



**College of Social and Behavioral Sciences**

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# **Doctoral Practicum Handbook**

***Doctorate in Psychology of Counseling  
Psychology***

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Director of Clinical Training  
kim.lampson@northwestu.edu



Dear Practicum Student,

The opportunity to participate in a doctoral practicum is a huge milestone in your training to be a counseling psychologist. The practicum hours are the first clinical hours you will count toward the exciting prospect of being licensed to practice psychology.

Although some of you have had experience working as a mental health care provider, many of you have not. Regardless of your prior experience level, it is my hope that you will think of the practicum as an opportunity to learn as much as possible about clinical practice. Your supervisor will expect that you are still new in the process of learning how to be a therapist, so will function as a teacher and mentor. Take advantage of this relationship. Ask questions and learn as much as you can. Begin to think about how to integrate issues of faith and practice. No matter how long one has practiced clinical psychology, there are things to learn and clinical skills can improve.

You are embarking on a journey of lifelong learning as a student of psychology. I am excited for you and very proud that you have reached this point in your education.

Sincerely yours,

*Dr. Kim Lampson*

Dr. Kim Lampson  
Director of Clinical Training

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# **Preparing for Practicum**

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# What is a Practicum?

(Council of Chairs of Training Councils – Practicum Workgroup March 22, 2007)

## *Defining the Practicum*

**Practicum:** The practicum is the first set of supervised practical training experiences in the sequence of professional training in psychology and is designed to meet the training goals of the graduate program. The practicum includes practical training experiences conducted under the auspices of the graduate program in settings providing professional psychological services.<sup>1</sup> The practicum promotes the integration of academic knowledge with practical experience, and prepares the student for future training professional psychology, particularly for the internship that follows. On practicum, students apply and extend the knowledge, skills and attitudes learned in the program's didactic and classroom-based experiential components to produce increasingly sophisticated levels of understanding and skill.

**Goal of Practicum:** Through the practicum, the student attains levels of competence in the core foundational and functional competency domains needed to make effective use of future training experience in the practice of professional psychology, particularly the internship, as envisioned in the training goals of the graduate program.<sup>2</sup>

## **Objectives of Practicum:**

The practicum: 1) assists students in integrating academic knowledge with applied experience in settings providing professional psychological services. 2) contributes to the development of competence in the basic skills of professional psychological practice. 3) enhances the effective use of training experiences, and 4) furthers the growth of the student's identity as a professional psychologist.

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<sup>1</sup> Services include: Assessment, treatment, consultation, management and administration, supervision, advocacy, education, program development and evaluation. Service recipients may include individuals, couples, families, groups, organizations and communities.

<sup>2</sup> Specific guidance on practicum competency goals is available in the CCTC Practicum Competencies Outline and the Assessment of Competency Benchmarks, available at (<http://www.psychtrainingcouncils.org/documents.html>). Practicum administrative recommendations are available at this site.

Note: This version approved at the March 22, 2007 meeting of the CCTC.

# **Doctoral Practicum Expectations**

## ***What is Expected of Students***

Third year Psy.D. students at Northwest University are expected to present in a professional manner, on and off campus. Please know that you are not only a reflection of yourself, but you are also a reflection of our program. It is expected that you will enter a doctoral practicum with, not only the knowledge necessary of a third year doctoral student, but also with the warmth, character, and integrity worthy of a helping professional. It is expected that your ethical behavior be above the law and that you will be honest, equitable, and open-minded in all of your interactions with clients, co-workers, and supervisors.

As a doctoral practicum student, your desire to learn should be obvious to all who come in contact with you. Remember to walk humbly and know that you have much to learn from those around you, most of all you clients. In that same regard, have the utmost respect for your supervisor. They are going out of their way to mentor and to teach you the details of the counseling field. This will most likely become a lifelong relationship that will need to be nurtured. Show respect by being on time, completing tasks assigned when due, knowing the ins and outs of your responsibility's, holding yourself accountable when you have made a mistake (which you will), dress appropriately for the setting, and follow the culture of the organization.

## ***What the Student Can Expect to Gain from the Experience***

Student can expect to hone their critical thinking skills within the mental health genre. You will be able to see through the eyes of a trained mental health professional, assessing conditions, and formulating and implementing treatment interventions. You will gain new insights into the vast number of human needs, motives, emotions, behaviors, cognitions, and relationships. The doctoral practicum will expose you to a network of other professionals whose knowledge and experience you can glean from and develop your own professional style. Finally, you will come to understand the different roles in the field of psychology, the ability operate within an organization, and what it means to functionally provide mental health care.

The staff and faculty support you as you embark on this wonderful endeavor. We are here to answer any questions you might have and/or be a sounding board for your reflections. It is important that you become the best clinician possible and be able to provide quality care. Please use your time wisely in your practicum classes to get your needs met. Do not forget to take care of your personal needs so that you can stay physically and emotionally fit.

### ***Finding a Practicum Site***

It is the student's responsibility to find and secure his or her own practicum site. The Psy.D. program recommends that the student find a practicum site that best fit the student's vocational interests and goals. The Psy.D. program may assist the student in searching for a practicum site by suggesting various counseling agencies and other related services, however, it is ultimately the student's responsibility to find their own practicum site. It is recommended that students search out private and community counseling agencies, university student counseling centers, adoption agencies, churches counseling programs, hospices, hospitals, medical homes, and non-profit social service agencies.

### ***Fitting a Practicum into your Busy Schedule***

In the process of preparing to start a practicum, a student ought to consider how he or she will accommodate a practicum into his or her busy schedule. Previous students have used a current or new job for their practicum site, found a flexible job or flexible practicum to accommodate both schedules, reduced the work load to part-time, exerted oneself for a year working and doing a practicum full-time (this not recommended), or quit employment to be focus on a practicum. Obviously, there are positives and negatives to each option. Students are encouraged to discuss the options with the Director of Clinical Training.

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# **Psy.D. Program Requirements for Graduation**

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# Site and Supervisor Selection

## Selecting a Practicum Site

The practicum experience is the first step in your clinical training. Before deciding where to apply, take time to think about your future as a psychologist. Think about the type of work you see yourself doing, the setting in which you would like to practice, and the skills you would like to learn. After you have thought about these things, begin researching potential practicum sites to identify the ones that are a good fit. Read websites and brochures related to the sites. If possible, try not to limit yourself geographically – be willing to drive to Seattle, Everett, Tacoma, etc. Consider factors such as:

- Match with your educational background
- Match with our program focus on clinical practice rather than research
- Match with our emphasis on social justice
- Match if you have a preference for faith based versus not faith based

Ideally, each practicum site will be a structured clinical setting that incorporates assessment, diagnosis, and intervention. Try to get a broad based experience if possible. Your practicum experience should help you refine, and possibly redirect, your professional focus.

## Choosing a supervisor

It is common practice for the site to assign the supervisor with whom you will work. However, sometimes, you may have the opportunity to choose a potential supervisor. Here are a few things to keep in mind regarding supervision.

1. Review the WAC's to make sure that your supervisor will follow the guidelines for practicum supervision.
2. The Northwest University PsyD clinical director will determine if the supervisor is a mental health professional deemed appropriate to supervise a Northwest University doctoral practicum student.
3. Although it is not always possible or practical to have a supervisor who is a licensed psychologist, a licensed psychologist is the ideal doctoral practicum supervisor.
4. Show your potential supervisor the Psychology Trainee Assessment Form and the Supervisor Feedback Form so the supervisor will understand more about his/her role in your training process.

## **Doctoral Practicum Prerequisite Checklist**

### **Doctorate in Counseling Psychology**

A doctoral practicum experience is required during the third year of the PsyD program at Northwest University.

The following list of prerequisites is intended to facilitate tracking of completion of program requirements before entering the practicum phase of the program.

**Prior** to seeking approval for a practicum site, the following requirements must be completed.

- Completion of 62 semester hours of coursework (incomplete or failing grades will be handled on a case by case basis—students with either incomplete or failing grades must speak to the DCT regarding their completion of required coursework).
- A letter of recommendation from the Psy.D. Program Director\*.
- A letter of recommendation from another CSBS faculty member (besides the Program Director)\*.

\*Letters of recommendation must be submitted to the Director of Psy.D. Academic Services.

**After** completing the above requirements, a student may proceed to securing a practicum site. This process requires completion of the following:

- Securing written approval from the Psy.D. practicum approval committee prior to formally applying for the practicum. (Student can expect to receive this written approval after submitting their letters of recommendation to the Director of Psy.D. Academic Services).
- Finding an appropriate practicum site that meets the Psy.D. program requirements and WA state licensure requirements.
- Completing and submitting a *Practicum Proposal Form* to the Director of Psy.D. Academic Services before formally accepting a practicum offer (p. 5). Securing written approval from the PsyD program practicum approval committee prior to formally accepting a practicum offer.
- Receiving written approval in the form of a contract from the Director of Psy.D. Academic Services to be signed by practicum site supervisor. (Not found in this handbook).
- Accepting practicum offer.
- Submitting a contract signed by practicum site supervisor to the Director of Psy.D. Academic Services.
- Registering for practicum credit (PSYC 7912, 7922, 7932), each semester of the practicum year. Registration may be completed through Self-Serve. Students are responsible for registering and paying tuition every semester while on practicum. A student's practicum clinical site supervisor will be notified of a student's status if registration is not completion on time for each semester.

## Doctoral Practicum Placement Proposal

### *Student Information:*

Name: \_\_\_\_\_ NU Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### *Proposed Placement:*

Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

### *Supervisor Information:*

\_\_\_\_\_  
Name Degree License number

\_\_\_\_\_  
Mailing Address City State Zip code

\_\_\_\_\_  
Work phone Cell phone

*In addition to meeting Washington State practicum requirements (WAC 246-924-049), list any other responsibilities required by your supervisor.*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

### *Signatures:*

I have consulted with my potential future supervisor and have been offered a practicum position.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Clinical Training

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of PsyD Program

\_\_\_\_\_  
Date

## Sample Doctoral Practicum Placement Proposal

### *Student Information:*

Name: Jane Smith NU Email: [Jane.Smith08@northwestu.edu](mailto:Jane.Smith08@northwestu.edu)

Home phone: (425) 234.5678 Cell phone: (206) 234.5678

### *Proposed Placement:*

Organization: Community Mental Health

Department: Psychology

Address: 1234 A Street Seattle, WA 98123

### *Supervisor Information:*

<u>Dr. Connie Psychologist</u>	<u>Licensed Psychologist</u>	<u>1234-5678</u>
Name	Degree	License number
<u>4567 B Street</u>	<u>Seattle</u>	<u>WA</u>
Mailing address	City	State
		<u>98456</u>
		Zip code
<u>(425) 890 1234</u>	<u>(206) 890.1234</u>	
Work phone	Cell phone	

*In addition to meeting Washington State practicum requirements (WAC 246-924-049), list any other responsibilities required by your supervisor.*

1) Administer psychological assessments

2) Facilitate groups

3) Consult with connected agencies

4) \_\_\_\_\_

5) \_\_\_\_\_

### *Signatures:*

I have consulted with my potential future supervisor and have been offered a practicum position.

Jane Smith

April 22, 2012

Student

Date

Dr. Kim Lampson

April 22, 2012

Director of Clinical Training

Date

Dr. Larry Bailey

April 22, 2012

PsyD Program Director

Date

## Doctoral Practicum Site Contract *-page one*

### **Student Information:**

### **Site Information:**

### **Supervisor:**

This contract certifies that all parties: the student, the supervisor, and the School of Graduate Psychology at Northwest University have agreed that the doctoral practicum site and supervisor will assist the student in the following as applicable to each site:

1. Develop familiarity with all facets and services of the practicum site.
2. Develop a counseling style that is congruent with his/her present philosophy of counseling, attend to the ethics of the profession, and adapt to the needs of a diverse clientele.
3. Increase skills in integrating and applying counseling theory and technique.
4. Demonstrate ability to perform effective intake interviews, assessment, diagnosis, treatment planning, and termination of therapy with a diverse clientele.
5. Incorporate current research and knowledge from other coursework in the delivery of effective counseling services and in written/oral communication.
6. Participate in supervision/case consultation and apply feedback from supervisors and peers.
7. Practice means of self-evaluation and identify and work towards individual goals related to his/her professional development.
8. Demonstrate understanding of the use of appropriate referral services and procedures for making referrals.
9. Develop consulting skills with other service providers, family members, school personnel, court representatives, or others as appropriate to the situation.
10. Discussion of the management of professional practice and other administrative of business issues.
11. Discussion of relevant state laws and rules.
12. Discussion of ethical principles including principles applicable to the work.
13. Review of standards for providers of psychological services; and
14. Discussion of reading materials relevant to cases, ethical issues and the supervisory process.

## Doctoral Practicum Site Contract-page two

In addition to the above requirements, the student agrees to the following requirements:

1. It is strongly advised that the student obtain at least a Master-level supervisor who is willing to spend time with him or her.
2. Complete 300 hours of direct experience, 100 hours of which must be in supervision.
3. Record all hours spent at your practicum site on the timesheet provided in the *Handbook of Doctoral Practicum*, differentiating between direct experience hours and supervisor hours. Return your timesheets to the School of Graduate Psychology at the end of each semester or in accordance with your practicum course requirements.

Furthermore, the supervisor also agrees to the following requirements:

1. Sit with the student in individual supervision for a total of 100 hours during their practicum experience.
2. Evaluate the student's performance, giving positive criticism and critiques of any specific psychological techniques or theories, assessments, intakes, terminations, treatment plans, group activities, or other clinically relevant task.
3. Sign for the student's hours spent at the practicum site.

### **Signatures**

\_\_\_\_\_

Student

\_\_\_\_\_

Date

\_\_\_\_\_

Supervisor

\_\_\_\_\_

Date

\_\_\_\_\_

Supervisor

\_\_\_\_\_

Date

\_\_\_\_\_

Director of Clinical Training

\_\_\_\_\_

Date

# SAMPLE

## Doctoral Practicum Site Contract-page one

**Student Information: Ramona Parks**

**Site Information: Community Mental Health**

**Supervisor: Dr. Connie Psychologist**

1. Develop familiarity with all facets and services of the practicum site.
2. Develop a counseling style that is congruent with his/her present philosophy of counseling, attend to the ethics of the profession, and adapt to the needs of a diverse clientele.
3. Increase skills in integrating and applying counseling theory and technique.
4. Demonstrate ability to perform effective intake interviews, assessment, diagnosis, treatment planning, and termination of therapy with a diverse clientele.
5. Incorporate current research and knowledge from other coursework in the delivery of effective counseling services and in written/oral communication.
6. Participate in supervision/case consultation and apply feedback from supervisors and peers.
7. Practice means of self-evaluation and identify and work towards individual goals related to his/her professional development.
8. Demonstrate understanding of the use of appropriate referral services and procedures for making referrals.
9. Develop consulting skills with other service providers, family members, school personnel, court representatives, or others as appropriate to the situation.
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14. Discussion of reading materials relevant to cases, ethical issues and the supervisory process.

# SAMPLE

## Doctoral Practicum Site Contract-page two

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- 2) Evaluate the student's performance, giving positive criticism and critiques of any specific psychological techniques or theories, assessments, intakes, terminations, treatment plans, group activities, or other clinically relevant task.
- 3) Sign for the student's hours spent at the practicum site.

### Signatures

Jane Smith

Student

April 22, 2012

Date

Dr. Connie Psychologist

Supervisor

April 22, 2012

Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

Kim Lampson, Ph.D.

Director of Clinical Training

April 22, 2012

Date



**Doctoral Practicum Daily Log**

Name: Jane Smith Semester: Fall **Spring** Summer 2012

Site: The Counseling Agency Supervisor Name: Connie Psychologist, Ph.D.

Date	Direct Client Contact	Supervisor Hours	Other Learning Hours
1/2/2012	1		2
1/3/2012		3	2
1/4/2012		2	1
1/5/2012	1	2	2
1/6/2012		2	1
1/9/2012		3	2
1/10/2012	1		2
1/11/2012		2	3
1/16/2012	1	1	1
1/17/2012		2	3
1/18/2012		3	2
1/19/2012	1		2
1/20/2012		2	1
1/23/2012		3	2
1/24/2012	1		2
1/25/2012		2	3
1/26/2012		3	2
1/27/2012	1		2

**Totals:**                      7                      33                      40

Supervisor Signature: Dr. Connie Psychologist      Date: April, 12, 2012

## Doctoral Practicum Semester and Yearly Log

Name: \_\_\_\_\_ Semester: **Fall**    **Spring**    **Summer**    20 \_\_\_\_

Site: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

**SEMESTER LOG:**

Add totals from EACH timesheet pages to find this semester's total.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Client Hours:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

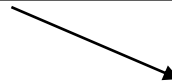
\_\_\_\_\_

**Other Learning Hours:** \_\_\_\_\_

**YEARLY LOG:**

Input semester totals to determine progress towards completion.

Semester Totals:	Client Hours:	Sup. Hours:	Other Learning Hours :
Fall			
Spring			
Summer			
<b>Totals:</b>			



Hours Towards Completion:	Totals:
Direct Client Hours:	
Supervision Hours:	
Other Learning Hours:	
<b>Total:</b>	

Signed (Student): \_\_\_\_\_

Date: \_\_\_\_\_

Signed (Supervisor): \_\_\_\_\_

Date: \_\_\_\_\_

Signed (DCT): \_\_\_\_\_

Date: \_\_\_\_\_

**SAMPLE – Doctoral Practicum Semester and Yearly Log**

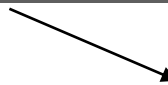
Name: Jane Smith Semester: Fall **Spring** Summer 20 12  
 Site: The Counseling Agency Supervisor Name: Dr. Connie Psychologist

**SEMESTER LOG:**  
 Add totals from EACH timesheet pages to find this semester's total.

	<u>7</u>
	<u>3</u>
	<u>3</u>
	<u>2</u>
<b>Supervisor Hours:</b>	<u>15</u>
	<u>33</u>
	<u>11</u>
	<u>15</u>
	<u>10</u>
<b>Client Hours:</b>	<u>69</u>
	<u>40</u>
	<u>22</u>
	<u>30</u>
	<u>20</u>
<b>Other Learning Hours:</b>	<u>112</u>

**YEARLY LOG:**  
 Input semester totals to determine progress towards completion.

Semester Totals:	Client Hours:	Sup. Hours:	Other Learning Hours :
Fall	58	12	101
Spring	69	15	112
Summer			
<b>Totals:</b>	127	27	213



Hours Towards Completion:	Totals:
Direct Client Hours:	27
Supervision Hours:	127
Other Learning Hours:	213
<b>Total:</b>	367

Signed (Student): Jane Smith

Date: April 12, 2012

Signed (Supervisor): Dr. Connie Psychologist

Date: April 12, 2012

Signed (DCT): \_\_\_\_\_

Date: \_\_\_\_\_

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# **Evaluations**

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## Practicum Evaluation Schedule

### *Supervisor Evaluation of Student and Goals*

Formal evaluation of student practicum performance is required three times per year. The Director of Psy.D. Academic Services will mail your supervisor the **Psychology Trainee Competency Assessment Form** with a self-addressed stamped envelope, so your supervisor can complete and confidentially mail it back to the CSBS. Student evaluations will be due by the date listed in the doctoral practicum class syllabus. You will not receive a passing grade if your supervisor does not return your student evaluation by the due date.

September: The doctoral practicum student and his/her supervisors meet to establish a baseline for the practicum student's skill level and to determine written goals for the practicum year. This document needs to be turned in to the Director of Clinical Training at the practicum class in October. It will then be reviewed by the Director of Clinical Training (DCT) and the Director of Psy.D. Academic Services and returned to the student.

December: First evaluation (end of fall semester). The practicum student receives feedback from supervisor(s). (Forms provided by NU.)

April: Second evaluation (end of spring semester). The practicum student receives feedback from supervisor(s). (Forms provided by NU.)

July: Final Evaluation (end of summer semester). Each practicum student has a final evaluation through individual meetings with each supervisor followed by a meeting with the DCT at NU. (Forms provided by NU.)

### *Student Evaluation of Supervisor*

Each practicum student will formally evaluate his/her supervisor twice during the practicum year. The **Supervisor Feedback Form** will be distributed in practicum class.

December: First evaluation (end of fall semester). The practicum student gives feedback regarding supervision and internship experiences.

July: Final Evaluation (end of summer semester). The practicum student completes a final evaluation of the supervisory experience.



## PSYCHOLOGY TRAINEE COMPETENCY ASSESSMENT FORM

Trainee \_\_\_\_\_ Supervisor \_\_\_\_\_ Semester \_\_\_\_\_  
 Training Year \_\_\_\_\_ Training Experience \_\_\_\_\_

### ASSESSMENT METHOD(S) FOR COMPETENCIES

- |   |   |
|---|---|
| <input type="checkbox"/> Direct Observation | <input type="checkbox"/> Review of Written Work             |
| <input type="checkbox"/> Videotape          | <input type="checkbox"/> Review of Raw Test Data            |
| <input type="checkbox"/> Audiotape          | <input type="checkbox"/> Discussion of Clinical Interaction |
| <input type="checkbox"/> Case Presentation  | <input type="checkbox"/> Comments from Other Staff          |

### COMPETENCY RATINGS DESCRIPTIONS

(Directions: For each objective, please circle the letter(s) that correspond to intern's competency level.)

- NA** Not applicable for this training experience/Not assessed during training experience
- A** **Advanced/Skills comparable to autonomous practice at the licensure level.**  
Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, however as an unlicensed trainee, supervision is required while in training status.
- HI** **High Intermediate/Occasional supervision needed.**  
A frequent rating at completion of internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.
- I** **Intermediate/Should remain a focus of supervision**  
Common rating throughout internship and practica. Routine supervision of each activity.
- E** **Entry level/Continued intensive supervision is needed**  
Most common rating for practica. Routine, but intensive, supervision is needed.
- R** **Needs remedial work**

### GOAL: COMPETENCE IN PROFESSIONAL CONDUCT, ETHICS AND LEGAL MATTERS

#### OBJECTIVE: PROFESSIONAL INTERPERSONAL BEHAVIOR

**Professional and appropriate interactions with treatment teams, peers and supervisors, seeks peer support as needed.**

- A** Smooth working relationships, handles differences openly, tactfully and effectively.
- HI** Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.
- I** Progressing well on providing input in a team setting. Effectively seeks assistance to cope with interpersonal concerns with colleagues.
- E** Ability to participate in team model is limited, relates well to peers and supervisors.
- R** May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues.

#### OBJECTIVE: SEEKS CONSULTATION/SUPERVISION

**Seeks consultation or supervision as needed and uses it productively.**

- A** Actively seeks consultation when treating complex cases and working with unfamiliar symptoms.

- HI** Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain, occasionally over or under-estimates need for supervision
- I** Generally accepts supervision well, but occasionally defensive. Needs supervisory input for determination of readiness to try new skills.
- E** Needs intensive supervision and guidance, difficulty assessing own strengths and limitations.
- R** Frequently defensive and inflexible, resists important and necessary feedback.

**OBJECTIVE: USES POSITIVE COPING STRATEGIES**

**Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.**

- A** Good awareness of personal and professional problems. Stressors have only mild impact on professional practice.  
Actively seeks supervision and/or personal therapy to resolve issues.
- HI** Good insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact.
- I** Needs significant supervision time to minimize the effect of stressors on professional functioning. Accepts reassurance from supervisor well.
- E** Personal problems can significantly disrupt professional functioning.
- R** Denies problems or otherwise does not allow them to be addressed effectively.

**NA OBJECTIVE: PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION**

**Responsible for key patient care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.**

- A** Maintains complete records of all patient contacts and pertinent information. Notes are clear, concise and timely.  
Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.
- HI** Maintains timely and appropriate records; may forget some minor details or brief contacts (e.g. phone calls from patient), but recognizes these oversights and retroactively documents appropriately. Records always include crucial information.
- I** Uses supervisory feedback well to improve documentation. Needs regular feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information. Most documentation is timely.
- E** Needs considerable direction from supervisor. May leave out crucial information.
- R** May seem unconcerned about documentation. May neglect to document patient contacts. Documentation may be disorganized, unclear or excessively late.

**OBJECTIVE: EFFICIENCY AND TIME MANAGEMENT**

**Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.**

- A** Efficient in accomplishing tasks without prompting, deadlines or reminders. Excellent time management skills regarding appointments, meetings and leave.
- HI** Typically completes clinical work/patient care within scheduled hours. Generally on time. Accomplishes tasks in a timely manner, but needs occasional deadlines or reminders.
- I** Completes work effectively and promptly by using supervision time for guidance. Regularly needs deadlines or reminders.
- E** Highly dependent on reminders or deadlines.
- R** Frequently has difficulty with timeliness fashion. Or tardiness or unaccounted absences are a problem.

**NA OBJECTIVE: KNOWLEDGE OF ETHICS AND LAW**

**Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately, seeking consultation as needed.**

- A** Spontaneously and consistently identifies ethical and legal issues and addresses them proactively. Judgment is reliable about when consultation is needed
- HI** Consistently recognizes ethical and legal issues, appropriately asks for supervisory input.
- I** Generally recognizes situation where ethical and legal issues might be pertinent, is responsive to supervisory

- input
- E** Often unaware of important ethical and legal issues.
- R** Disregards important supervisory input regarding ethics or law.
- NA** **OBJECTIVE: ADMINISTRATIVE COMPETENCY**  
**Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.**
- A** Independently assesses the larger task to be accomplished, breaks the task into smaller ones and develops a timetable. Prioritizes various tasks and deadlines efficiently and without need for supervisory input. Makes adjustments to priorities as demands evolve.
- HI** Identifies components of the larger task and works independently on them. Needs some supervisory guidance to successfully accomplish large tasks within the timeframe allotted. Identifies priorities but needs input to structure some aspects of task.
- I** Completes work effectively, using supervision time to identify priorities and develop plans to accomplish tasks.  
 Receptive to supervisory input to develop own skills in administration.
- E** Trainee takes on responsibility, then has difficulty asking for guidance or accomplishing goals within timeframe.
- R** Deadline passes without task being done. Not receptive to supervisory input about own difficulties in this process.

## GOAL: COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

- NA** **OBJECTIVE: PATIENT RAPPORT**  
**Consistently achieves a good rapport with patients.**
- A** Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients and seeks supervision.
- HI** Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.
- I** Actively developing skills with new populations. Relates well when has prior experience with the population.
- E** Has difficulty establishing rapport.
- R** Alienates patients or shows little ability to recognize problems.
- NA** **OBJECTIVE: SENSITIVITY TO PATIENT DIVERSITY**  
**Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.**
- A** Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.
- HI** In supervision, recognizes and openly discusses limits to competence with diverse clients.
- I** Has significant lack of knowledge regarding some patient groups, but resolves such issues effectively through supervision. Open to feedback regarding limits of competence.
- E** Is beginning to learn to recognize beliefs which limit effectiveness with patient populations.
- R** Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.
- NA** **OBJECTIVE: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND**  
**Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.**
- A** Accurately self-monitors own responses to differences, and differentiates these from patient responses. Aware of personal impact on clients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain.
- HI** Aware of own cultural background. Uses supervision well to examine this in psychological work. Readily acknowledges own culturally-based assumptions when these are identified in supervision.

- I** Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and clients and working well on others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.
- E** Growing awareness of own cultural background and how this affects psychological work. Can make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision.
- R** Has little insight into own cultural beliefs even after supervision.

## GOAL: COMPETENCE IN THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

- NA** **OBJECTIVE: DIAGNOSTIC SKILL**  
**Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM multiaxial classification. Utilizes historical, interview and psychometric data to diagnose accurately.**
- A** Demonstrates a thorough knowledge of psychiatric classification, including multiaxial diagnoses and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously.
- HI** Has a good working knowledge of psychiatric diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good. Uses supervision well in more complicated cases involving multiple or more unusual diagnoses.
- I** Understands basic diagnostic nomenclature and is able to accurately diagnosis many psychiatric problems. May miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making.
- E/R** Has significant deficits in understanding of the psychiatric classification system and/or ability to use DSM-IV criteria to develop a diagnostic conceptualization.
  
- NA** **TOTAL NUMBER OF ASSESSMENTS COMPLETED THIS EVALUATION PERIOD \_\_\_\_\_**
  
- NA** **OBJECTIVE: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION**  
**Promptly and proficiently administers commonly used tests in his/her area of practice. Appropriately chooses the tests to be administered. Demonstrates competence in administering intelligence tests and MMPI-2.**
- A** Proficiently administers all tests. Completes all testing efficiently. Autonomously chooses appropriate tests to answer referral question.
- HI** Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.
- I** Needs continued supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer.
- E/R** Test administration is irregular, slow. Or often needs to recall patient to further testing sessions due to poor choice of tests administered.
  
- NA** **OBJECTIVE: PSYCHOLOGICAL TEST INTERPRETATION**  
**Interprets the results of psychological tests used in his/her area of practice. Demonstrates competence interpreting intelligence tests and MMPI-2.**
- A** Skillfully and efficiently interprets tests autonomously. Makes accurate independent diagnostic formulations on a variety of syndromes. Accurately interprets and integrates results prior to supervision session.
- HI** Demonstrates knowledge of scoring methods, reaches appropriate conclusions with some support from supervision.
- I** Completes assessments on typical patients with some supervisory input, occasionally uncertain how to handle difficult patients or unusual findings. Understands basic use of tests, may occasionally reach inaccurate conclusions or take computer interpretation packages too literally.
- E/R** Significant deficits in understanding of psychological testing, over-reliance on computer interpretation packages for interpretation. Repeatedly omits significant issues from assessments, reaches inaccurate or insupportable conclusions.

- NA OBJECTIVE: ASSESSMENT WRITING SKILLS**  
**Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.**
- A** Report is clear and thorough, follows a coherent outline, is an effective summary of major relevant issues. Relevant test results are woven into the report as supportive evidence. Recommendations are related to referral questions.
- HI** Report covers essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant recommendations.
- I** Uses supervision effectively for assistance in determining important points to highlight.
- E/R** Inaccurate conclusions or grammar interfere with communication. Or reports are poorly organized and require major rewrites.
- NA OBJECTIVE: FEEDBACK REGARDING ASSESSMENT**  
**Plans and carries out a feedback interview. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient or caregiver.**
- A** Plans and implements the feedback session appropriately. Foresees areas of difficulty in the session and responds empathically to patient or caregiver concerns. Adjusts personal style and complexity of language and feedback details to accommodate patient or caregiver needs.
- HI** With input from supervisor, develops and implements a plan for the feedback session. May need some assistance to identify issues which may become problematic in the feedback session. May need intervention from supervisor to accommodate specific needs of patient or family.
- I** Develops plan for feedback session with the supervisor. Presents basic assessment results and supervisor addresses more complex issues. Continues to benefit from feedback on strengths and areas for improvement.
- E** Supervisor frequently needs to assume leadership in feedback sessions to ensure correct feedback is given or to address emotional issues of patient or caregiver.
- R** Does not modify interpersonal style in response to feedback.

## GOAL: COMPETENCE IN THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION

- NA OBJECTIVE: PATIENT RISK MANAGEMENT AND CONFIDENTIALITY**  
**Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.**
- A** Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage patient risk situations (e.g. escorting patient to ER) are initiated immediately, then consultation and confirmation of supervisor is sought. Establishes appropriate short-term crisis plans with patients.
- HI** Aware of how to cope with safety issues, continues to need occasional reassurance in supervision. Asks for input regarding documentation of risk as needed. Sometimes can initiate appropriate actions to manage patient risk, sometimes needs input of supervisor first. May occasionally forget to discuss confidentiality issues promptly.
- I** Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues; afterwards trainee handles them well. Can be trusted to seek consultation immediately if needed, while patient is still on site. Needs to refine crisis plans in collaboration with supervisor. Needs input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with patient.
- E** Delays or forgets to ask about important safety issues. Does not document risk appropriately. But does not let patient leave site without seeking “spot” supervision for the crisis. Does not remember to address confidentiality issues, needs frequent prompting. Fear may overwhelm abilities in patient crises.

- R** Makes inadequate assessment or plan, then lets patient leave site before consulting supervisor.
- NA** **OBJECTIVE: CASE CONCEPTUALIZATION AND TREATMENT GOALS**  
**Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.**
- A** Independently produces good case conceptualizations within own preferred theoretical orientation, can also draw some insights into case from other orientations. Consistently sets realistic goals with patients.
- HI** Reaches case conceptualization on own, recognizes improvements when pointed out by supervisor. Readily identifies emotional issues but sometimes needs supervision for clarification. Sets appropriate goals with occasional prompting from supervisor, distinguishes realistic and unrealistic goals.
- I** Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the patient, needs supervision for development of awareness of underlying issues. Requires ongoing supervision to set therapeutic goals aside from those presented by patient.
- E/R** Responses to patients indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues. Unable to set appropriate treatment goals with patient.
- NA** **OBJECTIVE: THERAPEUTIC INTERVENTIONS**  
**Interventions are well-timed, effective and consistent with empirically supported treatments.**
- A** Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.
- HI** Most interventions and interpretations facilitate patient acceptance and change. Supervisory assistance needed for timing and delivery of more difficult interventions.
- I** Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.
- E/R** Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting interventions to patients' level of understanding and motivation.
- NA** **OBJECTIVE: EFFECTIVE USE OF EMOTIONAL REACTIONS IN THERAPY (COUNTERTRANSFERENCE)**  
**Understands and uses own emotional reactions to the patient productively in the treatment.**
- A** During session, uses countertransference to formulate hypotheses about patient's current and historical social interactions, presents appropriate interpretations and interventions. Able to identify own issues that impact the therapeutic process and has ideas for coping with them. Seeks consultation as needed for complex cases.
- HI** Uses countertransference to formulate hypotheses about the patient during supervision sessions. Can identify own issues that impact therapeutic process. Interventions generally presented in the following session.
- I** Understands basic concepts of countertransference. Can identify own emotional reactions to patient as countertransference. Supervisory input is frequently needed to process the information gained.
- E** When feeling anger, frustration or other intense emotional response to the patient, blames patient at times. Welcomes supervisory input and can reframe own emotional response to the session.
- R** Unable to see countertransference issues, even with supervisory input.
- NA** **OBJECTIVE: GROUP THERAPY SKILLS AND PREPARATION**  
**Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session's goals and tasks.**
- A** Elicits participation and cooperation from all members, confronts group problems appropriately and independently, and independently prepares for each session with little or no prompting. Can manage group alone in absence of cotherapist/supervisor with follow-up supervision later.
- HI** Seeks input on group process issues as needed, then works to apply new knowledge and skills. Needs occasional feedback concerning strengths and weaknesses. Generally prepared for group sessions.
- I** Welcomes ongoing supervision to identify key issues and initiate group interaction. Actively working on identifying own strengths and weaknesses as a group leader. Identifies problematic issues in group process but requires assistance to handle them. May require assistance organizing group materials.
- E** Has significant inadequacies in understanding and implementation of group process. Unable to maintain

- R control in group sufficient to cover content areas. Preparation is sometimes disorganized.  
 Defensive or lacks insight when discussing strengths and weaknesses. Frequently unprepared for content or with materials.

## GOAL: COMPETENCE IN SCHOLARLY INQUIRY AND APPLICATION OF CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE

### OBJECTIVE: SEEKS CURRENT SCIENTIFIC KNOWLEDGE

**Displays necessary self-direction in gathering clinical and research information practice independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.**

- A Fully dedicated to expanding knowledge and skills, independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions, and other resources.
- HI Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor's suggestions of additional informational resources, and pursues those suggestions.
- I/E Open to learning, but waits for supervisor to provide guidance. When provided with appropriate resources, willingly uses the information provided and uses supervisor's knowledge to enhance own understanding.
- R Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.

### NA OBJECTIVE: DEVELOPS AND IMPLEMENTS RESEARCH PLAN

**Develops and implements plan for research or other professional writing or presentation.**

- A Develops research plan alone or in conjunction with a colleague. Is a full and equal participant in the project.
- HI Provides substantive input into the plan. Demonstrates ability to execute at least one aspect of the project independently.
- I/E Provides helpful suggestions regarding design and implementation of a colleague's plan. Provides significant assistance in the accomplishment of the project.
- R Does not follow-through with responsibilities in development or implementation of plan.

## GOAL: COMPETENCE IN PROFESSIONAL CONSULTATION

### NA OBJECTIVE: CONSULTATION ASSESSMENT

**Performs an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question.**

- A Chooses appropriate means of assessment to respond effectively to the referral question; reports and progress notes are well-organized and provide useful and relevant recommendations with minimal supervisory input.
- HI Occasional input is needed regarding appropriate measures of assessment and effective write-up of report or progress notes to best answer the referral question
- I/E Needs continued supervision regarding appropriate assessment techniques to complete consultations as well as input regarding integration of findings and recommendations.
- R Consultation reports and progress notes are poorly written and/or organized. Fails to incorporate relevant information and/or use appropriate measures of assessment necessary to answer the referral question.

### NA OBJECTIVE: CONSULTATIVE GUIDANCE

**Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.**

- A Relates well to those seeking input, is able to provide appropriate feedback.

- HI** Requires occasional input regarding the manner of delivery or type of feedback given.
- I/E** Needs continued guidance. May need continued input regarding appropriate feedback and knowledge level of other professionals.
- R** Unable to establish rapport.

### GOAL: COMPETENCE IN SUPERVISION

- NA** **OBJECTIVE: SUPERVISORY SKILLS**  
**Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Builds good rapport with supervisee.**
- A** Spontaneously and consistently applies supervision skills. Supervisee verbalizes appreciation of trainee's input.
- HI** Consistently recognizes relevant issues, needs occasional guidance and supervisory input. Well thought of by supervisee. Supervisee recognizes at least one significant strength of trainee as a supervisor as documented on evaluation form.
- I** Generally recognizes relevant issues, needs guidance regarding supervision skills. Supervisee finds input helpful.  
Trainee is rated by supervisee at the satisfactory or higher level in all areas.
- R** Unable to provide helpful supervision.

### SUPERVISOR COMMENTS

### SUMMARY OF STRENGTHS

### AREAS OF ADDITIONAL DEVELOPMENT OR REMEDIATION, INCLUDING RECOMMENDATIONS

## CONCLUSIONS

### REMEDIAL WORK INSTRUCTIONS

In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the director of training. In order to allow the trainee to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly.

### GOAL FOR PRACTICUM EVALUATIONS

All competency areas will be rated at a level of **E** or higher. No competency areas will be rated as **R**.

### GOAL FOR INTERN EVALUATIONS DONE PRIOR TO 12 MONTHS

All competency areas will be rated at a level of competence of **I** or higher. No competency areas will be rated as **R** or **E**.

### GOAL FOR INTERN EVALUATIONS DONE AT 12 MONTHS

At least 80% of competency areas will be rated at level of competence of **HI** or higher. No competency areas will be rated as **R** or **E**. Note: exceptions would be specialty area rotations that would take a more intensive course of study to achieve this level of competence and the major supervisor, training director and trainee agree that a level of **I** is appropriate for that particular rotation, e.g. a neuropsychology rotation for a general track trainee.

### GOAL FOR POST-DOCTORAL EVALUATIONS DONE PRIOR TO 12 MONTHS

All competency areas will be rated at a level of competence of **HI** or **A**. Only areas where the post-doc has no prior experience will be rated **I**. No competency areas will be rated as **R** or **E**.

### GOAL FOR POST-DOCTORAL EVALUATIONS DONE AT 12 MONTHS

At least 80% of competency areas will be rated at level of competence of **A**. No competency areas will be rated as **I**, **R** or **E**. Note: exceptions would be specialty area rotations that would take a more intensive course of study to achieve this level of competence and the major supervisor, training director and trainee agree that a level of **HI** is appropriate for that particular rotation, e.g. a neuropsychology rotation for a general track trainee.

\_\_\_\_\_ The trainee HAS successfully completed the above goal. We have reviewed this evaluation together.

\_\_\_\_\_ The trainee HAS NOT successfully completed the above goal. We have made a joint written remedial plan as attached, with specific dates indicated for completion. Once completed, the rotation will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink. We have reviewed this evaluation together.

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

### TRAINEE COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee \_\_\_\_\_

Date \_\_\_\_\_

Please address all comments and input on this form to Kim Lampson, PhD, Director of Clinical Training, Northwest

# Supervisor Feedback Form

Student Name \_\_\_\_\_

Supervisor \_\_\_\_\_

Semester/Year \_\_\_\_\_

Training Experience (circle one):    Practicum    Advanced Practicum    Pre-Internship  
Internship

NOTE: Different descriptors accompany the YES response for each item. In many cases, the most detailed or in-depth item is listed last. However, please be aware that the last item might not be the most appropriate or desirable with regards to every intern's needs or every training experience. Please write in comments in the space provided at the end of the evaluation form.

## Supervisory Responsibilities

The supervisor was at supervisory meetings promptly and reliably.

- NO  
 YES, but was late more than 15 minutes more than 2 times.  
 YES, reliably on time, with minimal delays.

The supervisor was available for "spot supervision."

- NO  
 YES, with limited availability.  
 YES, with clear communication about several available times throughout the week and frequent immediate availability for quick questions.

The supervisor educated me fully about documentation and confidentiality issues.

- NO  
 YES, when concerns arose and as needed.  
 YES, and helped me identify potential difficulties that I may not have anticipated.

## Supervisory Content

The supervisor discussed ethical issues pertaining to patient care.

- NO  
 YES, when concerns arose and as needed.  
 YES, and helped me identify potential difficulties that I may not have anticipated.

The supervisor discussed diversity issues related to my training experience.

- NO  
 YES, as needed.  
 YES, and relevant current professional writings were provided to me and/or current literature was referenced in our discussions and/or diversity issues were discussed in depth on an ongoing basis.

The supervisor educated me about coping with risk issues such as suicidality and homicidality in therapy, including assessment, documentation, contracting and addressing the issue therapeutically.

- NA  
 NO  
 YES, when concerns arose and as needed.  
 YES, and helped me identify potential difficulties that I may not have anticipated.

The supervisor shared case material and therapeutic difficulties relating to the supervisor's own patients with me.

- NO

- YES, and I appreciated learning about how the supervisor addressed clinical difficulties of her or his own.
- YES, and this was helpful to my own clinical development since the examples provided were pertinent to the cases at hand and my developing clinical style.

Audiotapes were played in supervision.

- NO
- YES, 1-2 times
- YES, 3-4 times
- YES, 5 times or more

The supervisor made in vivo observations of my work (can include observation of testing, joint bedside consultations, and co-leading groups).

- NO
- YES, 1-2 times
- YES, 3-4 times
- YES, 5 times or more

### **Supervisory Process**

The supervisor fostered good communication, respect and trust.

- NO
- YES, indirectly fostered, through nonverbal communication and a comfortable climate.
- YES, directly and indirectly fostered, including discussion of process issues in supervision as needed.

We discussed difficulties in the supervisory relationship.

- NA, no difficulties were noted by either of us.
- NO
- YES, but we are still having difficulties.
- YES, and I feel that we have better communication about these matters now.
- YES, and difficulties were fully resolved to the satisfaction of both parties.

I felt comfortable with how the supervisor gave me feedback on my work.

- NO
- YES, although sometimes I struggled with how to implement the feedback.
- YES, and appropriate, constructive feedback was given that I was able to utilize and incorporate into clinical practice and my developing clinical style.

The supervisor fostered an environment that made me feel comfortable discussing countertransference issues.

- NA
- NO
- YES, indirectly fostered, through nonverbal communication and a comfortable climate.
- YES, directly and indirectly fostered, including encouragement to discuss countertransference.

The supervisor concentrated on my training needs during supervision and was interested in my growth as a clinician.

- NO
- YES, my training needs were attended to.
- YES, and we discussed my training needs on at least on occasion.
- YES, and incorporated my feedback regarding supervisory needs into supervision sessions and training throughout the rotation.

### **Assistance in Professional Development**

The supervisor facilitated the process of me becoming a valuable member of the treatment team.

- NA, treatment team work was not emphasized on this training experience.
- NO
- YES, I was introduced to all team members, included in team meetings and encouraged to discuss issues with

them as appropriate.

YES, my input was valued and well-received in the treatment planning and case review process.

In group therapy, the supervisor was an effective role model for me.

NA, no group therapy for this training experience.

NO

YES, I learned by observation and discussion of group members in supervision.

YES, and my supervisor helped me to learn specific interventions, therapeutic techniques and/or more about group process.

The supervisor was flexible about my duties as needed for my professional growth, while consulting about time management as appropriate.

NO

YES, but I was still often unable to complete all assigned duties within the time allotted.

YES, and I was able to successfully complete assigned duties in the time allotted per week for them, on average.

The supervisor encouraged positive professional relationships with colleagues through role-modeling and discussion.

NA, treatment team work was not emphasized on this training experience.

NO

YES, I learned by observation of my supervisor's interactions with colleagues.

YES, and my supervisor discussed how to facilitate positive professional relationships in supervision as needed.

The supervisor encouraged me in greater autonomy, as my capabilities and skills allowed.

NO

YES, and some activities for more autonomous functioning were available.

YES, and when I was ready, the supervisor allowed ample opportunity for me to engage in activities such as doing groups alone, working on assessments more autonomously or treating selected individual psychotherapy cases more independently.

As appropriate, we discussed how to minimize the impact of anxiety and stressors on professional functioning.

NA, not needed.

NO

YES, indirectly fostered, through nonverbal communication and a comfortable climate.

YES, directly and indirectly fostered, including discussion of professional challenges that we both have faced as needed.

As needed, we discussed the development of my professional identity as a psychologist.

NA, not needed.

NO

YES

### **Assistance in Development as Scientist-Practitioner**

The supervisor was knowledgeable about the literature and research in the appropriate specialty areas, discussing research findings and professional writings that pertained to cases.

NO

YES, although more updates on current literature would have been helpful.

YES, up-to-date with relevant current literature.

The supervisor suggested specific professional readings and/or encouraged me to seek out professional literature as needed.

NO

YES

### Summary Ratings

	Unacceptable	Marginal	Acceptable	Exceeds Requirements	Outstanding
Fulfilled supervisory responsibilities	1	2	3	4	5
Supervisory content	1	2	3	4	5
Addressed diversity issues	1	2	3	4	5
Supervisory process	1	2	3	4	5
Assistance in professional development	1	2	3	4	5
Assistance in development as a scientist-practitioner	1	2	3	4	5
Overall rating	1	2	3	4	5

### Comments

**Suggestions:**

**Summary of Strengths:**

We have reviewed the above evaluation together.

Intern \_\_\_\_\_

Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

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# **Washington State Licensing Requirements**

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## Washington State's Practicum Requirements

### WAC 246-924-049—Practicum

Applied experience: The doctoral degree program required in WAC 246-924-046 must include a practicum of at least two semesters or three quarters and at least 300 hours of direct experience, 100 hours of which must be in supervision.

Supervision must include the following:

Discussion of services provided by the student;

Selection of service plan for and review of each case or work unit of the student;

Discussion of and instruction in theoretical concepts underlying the work;

Discussion of the management of professional practice and other administrative or business issues;

Evaluation of the supervisory process by the student and the supervisor;

Discussion of coordination of services among the professional involved in the particular cases or work units;

Discussion of relevant state laws and rules;

Discussion of ethical principles including principles applicable to the work;

Review of standards for providers of psychological services; and

Discussion of reading materials relevant to cases, ethical issues and the supervisory process.

[Statutory Authority: RCW 18.83.50 [18.83.050]. 07-24-093, § 246-924-049, filed 12/5/07, effective 9/1/09.]

## Washington State's Definition of the Practice of Psychology

When used in this chapter:

- (1) The "practice of psychology" means the observation, evaluation, interpretation, and modification of human behavior by the application of psychological principles, methods, and procedures for the purposes of preventing or eliminating symptomatic or maladaptive behavior and promoting mental and behavioral health. It includes, but is not limited to, providing the following services to individuals, families, groups, organizations, and the public, whether or not payment is received for services rendered:
  - (a) Psychological measurement, assessment, and evaluation by means of psychological, neuropsychological, and psychoeducational testing;
  - (b) Diagnosis and treatment of mental, emotional, and behavioral disorders, and psychological aspects of illness, injury, and disability; and
  - (c) Counseling and guidance, psychotherapeutic techniques, remediation, health promotion, and consultation within the context of established psychological principles and theories.

This definition does not include the teaching of principles of psychology for accredited educational institutions, or the conduct of research in problems of human or animal behavior.

Nothing in this definition shall be construed as permitting the administration or prescribing of drugs or in any way infringing upon the practice of medicine and surgery as defined in chapter [18.71](#) RCW.

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# **Resources**

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## Relevant Websites

### AAAPP

American Association of Applied and Preventive Psychology.  
(Affiliate of the American Psychological Society. Referred to as Triple A, Double P.)  
<http://23fp.arizona.edu/aaapp/>

### APA

American Psychological Association  
[www.apa.org](http://www.apa.org)

### APPIC

Association of Psychological Postdoctoral and Internship Centers  
[www.appic.org](http://www.appic.org)

### APAGS

American Psychological Association of Graduate Students  
<http://www.apa.org/apags/>

### APS

American Psychological Society  
<http://www.psychologicalscience.org/>

### ASPA

Association of Specialized and Professional Accreditors  
<http://www.aspa-usa.org/>

### ASPPB

Association of State and Provincial Psychology Boards  
(organization for state provincial licensing boards)  
<http://www.asppb.org>

### Washington State Dept. of Health – Psychologist

<http://www.doh.wa.gov/hsqa/Professions/psychology/>

### Washington State Legislature

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-924>