

**PRACTICUM / PSH SUMMARY SHEET (UWO Clinical Program form)**

Setting: \_\_\_\_\_

Supervisor (registered doctoral-level Psychologist): \_\_\_\_\_

or Trainer (if not): \_\_\_\_\_

Date Began (Mon/Day/Yr): \_\_\_\_\_

Date Ended (Mon/Day/Yr): \_\_\_\_\_

**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/PSH paperwork. Retain a copy for your records.

**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. Please visit the following link for recommendations on logging hours, as per CCPPP (August 2021).

[https://www.psychology.uwo.ca/research/clinical/pdfs/Guidelines\\_documenting\\_clinical\\_training\\_hours.pdf](https://www.psychology.uwo.ca/research/clinical/pdfs/Guidelines_documenting_clinical_training_hours.pdf)

DIRECT SERVICE	Number of Hours		
	Supervisor not present	Supervisor Present	Total
<b>Intervention</b>			
Intervention (e.g., individual, group, couple and/or family therapy, career or school counselling)			
Intake interviews (structured or unstructured) for the sole purpose of identifying/planning suitable intervention(s)			
Consultation – Client or agent of the client (e.g., parent, teacher, school staff, health professional) must be present			
<b>Intervention Total</b>			
<b>Assessment:</b> Time administering psychological instrument to a client			
<b>Direct-Telehealth:</b> Total hours of Intervention and Assessment conducted via two-way video/ teleconferencing with client			
<b>Supervision provided by you</b>			
<b>Supervision received by you*</b>			
<b>Number of integrated reports**</b>			
<b>Indirect (Support) hours</b>			

\* As per 2023 CPA Accreditation standards, up to 25% of individual supervision can be asynchronous, meaning that the supervisor reviews the student's work (e.g., recordings of therapy session, drafts of reports) and provides detailed and comprehensive feedback that is later reviewed by the student.

\*\* Based on a history review, interview, and assessment instruments from at least two of the following categories: personality, mental health, cognitive or neuropsychological.

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Trainer 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 \_\_\_\_\_ Co-therapy \_\_\_\_\_ Live \_\_\_\_\_

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Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Trainer 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/AAPIC Online Instructions Manual 2015-2016.pdf>

Note: On AAPIC, 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 AAPIC. So if, when looking at your AAPIC 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 AAPIC

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