Counseling Psychology Program

Counseling Psychology Practicum: Advanced I & II
CNP 4752/4753

PRACTICUM STUDENT PACKET
2013-2014

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3. On Site Supervisor Memorandum
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6. Daily Practicum Schedule
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INTRODUCTION TO ADVANCED PRACTICUM

Ph.D. in Counseling Psychology

The practicum experience for the Counseling Psychology program at the University of Denver's Morgridge College of Education provides a supervised transition from an academic setting to the professional field of counseling. The program is coordinated by a professor from the Counseling Psychology program working with selected on-site supervisors (practitioners from approved field settings). Components of the practicum include: 1) supervised experience in the field setting; and 2) additional individual and group consultation sessions with a Counseling Psychology staff member (the D.U. practicum instructor).

In the interest of professional standards as well as for practical considerations, students are encouraged to pursue practicum experiences in settings other than their normal place of employment. Practicum experience in normal places of employment may produce a conflict of obligations for the employer. Experiences in other settings will provide the student with a broader exposure to the counseling field, which is important in a training program. Exceptions will be granted to this rule only on the recommendation of the advisor and with the approval of the Counseling Psychology faculty. The student must show that he/she will obtain new and relevant training at the current place of employment as well as appropriate supervision.

Students in Doctoral Practicum need to complete at least 400 hours of on-site work over 3 quarters with a minimum of 200 direct client contact hours. It is strongly recommended that students complete a minimum of 250 hours if possible. The practicum requires a minimum 10-15 hours per week. The individual site supervisor needs to be a doctoral level psychologist (unless an exception is made). At least one hour of individual face to face supervision must occur weekly. Additionally, it is required that students complete two years of Adv. Practicum.

ELIGIBILITY

Doctoral students should consider applying for a practicum when the following fundamental skills have been developed:

1. The individual should be able to evaluate him/herself in terms of strengths and weaknesses in specific counseling areas.

2. The individual should possess basic counseling skills and be effective at a level that is more than just minimally facilitative.

3. The individual should demonstrate a willingness to learn new approaches or techniques and have the flexibility to change styles.
4. The practicum student should understand the basic differences as well as similarities in the philosophies of major counseling and psychotherapeutic theories and be able to use these theories in practical applications.

Because most students who are admitted to the doctoral program have completed an MA in Counseling and are assumed to have developed the above skills, they will be admissible to a practicum upon entering the program. In certain cases where deficiencies are apparent, a student will be asked to complete additional course work before submitting a practicum application. Students should consult with the practicum coordinator and their advisor and choose a practicum that will supplement their previous experience.

**INITIATING PRACTICUM**

The student must be aware that some sites require one or more interviews with practicum candidates before agreeing to provide training experience. Therefore, advance planning is essential when preparing for the practicum placement.

As this is an extremely important part of the student's professional training, determining where and when the practicum will take place should be decided with great care. Practicum sites in Denver as well as the Colorado Springs area are quite varied, and choices should be made on the basis of the student's interests, preparation, and experience. Students are encouraged to work with a diversity of clients, and supervisors are urged to try to give students these opportunities. Students work with their advisors and the training director to consider sites that may be well suited to future goals and internship opportunities.

Students who are interested in particular sites may contact these agencies directly. It is suggested that after reviewing the potential sites with their advisors, students visit several sites and talk with each about possible practicum activities. Students should take with them a copy of their own vita and be prepared to discuss their training, experience, and goals for the practicum. Copies of the Introduction to the Counseling Psychology Practicum should also be taken for the potential supervisor. Students should not make any final commitment to a site before clearing the site with the training director.

**ADVANCED PRACTICUM REQUIREMENTS**

The practicum should foster:

1) social and professional responsibility in accord with the profession's ethical code;
2) the ability to conceptualize human problems;
3) knowledge of human differences;
an understanding of how personality and individual biases may influence human interactions; and
5) skill development such as interviewing, diagnosis, testing, treatment planning, etc.; and
6) the ability to contribute to current knowledge and/or practice.

At least half of the on-site time should be spent in direct service. Unless specifically contracted ahead of time, part of this direct service time must include individual contacts with clients, e.g., career counseling, psychotherapy, intake procedures, and crisis intervention. Other appropriate direct service experience may include group counseling, assessment, and family counseling. Practicum may also include research, program development and evaluation, consultation, and record keeping. All students must participate in on-site supervision.

Advanced Practicum I and II have the following requirements:

1. The student must accumulate 400 hours of practicum, including 200 client contact hours and at least 50 individual client contact hours.

2. The policy of the Counseling Psychology program is that students are not allowed to pay for practicum supervision because it increases the risk of problems arising from a dual relationship.

3. Students must be able to record client sessions. A minimum of three recordings per quarter will be reviewed with the DU practicum instructor for Advanced Practicum I and one per quarter for Advanced Practicum II.

**Doctoral level students must be supervised by a licensed psychologist.**

All students will participate in 1-1/2 hours of Advanced Practicum I class each week and three hours of individual consultation during the quarter with the D.U. instructor. In Advanced Practicum II, class is 1 hour and students meet in consultation with the instructor 1 time each quarter. During consultations, students are required to bring an audio and/or video transcript.

Students are required to accumulate a minimum 400 hours of practicum at one site. If a Doctoral student wants to change sites for some extraordinary reason, the procedures outlined below must be followed:

1. Discuss the situation with the practicum instructor and advisor.

2. Write a letter of petition to the faculty explaining the situation and requesting a change.

3. Wait for a faculty decision before any new site is contacted.

It is very important that these steps be followed in order to ensure that both practicum students and sites have the best experience possible.
The Contract

The University of Denver will provide students with a contract to assist the practicum sites, the students, and the University in delineating responsibilities. The contract will address issues of time commitment, specific duties and expectations of the student, the functions of the on-site practicum supervisor, the practicum agency, and the D.U. practicum instructor.

Insurance

All practicum students are required to obtain their own psychology malpractice insurance during the time you are doing supervised practicum experience. This insurance may be purchased from ACA or APA for greatly reduced student rates.

Grading

The D.U. instructor will assign practicum grades by on the basis of the on-site supervisor's recommendation, the D.U. instructor's observations, and class assignments. The following criteria will be used:

A = Student is performing at a higher than expected level compared to other students of equivalent training.

B = Student is performing at the expected level compared with other students of equivalent training (typical grade for 1st and 2nd quarters).

C = Student is deficient in some area of expected competence or has been unable to complete the required number of hours on-site or assignments.

--Adapted from Practicum guidelines developed by the American Psychological Association.
Because both students and on-site supervisors have sometimes been confused with the role of the practicum instructor, the Counseling Psychology faculty wrote the following clarification.

According to Colorado State Grievance Board Rule 16, Supervision of Psychotherapists, clinical supervision occurs when there is a close, on-going review and direction of a supervisee’s clinical practice. Since the Advanced Practicum instructor typically meets with students between one and three times a quarter, the instructor is not offering clinical supervision according to the definition. By contrast, that is the role of the on-site supervisor since the on-site supervisor is meeting with the student weekly and providing direction and review of the student’s cases.

The Advanced Practicum instructor plays the role of the program monitor of student’s counseling skills and skill development. While the instructor uses many of the same skills and procedures that a supervisor would use, because of the limited contact with the student and the student’s cases, his or her role is different. As a skills monitor, the practicum instructor will ask students to bring in tapes that both illustrate strengths and weaknesses in their work.

Sometimes because of theoretical or other differences, the Advanced Practicum instructor and the on-site clinical supervisor may have different views about treating a client. Ideally, students should integrate both sets of recommendations; however, since on-site supervisors have primary responsibility for students’ work, students should ultimately follow the on-site supervisor’s feedback.

It should be noted that students may sometimes have difficulties on their site. Under those circumstances, students should assume the responsibility of bringing up issues or difficulties for discussion with his or her on-site supervisor. The practicum instructor will work with the site in resolving training issues. On-site supervisors are encouraged to contact the practicum instructor.
Counseling Psychology Practicum Advanced  
CNP 4752/4753  

ON-SITE SUPERVISOR MEMORANDUM  

TO: Counseling Practicum Supervisor  
FROM: Dr. __________________________  
SUBJECT: Supervision of Counseling Practicum Students from the University of Denver  

Thank you for agreeing to supervise one of our Counseling students for his/her practicum. Your main requirement as a Field Supervisor is to meet with the practicum student for at least one hour per week for a face-to-face supervisory conference. Your comments may be based on observing the student’s counseling sessions, listening to tapes, or reading session notes. It is expected that you will be responsible for screening clients and matching them with the supervisee’s ability level. Students are encouraged to work with a diversity of clients. Activities considered appropriate for the practicum experience are direct services such as: individual and group counseling, consultation with parents and teachers, career counseling and assessment opportunities commensurate with the student’s skills. Students are also required to tape at least three of their individual client sessions for instructional purposes at D.U. Each student will be asked to present some of his/her counseling case material to the Adv. Practicum class on campus. Client names will not be used so that confidentiality is observed. If any of these requirements cannot be met at your site, please contact the practicum instructor at D.U. as soon as possible. The student must be able to meet these requirements in order to complete the practicum course.  

We highly value the time and effort you will give to the supervision of this student. In exchange, we expect the practicum student will give you service of good quality. It is the policy of our department at this time that supervisors will not be compensated by either the student or the University for supervision time.  

Enclosed is your copy of the student’s Practicum evaluation form to be completed independently by you. The student is responsible for evaluating him/herself on a duplicate form and arranging a joint feedback session. Both forms must be returned by the student to the practicum instructor by the end of the quarter.  

Please contact Dr. __________________________ at __________________________ with any questions or concerns.
Counseling Psychology Practicum Advanced
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AGREEMENT/CONTRACT

THIS AGREEMENT, by and between

1) Counseling Psychology Program
Morgridge College of Education
University of Denver, 1999 E. Evans Ave.
Denver, CO 80208-1700
303.871.2473

2) School or Agency

Name

Address

Field Supervisor (licensed psychologist)

Phone Email

3) Student

Name

Address

Phone Email

Is for the purpose of providing practicum training for the above-named student for:

CNP 4752/4753: Counseling Psychology Practicum Advanced

Quarter and Credits per Quarter:

Total Credits: Total Quarters:

It is mutually agreed that the above-named school or agency will provide the following services and supervision for the above-named student:
1) An orientation to the school or agency and specific student duties.

2) Supervision with the Field Supervisor for a minimum of one hour per week.

In addition it is agreed that:

3) Supervision of the student will be done in accordance with the guidelines established by the school or agency for all regular personnel.

4) The supervisor will actively work with the University of Denver staff in eliminating problems that might arise during placement.

5) The supervisor will submit a final evaluation on each student completing a practicum and share the evaluation with the student.

6) The supervisor will be responsible for determining that assigned cases are within the ability of the student.

It is mutually agreed that the student will:

1) Arrange for own transportation.

2) Be at the agreed upon location at the following days and times (minimum 10-20 hours/week):

3) Be assigned the following specific duties and responsibilities:

4) Be accountable directly to the agency or school supervisor.

5) Follow the policies/regulations of the agency or school. Maintain client confidentiality.

6) Attend weekly seminars to discuss common problems and experiences.

7) Keep a log of the time spent in the practicum (dates, hours) and the duties performed.

8) Write an evaluation of his/her experience in the field to be submitted to the faculty instructor at the end of the quarter.
It is mutually agreed that the University of Denver Counseling Psychology faculty will provide the following:

1) Advise the student as to the requirements (seminars, reports, evaluations) involved in the practicum course.

2) Provide coordinating seminars to discuss common problems and experiences and assist the student in report writing.

3) Maintain periodic contact with the field supervisor and the student to discuss the student's progress.

4) Give the student feedback regarding the faculty's consultation and maintain appropriate records for registration and grading.

5) Provide consultation for audio taped samples of counseling interviews.

6) Actively work with the agency in eliminating problems which arise during placement.

7) Observe confidentiality of information.

It is the expectation of all three parties involved that the above-stated conditions be met. Should they not be met, it is imperative that all three parties discuss why these expectations have not been met at the earliest possible date.

The following signatures verify agreement with the above-stated conditions:

Student ____________________________ Date __________________

Field Supervisor ____________________________ Date __________________

D.U. Instructor ____________________________ Date __________________

Phone ____________________________ Email ____________________________
TRAINING GOALS

Name_________________________________________ Quarter_____________ Year________

Site ___________________________________________________________________________

Address _______________________________________________________________________

Supervisor __________________________ Phone ________________ Email ________________

1. List below your learning goals for this quarter at your practicum site. Be specific about what counseling skills you want to work on and be realistic about what is achievable.

2. List counseling issues which are of concern to you and/or that you would like to discuss in the practicum group during the quarter.

3. Original Contract for Practicum Time

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of Hours Per Week</th>
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4. Mid-Quarter Contract for Practicum Time

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of Hours Per Week</th>
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</table>
## Daily Practicum Schedule

**Student's Name** ___________________________ **Week of** ___________________________

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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<th>Saturday</th>
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## MONTHLY HOURS PRACTICUM LOG

<table>
<thead>
<tr>
<th>Direct Client Contact Hours</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>(Week 5)</th>
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<tbody>
<tr>
<td>Individual Counseling</td>
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<tr>
<td>Group Counseling</td>
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<td>Other:</td>
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<td>Couples Counseling</td>
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<td>Family Counseling</td>
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<tr>
<td>Testing</td>
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<tr>
<td>Consultation w/ Clients</td>
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<td>Workshop/Presentation by Student</td>
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<td>Other: (Specify)-</td>
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| Practicum Class                     |        |        |        |        |          |
| Subtotal:                           |        |        |        |        | (B)      |

| Supervision                         |        |        |        |        |          |
| Individual                          |        |        |        |        |          |
| Group                               |        |        |        |        |          |
| Staff Meeting/Training              |        |        |        |        |          |
| Other: (Specify)-                   |        |        |        |        |          |
| Subtotal:                           |        |        |        |        | (C)      |

<p>| Administrative/Case Management      |        |        |        |        |          |
| Progress Notes                      |        |        |        |        |          |
| Test Scoring/Interpretation         |        |        |        |        |          |
| Case Report Writing                 |        |        |        |        |          |
| Audio/videotape Review              |        |        |        |        |          |
| Program Planning                    |        |        |        |        |          |
| Faculty Case Consultation           |        |        |        |        |          |</p>
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<tr>
<th>Observation</th>
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<td>Research (reading, etc.)</td>
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<td>Other (Specify)</td>
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<td><strong>Subtotal</strong></td>
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\[ A + B + C + D = \text{Total Hours This Month}\]

Previous Hours: __________  Total Cumulative Hours: __________
### PRACTICUM HOURS QUARTERLY SUMMARY

**Student’s Name**

**Quarter:**  
- [ ] Fall  
- [ ] Winter  
- [ ] Spring  
- [ ] Summer  

**Year:** ____________

**Supervisor Signature:** __________________________  
**Phone:** ____________  
**Email:** __________________________

**Practicum Site:** __________________________

**Address:** __________________________

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<tr>
<th>Direct Client Contact Hours</th>
<th>Hours From Previous Quarters</th>
<th>Current Hours</th>
<th>Cumulative Hours</th>
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</thead>
<tbody>
<tr>
<td>Individual Counseling</td>
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<td>Group Counseling</td>
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<td>All Other Direct Client Hours</td>
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<th>Supervision and Consultation Hours</th>
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<th>Administration/Case Management Hours</th>
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**Total Hours:** __________________________

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Advanced Practicum in Counseling Psychology

CNP 4752/4753

CONSENT FORM

Date_________________________

I, __________________________________________________, freely agree to participate as a client for________________________________________. The purpose and procedures for taping the counseling sessions have been explained to me. I understand that the taping of the counseling session partially fulfills the requirements of the courses Advanced Practicum I and II taught by Dr.________________________________ of the Counseling Psychology Program at the University of Denver. I have been informed that participation as a client is strictly voluntary and that I can withdraw at any time. I understand my present or future status as a client in the agency will not be affected by participation or non-participation.

___________________________________________will hear the tapes. Finally, I understand that I am free to ask further questions about the counseling tapes.

If you have any questions or concerns, feel free to contact Dr. __________________________ at ____________________________.

Required Signatures:

Client ____________________________________________________________

Parent or Guardian, if applicable ____________________________________________

Student _____________________________________________________________

Witness ______________________________________________________________
University of Denver
Counseling Psychology Practicum Advanced
CNP 4752/4753

GUIDELINES FOR CASE PRESENTATION

Although various formats may be used, psychosocial or case summaries generally include certain information. The following can be used as a guide.

CASE HISTORY OUTLINE

I. Identifying Data
   Include demographic data such as age, race, sex, marital status and occupation (employment, school, house person). Also include a description of the client's general appearance, behavior, mood, and manner of relating to you.

II. Presenting Problem
   A brief statement, including the client's own words if possible, of why he/she came or was brought to see you. There may be more than one person. Also include a statement of how other significant persons view the situation (e.g., family members, teachers, peers).

III. Source of Referral

IV. History of Present Problem
   Include an elaborated description of the current problem as well as information about its onset, severity, apparent precipitating causes, and effect on others. Also include the client's understanding of the problem and his/her attitude toward counseling.

V. Biographical Information
   1. Interpersonal Relationships:
      Include relevant family situation (past and present), relationships with peers, and general style of relating to others.
   2. Educational History:
      Describe current grade level (or highest grade completed) and degree of success and satisfaction with schooling.
   3. Work History:
      List jobs, including current employment and satisfaction.
   4. Previous Reactions to Crisis and Stress.

VI. Medical History
   Include information about general health, significant illnesses, injuries and hospitalization, drugs, etc.

VII. Testing Information
   Include rationale why specific instruments were chosen.

VIII. Multicultural Issues
   Consideration should include ethnicity, family, gender, age, religion/spirituality, SES and other diverse issues.
IX. Legal and Ethical Issues
   Those issues include family background, testing, client/therapist relationship, etc.

X. Conceptualization
   Conceptualize the client's problem and significant contributing factors based on your theoretical framework. Explain the symptoms, their cause, etc., from the perspective of theory.

XI. Counseling Plan
   Formulate your (and your client's) goals for counseling. Describe any specific counseling procedures to be used, specifying how this plan fits into your theoretical framework. Include information about client's strengths which can be utilized toward achieving these goals.

XII. Course of Treatment
   Describe the course of treatment including success or failure, reformulation of the problem, and goals and problems yet to be dealt with.

XIII. Questions for the Class
   Identify areas of your uncertainty in the process of gathering information, diagnosing, planning and conducting counseling sessions for this particular case and formulate questions for your classmates designed to help you improve your work.
EVALUATION OF STUDENT’S PRACTICUM PERFORMANCE

Student: ________________________________________________________________

Quarter: ____________________ Year: ________________________________

Name of Supervisor: ____________________________________________________

Phone: ______________________ Email: ________________________________

Practicum Site: _________________________________________________________

Address: __________________________________________________________________

How many Ph.D. students have you supervised? ____________________________

How many M.A. students have you supervised? ____________________________

Which of the following activities have you performed as a supervisor?

☐ Observed students directly  ☐ Listened to tapes of students counseling
☐ Read session notes  ☐ Discussed cases with students
☐ Other (please specify) ________

What percentage of overall practicum hours did Student spend in direct and indirect client activities?

_____% Direct Client Activities (Counseling)

_____% Indirect Client Activities (e.g., case conferences, staff meetings, consultation, administrative duties)

Which of the following activities has the student performed?

☐ Individual Counseling  ☐ Group Counseling
☐ Couple and Family Counseling  ☐ Career Counseling
☐ Assessing  ☐ Consulting
☐ Other (please specify) ________
The following evaluation is designed to facilitate the development of the student’s professional skills. Our suggestion is that you and the student fill out copies of the evaluation separately, then set aside time to compare and discuss the results.

The evaluation is designed to be a developmental tool and not a tool to assign a grade. There are no sharply defined lines between the levels because growth is a continuous process. A trainee at any specific level may have ratings both above and below that level. For each evaluation area, circle the number where you believe your trainee’s behaviors would fall. Your ratings can be marked anywhere on the scale. If you feel that the scales are too restrictive or if you want to elaborate on a specific area, please feel free to write your comments at the end of this section or in Part II. We greatly appreciate your feedback.

### Evaluation Part I

#### RELATIONSHIP SKILLS

<table>
<thead>
<tr>
<th></th>
<th>Remediation Needed</th>
<th>Independent Professional Level</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Talks at appropriate language level with clients.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Uses language, tone of voice and other behaviors (eye contact, expression, etc.) which convey interest in the client.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Communicates his or her interests, feelings and experiences to the client when appropriate.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Other (please specify)-</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
</tbody>
</table>

#### ASSESSMENT SKILLS

**A. Observational Skills:**

<table>
<thead>
<tr>
<th></th>
<th>Remediation Needed</th>
<th>Independent Professional Level</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Reports client’s behaviors accurately (including client posture, expression, and verbalization).</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Backs up inferences about client characteristics (e.g., defensiveness, anxiety, attitudes, etc.) with specific behavioral observations.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
</tbody>
</table>

**B. Use of Assessment Procedures:**

(Please list tests given by the student)

<table>
<thead>
<tr>
<th></th>
<th>Remediation Needed</th>
<th>Independent Professional Level</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Selects appropriate assessment procedures based on referral information, initial contact and continuing interaction with client.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrates skill in administering assessment instruments: instructions are given clearly and administration is paced appropriately.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Demonstrates skill in scoring; recording is sufficient for full and accurate scoring.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Combines test data, referral information, observations and client statements into clear, theoretically verifiable statements about the client. Separates facts based on material at hand from speculations based on theory. Indicates basis for inferences.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Discusses evaluation results with client in language client can understand. Makes clear to client the status of assessment, statements, whether fact or hypothesis. Spells out for client how assessment is to be used in facilitating treatment.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Reports are written in non-technical language and with absence of jargon. Reports address questions raised by referrer--implications of assessment results are spelled out.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Other (please specify)-</td>
<td>1 2 3 4 5 6 7 8</td>
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</tbody>
</table>
**INTERVENTION & THERAPEUTIC PROCESS SKILLS**

### A. Individual:

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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Demonstrates knowledge of principles and processes of theoretical framework underlying mode of treatment used.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2.</td>
<td>Formulates specific demonstrable and realistic treatment goals--discusses them with client.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3.</td>
<td>Takes appropriate therapeutic actions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4.</td>
<td>Makes appropriate referrals when required.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>5.</td>
<td>Other (please specify)-</td>
<td>1</td>
<td>2</td>
<td>3</td>
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### B. Group:

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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Demonstrates awareness and knowledge of group development and process.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2.</td>
<td>Formulates specific, demonstrable and realistic treatment goals--discusses them with client.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3.</td>
<td>Takes appropriate therapeutic actions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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**ADMINISTRATIVE SKILLS**

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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Demonstrates knowledge of agency policies and procedures.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>6</td>
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<tr>
<td>2.</td>
<td>Reports for work on time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>6</td>
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<tr>
<td>3.</td>
<td>Sets appropriate fee -- discusses fees with client in a professional manner.</td>
<td>1</td>
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<tr>
<td>4.</td>
<td>Other (specify)-</td>
<td>1</td>
<td>2</td>
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**ETHICS**

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<tbody>
<tr>
<td>1.</td>
<td>Demonstrates knowledge of ethical practices code.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>2.</td>
<td>Behaves in accordance with code of ethical practices.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>3.</td>
<td>Shows judgment and responsibility in actions regarding client</td>
<td>1</td>
<td>2</td>
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<td>4.</td>
<td>Respects the privacy of the client -- does not violate confidentiality and does not refer to clients disrespectfully.</td>
<td>1</td>
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**PROFESSIONAL RELATIONSHIPS**

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<tbody>
<tr>
<td>1.</td>
<td>Interacts with consultants and other professionals in such a way as to facilitate communication and foster cooperation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tbody>
</table>
**RELATIONSHIP WITH SUPERVISOR:**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Keeps appointments with supervisor.</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Reads suggested material related to assessment or therapy.</td>
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<tr>
<td>3</td>
<td>Acknowledges and incorporates supervisor’s suggestions.</td>
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<tr>
<td>4</td>
<td>Accepts feedback.</td>
<td></td>
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<tr>
<td>5</td>
<td>Identifies own affect, needs, etc., in counseling relationship.</td>
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<tr>
<td>6</td>
<td>Other (please specify)-</td>
<td></td>
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</table>

Additional comments for any of the preceding areas:

**EVALUATION PART II**

**Summary of student’s strengths and outstanding professional skills.** (These are skills which are above the level to be expected of a student with comparable training and experience.)

Summary of student’s skills that need improvement. Please make brief suggestions for working on these skills. (These are skills which are not far below the level expected of a student with comparable training and experience, but which most immediately stand in the way of professional growth.)
Summary of deficient areas which need immediate correction. Please make brief suggestions for working on these skills. (These are skills considerably below the level to be expected of a student with comparable training and experience.)

Summary of populations or types of clients the student would benefit from working with in the future.

Other:

Use Additional Pages if Necessary

Signature of Supervisor  Date Signed

Signature of Student  Date Signed
SITEM EVALUATION

Student Name: __________________________ Date: _______________________

Student Email: __________________________

Site: __________________________

Address: __________________________

Supervisor: ___________________________ Phone: __________ Email __________________________

Academic Quarter: [ ] Fall [ ] Winter [ ] Spring [ ] Summer Year: _______________________

Check all the counseling opportunities that are available on this site:

[ ] Individual Counseling
[ ] Men
[ ] Women
[ ] Adolescents
[ ] Children
[ ] Career Counseling
[ ] Marriage and Family Counseling
[ ] Assessment (specify types)- __________________________
[ ] Group Counseling (specify populations)- __________________________
[ ] Consulting (specify with whom)- __________________________
[ ] Special populations (specify)- __________________________
[ ] Other (specify)- __________________________

Types of Clients Served: __________________________

What is the diversity of the client population? __________________________

What kind of supervision is provided?

[ ] Individual Supervision. Hours/week ___________

[ ] Group Supervision. Hours/week ___________ Number of students in group __

Is supervision provided by a licensed psychologist? __________

Does the site require licensed psychologists? __________

What are the on-site responsibilities of the practicum student (e.g., biofeedback with in-patient pain patients, short-term groups with alcoholics, etc.)?
What is the theoretical orientation of the supervision (i.e., quality and style)?

Are there unique demands of this site that have not already been discussed? (full year commitment, requires at least 15 hours weekly, etc.)

Do you have any comments about this site you feel would be helpful to an interested student?

Is there an opportunity for a paid practicum? □ No □ Yes How much? ________________

Would you recommend this site?

□ No □ Yes - highly

□ Yes - under the following conditions (e.g., must have prior experience with alcoholism, request a specific supervisor, family counseling is main type of service, etc.):