



2024 – 2025 PRACTICUM TRAINING MANUAL

BRIEF OVERVIEW

Student Health and Counseling Services in the Division of Student Affairs 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 of Memphis. 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 and late-stage doctoral students who are taking one dissertation credit hour and who are classified in the Banner system as full-time students.

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 weekly or 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. 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 \$400.00 for LD/ ADHD assessment (\$500 for law students need assessment to request for bar exam accommodation) and is \$150.00 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.

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 \$150.00 fee.

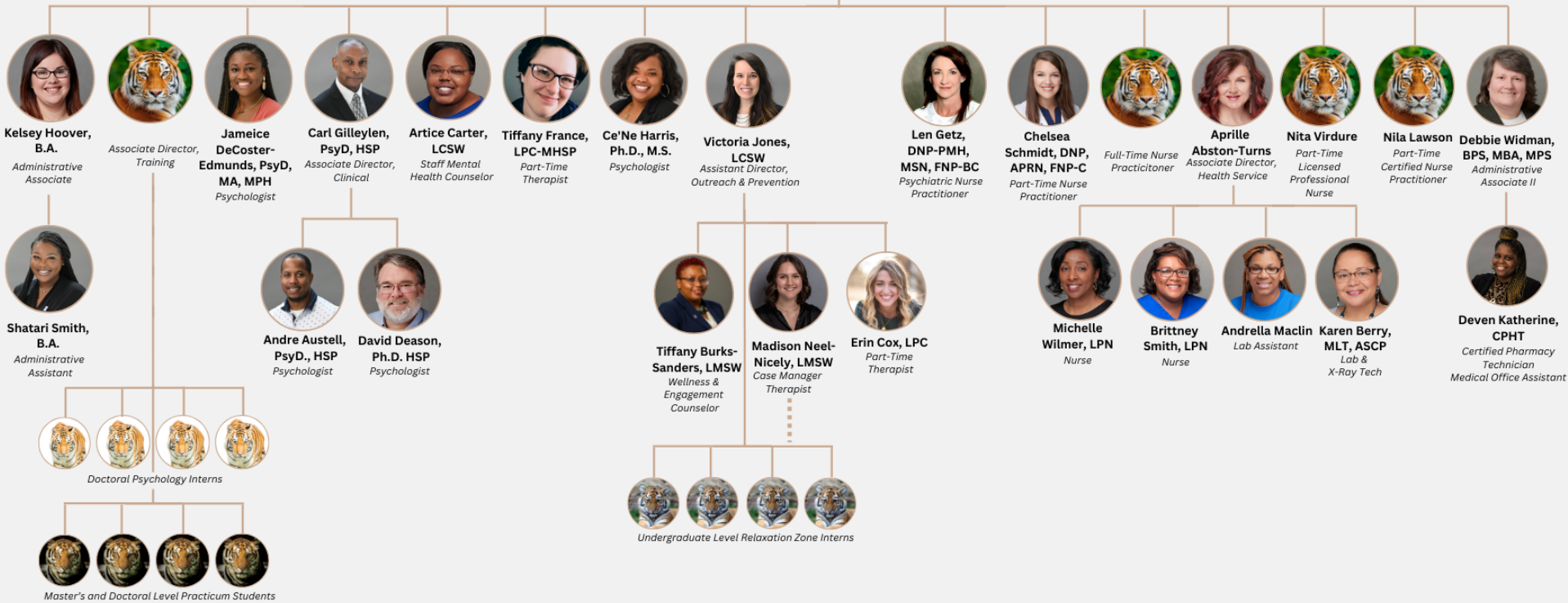
COUNSELING CENTER STAFF

Our staff consists of licensed psychologists, licensed clinical social workers, licensed mental health counselor, part-time clinicians, four doctoral psychology interns, and 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 two Administrative Assistants, a part-time psychiatric nurse practitioner, and part-time contract clinicians.

SHCS ORGANIZATIONAL STRUCTURE



Linh P. Luu, Ph.D., HSP, CCTP
Executive Director



SHCS PRACTICUM PHILOSOPHY AND GOALS

The philosophy of the SHCS Practicum Program is that psychology, counseling, and social work graduate students should be trained as generalists to function in a variety of settings with diverse populations and with persons who present with a wide range 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, assessment, and integrated health 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 four students per semester. Practicum opportunities during summer semesters will be very limited. Practicum placement assignments for all semesters 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, behavioral health consultation, and utilizing resources and anxiety reduction programs available at the Relaxation Zone (RZ). Services and training activities are delivered in-person and virtually when appropriate. Please refer to 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. Additionally, practicum students are provided with an experience utilizing biofeedback software, mindfulness and relaxation interventions available through the RZ. Outreach and professional development opportunities are also available and are strongly encouraged.

*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 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.

Outreach and Prevention

Outreach and prevention service is an important component of the counseling center services and our public health approach to mental health concerns. Outreach and prevention opportunities have frequently been used as a source of contact hours for past practicum students. 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 12-15 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 to 20 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 6:30 PM Monday through Thursday and 8:00 AM to 4:30 PM on 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 for 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 or Ms. Shatari Smith – email 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. When in-person services are resumed, if a client is expected and the counselor has not been notified, counselors are encouraged to check with the 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 or 2 senior staff. 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 Appeal Procedure

If the practicum student appeals an action taken by the Training Program, they must inform the Training Director in writing within one week of the receipt of notification of the action. Upon receipt of the appeal, the following process will be initiated:

1. The TD will convene an Ad Hoc Review Panel consisting of the TD, a training staff member selected by the TD and a training staff member selected by the practicum student.
2. The Ad Hoc Review Panel, chaired by the TD, will hear the student's appeal and his/her supporting evidence.
3. The student has the right to hear all facts presented against him/her and has the opportunity to present his/her response. The Ad Hoc Review Panel will submit a report to the Director including any recommendations for further action. The practicum student will receive a copy of the report. The practicum student will be informed of the recommendations.
4. The Director may accept the Ad Hoc Review Panel's action, reject the Ad Hoc Review Panel's action and provide an alternative, or refer the matter back to the Ad Hoc Review Panel for further deliberation. If the last option is chosen, the Ad Hoc Review Panel will submit a report of the further deliberations back to the Director, with a copy to the

practicum student. The Director will then make a final decision regarding action to be taken.

5. The TD, staff member, practicum student, academic department, and other appropriate individuals are informed in writing of the action taken. The practicum student may submit a written response.

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 means to assess 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 also provide after-hours crisis intervention services via the Tiger Care Line. To access assistance after hours, clients are instructed to call Counseling Center main number at 901.678.2068 and choose option 2 to be connected with a crisis counselor.

Relaxation Zone

Practicum students are expected to commit some portion of their center hours to assisting students in the Relaxation Zone (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 may be 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 day 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 must be maintained at the Counseling Center.

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 appointment for client.

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.



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

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

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

4. Initiative

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

5. Knowledge of policies and procedures

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

6. Time Management

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

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

Establishes good rapport and structures productive inquiry.

1 2 3 4 5

2. Information Gathering

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.

1 2 3 4 5

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":	1	2	3	4	5

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	1	2	3	4	5
Trainee accurately hears client, follows through with relevant questions, and identifies consistent themes.					
4. Exploring Feelings	1	2	3	4	5
Effective at helping clients identify and explore complex feelings.					
5. Exploring Goals	1	2	3	4	5
Identifies mutually agreed upon, and realistic, therapeutic goals.					
6. Non-verbal Behavior Use	1	2	3	4	5
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.					
7. Use of Self	1	2	3	4	5
Trainee considers own thoughts and feelings stimulated by therapeutic interaction as a source of data.					
8. Use of Appropriate Language	1	2	3	4	5
Trainee picks up on client's language, expressions, and other cultural considerations; shifts verbal style to communicate effectively with the client.					
9. Interviewing Style	1	2	3	4	5
Displays a comfortable therapy style.					
10. Psychotherapy Theory	1	2	3	4	5
Treatment is guided by a well-articulated model that unifies multiple theoretical constructs, that provides an underlying structure for clinical interventions.					
11. Case Conceptualization	1	2	3	4	5
Integrates relevant data into meaningful/coherent conceptualization; articulates diagnostic impressions, hypotheses; identifies strategies/interventions for short and long-term goals based on conceptualization.					
12. Brief Therapy					
(a) Understanding of brief therapy	1	2	3	4	5
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.					
(b) Intervention skills	1	2	3	4	5
Can effectively translate theoretical understanding into effective interventions; is able to contain the therapeutic experience intentionally and therapeutically within acknowledged time limits.					
13. Boundaries	1	2	3	4	5
Able to connect empathically with client while simultaneously maintaining professional role identity.					
14. Timing	1	2	3	4	5
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.					
15. Multicultural/Diversity					
<u>Awareness</u>					
(a) Demonstrated commitment to increasing awareness of own cultural worldview (e.g. attitudes and beliefs).					

	1	2	3	4	5
(b) Demonstrated commitment to increasing awareness others' cultural worldviews (e.g. attitudes and beliefs such as healing practices, views of illness, historical context, dominant values, etc.).					
	1	2	3	4	5
(c) Demonstrated awareness that own cultural worldview can impact and influence the therapeutic process.					
	1	2	3	4	5

Knowledge

(a) Demonstrated commitment to increasing knowledge of others' cultural worldviews (e.g. attitudes and beliefs).	1	2	3	4	5
(b) Demonstrated commitment to increasing knowledge of the impact of individuals' multiple identities (Race/Ethnicity, Socioeconomic Status, Sexual Orientation, Ability/Disability, Visa Status) on one's emotional and functional life.	1	2	3	4	5

Skills

(a) Uses awareness of client's culture to facilitate the therapeutic process.	1	2	3	4	5
(b) Uses awareness of client's culture to inform treatment planning.	1	2	3	4	5
(c) Creates open and welcoming climate for discussion of difference and diversity.					
	1	2	3	4	5
(d) Uses knowledge of how own multiple identities structure personal values, interactions with client values form an ever-changing, but stable, base for professional behaviors to manage impact of value differences on the therapeutic relationship.	1	2	3	4	5

16. Forming Treatment Plans
Ability to formulate a sound and realistic treatment plan based on ongoing assessment (e.g., goals, transitions, need for longer therapy).

	1	2	3	4	5
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17. Analyzing/Predicting Course of Therapy
Ability to evaluate progress of client throughout treatment.

	1	2	3	4	5
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18. Termination
Prepares client for termination appropriately and with adequate notice; addresses issues of closure, separation and referral for continued work if necessary; completes termination summary promptly.

	1	2	3	4	5
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Rating of performance in "Individual Counseling/Psychotherapy":	1	2	3	4	5
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Comments:

IV. Crisis Intervention

1. Assessment	1	2	3	4	5
Promptly assesses crisis situations; is able to quickly identify and clarify nature of client's presenting problem; appropriately assesses risk of suicide/homicide.					
2. Action Plan (for high risk clients)	1	2	3	4	5
Takes necessary action to ensure client's ongoing safety and consults senior clinical staff; collaborates with client in plan development and addresses client's concerns and questions.					
3. Action Plan (for lower risk clients)	1	2	3	4	5
Collaborates with client to make suggestions for ameliorate immediate crisis, (e.g., recommends contacting academic advising if client is at risk of academic failure); makes appropriate referrals as needed (e.g., medication consultation).					
4. Consultation	1	2	3	4	5
Is aware of when and how consultation would be most helpful and collaborates effectively with other professionals, (including agency staff, hospital staff and psychiatrist); keeps appropriate administrators (e.g., Primary Supervisor, Training Director, Clinical Director) informed of crisis situations.					
5. Policies and Procedures	1	2	3	4	5
Trainee demonstrates an awareness of ethical and legal issues relevant to crisis interventions among the college student population as well as the general population.					
6. Confidentiality	1	2	3	4	5
Trainee is aware of potential risks to confidentiality inherent in crisis situations; understands circumstances in which confidentiality might be overridden.					
9. Demeanor	1	2	3	4	5
Maintains an appropriate professional demeanor and calming presence in the face of crisis situations.					
10. Follow-Up	1	2	3	4	5
Provides appropriate follow-up after a crisis.					
11. Documentation	1	2	3	4	5
Is aware of crisis management documentation procedures; keeps detailed notes regarding crisis situations; completes crisis documentation by the end of work day.					
Overall rating of performance in "Crisis Intervention":	1	2	3	4	5
Comments:					

V. Professional/Ethical

1. Demonstrates behaviors consistent with professional ethical standards.	1	2	3	4	5
2. Shows concern for client welfare.	1	2	3	4	5
3. Effectively handles the multiple role demands of a practicum trainee.	1	2	3	4	5

4. Maintains professional appearance and demeanor.	1	2	3	4	5
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.	1	2	3	4	5
7. Contributes positively to the training group.	1	2	3	4	5
Overall rating of performance in "Professional/Ethical":	1	2	3	4	5

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 other providers (e.g., other SHCS staff and outside mental health providers, etc.).	1	2	3	4	5
Overall rating of performance in "Supervision":	1	2	3	4	5

Comments:

VII. Integration of Science and Practice

1. Knowledge of Empirically Supported Interventions Understanding of empirically supported interventions.	1	2	3	4	5
2. Case Conceptualization Ability to recognize clinical situations that are amenable to empirically supported treatments.	1	2	3	4	5
3. Use of Empirically Supported Interventions Ability to use empirically supported treatment approaches, as appropriate (e.g., relaxation training, CBT approaches to mood and anxiety disorders, DBT treatment approaches in working with Borderline Personality Disorder)	1	2	3	4	5
4. Objective Assessments Understands scoring and interpretation of CCAPS.	1	2	3	4	5
5. Use of CCAPS Ability to interpret CCAPS data in measuring client progress in therapy across time.	1	2	3	4	5
Overall rating of performance in "Integration of Science and Practice":	1	2	3	4	5

Comments:

VIII. Self-Development

1. Self-Awareness Is open to consistently monitoring own thoughts, feelings, and reactions to clinical, supervisory, other interpersonal interactions; uses this awareness to enhance knowledge of self and other.	1	2	3	4	5
2. Confidence Level of confidence is commensurate with competence.	1	2	3	4	5
3. Composure Displays poise and composure in challenging clinical situations.	1	2	3	4	5
4. Handling Sexual Content Strives for awareness of own sexual thoughts and feelings in clinical work; is capable of handling these reactions in a therapeutic manner; is open to exploring sexual content including client's possible attraction to therapist.	1	2	3	4	5
5. Aware of Environment Has perspective of how larger university community impacts clients and self.	1	2	3	4	5
6. Cultural Learning Is motivated to seek new information about cultural backgrounds of their clients (e.g., healing practices, views of	1	2	3	4	5

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:

☐ audio tape

☐ video tape

☐ live observation

☐ co-therapy/ facilitation

☐ 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
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Not at all characteristic	Characteristic	Extremely Characteristic
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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:

Describe any aspect(s) of your supervision or supervisory relationship that helped you benefit from supervision:

Describe any aspect(s) of your supervision or supervisory relationship that limited your learning from supervision:

By signing below, you acknowledge that this evaluation has been reviewed by both parties:

Supervisee

Date

Supervisor

Date