



## **2023 – 2024 PRACTICUM TRAINING MANUAL**

### **BRIEF OVERVIEW**

Student Health and Counseling Services in the Division of Student Academic Success consists of the Counseling Center (CC) and the Student Health Center. This comprehensive and holistic student development agency is committed to student learning through engagement and involvement. Student Health and Counseling Services is also a professionally staffed practicum and internship training facility for graduate students in counseling, counseling psychology, clinical psychology, and social work. Services are fully accredited by the International Association of Counseling Services (IACS) and the doctoral internship in health service psychology is fully accredited by the American Psychological Association (APA).

The primary goal of Student Health and Counseling Services is to enhance the total development of the student and to contribute to the educational mission of the University. Student Health and Counseling Services seeks to increase students' awareness of mental and physical wellness and health, as well as career planning. Effective coping skills, positive mental health practices, good decision-making skills and an increased appreciation for and awareness of individual differences and diversity are ideals for the CC. All career exploration, psychological counseling, and comprehensive assessment services provided by the CC are confidential and most services (excluding assessment services) are free for University of Memphis students enrolled for a minimum of 6 credit hours per semester.

Referrals can be made to other Student Health and Counseling Services areas as needed. The Student Health Center offers campus wide health promotion, disease prevention, and acute episodic outpatient medical care.

## **COUNSELING CENTER SERVICES**

Individual Counseling: Typically, students are seen on a biweekly basis. Students receiving psychiatric services provided by the center are required to be seen by a therapist monthly at the minimum. Counseling sessions are limited to 6 sessions for the fall and 6 sessions for the spring semester; however, periodic review of long-term clients may occur.

Couples and Family Counseling: Couples and Family counseling is available to any student couple (married, partnered, etc.) or family when one partner or family member is enrolled in six semester hours.

Group Counseling: Group counseling sessions are not time limited. Group options include support groups, psychoeducational groups, and process-oriented groups.

Crisis Counseling: Crisis or emergency sessions are available on an as-needed basis including after office hours and on weekends via the Tiger Care Line (more information below). Crises occurring during regular office hours may be addressed during triage/walk-in hours.

Assessment: Psychological and educational assessment is available for those concerned about ADHD, learning disorders and other issues. ADHD and Learning Disabilities assessments are NOT free of charge. The fee is \$300.00 for LD/ ADHD assessment and is \$75.00 for other psychological evaluations.

Psychiatric Evaluation and Medication Management: Eligible students may receive a psychiatric evaluation for medication. Students receiving psychiatric care through the center are required to participate in individual or group counseling. Students requesting medication for ADHD must provide a current and comprehensive assessment report. This service is only available for uninsured students.

Substance Abuse Screenings and Support: Students may be assessed and supported using the BASICS method.

Relaxation Zone/ Stress Management Services: Stress management may include brief mindfulness, biofeedback, and use of massage chair in the Relaxation Zone. An additional service may include group/ classroom orientation to the Relaxation Zone.

Consultation, Campus Outreach, and Education Programs: Staff provides outreach to the university campus based upon identified needs and requests. Outreach topics include but are not limited to stress management/anxiety management, assertiveness, building healthy relationships, time management, suicide prevention, sexual assault prevention/bystander intervention. Staff

seeks opportunities to collaborate with various university departments and student organizations.

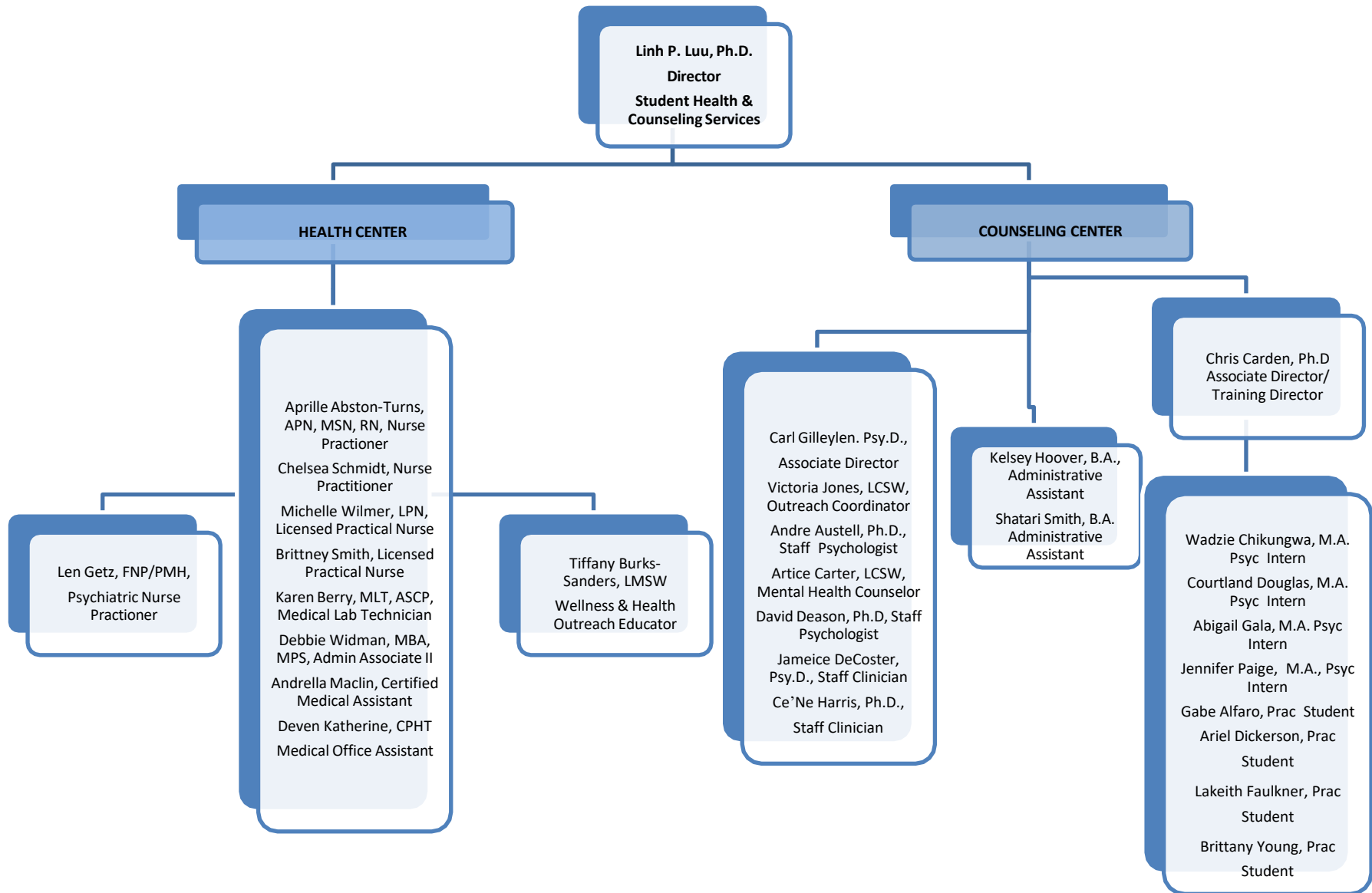
Career Counseling: Students may address career concerns and confusion with an individual career counselor or within a group setting. Non-students are eligible for career counseling with a \$75.00 fee.

Behavioral Health Consultation: Behavioral health consultation is a function of the Integrated Health program and is provided at the Student Health Center (SHC). Students seeking medical treatment at the SHC, whose answers to the behavioral health questionnaires were indicative of the students needing additional support for mental health, will be referred to behavioral health consultant (BHC). BHC will meet with the identified student after their medical appointment to provide brief intervention and resources.

### **COUNSELING CENTER STAFF**

Our staff consists of full-time licensed psychologists, licensed clinical social workers, a licensed mental health counselor, four doctoral psychology interns, and four practicum students. Clinicians use a breadth of theoretical orientations with each therapist utilizing their own integrative approach to treatment. Staff time is devoted to the delivery of direct clinical services, training, supervision, consultation, outreach, professional development, programming, and administrative duties. Additionally, we have an Administrative Assistant, an Office Associate, a part-time psychiatric nurse practitioner, and part-time contract clinicians.

# ORGANIZATIONAL CHART



## **SHCS PRACTICUM PHILOSOPHY AND GOALS**

The philosophy of the SHCS Practicum Program is that counseling and psychology graduate students should be trained as generalists to function in a variety of settings with diverse populations and with persons who present with an assortment of needs and concerns. The primary goal of our Practicum Program is to prepare practicum students to proceed to the next step in their chosen psychology or counseling career through supervised experiences in a variety of area-specific functions and through a general experience in, and exposure to, the operations of a comprehensive university counseling center.

## **SHCS PRACTICUM APPLICATION PROCEDURES**

The SHCS offers practicum opportunities in counseling, outreach, and assessment for graduate students in counseling, counseling psychology, clinical psychology, and social work.

**SHCS Practicum Applications** are available on the counseling center website at <https://www.memphis.edu/counseling/training/practicum.php>. Students may apply for one semester or one full academic year practicum placement. Preference will be given to applicants desiring a 2-semester placement at the SHCS (fall and spring semesters) and space is limited to a maximum of 4 students per semester. Practicum placement for Summer session will not be available. Practicum placement assignments will be determined by the training committee.

## **COUNSELING CENTER PRACTICUM DESCRIPTION & GUIDELINES**

SHCS practicum students are provided with a supervised experience of conducting individual, couples, and group psychotherapy, career counseling, and utilizing resources and anxiety reduction programs available at the Relaxation Zone (RZ). Telepsychology services will be available to all students. Please refer to the Telepsychology Clinician and Supervisor Manual for more detailed information and instructions on conducting telepsychology services.

Practicum students will conduct intake interviews and provide individual and couples psychotherapy to a diverse undergraduate and graduate student population. Practicum students may also have the opportunity to provide walk-in crisis and family therapy. Practicum students will be trained in career assessment and counseling. Additionally, practicum students are provided with an experience utilizing biofeedback software, mindfulness and relaxation interventions available through the RZ. Outreach opportunities are also available and are required.

\*Practicum students who have already been trained and approved by SHCS senior staff to administer intelligence and achievement tests may also conduct formal Learning Disability (LD) and Attention-Deficit/Hyperactivity Disorder (ADHD) evaluations as a part of their direct contact hours. These practicum students will be required to complete practice administrations, review report writing procedures and CC procedures (e.g., fee schedules) with their direct supervisors

and/or identified Senior staff prior to scheduling test appointments with clients.

The most frequent presenting concerns for psychological counseling are relationship or interpersonal issues followed by depression and anxiety. Clients also present with abuse, assault and trauma-related concerns, eating disorders, loss and grief issues, substance abuse-related problems, and a variety of other concerns. In terms of severity, presenting issues range from adjustment-related or situational-developmental concerns to characterological and, in some cases, severe and debilitating problems.

The most frequent presenting concerns for career counseling are confusion, difficulty, or uncertainty around choice of major, choice of career, job loss, career or job change, or type of positions available within a chosen career area. Career clients may also present with psychological, medical, or other concerns that intersect with their career issues. In terms of severity of career issues, some clients have a great deal of distress and feel themselves to be in a crisis about their career concerns. Other clients expect that career counseling will benefit them in their career development, but are not particularly distressed about their careers when they come for services.

The Relaxation Zone (RZ) is a student resource committed to the management of stress and anxiety. The RZ offers multiple massage chairs, biofeedback computer stations, zen gardens, coloring station, stress ball-making station, and small “Wellness Breaks” where students can get individual and small group instruction on a variety of self-care skills like mindfulness, relaxation, and guided meditation. Center staff assist university students in education on stress and anxiety and use of techniques, strategies and biofeedback software in management of stress and anxiety.

### ***Other Activities and Meetings***

Outreach activities include CC information and screening programs (e.g., Eating Disorders Awareness Week Information Table; Anxiety Information and Screening), various presentations (e.g., Stress Management) and participation in the University of Memphis’ summer orientation activities (e.g., Information Fairs for freshman orientation).

### ***Counseling Center Practicum Orientation***

Orientation for practicum students serves to familiarize students with basic SHCS information and processes. Students will meet professional and support staff members and psychology interns and will be introduced to procedures and forms specific to operations in the SHCS. Students will also interview and be matched with their supervisors for the semester and set up schedules.

### ***On-Site Time Requirements***

A full-time practicum placement at SHCS varies depending upon the practicum student’s program of studies. Practicum students may negotiate a contract with the SHCS to meet requirements of their academic program.

To ensure that practicum students reach their minimum hourly requirements, it is recommended

that students schedule \*10-12 clinical hours (hours that will be open on your schedule to see clients, participate in outreaches, etc.) per week. In addition, 3.5 hours will need to be reserved for individual and group supervision at SHCS. The goal is to schedule a total of approximately 17 hours per week for client contact and supervision. The highest traffic times in the CC are from 9:00 AM to 3:00 PM. During the fall and spring semesters, the Counseling Center is open from 8:00 AM to 4:30 PM Monday through Friday. Student Health Center is open 8:00 AM to 4:30 PM Monday through Friday (except Tuesday, opening at 9:00 AM). Practicum students are required to be present Friday 8:30 AM – 10:30 AM for Case Conference (group supervision) during their training at SHCS. Any exception or absence needs to be approved in advance by the Training Director.

Practicum students are required to remain on-site in the SHCS during their scheduled hours. Planned absences must be approved in advance by the Training Director and supervisor of the practicum student. Leave requests are made to the Training Director through Outlook Calendar. The Training Director reviews the request and either approves or denies it. If it is approved

trainees inform their supervisor, update Titanium, and make arrangements to have their duties and responsibilities covered. If an unexpected absence occurs due to illness or emergency, practicum students are responsible for calling (901-678-2068) and emailing the front desk staff to reschedule appointments (Ms. Kelsey Hoover – email [kstwart5@memphis.edu](mailto:kstwart5@memphis.edu) or Ms. Shatari Smith – email [slsmth34@memphis.edu](mailto:slsmth34@memphis.edu)). Notification to the Training Director and their primary supervisor is required as well.

While at SHCS, practicum students are encouraged to keep the front desk staff informed about their location in the Department if not in their assigned rooms. If a client is expected and the counselor has not been notified, counselors are encouraged to check with the front desk after 10 minutes. When providing telehealth, counselors are responsible for checking their virtual waiting room to start session with client in a timely manner. Practicum students should not run over their assigned times and should only be in the office when they are scheduled to be on-site.

### ***Ethical and Professional Standards***

Practicum students are expected to be knowledgeable of and abide by the American Psychological Association's *Ethical Principles of Psychologist and Code of Conduct* (2010); the American Counseling Association's *ACA Code of Ethics* (2005), and the National Association of Social Workers Code of Ethics, as well as all State of Tennessee laws and regulations regarding ethical conduct and service delivery (see *Rules of the Board of Examiners in Psychology*). Practicum students also agree to abide by the policies and procedures in effect at the CC, as well as those of the University of Memphis.

Practicum students are expected to function in a manner consistent with that of any responsible employee, thereby contributing to the smooth functioning of the SHCS. In particular, practicum students are expected to dress in a professional manner while seeing clients or conducting outreach presentations through the SHCS. Practicum students should speak with their individual supervisors or the Training Director if at any time during their placement at the SHCS they feel that some personal concern may be interfering with their ability to work effectively and appropriately.

Practicum students are responsible for familiarizing themselves with and abiding by the guidelines and procedures contained in the SHCS PRACTICUM MANUAL.

### ***Supervision***

Practicum students are assigned one primary individual supervisor. Supervision will usually include 1.5 hours of weekly individual supervision by psychology interns (who are supervised by licensed psychologists) or senior staff, as well as 2 hours of weekly case conference (group supervision) facilitated by 1 senior staff and 1 Doctoral Intern (on a rotating basis). Senior staff review and sign all practicum students' case notes, view digital recordings of practicum students' sessions in case conference, and often view or listen to practicum student recordings during individual supervision meetings with their intern supervisees. Recording of **all** intake, therapy, and testing sessions is



**mandatory**. Practicum student clinicians should **IMMEDIATELY** (after file processing) save each recorded session to their designated folder in V drive for their supervisor to review. **No session should ever, under any circumstances, be saved anywhere except the clinician's authorized/designated folder in the V drive.**

Supervisors will be available for regular supervision meetings. Each supervisor will make arrangements in the event that they are temporarily unavailable for supervision. Practicum students are encouraged to consult with other SHCS staff, as needed, and to keep their primary supervisor informed of the outcome of their consultations, particularly in the case of a crisis or significant client/student issue.

### ***Confidentiality and Practicum Class Presentations***

Practicum students are generally asked by the practicum class instructors in their academic departments to make presentations on their practicum work. Due to the sensitive nature of the issues discussed in psychological and career counseling sessions as well as SHCS's commitment to protect clients' confidentiality, practicum students are **not** permitted to take or access recorded material, case notes or any client identifying information outside of the SHCS. Practicum students will be required to reserve a room in the Counseling Center for their practicum case conference class meetings to fulfill their academic requirements. Case presentation summaries **with all identifying information removed** may only be generated in the Counseling Center and should be destroyed following the presentation.

### ***Evaluation***

In addition to receiving informal and ongoing performance feedback, practicum students are formally evaluated at the middle and end of each semester of their practicum placement by their supervisor(s) using (1) SHCS evaluation form and (2) forms provided by their academic department's practicum coordinator or practicum class instructor. Practicum students are also required to complete an evaluation form on their supervisor to provide feedback about their experiences in supervision at the end of each semester. One copy of the practicum student's application and evaluations are maintained in the Counseling Center personnel files cabinet in the practicum folders section. Other copies of the evaluations are distributed as needed to satisfy the requirements of the practicum student's graduate program.

### ***Due Process***

Due process ensures that decisions are not arbitrary or personally based. SHCS evaluation procedures adhere to the following due process guidelines:

1. Presenting trainees, in writing, with the program expectations regarding professional functioning.
2. Specifying evaluative procedures, including the time frame and the method.
3. Specifying the definition of "problem behavior."
4. Providing a remediation plan for skill deficiencies or problem behavior, including a time frame for remediation and the consequences of not rectifying the deficiencies or

- problem behavior.
5. Communicating with the graduate program about any difficulties with trainees, and provide the graduate program with a copy of remediation plan and subsequently trainees' completion or failure to complete remediation plan
  6. Providing written appeal procedures. The procedures are included in the program's training materials and are made available at the beginning of the training.
  7. Ensuring that trainees have opportunity to respond to any action taken by the program.
  8. Using input from multiple professional sources when making decisions or recommendations regarding the trainee's performance.
  9. Documenting, in writing and to all relevant parties, the action taken and its rationale.

### ***Unsatisfactory Performance***

Areas of concern typically fall into one of two areas.

1. Skill deficiency
2. Trainee problem behavior

#### Definition of Problem Behavior

Behaviors are identified as problem behaviors if they include one or more of the following characteristics:

- The trainee does not acknowledge, understand, or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
- The quality of services delivered by the trainee is sufficiently negatively affected.
- The problem is not restricted to one area of professional functioning.
- A disproportionate amount of attention by training personnel is required.
- The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
- Failing to complete responsibilities or duties at an acceptable level for practicum training
- Violating ethical or professional standards or SHCS or University of Memphis policies
- Mishandling personal functioning such that personal stressors or issues adversely affect or otherwise interfere with performance and training requirements.

### ***Procedure for Responding to Skill Deficiency or Problem Behavior***

If a staff member judges a trainee's performance as constituting a skill deficiency or problem behavior, the following procedure will be followed:

1. The staff member notifies the Training Director (TD) that there is a concern about the trainee's skills or professional functioning.
2. The TD initially consults with the primary supervisor, other directly involved SHCS clinical staff, and members of the SHCS Leadership Team if the problem pertains to clinical practice.
3. Input will then be sought from Senior clinical staff in training committee meeting. Depending on the situation, a training committee meeting may be called immediately to include as many Senior clinical staff as available. In other cases, the situation may be discussed in the next regularly scheduled training committee meeting.

4. The TD may also choose to consult with the trainee's academic department.

***Possible Intervention in Response to Skills Deficiency or Problem Behavior***

The Training Director- in consultation with Clinical Supervisor, Leadership team, and Training Committee may determine that one or more of the following responses will be made.

Verbal Notice – the trainee is given feedback regarding unsatisfactory behavior

Written Notice – directs the trainee to discontinue unsatisfactory action(s) or behavior(s). The trainee will be given a letter specifying the following:

- a. Description of the unsatisfactory behavior
- b. Actions required to correct the unsatisfactory behavior
- c. Timeline for correction
- d. Possible consequences if the problem is not corrected

Schedule Modification – the trainee's schedule is modified to allow the trainee to focus on remediation of the area of concern. Examples of possible modifications include:

- a. Increasing the amount of supervision, either with the same or other supervisors
- b. Changing the format, emphasis, or focus of supervision
- c. Recommending personal work
- d. Reducing the trainee's clinical or other workload

Probation – if the area of unsatisfactory behavior is deemed serious enough, the trainee may be placed on probation. The trainee will be given a letter specifying the following:

- a. Description of the unsatisfactory behavior
- b. Actions required to correct the unsatisfactory behavior
- c. Timeline for correction
- d. Explanation of the procedure that will be used to determine whether satisfactory progress has been made
- e. Possible consequences if the problem is not corrected

Clinical Privileges Suspension – if it is determined that the trainee's problem behavior might impact client welfare, the trainee's clinical privileges will be suspended. The trainee will be given a letter specifying the following:

- a. Description of the unsatisfactory behavior
- b. If applicable,
  - 1) Actions required to correct the unsatisfactory behavior
  - 2) Timeline for correction
  - 3) Explanation of the procedure that will be used to determine whether satisfactory progress has been made
  - 4) Possible consequences if the problem is not corrected

Administrative Leave – the trainee may be placed on leave, accompanied by suspension of all duties and responsibilities in the agency. The trainee will be informed in writing about potential consequences resulting from suspension, which might include inability to complete program hours or other requirements.

Dismissal – dismissal from the training program might occur under the following circumstances:

- a. It is determined that remediation cannot be successfully accomplished.
- b. Serious violation of ethical standards
- c. Serious violation of SHCS and/or University of Memphis policy and procedures
- d. Serious legal violation
- e. Any other condition that jeopardizes trainee, client or staff welfare

### ***Practicum Student Complaints***

Practicum students are always encouraged to share feedback about their practicum experiences with SHCS staff. They are also offered both informal and formal opportunities to give verbal and written feedback to their supervisors on the supervisory process. Ideally, any concerns that arise may be resolved informally between or among the parties involved. However, if a practicum student believes their student rights have been violated, they may initiate the formal complaint or formal problem-solving procedure. Violations of student rights include but are not limited to:

- exploitation;
- sexual harassment;
- arbitrary, capricious or discriminatory treatment;
- unfair evaluation;
- inappropriate or inadequate supervision or training.

To initiate a formal complaint or formal problem solving procedure, a practicum student should take the following steps in the order listed:

1. Discuss the problem with the supervisor or staff member involved;
2. Discuss the problem with the SHCS Training Director;
3. Discuss the problem with the SHCS Director.

If the complaint remains unresolved, the student needs to pursue a discussion of the problem with the academic department's Practicum Coordinator and Director of Training to determine the next course of action, if any.

## **SHCS/ COUNSELING CENTER PROCEDURES**

Practicum students are responsible for familiarizing themselves with and abiding by the SHCS/ CC guidelines and procedures. Check with the Training Director or Front Desk personnel for supplies.

### ***Assessment***

Practicum students are encouraged to familiarize themselves with the assessment instruments and resources available at SHCS and seek supervision as needed. Students must also familiarize themselves with the current CC referral process and fee schedule that apply to several of the assessment instruments.

### ***Crisis Counseling Services***

CC provides walk-in crisis and triage counseling from 10:00 AM to 3:00 PM Monday through Friday. Crisis and triage counseling are meant to assess the level of student functioning and the necessity or not of immediate intervention. Concerns related to safety for the student and/or others are primary. CC staff also monitor an after-hours cell phone as a support for the Tiger Care Line. To access assistance after hours or on weekends, call 901.678.2068 and choose option 2 to speak to the On-call Clinician or call the National Suicide Prevention Lifeline at 988; this service can be reached from anywhere in the country. Both are available 365/24/7. (Each day of the year, at any hour, seven days a week). Practicum students may be allowed to participate in walk-in crisis and triage counseling upon the recommendation of CC staff. This training opportunity is not available to every practicum student.

### ***Relaxation Zone***

Practicum students may spend some time orienting students to the RZ. This may include orienting students to the use of RZ massage chairs, biofeedback software and mini-wellness breaks.

Participation in counseling is NOT required to use the resources available in the RZ. A 10-minute orientation session is requested so that students know how to use RZ resources. Practicum students may be asked to work more closely with students by assisting them with progression through biofeedback programs and/or with relaxation and mindfulness interventions.

### ***Psychiatric Referrals***

SHCS has a consulting psychiatric nurse practitioner, Dr. Len Getz who is typically available one afternoon per week to see uninsured students. When referring students to see Dr. Getz, practicum students need to complete the referral and consent forms to be scanned into the client's electronic file and consult with the front desk staff to make the appointment for the client. Students are required to attend a minimum of one counseling session per month at the center to remain eligible for psychiatric services at SHCS. Students with health insurance will be referred to a psychiatrist in the community for care.

### ***Titanium & Record Maintenance***

Practicum students are required to keep all materials secure. Access to electronic student information should be protected. Hard copy materials e.g., assessment protocols should be maintained in the mail room when not being used in offices.

Practicum students are required to be knowledgeable and consistent in maintaining their Titanium scheduling and record-keeping procedures. Each student is responsible for making sure that their schedule on Titanium is correct and up-to-date. Paperwork time and out of office times that happen during practicum regular schedule also need to be notated in Titanium. Practicum students are expected to NOT schedule recurring appointments for clients. Any exceptions to this policy must be approved by the practicum student's individual supervisor and the Training Director.

Practicum students are required to monitor the Task List and Client List on Titanium daily. Client

attendance must be marked in Titanium for every session. Case notes will be stored in Titanium and forwarded electronically to supervisors for signatures. **All clinician notes must be accomplished within 72 hours of service delivery.** Please refer to the center Policy and Procedure Document for more details.

Practicum students are required to keep accurate and updated records on each client in their caseload. These records should contain the following: an intake summary, progress notes, and documentation of all relevant correspondence and interactions such as releases, phone calls, emergency contacts, etc. Upon termination, a termination summary, must be completed and placed in client file.



THE UNIVERSITY OF  
**MEMPHIS**®

Student Health and  
Counseling Services

## Practicum Evaluation Form\*

Practicum Student: \_\_\_\_\_

Primary Supervisor: \_\_\_\_\_

Names and Role of other staff contributing to this evaluation:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Period of Evaluation: \_\_\_\_\_

(Semester & Year)

Methods of Observation:

\_\_\_\_ Video      \_\_\_\_\_ Seminar      \_\_\_\_\_ Co-leading      \_\_\_\_\_ Chart review  
\_\_\_\_ Discussion      \_\_\_\_\_ Other: \_\_\_\_\_

Rating Competencies:

1- Below expected competency: Rarely or inadequately performs at the level expected given experience and training, or lacks the expected knowledge/skill. Remediation is required.

2- Making progress toward expected competency: Sometimes able to perform, but often requires close supervision and some skill development. Improvement is needed and some remediation may be required.

3- At expected level of competency: Consistently performs with routine supervision/possesses the necessary knowledge/skills expected for level of training and experience. This is a common rating throughout the practicum year since it represents meeting the competency at the level that is expected given the point in the year at which the evaluation is being completed (either midyear or end of year). Supervision is focused on continued advancement and integration.

4- Above expected level of competency: Performs well consistently with little supervision or just consultation. Supervision is focused on refinement of skills. This rating indicates that they are performing at a level that is higher than would be expected for their level of training/education.

5- Exceptional area of strength: Can consistently perform independently, commensurate with their level of training and experience.

## I. Collaboration with Multidisciplinary Professionals

### 1. Relationship with Other Professionals

Trainee has developed open, positive professional working relationships with staff; interacts with staff members in an effective professional manner.

With clinical staff (i.e., psychologists, psychiatrists, & social workers)	1	2	3	4	5
With non-clinical staff	1	2	3	4	5
With other trainees	1	2	3	4	5

### 2. Communication

1      2      3      4      5

Trainee communicates clearly both orally and in writing; offers opinions, suggestions, comments at group meetings (seminars, staff and Treatment Team meetings); uses appropriate communication channels to get needs met and questions answered.

### 3. Responsibility/Dependability

1      2      3      4      5

Trainee is responsible and dependable regarding duties/assignments expected and undertaken.

### 4. Initiative

1      2      3      4      5

Trainee involves self in the agency and willingly “pitches in” to complete tasks.

### 5. Knowledge of policies and procedures

1      2      3      4      5

Trainee is knowledgeable of agency policies and procedures and is able to reasonably adapt personal style to agency needs.

### 6. Time Management

1      2      3      4      5

Completes progress notes daily, and caseload form weekly and other assignments (e.g., readings) in a timely fashion; reliable and dependable with regard to attendance and commitments.

### 7. Interpersonal Effectiveness

1      2      3      4      5

Able to work effectively and contribute positively to the multi-disciplinary Treatment Team.

Overall rating of performance in “Collaboration with Multidisciplinary Professionals”:

**1      2      3      4      5**

Comments:

---

## II. Diagnosis and Assessment

### 1. Relationship Building

1      2      3      4      5

Establishes good rapport and structures productive inquiry.

### 2. Information Gathering

1      2      3      4      5

Gathers information regarding relevant client presenting problem and history in order to make a valid and reliable assessment, screens for possible medical or psychotic disorders.



3. Defines Presenting Concerns	1	2	3	4	5
Can develop a working diagnosis, goals for counseling/make appropriate treatment recommendations (e.g., need for extended evaluation, type of therapy, urgency, need for medication), and assess client strengths and problem areas.					
4. Risk Assessment	1	2	3	4	5
Able to competently assess client's risk factors (e.g., self-injury, substance abuse, suicidal and homicidal ideation) and devises plans as necessary; seeks consultation as needed.					
5. Knowledge of DSM-V	1	2	3	4	5
Able to understand and accurately diagnose client using DSM-V criteria; able to conceptualize differential diagnoses and diagnostic options.					
6. Presentation of Initial Assessment	1	2	3	4	5
Able to present a case clearly and concisely at team meeting/ case conference.					
7. Referral	1	2	3	4	5
Makes appropriate dispositions of intake clients; considers group therapy option; makes use of external referrals; follows up with clients in a timely manner providing a referral to facilitate continuity of care.					
8. Report Writing	1	2	3	4	5
Completes initial assessments in timely fashion; reports are concise, clear and accurately reflect clients' concerns.					
9. Use of Objective Assessment Instruments	1	2	3	4	5
Able to score and interpret self-report objective assessment measures (i.e., CCAPS) accurately; consults with supervisor as needed.					
10. Multicultural Understanding	1	2	3	4	5
Understands impact of culture on assessment and diagnosis.					
Overall rating of performance in "Diagnosis and Assessment":	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Comments:

---

### III Counseling Skills

#### A. INDIVIDUAL COUNSELING/PSYCHOTHERAPY

1. Building Relationship	1	2	3	4	5
Clients who have trouble forming relationships can do so with this trainee; relationship is a potent tool for effecting and supporting client change.					
2. Orienting Clients to Therapy	1	2	3	4	5
Adequately prepares clients for counseling by providing information about practicum trainee's status, limits of					

confidentiality, use of tapes and supervision; shows the ability to explain counseling process to client when appropriate.

3. Exploring Issues Trainee accurately hears client, follows through with relevant questions, and identifies consistent themes.	1	2	3	4	5
4. Exploring Feelings Effective at helping clients identify and explore complex feelings.	1	2	3	4	5
5. Exploring Goals Identifies mutually agreed upon, and realistic, therapeutic goals.	1	2	3	4	5
6. Non-verbal Behavior Use Links both subtle and obvious non-verbal cues to the content and process of the interview; considers non-verbal information in the context of the whole therapeutic picture.	1	2	3	4	5
7. Use of Self Trainee considers own thoughts and feelings stimulated by therapeutic interaction as a source of data.	1	2	3	4	5
8. Use of Appropriate Language Trainee picks up on client's language, expressions, and other cultural considerations; shifts verbal style to communicate effectively with the client.	1	2	3	4	5
9. Interviewing Style Displays a comfortable therapy style.	1	2	3	4	5
10. Psychotherapy Theory Treatment is guided by a well-articulated model that unifies multiple theoretical constructs, that provides an underlying structure for clinical interventions.	1	2	3	4	5
11. Case Conceptualization Integrates relevant data into meaningful/coherent conceptualization; articulates diagnostic impressions, hypotheses; identifies strategies/interventions for short and long-term goals based on conceptualization.	1	2	3	4	5
12. Brief Therapy					
(a) Understanding of brief therapy Can clearly articulate an understanding of short-term therapy theory; understands the differences between short- and long-term therapy; can identify clients who are appropriate for short-term therapy and those who are not.	1	2	3	4	5
(b) Intervention skills Can effectively translate theoretical understanding into effective interventions; is able to contain the therapeutic experience intentionally and therapeutically within acknowledged time limits.	1	2	3	4	5
13. Boundaries Able to connect empathically with client while simultaneously maintaining professional role identity.	1	2	3	4	5
14. Timing Timing of questions, comments, etc., reflects an accurate assessment of the client's ability to understand or make use of the intervention; flow feels logical and smooth.	1	2	3	4	5
15. Multicultural/Diversity <u>Awareness</u>					





2. Shows concern for client welfare. 5		1	2	3	4
3. Effectively handles the multiple role demands of a practicum trainee.	1	2	3	4	5
4. Maintains professional appearance and demeanor. 5		1	2	3	4
5. Able to effectively contain own anxiety.	1	2	3	4	5
6. Is aware of self and their impact on co-workers; is responsive to colleagues' cues regarding communication, boundaries, etc. 5		1	2	3	4
7. Contributes positively to the training group.	1	2	3	4	5
Overall rating of performance in "Professional/Ethical":	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Comments:

---

## VI. Supervision

1. Involvement Actively engages in the process of supervision; is prepared and an active learner.		1	2	3	4	5
2. Openness to Feedback Actively seeks feedback, is open to and integrates supervisor's comments with own position.		1	2	3	4	5
3. Application of Feedback Is willing to incorporate suggestions from supervisor into future therapeutic interventions; evaluates utility of intervention post-hoc.		1	2	3	4	5
4. Initiative/Responsibility Sees supervision as opportunity to develop and stretch beyond own limitations; brings agenda to supervision; uses supervision to develop self-awareness of strengths and limitations as a therapist.		1	2	3	4	5
5. Self-Awareness as Supervisee Trainee demonstrates a willingness and ability to understand how her own values, beliefs and relational style influence the supervisor-supervisee relationship; Trainee is sensitive to transference/ countertransference and parallel process issues in supervision.		1	2	3	4	5
6. Self-Awareness as Therapist Trainee demonstrates a willingness and ability to understand how their own values, beliefs and relational style influence the therapist-client relationship; Trainee is sensitive to countertransference and parallel process issues in their therapeutic work.		1	2	3	4	5
7. Seeking Consultation Seeks assistance with cases before they become problematic; effectively facilitates case management requirements for cases (e.g., need for individual, group counseling, psychiatric medication referral). Collaborates effectively with		1	2	3	4	5



therapeutic manner; is open to exploring sexual content including client's possible attraction to therapist.

5. Aware of Environment 1 2 3 4 5  
Has perspective of how larger university community impacts clients and self.

6. Cultural Learning 1 2 3 4 5  
Is motivated to seek new information about cultural backgrounds of their clients (e.g., healing practices, views of illness, historical context, dominant values, etc.).

7. Handling Personal Stress 1 2 3 4 5  
Adequately manages personal stressors.

8. Dealing with Ambiguity 1 2 3 4 5  
Is able to tolerate ambiguity in a variety of contexts.

9. Dealing with Authority 1 2 3 4 5  
Can deal effectively with authority figures; is comfortable with own authority.

10. Flexibility 1 2 3 4 5  
Is flexible in approach; is able to adapt to changing circumstances.

11. Self-Direction 1 2 3 4 5  
Takes initiative in expanding knowledge base (e.g., seeks of additional readings on a topic of interest, seeks extra consultation, etc.); able to complete many tasks independently, as appropriate.

Overall rating of performance in "Self-Development": 1 2 3 4 5

Comments:

---

## IX. Overall

Briefly describe areas of strength for this trainee.

Briefly describe areas in need of development for this trainee.

Overall Performance on Externship: \_\_\_ Below Expected Level of Competency  
\_\_\_ At Expected Level of Competency  
\_\_\_ Above Expected Level of Competency

Progress on Goals:

Please use the following rating scale:

1 = no progress            2 = some progress            3 = good progress            4 = fully achieved

List Goals (Can use Self-Assessment):

Indicate Progress Made:

1.	_____	1	2	3	4
	_____				
2.	_____	1	2	3	4
	_____				
3.	_____	1	2	3	4
	_____				

---

## X. Signatures

**Trainee:** I have seen this evaluation and my supervisor has discussed it with me. Any concerns I have about the content of this evaluation have been discussed with my supervisor(s).

**Supervisor:** I have provided this evaluation and feedback to my supervisee and discussed my supervisee's concerns (if any) about the content of this evaluation with my supervisee.

Trainee Signature/Date: \_\_\_\_\_

Supervisor Signature/Date: \_\_\_\_\_

Supervisor Signature/Date: \_\_\_\_\_

Supervisor Signature/Date: \_\_\_\_\_

Trainee Comments:





## SUPERVISOR EVALUATION FORM

**Supervisor:** \_\_\_\_\_

**Supervisee:** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

**For the period from:** \_\_\_\_\_ **to** \_\_\_\_\_

Check method of supervision used:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> audio tape               | <input type="checkbox"/> video tape           | <input type="checkbox"/> live observation |
| <input type="checkbox"/> co-therapy/ facilitation | <input type="checkbox"/> documentation review |   |

**Supervision Climate and Structure**

**Supervisor works on establishing a climate of trust, support, and understanding of supervisee**

1	2	3	4	5	NA
Not at all characteristic		Characteristic		Extremely Characteristic	

**Supervisor elicits input from supervisee and works with supervisee to develop specific supervision goals; maintains a flexible focus on those goals**

1	2	3	4	5	NA
Not at all characteristic		Characteristic		Extremely Characteristic	

**Supervisor assesses skill level of supervisee.**

1	2	3	4	5	NA
Not at all characteristic		Characteristic		Extremely Characteristic	

**Supervisor is respectful of individual differences between supervisor and supervisee**

1	2	3	4	5	NA
Not at all characteristic		Characteristic		Extremely Characteristic	

**Supervisor is reliably available when scheduled.**

1	2	3	4	5	NA
Not at all characteristic		Characteristic		Extremely Characteristic	

**Supervisor works toward conflict resolution in constructive ways.**

1	2	3	4	5	NA
Not at all characteristic		Characteristic		Extremely Characteristic	

**Supervisor works collaboratively with supervisee to define supervision process**

1	2	3	4	5	NA
---	---	---	---	---	----

Not at all characteristic                      Characteristic                      Extremely Characteristic

**Supervisor works collaboratively with supervisee on establishing agenda for supervision session**

1                      2                      3                      4                      5                      NA  
Not at all characteristic                      Characteristic                      Extremely Characteristic

**Comments on Supervision Climate and Structure:**

---

---

---

---

---

---

***Focus on Work with Client***

**Supervisor assists supervisee in clarifying differential diagnostic issues**

1                      2                      3                      4                      5                      NA  
Not at all characteristic                      Characteristic                      Extremely Characteristic

**Supervisor assists in case conceptualization and understanding of client dynamics**

1                      2                      3                      4                      5                      NA  
Not at all characteristic                      Characteristic                      Extremely Characteristic

**Supervisor explores various therapeutic processes such as confrontation, support, timing, and their uses**

1                      2                      3                      4                      5                      NA  
Not at all characteristic                      Characteristic                      Extremely Characteristic

**Supervisor discusses theory-based interventions, particularly but not limited to interpersonal, dynamic, and cognitive strategies**

1                      2                      3                      4                      5                      NA  
Not at all characteristic                      Characteristic                      Extremely Characteristic

**Supervisor discusses empirically validated approaches to psychotherapy**

1                      2                      3                      4                      5                      NA  
Not at all characteristic                      Characteristic                      Extremely Characteristic

**Supervisor demonstrates or role plays techniques**

1                      2                      3                      4                      5                      NA  
Not at all characteristic                      Characteristic                      Extremely Characteristic

**Comments on Focus on Work with Client:**

---

---

---

---

---

---

**Focus on Supervisee**

**Supervisor gives feedback on supervisee-client relationship.**

1                      2                      3                      4                      5                      NA  
Not at all characteristic                      Characteristic                      Extremely Characteristic

**Supervisor addresses supervisee's professional/ personal issues and behaviors relevant to professional goals.**

1                      2                      3                      4                      5                      NA  
Not at all characteristic                      Characteristic                      Extremely Characteristic

**Supervisor helps supervisee assess the variety of approaches/ techniques which may be appropriate in a given case.**

1                      2                      3                      4                      5                      NA  
Not at all characteristic                      Characteristic                      Extremely Characteristic

**Supervisor helps supervisee assess own strengths and areas of growth.**

1                      2                      3                      4                      5                      NA  
Not at all characteristic                      Characteristic                      Extremely Characteristic

**Supervisor facilitates development of supervisee's own theoretical approach.**

1                      2                      3                      4                      5                      NA  
Not at all characteristic                      Characteristic                      Extremely Characteristic

**Supervisor assists supervisee with case management; provides feedback on case records.**

1                      2                      3                      4                      5                      NA  
Not at all characteristic                      Characteristic                      Extremely Characteristic

**Comments on Focus on Supervisee:**

---

---

---

---

---

---

---

---

**Focus on Supervisor**

**Supervisor possesses clinical skills commensurate with experience and displays or communicates those skills in supervision.**

1                      2                      3                      4                      5                      NA  
Not at all characteristic                      Characteristic                      Extremely Characteristic

**Supervisor acts in an ethical manner and promotes awareness of ethical issues.**

1                    2                    3                    4                    5                    NA  
Not at all characteristic                    Characteristic                    Extremely Characteristic

**Supervisor readily shares ideas and constructive feedback regarding case management issues.**

1                    2                    3                    4                    5                    NA  
Not at all characteristic                    Characteristic                    Extremely Characteristic

**Supervisor encourages and responds to feedback made by supervisee.**

1                    2                    3                    4                    5                    NA  
Not at all characteristic                    Characteristic                    Extremely Characteristic

**Supervisor views tapes provided by trainee on a regular basis.**

1                    2                    3                    4                    5                    NA  
Not at all characteristic                    Characteristic                    Extremely Characteristic

**Supervisor facilitates regular, appropriate, and meaningful discussion on multicultural issues.**

1                    2                    3                    4                    5                    NA  
Not at all characteristic                    Characteristic                    Extremely Characteristic

**Supervisor uses appropriate books, articles, and other references.**

1                    2                    3                    4                    5                    NA  
Not at all characteristic                    Characteristic                    Extremely Characteristic

**Supervisor knows campus/ community resources and help supervisee refer appropriately.**

1                    2                    3                    4                    5                    NA  
Not at all characteristic                    Characteristic                    Extremely Characteristic

**Supervisor uses appropriate self-disclosure.**

1                    2                    3                    4                    5                    NA  
Not at all characteristic                    Characteristic                    Extremely Characteristic

**Comments on Focus on Supervisor:**

---

---

---

---

---

---

