case notes by primary supervisor</li> <li>• Informal evaluation mid-rotation</li> <li>• Written evaluation end-of-rotation</li> </ul>	
Residents will demonstrate the ability to integrate theory and research into clinical practice.	<ul style="list-style-type: none"> <li>• Direct patient care</li> <li>• Individual Supervision</li> <li>• Case Conference</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly review and sign-off of case notes by primary supervisor</li> <li>• Informal evaluation mid-rotation</li> <li>• Written evaluation end-of-rotation</li> </ul>	

### Goal 2. Develop skills to effectively respond to crisis situations in a university setting.

Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Residents will demonstrate the consultation, collaboration, and documentation skill necessary to effectively assess all safety and risk factors.	<ul style="list-style-type: none"> <li>• Direct patient care</li> <li>• Individual Supervision</li> <li>• Case Conference</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly review and sign-off of case notes by primary supervisor</li> <li>• Informal evaluation mid-rotation</li> <li>• Written evaluation end-of-rotation</li> </ul>	
Residents will demonstrate the ability to manage on-call duties effectively including consultation with other staff members and university representatives.	<ul style="list-style-type: none"> <li>• Direct patient care</li> <li>• Individual Supervision</li> <li>• Case Conference</li> <li>• Consultation with Administrative/Med Back-up</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly review and sign-off of case notes by primary supervisor</li> <li>• Informal evaluation mid-rotation</li> <li>• Written evaluation end-of-rotation</li> </ul>	
Residents will demonstrate the ability to effectively handle disposition and follow-up with crisis situations.	<ul style="list-style-type: none"> <li>• Direct patient care</li> <li>• Individual Supervision</li> <li>• Case Conference</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly review and sign-off of case notes by primary supervisor</li> <li>• Informal evaluation mid-rotation</li> <li>• Written evaluation end-of-rotation</li> </ul>	

### Goal 3. Develop consultation and collaboration skills to work with an interdisciplinary staff, campus community, and off-campus community.

Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Residents will demonstrate the ability to consult and collaborate with peers, supervisors, and administrative professional staff.	<ul style="list-style-type: none"> <li>• Direct patient care</li> <li>• Individual Supervision</li> <li>• Case Conference</li> <li>• Consultation with Administrative/Med Back-up</li> <li>• Consultation with Campus Departments</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly review and sign-off of case notes by primary supervisor</li> <li>• Informal evaluation mid-rotation</li> <li>• Written evaluation end-of-rotation</li> </ul>	

Residents will demonstrate the ability to consult and collaborate with faculty, administrators, student support staff, other student affairs professionals, and Stanford Medical Center.	<ul style="list-style-type: none"> <li>• Direct patient care</li> <li>• Individual Supervision</li> <li>• Case Conference</li> <li>• Consultation with Administrative/Med Back-up</li> <li>• Consultation with Campus Departments</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly review and sign-off of case notes by primary supervisor</li> <li>• Informal evaluation mid-rotation</li> <li>• Written evaluation end-of-rotation</li> </ul>
Residents will demonstrate the ability to consult and collaborate with other mental health professionals, agencies outside of the university, and families when appropriate.	<ul style="list-style-type: none"> <li>• Direct patient care</li> <li>• Individual Supervision</li> <li>• Case Conference</li> <li>• Consultation with Administrative/Med Back-up</li> <li>• Consultation with Campus Departments</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly review and sign-off of case notes by primary supervisor</li> <li>• Informal evaluation mid-rotation</li> <li>• Written evaluation end-of-rotation</li> </ul>

#### Goal 4. Develop skills for working with individual and cultural diversity.

Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Residents will demonstrate the ability to examine their own attitudes, assumptions, behaviors, and values in working with individual and cultural diversity variables.	<ul style="list-style-type: none"> <li>• Direct patient care</li> <li>• Individual Supervision</li> <li>• Case Conference</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly review and sign-off of case notes by primary supervisor</li> <li>• Informal evaluation mid-rotation</li> <li>• Written evaluation end-of-rotation</li> </ul>	
Residents will demonstrate the ability to provide services sensitive to individual and cultural differences.	<ul style="list-style-type: none"> <li>• Direct patient care</li> <li>• Individual Supervision</li> <li>• Case Conference</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly review and sign-off of case notes by primary supervisor</li> <li>• Informal evaluation mid-rotation</li> <li>• Written evaluation end-of-rotation</li> </ul>	
Residents will demonstrate the ability to seek consultation and to pursue further learning regarding diversity issues.	<ul style="list-style-type: none"> <li>• Direct patient care</li> <li>• Individual Supervision</li> <li>• Case Conference</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly review and sign-off of case notes by primary supervisor</li> <li>• Informal evaluation mid-rotation</li> <li>• Written evaluation end-of-rotation</li> </ul>	

#### Goal 5. Develop professional identity

Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Residents will demonstrate the ability to interact professionally with peers, supervisors, administrative and professional staff.	<ul style="list-style-type: none"> <li>• Direct patient care</li> <li>• Individual Supervision</li> <li>• Case Conference</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly review and sign-off of case notes by primary supervisor</li> <li>• Informal evaluation mid-rotation</li> <li>• Written evaluation end-of-rotation</li> </ul>	
Residents will demonstrate professional responsibility with case management, documentation, and time management.	<ul style="list-style-type: none"> <li>• Direct patient care</li> <li>• Individual Supervision</li> <li>• Case Conference</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly review and sign-off of case notes by primary supervisor</li> <li>• Informal evaluation mid-rotation</li> <li>• Written evaluation end-of-rotation</li> </ul>	
Residents will demonstrate professional maturity.	<ul style="list-style-type: none"> <li>• Direct patient care</li> <li>• Individual Supervision</li> <li>• Case Conference</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly review and sign-off of case notes by primary supervisor</li> <li>• Informal evaluation mid-rotation</li> <li>• Written evaluation end-of-rotation</li> </ul>	

### **Competencies Expected for Goal 1**

- A demonstrated intermediate to advanced competence in brief therapy.
- A demonstrated intermediate to advanced competence in long term therapy
- A demonstrated intermediate to advanced competence in initial assessment.
- A demonstrated intermediate to advanced competence in crisis intervention.
- A demonstrated intermediate to advanced competence in couples therapy
- A demonstrated intermediate to advanced competence in group therapy
- A demonstrated intermediate to advanced ability to formulate a case conceptualization within own preferred theoretical orientation and the ability to draw insights into cases from other orientations.
- A demonstrated intermediate to advanced ability to set realistic goals with clients.
- A demonstrated intermediate to advanced ability to work with a range of problems from developmental issues to psychiatric conditions.
- A demonstrated intermediate to advanced knowledge of psychiatric classification, multiaxial diagnoses and relevant diagnostic criteria needed to develop accurate diagnostic formulations.
- A demonstrated intermediate to advanced ability to discuss how psychological theory and research apply to clinical practice in supervision.
- A demonstrated intermediate to advanced ability to utilize brief assessment measures.
- A demonstrated intermediate to advanced ability to direct care when appropriate to a higher level or different treatment modality (groups, couples, longer-term treatment).
- A demonstrated intermediate to advanced ability to adequately deal with financial issues in treatment.

### **Competencies Expected for Goal 2**

- A demonstrated intermediate to advanced competence in assessing danger to self, danger to others, and/or grave disability.
- A demonstrated intermediate to advanced competence in collaborating with clients in crisis to develop appropriate short-term safety plans.
- A demonstrated intermediate to advanced competence in directing treatment to a higher level of care when necessary.
- A demonstrated intermediate to advanced ability to utilize family, social, academic, medical, or other environmental support systems.
- A demonstrated intermediate to advanced competence in managing confidentiality issues in crisis.
- A demonstrated intermediate to advanced ability to seek senior staff consultation in crisis situations.
- A demonstrated intermediate to advanced competence in managing one's own responses to crisis situations
- A demonstrated intermediate to advanced competence in assisting clients with managing their responses during crisis situations
- A demonstrated intermediate to advanced competence in the documentation of crisis assessment and follow-up.
- A demonstrated intermediate to advanced competence in providing on-call response to the Stanford community.

### **Competencies Expected for Goal 3**

- A demonstrated intermediate to advanced awareness of when consultation or collaboration with other professionals may be appropriate.
- A demonstrated intermediate to advanced ability to work collaboratively with staff in response to debriefing requests around critical incidents that affect the campus community.
- A demonstrated intermediate to advanced ability to respond in a timely fashion to phone, email, or in person requests for consultation.
- A demonstrated intermediate to advanced ability to develop collaborative working relationships with faculty, administrators, student support staff, other student affairs professionals, and Stanford Medical Center.

- A demonstrated intermediate to advanced ability to work with psychiatrists, clinical social workers, other medical staff, and Vaden Health Center Staff.
- A demonstrated intermediate to advanced level of active participation in clinical discussions.
- A demonstrated intermediate to advanced ability to handle differences openly, tactfully, and effectively.
- A demonstrated intermediate to advanced ability to actively seek consultation when treating complex cases or working with unfamiliar symptoms or populations.
- A demonstrated intermediate to advanced ability to incorporate feedback and develop an awareness of one's own strengths and weaknesses.
- A demonstrated intermediate to advanced ability to utilize resources and referrals.

#### **Competencies Expected for Goal 4**

- A demonstrated intermediate to advanced ability to recognize differences that exist between self and clients in terms of race, ethnicity, culture, and other individual difference variables.
- A demonstrated intermediate to advanced ability to integrate knowledge and understanding of diversity and culture into a case formulation and treatment plan.
- A demonstrated intermediate to advanced ability to be aware and sensitive to one's own bias and its impact on the therapeutic relationship.
- A demonstrated intermediate to advanced ability to discuss individual differences with patients when appropriate.
- A demonstrated intermediate to advanced ability to recognize when more information is needed regarding client differences and ability to seek out the necessary information.

#### **Competencies Expected for Goal 5**

- A demonstrated intermediate to advanced ability to answer referral questions and provide appropriate feedback to other professionals.
- A demonstrated intermediate to advanced competence in utilizing positive coping strategies with personal and professional stressors and challenges and minimizing their impact on patient care.
- A demonstrated intermediate to advanced ability to connect with other Trainees and to be an integrated member of CAPS.
- A demonstrated intermediate to advanced ability to interact cooperatively and to handle differences openly, tactfully, and effectively.
- A demonstrated intermediate to advanced openness to interpersonal feedback.
- A demonstrated intermediate to advanced level of participation in team meetings.
- A demonstrated intermediate to advanced ability to maintain complete records of all patient contacts and pertinent information.
- A demonstrated intermediate to advanced level of time management skills regarding appointments, meetings, and leave.
- A demonstrated intermediate to advanced ability to accurately evaluate one's own level of clinical judgment and competency.
- A demonstrated intermediate to advanced ability to effectively interact with senior staff.
- A demonstrated intermediate to advanced ability to make independent decisions when appropriate.