

PRACTICUM SUMMARY SHEET (UWO Clinical Program form)

Practicum Course #: _____

• Setting _____

• Date Began (Month//Day/Yr): ____/____/____ Date Ended (Month//Day/Yr): ____/____/____

• This “Practicum Summary” for: A full practicum _____ or Part of a practicum _____

Instructions: Complete pages one and two of this document, referring to pp 3-5 for instructions. Submit original (signed) copy with your end of practicum paperwork. Retain a copy for your records. If this paperwork is for *part* of a practicum (e.g., for work done in one of two settings) submit another summary form for the remaining part(s) of the practicum.

HOURS

Note: For information about how to count hours, refer to Appendix A (pp. 3-4) of this document, which was extracted from the AAPI) Online Instructions 2015/16. For more detailed information, refer to pp. 16-20 of complete AAPI Online 2015/16 Instruction document: <https://www.appic.org/Portals/0/downloads/AAPI Online Instructions Manual 2015-2016.pdf>

	Activity		# Hrs
	Intervention Experience (Supervisor not present)		
	DI-I	Intervention (e.g., individual, group, couples, and/or family therapy, career counselling, school counseling)	
	DI-Int/SI	Intake and/or Structured interviews	
	DI-C	Consultation. Note: Client or client designate must be present. Tally of AAPI “School Couns.” & “Other Psych. Interv”	
	DI-Sup	You provide supervision	
	DI-Tele	Telehealth. 2-way videoconferencing with client	
DI-T	Intervention TOTAL		
DA	Direct Assessment - Supervisor not present		
DI-S	Direct Intervention -Supervisor present		
DA-S	Direct Assessment – Supervisor present		
Sup	Supervision (i.e., client not present)		
Ind	Indirect (Support)		
			# Reports
Int-R	# Integrated reports		

Student Name: _____ Signature: _____ Date: _____

Supervisor Name: _____ Signature: _____ Date: _____

DETAILS ABOUT THE CLINICAL TRAINING EXPERIENCE

Note: Refer to Appendix B of this document (Page 5), the "LEGEND FOR DOCUMENTING DETAILS OF YOUR TRAINING EXPERIENCES" to complete A-F.

A. Age Group

Primary _____ Secondary (if appl) _____ Tertiary (if appl) _____

B. Setting

Primary _____ Secondary (if appl) _____ Tertiary (if appl) _____ Other (specify): _____

C. Modality

Primary _____ Secondary (if appl) _____ Tertiary (if appl) _____ Other (specify): _____

D. Therapeutic Orientation

Primary _____ Secondary (if appl) _____ Tertiary (if appl) _____ Other (specify): _____

E. Client Problems

Primary _____ Secondary (if appl) _____ Tertiary (if appl) _____ Other (specify): _____

F. Supervision you received (Choose all that apply)

Describe ____ Audio ____ Video ____ Cotherapy ____ Live ____

Student Name: _____ Signature: _____ Date: _____

Supervisor Name: _____ Signature: _____ Date: _____

Appendix A: ON COUNTING HOURS

These are excerpts extracted (almost verbatim) from pp. 16-20 of:

https://www.appic.org/Portals/0/downloads/AAPi_Online_Instructions_Manual_2015-2016.pdf

Note: On AAPi, all hours (even those accrued during your Masters) are entered as “Doctoral Practicum Hours”

Intervention Experience (DI)

Subcategories:

DI-I. Intervention. Face-to-face therapy with an individual client, group, couple or family (e.g., individual therapy, group therapy, couples therapy, family therapy, school counselling interventions, career counselling, etc.)

DI-Int/SI. Intake/Structured interviews are counted as intervention. Note: All demographics associated with Intake/Structured Interviews are counted as Assessment in the Demographics portion of the AAPi. So if, when looking at your AAPi view report, the number of Assessment clients appears to be underestimated and the number of Intervention clients seems underestimated, it is because the Intake/Structured Interview clients are being counted as Assessment.

DI-C. Consultation. Consultation activities may count as Intervention hours *only* if this activity involves direct contact with the client (e.g., individual, family, organization) or an agent of the client (e.g., parent, teacher). If the client or client’s agent is not present during the consultation, it should be counted as indirect/support. Note: This is the tally of consultation hours you enter under the categories of “School Counselling” and “Other Psychological Interventions” on AAPi

DI-Sup. Supervision provided by you. Supervision that you have provided to other trainees or staff in a setting.

DI-Tele. Telehealth. Two-way interactive videoconferencing with a client for the purpose of delivering diagnostic and/or therapeutic services. Common applications include pre-hospitalization assessment and post-hospital follow-up care, scheduled and urgent outpatient visits, psychotherapy and consultation. This does not include phone sessions or clinical supervision.

Direct Assessment (DI-A)

Experiences in providing psycho diagnostic and neuropsychological assessments. You should provide the estimated total number of face-to-face client contact hours administering instruments and providing feedback to clients/patients. You **should not** include the activities of scoring and report writing, which should instead be included in the “Support Activities” section. Do not count practice administrations. Testing experience accrued while employed *should not* be included in this section and may instead be listed on a curriculum vita. You should only include instruments for which you administered the full test. Partial tests or administering only selected subtests are NOT to be included in this accounting. You should only count each administration once.

Supervision (Sup)

Supervision activity involves a formal evaluative component, and may include both supervision received as an individual (i.e., one-to-one) and within a group. (Note: Supervision that you have provided to other students or staff in a setting should not be recorded in this section but rather in the “Intervention Experience” section.)

Individual supervision is defined as regularly scheduled, one-on-one, face-to-face supervision with the specific intent of overseeing the psychological services rendered by the supervisee. Group supervision is defined as regularly scheduled,

face-to-face supervision with multiple supervisees, with the specific intent of overseeing the psychological services rendered by the supervisees.

Indirect/Support Activities (Ind)

This includes practicum activities spent outside the counseling / therapy hour while still focused on the client / patient (e.g., chart review, writing progress notes, consulting with other professionals, case conferences, case management, video/audio review of recorded sessions, assessment interpretation and report writing, etc.).

It also includes participation in didactic training held at the practicum site (e.g. grand rounds, seminars), and time spent preparing and delivering case presentations for the practicum course.

Consultation activities with other professionals regarding coordination of care (e.g., psychiatrist, nurse, teacher, social worker, child care worker), without the client / patient present also are counted under Support hours.

Number of Integrated Reports (Int-R)

The number of *integrated* psychological testing reports that you have written during this practicum. DO NOT include reports written from an interview that is only history-taking, a clinical interview, and/or only the completion of behavioral rating form, where no additional psychological tests are administered. The definition of an integrated psychological testing report is a report that includes a review of history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests.

Appendix B: Documenting Details of your Training Experiences (To Complete A-F)

A. Age Group

C – Child
T – Adolescent/Teen
A – Adult
G- Geriatric

B. Setting

OPI - Outpatient Psychiatric
IPI - Inpatient Psychiatric
OMH—Outpatient Medical Hospital/Clinic (include Community Family Health Practice placements under this category)
IMH – Inpatient Medical Hospital
UCC- University Counselling Center
SCH- Schools
FJ – Forensic/Justice Setting
CMHC - Community Mental Health Center. (These are much more common in the US than in Canada. The Wait List Clinic would be coded as a CMHC).
PP – Private Practice

C. Modality

IND: Individual
GRP: Group
FAM: Family
COU: Couple
OTH: Other Specify

D. Therapeutic Orientation

ACT: Acceptance and Commitment and/or Mindfulness
CBT: Cognitive Behavioral
COG: Cognitive
BEH: Behavioral
DYN: Psychodynamic
GES: Gestalt
HUM: Humanistic
INT: Interpersonal
EXT: Existential
FS: Family Systems
ECL: Eclectic
OTH: Other Specify
NA: Not applicable

E. Client Problems (as per DSM V)

ND - Neurodevelopmental Disorders

ND-ID	Intellectual Disability
ND- Com	Communication Disorders
ND- Aut	Autism Spectrum Disorders
ND-ADHD	Attention Deficit/Hyperactivity Disorder
ND- LD	Learning Disorder
ND-Mov	Movement Disorder
ND-Tic	Tic Disorder
ND-Oth	Other

SCHIZ	Schizophrenia Spectrum and Other Psychotic Disorders
BIP	Bipolar and Related Disorders
DEP	Depressive Disorders
ANX	Anxiety Disorders
OBCOM	Obsessive-Compulsive and Related Disorders
DIS	Dissociative Disorders

TR- Trauma and Stressor-Related Disorders

TR- PTSD	Post-traumatic Stress Disorder
TR-RA	Reactive Attachment Disorder
TR- ADJ	Adjustment Disorder
TR-Oth	Other

SOM	Somatic Symptom and Related Disorders
FEED	Feeding and Eating Disorders
ELIM	Elimination Disorders
SLP	Sleep-Wake Disorders
SEX	Sexual Dysfunctions
GDYS	Gender Dysphoria
CON	Disruptive, Impulse Control and Conduct Disorders
SUB	Substance-Related and Addictive Disorders
NEURO	Neurocognitive Disorders (e.g., Dementia, delirium, cognitive impairment due to Alzheimer's, Parkinson's, etc.)
PER	Personality Disorders
PAR	Paraphilic Disorders
MED	Medication-Induced Movement Disorders and Other Adverse Effects of Medication

OTHER: Other condition that is a focus of attention. Specify _____

F. Supervision

D:	You D escribe case to supervisor
A:	You review A udiotape with supervisor
V:	You review V ideo with supervisor
C:	C o-therapy/co-interview
L:	Supervisor observes you L ive