

# OHSU Clinical Psychology PhD Program (CPP) Practicum Guidelines

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## CPP Practicum Brief Overview

1. The program is focused on courses in year 1. Students will be starting practicum in the summer following their first year, typically 01 July. Courses done prior to practicum:
  - a. Clinical Interviewing
  - b. Abnormal Psychology 1 & 2
  - c. Adult & Child Assessment
  - d. Adult & Child Empirically Based Treatments
  
2. Levels and Intensity of Training: The exact number of face-to-face direct service hours may vary between placements but estimates will be specified in the supervision contracts by the supervisor. The remaining hours can include indirect service activities (e.g., case preparation, chart review, report and note writing) and supervision. Supplemental (research or add on) part time opportunities may be available with the approval of the student's mentor and the training director or their designee.
  - a. Pre-practica, Year 1 in CPP (Minimum 40 hours by the end of May in year 1): Complete observation opportunities in a variety of clinics to gain exposure, hours to be monitored by the advisor and maintained in a tracking log by the student.
  - b. 1st year of practicum, Year 2 in CPP (up to 8 direct hours, ~12 hours/wk; 1 clinical day): Some classes still (mainly Th), enrolled in practicum seminar (group supervision).
  - c. 2<sup>nd</sup> year of practicum, Year 3 CPP (up to 16 direct hours, ~20 hours plus/wk; 2 clinical days), more limited courses, enrolled in practicum seminar (group supervision).
  - d. 3<sup>rd</sup> year of practicum, Year 4 CPP (up to 16 direct hours, ~20 hours plus/wk; 2 clinical days), very limited courses
  - e. 4<sup>th</sup> year of practicum, Year 5 CPP and above, if needed (up to 16 direct hours, ~20 hours plus/wk but can do less depending on total clinical hours obtained thus far and career trajectory; seek approval with DCT/ADCT, 1-2 clinical days), very limited courses
  
3. Factors to consider in practicum training opportunities over time
  - a. Practicum slots may be less flexible/more assigned early on in training (1<sup>st</sup> and 2<sup>nd</sup> year of practica), with more options for flexibility as students advance.
  - b. Blending assessment and treatment activities will be important to ensure students are competitive for internship.
  - c. Consider adult versus pediatric focus for each student, depth versus breadth considerations will be important as well as range and variety of experiences.
  - d. Neuropsychology interested students should communicate this to the practicum committee, do an assessment rotation in year 1, and have a plan for gaining neuropsychology specialty skills prior to the start of the neuropsychology practicum. The practicum committee is considering options to help students gain these skills.
  - e. Only supervised practicum experiences can be counted in the AAPI practicum hours. This is defined as any supervised clinical experience (post matriculation) that has a practicum contract, receives the required hours per week of supervision, and direct observation at each evaluation point (e.g., not volunteering).

## Definition of Clinical Practicum

A clinical practicum (and the hours counted towards internship application) must be:

1. Program sanctioned
  - a. All practicum placements must be approved by the Associate Program Director (or designee) and have a formal practicum placement agreement completed. Evaluation must be completed at regular intervals (hours approvals quarterly, primary supervisors complete formal evaluation every 6 months).
  - b. Practicum placements must be approved before the practicum experience begins; clinical experiences cannot be retrospectively approved as a practicum.
  - c. Any clinical experience that has not been approved by the doctoral program for practicum is considered to be “other non-practicum clinical experience”. You may list this on your CV and discuss it in your applications, if appropriate, but you may not count it towards your face-to-face or other clinical hours for internship application on the AAPI.
2. Clinical
  - a. A practicum experience must involve clinical contact and clinical activities (e.g., psychological assessment/evaluation or treatment). This can occur in a research context, if all other requirements have been met.
  - b. Consultation experience (e.g., consultation and liaison service) that involves direct patient contact, either with a patient or someone involved in their treatment (e.g., parent, adult child, teacher) is an acceptable practicum experience
  - c. On the AAPI you are asked to provide the number of integrated psychological testing reports you have written for adults and the number written for children and adolescents to gauge the report writing that has been completed primarily by an applicant. 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. In order to count assessment activities under the number of written reports section in AAPI, clinical and research assessments must include conceptualization and report writing.
3. Supervised
  - a. All practicum experience must involve case level supervision
    - a. Group therapy experience must involve a discussion/case conceptualization of specific group members, in addition to group process
    - b. Assessments must be reviewed individually, not as a mean of scores
  - b. At least one-hour per week of direct, individual or group clinical supervision from a clinical psychologist licensed in the state in which the services are conducted is required.

### Process for Requesting Supplemental Practicum Opportunities Clinical and Research:

The supplemental practicum request form and practicum agreement must be submitted to the ADCT (or designee) for review and approval. The ADCT may elect to request a meeting with all parties and/or have the request sent to the practicum committee for feedback and review prior to deciding. The student is encouraged to begin this process as early as possible; hours may not be counted until a practicum agreement is in place. Individuals may request a practicum placement to begin in future quarters or years. For example, a student may submit a request in fall 2020 to begin a supplemental clinical practicum for 1/1/2021 – 6/30/2021 or a student may wish to submit a request in fall 2020 for the following year (e.g., 7/1/2021-6/30/2022).

If supplemental placements are approved by the ADCT/practicum committee, the appropriateness of this will need to continue to be monitored over time. This approval will be contingent on the student's performance and sufficient academic progress (which includes their primary clinical placement, research milestones, and didactics courses). We encourage students to consult with their mentor around the time commitment and actual activities to ensure it is manageable and continues to be beneficial.

#### Supplemental clinical or research practicum placement

If the student believes that lab or research-based activities *that they are already engaged in* would count for clinical hours on the AAPI (assessment, diagnostic interview, intervention) they should contact the DCT to confirm and then complete the following process.

If the student desires to add an *additional* practicum that is in a research or clinical context (supplemental, above minimum expectations) they must reach out to the Associate Director (or designee) first. Students may approach the ADCT with potential options and ideas within OHSU. A meeting with the supervisor, student and ADCT is recommended early on in this process, especially if this is a new placement or opportunity. Alternately, students can express interest in gaining supplemental experiences and the ADCT may confer with the practicum committee to identify options. Options from other OHSU sites gathered by the practicum committee may be considered. Additionally, as new opportunities arise outside of the traditional placement window in fall the ADCT/practicum committee will share opportunities with students. \*\*\*Depending on timing, students may be asked to wait until the first round of practicum placements are finalized (end of fall quarter) to pursue supplementary options. After discussing with the ADCT and their mentor, identifying a placement from the practicum committee and after preliminary explorations with the OHSU supervisor, the student and their supervisor must submit:

1. Supplemental Practicum Request Form
2. An additional *separate* supplemental OHSU Clinical Psychology Program Supervision and Practicum Agreement is required for the proposed activity and must contain additional details about the experience and a detailed supervision plan.

Supplemental Practicum Request Form:

Name: \_\_\_\_\_ Year began program: \_\_\_\_\_  
Name of Placement/Site: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Desired start date and end date: \_\_\_\_\_ Anticipated Internship application timing: \_\_\_\_\_  
Select one: This placement is: \_\_\_Research based \_\_\_Clinical  
My mentor is supportive of this request: \_\_\_Yes \_\_\_No  
I am on track with my CPP program requirements: \_\_\_Yes \_\_\_No  
I am doing well and meeting MLA in all current practicum placements: \_\_\_Yes \_\_\_No

- 1.) Describe current practicum placements (and time needs) that will overlap with this proposed placement:
- 2.) Provide a brief summary of your current progress in other program milestones (coursework, FYP, QEC, Dissertation):
- 3.) Description of proposed supplemental clinical practicum activities (population, intensity, types of experiences):
- 4.) Will the clinical work be provided in person or virtually? Will supervision be in person? Will supervision be live/synchronous (in room/observation window or supervisor logged into virtual visit) or asynchronous (separate day/time from direct patient care)?
- 5.) What is the number of anticipated direct and indirect hours (total time commitment) per week or quarter:
- 6.) Highlight how this supplement will be beneficial to your training trajectory:
- 7.) What is the supervision plan?

Please send: 1.) This completed form 2.) The completed practicum agreement signed by you and your proposed supervisor

**Email above to:** 1.) The ADCT or designee 2.) your mentor and 3.) [clinicalphd@ohsu.edu](mailto:clinicalphd@ohsu.edu)

By submitting this form I am certifying that I have discussed this supplement with my primary mentor and they agree I have enough bandwidth and am making progress in other areas of the program. Students may not formally begin or accrue hours until the request has been approved and the practicum agreement has been signed by the ADCT/ or designee. This agreement should be submitted well in advance as it may take months to approve if the ADCT desires to set up meetings and/or the practicum committee ends up reviewing the request.

## Logistics and Supervision

CPP Practicum placements are to be 1 year long and begin on July 1<sup>st</sup> (e.g., 7/1/2021-6/30/2022). Evaluations of students by their primary clinical supervisor(s) occur mid-year and end of year (and require direct observation and hours approval quarterly), evaluations of supervisors and the setting by students occur at the end of the placement.

**Supervision:** The equivalent of 1 hour per week of individual or group supervision is required for each placement (this may be prorated to ½ hour for a “half day” placements). A Licensed Psychologist is required on each supervision contract and is ultimately responsible for the clinical care and the quality of supervision; thus, direct observation (*at least once* per quarter: direct, live, audio or video) is required in order to complete evaluation of student progress. Tiered supervision on site can be provided by Licensed Clinical Social Workers, Licensed Professional Counselor, Licensed Marriage and Family Counselors, psychology doctoral interns, or psychology post-doctoral fellows, under the supervision of a psychologist appropriately credentialed for the jurisdiction. However, this must be negotiated with the practicum committee and detailed in the supervision contract. When students are not being supervised weekly by a Licensed Psychologist, the program must provide on-going weekly opportunities for students to discuss their clinical experiences with a doctoral level psychologist appropriately credentialed for the jurisdiction in which the program is located (students in this situation would be required to continue to participate in the practicum seminar, even if they were beyond their 3<sup>rd</sup> year).

Of note, the Association of State and Provincial Psychology Boards (ASPPB) has slightly different requirements for supervision by doctoral level licensed psychologists (see <https://www.asppb.net/page/SupGuideLines>). ASPPB's guidelines are for regulatory bodies (state licensing boards) who wish to enact rules to allow practicum hours to count for licensure. Doctoral programs are not required to abide by these guidelines but if students are considering getting licensed in a state that allows applicants to count practicum hours toward licensure (e.g., those that do not require a full postdoctoral year such as Washington, Arizona, and Utah), then the student should be aware that some of their hours would not count if they were supervised by someone other than a licensed psychologist. Per ASPPB practicum guidelines, “Supervision shall be no less than twenty-five (25) percent of the time spent in service-related activities. Most of the supervision (a minimum of seventy-five (75) percent) shall be individual, in-person with a licensed psychologist, at least half of which shall be with the primary supervisor. The remainder of the supervision can be in a group, and/or be provided by another licensed psychologist or licensed mental health provider or by a more advanced trainee under the supervision of a licensed psychologist (See Appendix V for further explanation).”

**Direct observation:** Per APA IR C-14, direct observation (*at least once* per quarter: live, audio or video) is required in order to complete evaluation of student progress. Direct observation includes in-person observation (e.g., in-room or one-way mirror observation of direct service contact) or live simultaneous audio-video streaming. Audio or video recordings may also be used, if live observation is not possible. While a minimum of one observation per quarter is required, the CPP strongly encourages supervisors to engage in additional observation to inform

supervision and evaluation. The supervisor is responsible for demonstrating that the length and amount of observation is sufficient to inform practicum student evaluation.

**Supervision modality:** Our program utilizes frequent direct observation and live supervision. In live supervision for in person services, clinical training experiences occur with the supervisor and the practicum student in the room together providing co-services or with the supervisor observing through a one-way mirror, facilitating intensive direct observation. Supervision and feedback about activities that were just directly observed can occur immediately after the clinical encounter. Alternately, supervision, preparation and role-play can occur immediately before the service occurs. If the visit occurs virtually, then live supervision would consist of the supervisor joining the visit through HIPPA-compliant simultaneous audio-visual streaming to either observe or complete co-service (depending on the level of competence of the student). This allows supervisors to observe students' skills in working directly with clients during telehealth visits and informs supervision discussions. Supervision in the OHSU program is expected to occur through direct observation, live (immediately before or after co-facilitated services with the supervisor) and/or in person. In person supervision may occur on a different day than service provision. It is the supervisor's responsibility to ensure a minimum of 1 hour of supervision is provided weekly. Students concerned that they are not receiving this amount of supervision are to immediately bring that concern forward to their supervisor and the CPP Associate Director/Director of Clinical Training.

**Telesupervision:** In person/live supervision is expected in this program. Per the APA Implementing regulations (C-13): "Telesupervision is clinical supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee. In-person supervision is clinical supervision of psychological services where the supervisor is physically in the same room as the trainee." If a supervisor, trainee and patient are together it is considered live supervision. An example of telesupervision would be a student completing a therapy visit independently (in person or virtual modality) followed by meeting with the supervisor virtually on a different day for supervision. If direct observation, live or in person supervision is unable to occur due to special circumstances, a formal process must be followed and permission must be requested for telesupervision. If approved, then supervision can occur occasionally (e.g., less than 50% of the time) through virtual video enhanced technology (telesupervision), with program approval and appropriate documentation in the Supervision Agreement. With approval, supervisors can request to use telesupervision via OHSU-approved, HIPAA compliant video conferencing technologies to meet with students to discuss their objectives, assignments, and caseload, and to provide feedback. Please see the formal OHSU CPP telesupervision policy for more detail (p. 9).

Adjunctive consultative supervision will also be provided through group supervision through the CPSY 607 Practicum Seminar course (required weekly in CPP year 2 and 3 and available to all practicum students at any time). If the weekly supervision is not provided by a licensed psychologist, the students continue to participate in CPSY 607 which is led by one or more licensed psychologists, in accordance with IR C-12 D, to discuss the training experience and to ensure that the students are receiving a strong, appropriate clinical experience.

## OHSU CPP Telesupervision Policy

Requests to use an amount of telesupervision must be included in the practicum agreement. Typically, as per the APA Commission on Accreditation, telesupervision may not account for more than 50% of the total supervision at a given practicum site and may not be utilized until a student has completed their first practicum experience.

In case of unexpected events, exceptions to the percentage and timing noted above would require a specific exception approval from the ADCT/practicum committee.

The APA Commission on Accreditation is reviewing this policy and information will be updated here as it become available. <https://www.accreditation.apa.org/covid-19>

**Rationale for Telesupervision:** The OHSU Clinical Psychology PhD Program places a premium on clinical and professional supervision. Within the practicum experiences, it is the expectation that students will receive supervision by way of direct observation or in-person supervision. However, the program recognizes that certain special circumstances may arise that create the need to consider alternative routes to delivery of high-quality supervision. Because consistent access to and continuity of supervision is foundational to health service psychology training and practice, the program has adopted a Telesupervision Policy to guide provision of supervision under special circumstances. Adherence to APA Standards and Regulations: The doctoral program adheres to the telesupervision requirements issued by the APA Commission on Accreditation (APA CoA) through its Standards of Accreditation for Health Service Psychology [Standard II.B.3.] and corresponding Implementing Regulation [C-28] Notably, this policy does not supersede, reduce, or alter supervision requirements in the Supervision Policy.

**APA CoA Definitions and Distinctions** 1. Supervision is defined as an interactive educational experience between the trainee and supervisor. The relationship between supervisor and trainee must be evaluative and hierarchical, extend over time, and have the simultaneous purposes of enhancing the professional functioning of the more junior person, monitoring the quality of professional services offered, and serving as a gatekeeper for those who are to enter the profession. 2. Telesupervision: supervision (as defined in the supervision policy) of psychological services through a synchronous audio and video format where the supervisor is not in the same physical location as the trainee. 3. In-Person supervision: supervision of psychological services where the supervisor is physically in the facility as the trainee.

**APA CoA Guidelines and limits:** The doctoral program observes the guidelines and limits set forth by the APA CoA regarding Telesupervision which are as follows: 1. Telesupervision may not account for more than (50%) of the minimum required (as defined in the SoA) supervision. 2. Supervision beyond the minimum number of required hours may utilize methods or modalities that are deemed appropriate by the program.

**Criteria for Telesupervision Usage:** Telesupervision requests should be detailed in the practicum agreement and are to be used only in those special circumstances in which a student's in-person access to a supervisor:

1. Is expected to be prolonged (e.g., 4 weeks or more)
2. and/or is expected to significantly interrupt/eliminate continuity of clinical supervision
3. and/or where specialized clinical supervisory expertise is contingent upon using telesupervision and would otherwise be unavailable to the trainee.

If the request is an alteration to the guidelines and limits set forth by the APA CoA regarding Telesupervision, that telesupervision exceed 50% of the minimum required supervision or/and that any telesupervision be used in the first year of practicum, then **a specific exception request** would need to be made and detailed in the practicum agreement and would require ADCT/practicum committee approval. It is the doctoral program's responsibility to ensure that the student has had sufficient experience and in-person supervision in intervention and assessment at the doctoral level and possesses a level of competence to justify this modality of supervision in their sequence of training, thus these factors must be documented in the exception request.

**Privacy/Confidentiality of Clients and Trainees:** Supervisors and supervisees will only conduct supervision that pertains to discussion of confidential client information from settings in which privacy and confidentiality can be assured, whether this be in the office or in a home-based setting. Approved telesupervision of clinical services must be conducted using HIPAA compliant software. OHSU's videoconferencing platforms, WebEx and Zoom Healthcare, provide end-to-end encryption and meets HIPAA standards. If a different platform is used, the primary supervisor must provide the name of the HIPAA compliant software to be used between the student and supervisor to the Associate Director or Program Director (or designee) at the OHSU Clinical Psychology PhD Program.

**Primary Supervisor Responsibility and Oversight:** In keeping with the standards set forth in the Practicum Guidelines and supervision policies, in cases of approved telesupervision, the primary supervisor for the student, who is a doctoral-level psychologist licensed in the State of service provision maintains overall responsibility for all supervision, including oversight of the telesupervision and integration of in person supervision provided by other mental health professionals. Off-site supervisors maintain full professional responsibility for clinical cases.

**Supervisory Relationship Development:** Ideally, in-person meetings between supervisor and supervisee are encouraged. This can be especially important early on in supervisory relationship development. We also encourage our supervisors to check in regularly on how supervisees are experiencing the telesupervision format. Our supervisors and other clinical staff are readily available via phone or email between supervision sessions for consultation and for informal discussions. Such availability for consultation and socialization as well as our demonstrated interest in the learning and development of our trainees serves to foster development of strong supervisory relationships.

**Technology Requirements and Education:** During their orientation to practicum, trainees will receive telehealth training as part of EPIC onboarding and will have access to IT support through OHSU. Training on being prepared for supervision, be it in-person or virtually, occurs by their primary supervisor. Our OHSU staff receive continuing education and training on providing services in a virtual environment. Individual supervisors will review the Telesupervision Policy at the time the standard Supervision Agreement is completed and will note in their supervision plan if they wish for telesupervision to be utilized and will delineate the specifics in that agreement.

**Approval:** Requests for approval for telesupervision must be submitted to the Associate Director or Program Director (or designee) at the OHSU Clinical Psychology PhD Program in writing in the Practicum Agreement by the primary supervisor. If a specific exception request for using telesupervision in the first year and/or using more than 50% telesupervision is made this must also be documented in the agreement. These requests must be accompanied by a rationale for using this methodology and must include a clear description of the planned use of in-person, direct supervision, and telesupervision in the Practicum Agreement that is signed by the student and supervisor and is submitted for review and approval to the Associate Director or Program Director (or designee) at the OHSU Clinical Psychology PhD Program.

If you are engaging in telesupervision, review relevant APA policies:

[https://www.apa.org/about/policy/guidelines-supervision.pdf?\\_ga=2.70801876.555266993.1615493192-1791241971.1589481985](https://www.apa.org/about/policy/guidelines-supervision.pdf?_ga=2.70801876.555266993.1615493192-1791241971.1589481985)

American Psychological Association. (2013a). Guidelines for the practice of telepsychology. APA Council of Representatives. Washington, DC: Author.

“Supervisors ensure that policies and procedures are in place for ethical practice of telepsychology between any combination of client/patient, supervisee, and supervisor (APA, 2013b; Fitzgerald, Hunter, Hadjistavropoulos, & Koocher, 2010). Considerations should include services appropriate for distance supervision, confidentiality, and security. Supervisors are knowledgeable about relevant laws specific to technology and supervision, and technology and practice and model ethical practice.”

## Process and Documentation for Verifying Terminal Master's Hours

Student to provide:

- 1.) CPP Clinical Master's Hours Verification form: includes a description of the clinical activities that were for credit as part of an academic program, title of the course that will be found on the transcript and contact information for the program director and supervisor who can verify these hours.
- 2.) Tracking or log of the activities that substantiates the number of hours documented in internship application.
- 3.) Transcript

The Program director will contact the master's program to confirm.

An example of the form the DCT will complete can be found at

[https://www.appic.org/Portals/0/AAPI\\_DCT\\_Verification\\_Items\\_2022.pdf](https://www.appic.org/Portals/0/AAPI_DCT_Verification_Items_2022.pdf)

**CPP Clinical Master’s Hours Verification Form for Internship Application**

A “terminal master's” degree is defined as a degree that is earned from a program that is distinct from your current doctoral program. Please detail hours accrued as part of a terminal master's experience in a mental health field. Per the AAPI specifications “You should only record hours for which you received formal academic training and credit or which were sanctioned by your graduate program as relevant training or work experiences (e.g., VA summer traineeship, clinical research positions, time spent in supervised face to face clinical care as a formal clinical training placement the). Practicum hours must be supervised. Please consult with your academic training director to determine whether experiences are considered program sanctioned or not. The academic training director must be aware of and approve of the clinical activity. Academic credit is not a requirement in all cases. Other relevant experience that does not fit into the above definition can be described on your Curriculum Vitae”.

Please see additional information at:

[https://portal.appicas.org/applicants2012/instruction/ins\\_exp\\_intervention.htm](https://portal.appicas.org/applicants2012/instruction/ins_exp_intervention.htm)

Your name:

Type of Master’s degree obtained:

School that awarded Master’s degree:

Date Master’s degree completed:

Please provide a description of the clinical activities that were completed for credit as part of the master’s program:

The title of the course and the term that can be found on the transcript that aligns with the clinical hours:

**Hours you are requesting**

	Total Intervention hours	Total Assessment hours	Total Support hours
Terminal Master’s hours			

Contact information for the program director and/or supervisor who can verify these hours

Name(s):

Role:

Phone:

Email:

Please send this form to the program director (cc: [clinicalphd@ohsu.edu](mailto:clinicalphd@ohsu.edu)) with the additional attachments. Please complete this not later than July 1<sup>st</sup> of the year you intend to apply for internship.

- 1.) Summary, tracking or log of the hours that substantiates the number of hours you wish to document in APPI.
- 2.) Transcript

The Program director will reach out to the master's program to confirm. An example of the form the DCT will be completing can be found at

[https://www.appic.org/Portals/0/AAPI\\_DCT\\_Verification\\_Items\\_2022.pdf](https://www.appic.org/Portals/0/AAPI_DCT_Verification_Items_2022.pdf)

## Proposed Timelines for Practicum Committee Activities

### **Summer**

#### Current: Practicum placements begin July 1st

- Mid-June: Share the 609 Practicum syllabus and 607 Practicum Seminar syllabus with all students and active supervisors at the beginning of practicum.
- Mid-August: Email students and supervisors that will need evaluations by early September.
- Ensure hours are approved, enter grades by end of summer term: *CPP Clinical Training Hours Log (Time2Track)*

#### Future year

- July: Email overview of practicum requests to ALL possible practicum supervisors (OHSU Peds, OHSU Psychiatry, VA). Enquire regarding interest in hosting practicum placements for CPP students for next year.

August: -Collect all possible practicum opportunities for next year (day of week and times offered, type of activities, population, supervisor, mode of supervision, student level possible (for first year practicum placements or advanced practicum slots). Confirm supervisor comfort with SON DNP students.

-Confirm number of students who will need spots next year (including SON students who plan to take clinical series courses this year)

- September: Practicum committee will finalize practicum slots to be offered for the next year.
- September: Collect clinical observation opportunities for the first year students (OHSU Peds, OHSU Psychiatry and VA).

### **Fall:**

#### Current

- Mid-November: Email students and supervisors that will need evaluations by mid-December.
- Gather mid-year evaluations for the current practicum students, ensure hours are approved, enter grades by end of fall term: *CPP Supervisor Evaluation of Trainee, CPP Clinical Training Hours Log (Time2Track)*

#### Future

- As part of orientation, start conversations about internship in first quarter at OHSU, meet with Associate Director/ Program Director about goals/plans/possibilities and tracking of hours.

#### *October 1:*

- Practicum committee will share general information about observational opportunities for year 1 students and encourage students to begin connecting with faculty to shadow.

- Practicum committee will share general information about practicum training opportunities with the students, and anticipated practicum placement slots for the next year.

*October 15<sup>th</sup>*: Students meet with mentor and then send information about their interests to the practicum committee. Students must complete the Competence Self-Assessment form and submit to practicum committee. This includes their interests in scope of activities (assessment versus treatment), populations (children versus adults), specific practicum settings and training goals for upcoming year and well as long term training goals.

*November 15<sup>th</sup>*: The Associate Director/ Program Director or designee sets a proposed plan for specific practicum slots and students, this is approved by the practicum committee. This will be shared with students and supervisors so they can conduct interviews and consent to the proposed plan.

*December 15<sup>th</sup>*: Practicum Contracts must be completed by the supervisor and the student, with signatures obtained by 12/15 to finalize CPP practicum slots that will start July 1<sup>st</sup> of the next year.

## **Winter:**

### Current

- Early January: create mini summary of clinical progress for each student to present at mid-year annual review in January at faculty meeting
- Mid-February: Email students and supervisors that will need evaluations by mid-March.
- Ensure hours are approved, enter grades by end of winter quarter: *CPP Clinical Training Hours Log (Time2Track)*

### Future

*January*: Onboarding for practica begins at OHSU and continues for the VA (if not already completed)

## **Spring**

### Current: Practicum placements end June 30<sup>th</sup>

- April: notify 1<sup>st</sup> year students to submit documentation of 40 hours observation, due end May
- Mid-May Email students and supervisors that will need evaluations by mid-June.
- Gather final evaluations for the current practicum students, ensure hours approved: *CPP Supervisor Evaluation of Trainee, CPP Trainee Evaluation of Supervisor and Practicum Site Placement, CPP Clinical Training Hours Log (Time2Track)*
- Create clinical summary for each student to report at Annual review meeting end of June

### Future

- Get all new students in process to onboard at the VA to cover their whole projected time in the program

Practicum committee sets up plan for requesting practicum training opportunities (from OHSU and VA) for the coming year: observation opportunities, first year practicum placements and advanced practicum slots.

Practicum onboarding continues and orientations with supervisors occur for July 1<sup>st</sup> start date

### Process for Setting Proposed Plans for Specific Practicum Spots

Practicum rotations will be selected to provide appropriate experience to deepen each student's strengths as well as to provide scaffolding from a supervisor to allow for continued growth. Practicum placements will be made with consideration to a student's current level of skill, previous courses, the demands of the practicum site and student goals and clinical trajectories.

Many of our practicum experiences will allow for high levels of live supervision which will facilitate the learning of our students and allow us to customize the experience to their training level and skillsets. This may include progression from watching a supervisor administer a test or conduct a therapy session to co-leading activities to the independent leading of an activity by the practicum student.

In a similar way, practicum settings will be selected that provide sequentially increased demands and complexity such that our more advanced students will be participating in our more independent training opportunities, in multifaceted settings or with more complex patient populations.

Clinical Psychology PhD students will be prioritized for our internal OHSU/VA practicum slots above trainees from other programs. We will facilitate training opportunities with our affiliated faculty at OHSU and VA settings.

We will track when individuals were unable to obtain their preference and will give more weight to their requests for the same site or similar training opportunities in ensuring years.

At this time, we would ideally like to keep practicum placements in house through OHSU faculty given the health and pediatric psychology foci of the CPP program. If students are interested in the development of additional practicum placements that do not exist and have not already been gathered and approved by the practicum committee, they will need to bring a proposal and rational and additional information to the Associate Director, Program Director (or designee) and the practicum committee for further exploration. Coordinating to set up new placements at OHSU and VA systems must involve the CPP Associate Director, Program Director (or designee) and may be more feasible. Please note that this process may take several years if the student wishes to explore options outside of the OHSU system due to OHSU interfacing.

**Clinical Psychology PhD Student Competence Self-Assessment**

Name \_\_\_\_\_ Date \_\_\_\_\_

**Complete and discuss with your mentor, reach out with questions to Dr. Duvall ([duvall@ohsu.edu](mailto:duvall@ohsu.edu)).  
Complete a copy in Word to review with your mentor and save for your files. Send to Dr. Duvall with your CV.**

**NOTE:** We may end up converting this into a Qualtrics survey in the future. If that occurs, you would copy/paste answers from this Word document to submit the answers by Qualtrics survey. You would also need to ATTACH YOUR CV to the Qualtrics survey.

Please rate your competency (experience with) the following:

**Self-ASSESSMENT**

	Lots/Expert	Some	Little	Never/ Exposure only
Clinical interviewing and diagnostic interview (ex: SCID, diagnostic intakes)				
Standardized IQ/ Developmental Tests (Ex: WAIS-IV, WISC-V)				
Checklists/Questionnaires (Ex: CBCL, BASC, Vineland)				
Neuropsychological (Ex: WRAML2, DKEFS, academic)				
Other				

If yes, provide BRIEF bullet points summarizing previous experience:

**Treatment and Intervention**

	Lots/Expert	Some	Little	Never/ Exposure only
Behavior modification				
Cognitive restructuring				
Family therapy				
Systematic desensitization				
Behavioral parent training				
Relaxation training				
Modeling/role playing				

Other				
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If yes, provide BRIEF bullet points summarizing previous experience:

•

**LIST Presenting problems or patient groups you have previously had significant experience with** (ex: PTSD treatment, autism assessment, substance abuse treatment, structured diagnostic interviewing for research study), provide BRIEF bullet points summarizing previous experience:

## POPULATIONS

	Lots	Some	Little	Never Seen
Infants & toddlers (0-2)				
Young children (2-5)				
School aged children (6-12)				
Adolescents (12-18)				
Adults (18+)				
Geriatric (65+)				
Families				
Medically complex patients				
Diverse patients: Culturally, linguistically, LGBTQ+				

Please add any additional information you would like us to know or consider regarding your experience working with the populations described above:

- 

**Please list the dates and the CPP practicum placement(s) are you in now or have previously completed: (e.g., 7/2020-6/2021 Full Day Child Anxiety Treatment placement with Danny Duke, write N/A for first years)**

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### General Training goals and placement considerations \*

1. **In general, which populations do you want more exposure to (e.g., age, diagnoses, etc...)?**
  
2. **What types of experiences are you most interested in gaining or refining this next year (e.g., cognitive assessment, treatment, interviewing)?**
  
3. **Your future plans (lifespan vs. child vs. adult focus, assessment vs. treatment focus, note if you have neuropsychology assessment interest, clinical setting you wish to work in, and research clinical interests/populations)?**

4. Any other information you would like to share with the practicum committee about your practicum preferences?
5. Can you travel to a non-Portland location, if needed (e.g., Vancouver, Beaverton)?  
Note: prorated public transportation passes are available
6. Any days or half days that you are absolutely unavailable to attend practicum next year or any time limitations that are unavoidable or would create great hardship for you?

List your ranked preferences below based on the possible options shared. NOTE: this is not meant to be a menu that you select from. The practicum committee will use a variety of information to propose placements, including your previous experiences, supervisor preferences, your year in the program, feedback from prior supervisors and instructors etc... Your preferences are helpful information for the practicum committee if we need to decide between 2 options, like a tie breaker.

List your top 6 intervention focused practicum placements for next year, rank by preference: (see shared list)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

List your top 6 assessment focused practicum placements for next year, rank by preference: (see shared list)

- 1.
- 2.

- 3.
- 4.
- 5.
- 6.

**\*Discuss with your mentor, reach out with questions to Dr. Duvall ([duvall@ohsu.edu](mailto:duvall@ohsu.edu)). Complete a copy in Word to review with your mentor, save for your files and email to Dr. Duvall, you will also need to ATTACH YOUR CV to that email. Please use that info to submit the answers by Qualtrics survey (if requested).**

OHSU Clinical Psychology Program Supervision and Practicum Agreement

Student Name: XXX

Institution: OHSU Clinical Psychology PhD Program

Practicum Site: XXXX

Practicum Site Supervisor: XXX, Ph.D., XXX Professor (License #XXX)

Practicum Supervisor Email and Phone: XXX@XXX.XX (503) XXX-XXX

Dates of Practicum: Summer July 1<sup>st</sup> 20XX-Summer June 30<sup>th</sup> 20XX, Clinic dates and times: XXX edit this, for example: Tuesdays 8am-5pm; first day in clinic will be: Tuesday July 2<sup>nd</sup> 2019XXX

The start and end dates provided above have been agreed upon by the supervisor and student and approved by the Associate Director, Program Director, or their designee. Extended end dates may be considered. Exceptions for earlier end dates are made only in the following cases: 1) the student must leave early for internship and the revised endings dates must be no more than two weeks prior to the internship start date, 2) the site is time limited, or 3) there is an unforeseen emergency. *Any change in the start or end date made after this agreement has been signed must be approved by the supervisor and the Associate Director, Program Director, or their designee, and a new agreement will be signed, this may have implications for student evaluation and hour accrual.*

Student agrees to do the following during *each academic term* for which this agreement applies:

- Training Plan: Roles and expectations of the supervisee and supervisee goals and tasks
  - \*\*\*STUDENT TO EDIT THIS TEXT TO CUSTOMIZE TO SPECIFIC PRACTICUM PLACEMENT XXX. Example: This is a full day placement with additional writing and preparatory work expected outside of clinic. The student is expected to be in clinic on XXX(days) between the hours of XXX and XXX (Specify hours in clinic). It is anticipated that the student will complete between XXX and XXX direct face to face clinical hours each week. Clinical experiences in this practicum include XXX diagnostic interviewing, cognitive testing, and mental health assessment as part of an interdisciplinary team (XX, XX, XX). Student training goals for this placement include competence in administration of common cognitive assessments in children (WISC-V, SB-5), exposure to autism specific assessment instruments (ADOS-2) as well as integrated report writing. Student is expected to prepare for supervision sessions with case notes, specific questions and an agenda.
  - Participate in a minimum of 1 hour of supervision per week with the site supervisor (for part time placements this will be prorated).
  - Trainee is expected to attend all scheduled clinical activities and to complete required tasks on an agreed-upon schedule.
    - \*\*\*STUDENT TO EDIT THIS TEXT TO CUSTOMIZE TO SPECIFIC PRACTICUM PLACEMENT XXX (add details of expected products and timing here). Example: An assessment report will be written for each assessment and a complete draft will be due one week after the assessment to the supervisor.

- Trainee is to abide by the current APA Ethical Principles and Code of Conduct, pertinent laws and pertinent policies and regulations of the practicum site, and to behave in a professional and ethical manner in all practicum activities, including compliance with all record-keeping expectations. The student will inform the supervisor of clinical risk situations immediately. In keeping with these ethical guidelines, the supervisee will disclose any relevant personal factors, worldviews or situations that would be expected to impact their clinical training.
- Tracking forms
  - Review the completed *CPP Supervisor Evaluation of Trainee* form mid-year and at the end of the year. with your supervisor.
  - Complete the *CPP Trainee Evaluation of Supervisor and Practicum Site* form at the end of the year, review with supervisor.
  - Complete hours tracking and hours approval each quarter (through Time2Track or other metric)
- Complete all required hours tracking and evaluations and submit copies of the above to the instructor of record for CPSY 609 (Associate Director, or designee). *Failure to provide the required materials and evaluations by the end of the quarter will result in an 'Incomplete' for the class. If you turn in materials late, attach a note indicating the term for which you received the "I". If materials are not submitted within 2 months of the deadline this will convert to a not passing grade.*
- Register for CPSY 609 each term during the time frame of the practicum training on a pass/fail basis.
- Register for CPSY 607 each term during the time frame of the practicum training in year 2 and 3 of the program.
- If you are in year 4 or greater and you are not being supervised on site by doctoral level psychologists, you **must** register for CPSY 607 each term during the time frame of the practicum training.
  - **\*\*\*Registering for CPSY 607 this year? YES\_\_\_ NO \_\_\_**
- Review and agree to abide by the practicum training requirements in the CPP Practicum Guidelines and CPP Student Guidelines.
- Read all readings and materials as assigned by site supervisor.
- Students will be expected to train at their sites during academic breaks, such as winter or spring break, unless agreed upon otherwise with their supervisor (and noted below). Absences will be arranged in advance and unscheduled absences will be communicated to the site and supervisors as early as possible and in accord with the site's policies. Failure to comply may impact the grade.
- Anticipated Time off plans: The supervisor and student will detail out anticipated leaves, vacation and absences here. Supervisors will communicate clearly the plans for when they will be out on leave (e.g., coverage with another supervisor, cancellation of clinic etc...). Per the OHSU graduate student policy, students have up to 20 days (4 "weeks") of combined sick and vacation leave per year. This will be prorated for practicum activities (e.g., if practicum student is in clinic one clinical day per week, they may request up to 4 clinic days off throughout the year for vacation and/or illness)

XXX

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Supervisor agrees to complete the following during *each academic term* for which this agreement applies:

- Review and agree to abide by the practicum training requirements in the CPP Practicum Guidelines and CPP Student Guidelines.
- Provide a minimum of 1 hour per week (prorated for part time placements) of face-to-face individual or group supervision for each placement. This may include live supervision time or occur during the clinic day and/or in person on a separate day. Per OAR 858-010-0012 (Practicum), Supervision must include the following:
  1. Discussion of services provided by the student;
  2. Selection of service plan for and review of each case or unit of the student;
  3. Discussion of and instruction in theoretical concepts underlying the case;
  4. Discussion of the management of professional practice and other administrative or business issues;
  5. Evaluation of the supervisory process by the student and the supervisor;
  6. Discussion of coordination of services among the professionals involved in the particular cases or units;
  7. Discussion of relevant state laws and rules;
  8. Discussion of ethical principles including how they apply to the case;
  9. Review of standards for providers of psychological services; and
  10. Discussion of reading materials relevant to cases, ethical issues and the supervisory process.
- Provide adequate orientation and supervision to acquaint the trainee with standards of conduct and applicable policies and regulations as well as instruction and supervision regarding current APA Ethical Principles and Code of Conduct and pertinent laws and policies (e.g., OHSU Code of Conduct, VA Guidelines) as they apply at the site. Specifically, the supervisor will review with the student applicable legal and ethical parameters and compliance, such as informed consent, multiple relationships, limits of confidentiality, duty to protect and warn, and emergent situation procedures. Processes for ethical problem-solving in the case of ethical dilemmas (e.g., boundaries, multiple relationships) will also be clearly conveyed.
- A Licensed Psychologist is ultimately responsible for the clinical care and the quality of supervision as well as gatekeeping for the profession.
- Direct observation (*at least once* per quarter: live, audio or video) is required in order to complete quarterly evaluation of student progress and to sign off on hours (see APA Implementing Regulation IR C-14D).
- According to CPP requirements and guidelines, complete a formal midyear and exit evaluation of the student and review this with the student prior to submission to the program (before the end of the grading period for fall and spring quarters).

- Review and approve clinical hours tracking each quarter (through Time2Track or other metric)
- Provide information to the Associate Director/ Program Director, or designee, as soon as possible if the trainee is not meeting expectations.
- Contact the Associate Director/ Program Director of the Clinical Psychology Program, or designee, as soon as possible if any ethical or professional concerns arise involving the practicum student. This will trigger a consideration as to whether a remediation plan is appropriate, as outlined in the CPP Student Guidelines.

Supervision Plan: In person/live supervision is expected in this program. If the visit occurs virtually, then live supervision would consist of the supervisor joining the visit through HIPPA-compliant simultaneous audio-visual streaming to either observe or complete co-service (depending on the level of competence of the student). Describe the content, method, and context of supervision— logistics, roles, and processes, frequency, and with whom.

EXAMPLE: The student will complete therapy visits in person independently after an initial period of direct observation by the supervisor. Supervision will occur for 1 hour in person on a separate day from service provision.

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Who is on site and how will non-scheduled consultation and crisis coverage be managed? \_\_\_\_\_  
EXAMPLE: The licensed supervisor will be on site in case of emergency and available by pager the entire time the student is with the patient.

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How will direct observation occur? EXAMPLE: The supervisor will use live supervision during in person therapy visits at least once per quarter to ensure continuing direct observation of the student.

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If applicable, please note any accommodations needed for disabilities. Tiered supervision on site can be provided by allied mental health professionals, doctoral interns or post-doctoral fellows in psychology, under the supervision of a psychologist appropriately licensed for the jurisdiction, but this situation must be explicitly communicated to the program beforehand and approved by the training director or designee.

**\*\*\*Will tiered supervision occur as described above? YES \_\_\_\_\_ NO \_\_\_\_\_**

If yes, please detail out the plan: (EXAMPLE: A postdoctoral fellow will be on site and available for consultation and will provided additional tiered supervision on the day of clinic as needed. The licensed psychologist will be available to be reached by phone or videoconference as needed on the day or in the case of emergent situations. Separate virtual telesupervision (different day and time, patient not present) will occur for 1 hour per week with the licensed psychologist.)

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If direct observation, live or in person supervision is unable to occur due to special

circumstances, permission must be requested for telesupervision. An example of telesupervision would be completion of a therapy visit by the student independently followed by meeting with the supervisor virtually on a different day for supervision.

**\*\*\*Is a request to use telesupervision being made for this placement? \_\_\_ YES \_\_\_ NO**

If yes, please detail out justification for using telesupervision:

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Note: with program approval of the above request to use telesupervision, supervision can occur occasionally (e.g., less than 50% of the time) through virtual video enhanced technology (telesupervision) but not during the first year of practicum. Please see the formal OHSU CPP telesupervision policy for more detail

**\*\*\* Is a specific exception request being made for the use of telesupervision in this placement (e.g., telesupervision exceeding 50% of the minimum required supervision or/and any telesupervision is to be used in the first year of practicum)? \_\_\_ YES \_\_\_ NO**

If yes, please detail out:

1.) An explicit rationale and need for this specific telesupervision exemption request:\_\_\_\_\_

2.) Explain how telesupervision is consistent with the overall training aims and outcomes  
\_\_\_\_\_

3.) Explain how the relationship between supervisors and trainees are established and maintained when using telesupervision:  
\_\_\_\_\_  
\_\_\_\_\_

***OHSU Clinical Psychology Program, Doctoral Student***

\_\_\_\_\_ sign \_\_\_\_\_ *Date*

\_\_\_\_\_ print name

***Practicum Site Supervisor name, title, degree***

\_\_\_\_\_ sign \_\_\_\_\_ *Date*

\_\_\_\_\_ print name

***OHSU Clinical Psychology Program, Associate Director or Program Director***

\_\_\_\_\_ sign \_\_\_\_\_ *Date*

\_\_\_\_\_ print name

VERSION\_ 8.2023



**Clinical Psychology PhD (CPP)**

School of Medicine

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**Course Title**

CPSY 609 – Psychology Clinical Practicum – (variable credits) Summer 20XX – Spring 20XX

**Course Description**

Practicum training is designed to develop a foundation of clinical skills and professional competence with diverse client problems and populations, and to prepare for more substantial responsibilities required in the internship. Practicum is a prerequisite to internship. Practicum sites should be service settings with training as one of their major functions. Psychological services in the settings should conform to all relevant APA standards and guidelines and state and federal guidelines and laws. The student's development of clinical skills and professional competence is evaluated and documented by the training site. Students are to continually enroll in this course while they are engaging in practicum activities.

**Requisites**

- Admitted to the Clinical Psychology PhD Program or have special permission from the instructor.
- Completion of Clinical Psychology PhD Program Practicum Agreement for each training site.
- Co-requisite:
  - CPSY 607 – Psychology Practicum Seminar – (1 credit), if in first or second year of practicum or if direct supervision is not with a licensed psychologist

**Format**

Individual and/or group supervision, didactic trainings, direct client contact (i.e., therapy, assessment, consultation, and/or outreach), recordkeeping, and case management.

**Contact Information**

**CPP Instructor of Record**

Susanne Duvall, PhD  
Associate Director of Clinical Training  
[duvall@ohsu.edu](mailto:duvall@ohsu.edu)  
CDRC 2115M  
503-494-2269

**Start and End Dates**

Students must register for CPSY 609 continually, for four (4) consecutive quarters (Summer – Spring) in years 2 – 4 of the PhD program, even if the training begins or ends at times that do not entirely coincide with the OHSU academic calendar. Students who stay at OHSU for a 5<sup>th</sup> year before internship are also expected to complete practicum to make their applications for internship more competitive.

Students must abide by the start and end dates agreed upon in the Clinical Psychology PhD Program Practicum Agreement in order to receive credit for the placement, and to count the hours toward clinical training. Students are expected to start placements on July 1<sup>st</sup> and continue until June 30<sup>th</sup> each year, unless outlined otherwise.

General guidelines for hourly participation are listed below. It is understood that students should attempt to maximize their clinical hours (especially face to face) to be most competitive for internship, but that hours may vary due to situations outside of their control, thus the following are recommendations.

### **Weekly Hours: guidelines for practicum**

Year 2: up to 8 direct hours, ~12+ hours/wk; 1 clinical day

Years 3 – 4: up to 16 direct hours, ~20+ hours/wk; 1.5-2 clinical days

Years 5+: may vary depending on student goals and past experiences, at least 0.5 clinic days

A student may not withdraw from an approved and accepted practicum site unless there are exceptional circumstances and the student has approval from the OHSU Program Director or the Associate Director and the practicum site supervisor. Unapproved withdrawal prior to the start of a training experience or early withdrawal without approval prior to the established end date is an issue of professional concern and will be considered in a student's evaluation. It may result in not passing the placement. If a student withdraws early from a site with approval and all required evaluations and documentation is completed, then they may count these hours. If a student withdraws early from a site with approval but the supervisor feels unable to complete an exit evaluation as the student will have not completed a full quarter of training, the hours cannot be counted towards doctoral practicum training hours on the internship application, but may be counted as volunteer hours.

**Exceptions for students applying for doctoral internship:** Internship start dates will not be known until winter or early spring. If the previously agreed-upon end date is after the date a doctoral internship starts, the student may make a formal request to leave a site early. Revised endings dates should generally be no more than two weeks prior to the internship start date. The student must first contact the OHSU Associate Director or Program Director (or designee); if they approve, the student must then discuss the requested change with the site supervisor.

### **Course Goals**

Practicum training should facilitate development of a broad general base of clinical psychology capacities, including the following:

- 1) understanding of and commitment to professional and social responsibility as defined by the ethical codes of the American Psychological Association and the Association of State and Provincial Psychology Boards
- 2) capability to conceptualize human problems and potentials
- 3) knowledge of the full range of human variability and incorporation of that knowledge in one's clinical service
- 4) awareness of one's own personality, beliefs and biases and of one's impact upon others in professional interaction
- 5) skill in relevant interpersonal interactions and clinical service (e.g., such as systematic observation of behavior, interviewing, psychological testing, psychotherapy, counseling, and consultation)
- 6) critical judgment with respect to professional relationships and ethical and clinical functioning

### Course Outcomes

Upon completion, training should fulfill the following requirements:

1. For every 8 – 20+ hours of training, **at least 1 hour per week of individual\* supervision** (or group\* supervision) under the direction of a licensed psychologist holding a doctoral degree. Supervision on site can be provided by doctoral interns or post-doctoral fellows in psychology, under the supervision of a psychologist appropriately credentialed for the jurisdiction; however, this must be negotiated with the practicum committee and detailed in the supervision contract. Additional direct supervision by other appropriate professionals is provided as needed.

Adjunctive consultative supervision will also be provided through group supervision through CPSY 607 (Practicum Seminar); required weekly in years 2 – 3 of the PhD program (1<sup>st</sup> and 2<sup>nd</sup> year of practica and available to all practicum students). This course is supervised by a licensed psychologist, please see the syllabus for CPSY 607 for additional information regarding format and scope of this supervision.

If you are in year 4 or greater and you are not being supervised on site by licensed doctoral level psychologists (e.g., supervised on site by LCSW), you must register for CPSY 607 each term during the time frame of the practicum training. Students in this situation would be required to continue to participate in the CPSY 607 practicum seminar.

\*As defined by APPIC:

“**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.”

2. Recommended experiences and activities should include one or more of the following:
  - assessment (clinical interviewing, cognitive, IQ, attention and neuropsychological test administration)
  - intervention (individual, couple/family, group, psychoeducation, and/or program or community intervention);

-training in other competencies (e.g., psychoeducation, outreach, consultation, program development and evaluation, administration, and diversity); or

-integrated report writing: as defined by APPIC:

“An integrated report includes a history, an interview, and at least two tests from one or more of the following categories: personality assessments (objective, self-report, and/or projective), intellectual assessment, cognitive assessment, and/or neuropsychological assessment. These are synthesized into a comprehensive report providing an overall picture of the patient/client”

3. Experiences should also include variety in groups served:

-exposure to a variety of client problems;

-exposure to a variety of client ages and diverse characteristics (such as racial or ethnic minority, gender, sexual orientation, disability, SES, and religious groups); or

-exposure to a range of problem severity.

Students are encouraged to plan for variety in their practicum experiences to make them competitive for internship. For example, students are encouraged to pursue breadth in their training to include both assessment and treatment experiences. Diversity in age of clients served, setting, presenting concerns, specialty populations, and group versus individual format are additional factors to consider.

<b>Course Objectives, Competencies, or Outcomes</b>	<b>APA &amp; CPP SLOs</b>	<b>Assessment</b>
1. By the end of this course, students will understand and demonstrate conduct in accordance with ethical and legal guidelines in clinical activities.	<b>CPP SLOs:</b> Ethics	Supervisor Evaluation of Trainee
2. By the end of this course, students will consider diversity and individual difference variables in their interactions with clients.	<b>CPP SLOs:</b> Individual and Cultural Diversity	
3. By the end of this course, students will frequently act in accordance with professional expectations for the setting and demonstrate responsiveness to feedback.	<b>CPP SLOs:</b> Professional Values and Attitudes	
4. By the end of this course, students will demonstrate effective verbal, nonverbal and written communication,	<b>CPP SLOs:</b> Communication and Interpersonal Skills	

including clinical documentation.		
5. If applicable to the training site, by the end for this course students will be able to demonstrate technical proficiency in assessment and/or test administration and ability to interpret the data within the appropriate context.	<b>CPP SLOs:</b> Assessment	
6. If applicable to the training site, by the end of this course students will be able to maintain effective relationships with clients and implement appropriate intervention plans.	<b>CPP SLOs:</b> Intervention	
7. If applicable to the training site, by the end of this course students will be able to provide effective positive and constructive feedback.	<b>CPP SLOs:</b> Supervision	
8. If applicable to the training site, by the end of this course students will be able to demonstrate knowledge of roles and perspectives of other professions.	<b>CPP SLOs:</b> Consultation and Interprofessional/Interdisciplinary Skills	

### **Assessment**

Each quarter of CPSY 609 is graded as Pass/No Pass. The grade is based on the supervisor approving the clinical hours sent by the student in Time2Track (T2T). All practicum supervisors (primary, supplementary, research) approve T2T hours. There will be a quarterly email prompt from CPP/the ADCT highlighting that when the supervisor approves hours, without an accompanying full evaluation documenting any concerns, that the supervisor is asserting that the student “meets expectation”. As supervisors are approving hours they agree to inform the ADCT/ CPP representative of any (even very minor) concerns. Supervisors are encouraged to reach out to ADCT/ CPP representative to talk through student growth areas, as desired. We encourage supervisors and students to have a goal setting and check-in meeting every quarter.

□ A mid-year and final exit evaluation (fall and spring) supervisor evaluation of student is required for primary (max of 2) clinical supervisors. The evaluations are submitted by the primary supervisor from their primary clinical placement(s), which may include input from secondary supervisors and/or other site staff. Students are rated on a 1-5 scale on 38 items across the 9 competency domains, though supervisors have the option to select certain items as “not applicable” to their setting if they feel they have no basis on which to rate the trainee:

- Research
- Ethics and Legal Standards
- Individual and Cultural Diversity
- Professional Values and Attitudes
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Supervision
- Consultation and Interprofessional/Interdisciplinary Skills

Supervisors rate the trainee’s performance in the clinical competencies listed above, taking into account their developmental level/ year in the program and the amount of time and scope of experiences they have completed thus far in the current practicum placement.

1 = Inadequate Performance (Consistently below expectations), remediation plan required

2 = Marginal Performance (Meets minimum expectations at times, but not consistently), informal support

3 = Good Performance (Consistently meets minimum expectations for a student of their level)

4 = Very Good Performance (Exceeds expectations at times)

5 = Outstanding Performance (Exceeds expectations consistently)

NA= Not applicable, no basis for rating (use sparingly)

### **Scoring Policy**

A mean score of 3 or higher is required in every profession wide competency by the end of each practicum training year to meet the minimum levels of achievement (MLA) as part of the clinical psychology doctoral program’s system for evaluating student competencies. Feedback about performance should be shared regularly, if a student obtains a rating of 2 on any individual items then an informal improvement plan should be created.

If a student receives a rating of 1 on any of the items, or a mean profession wide competency score at or below 2, then a formal written remediation plan will be created with the program and placed in the student’s file to describe the activities that the student will engage in to achieve a rating of 3 or higher on future assessments. If a student either fails to remediate inadequate performance while on a remediation plan, or they do not achieve a mean score of 3 on any profession wide competency by the end of the practicum year, they will fail the CPSY 609 course for spring quarter.

In some instances, students may be on remediation plans but will still be able to pass the course for the quarter as long as they are making progress. In the first 3 quarters (summer, fall, winter), students are able to pass the 609 course while on a remediation plan as long as the supervisor

determines they are making progress towards the MLA. For the last quarter (spring) students must meet the Minimum Level of Achievement (MLA) requirements for their level to pass the practicum in that quarter. Please see the practicum guidelines and student guidelines.

## **Materials**

### **Required Materials**

List of required readings and/or materials to be provided by Site Supervisor.

### **Optional Materials**

Provided by Site Supervisor.

## **Evaluations**

To receive a passing grade, students must submit the following evaluation forms by the due dates listed below and/or those listed in their Clinical Psychology PhD Program Practicum Agreement:

All evaluations forms must be submitted to the Director of Clinical Training, or designee (See contact information above). Notes: Failure to submit required forms by the specified due dates will result in a no pass grade, unless the student has received prior approval for late submission by the Director of Clinical Training, or designee. Complete all required tracking forms and evaluations and submit copies of the above to the instructor of record (training director, or designee). *Late submission with approval and failure to provide the required materials and evaluations by the end of the quarter will result in an 'Incomplete' for the class. If you turn in materials late, attach a note indicating the term for which you received the "I". If materials are not submitted within 2 months of the deadline this will convert to a no pass grade.*

Students with more than one practicum site, must complete and submit separate Clinical Psychology PhD Practicum Agreements, evaluations, and hour approvals for each site.

1. Every Quarter –

**Hours Approval in Time2Track** All practicum supervisors (primary, supplementary, research) approve T2T hours every quarter. By certifying hours each quarter through Time2Track the supervisors indicate that the student is performing at expectation, if any concerns arise at any point, supervisors should reach out to the ADCT/DCT. Supervisors may be asked to complete a formal supervisor evaluation at any time to document development. Each student must set-up an account in [Time2Track](#) for practicum hours to be logged and placed in correct categories as outlined on the APPIC internship application (the AAPI). Two weeks before the end of each quarter, the student will send the hours to all their supervisors (primary clinical placements, 607 instructor, and supplemental clinical and research lab placements) for approval.

### **Due Dates**

-Summer: approval obtained 1 week before the last day of summer quarter (hours accrued after this will be included in fall quarter hours).

-Fall: 1 week before the last day of fall quarter (hours accrued after this date will be included in winter quarter hours).

-Winter: 1 week before the last day of winter quarter (hours accrued after this date will be included in spring quarter hours).

-Spring: 1 week before the last day of spring quarter. NOTE: Students should also submit a second hour approval request through the last date of training at the site or last day of spring quarter, whichever is later to fully capture all their training hours accrued if the timing is dissimilar from academic deadlines.

2. Fall and Spring Quarter (mid-year and end):

**Supervisor Evaluation of Trainee**

The primary clinical supervisor for their primary clinical placement (max of 2) must complete a Supervisor Evaluation of Trainee form prior to the end of fall and spring quarters to document the student's current level of progress and competence at the practicum site. If a student has more than one supervisor at the same site, the secondary supervisor may provide input to the primary supervisor to include on the evaluation. Other faculty and staff may provide input as needed or requested. The supervisor will document that they have completed direct observation of clinical activities in that evaluation period. The primary supervisor and student signature on the evaluation form verifies that the supervisor has discussed the content of the evaluation with the student, and the student is in agreement. The Director of Clinical Training, or designee, will review this form.

**Due Dates**

Fall: the week before the last day of fall quarter, or sooner if requested by ADCT/DCT

Spring: the week before the last day of spring quarter, or sooner if requested by ADCT/DCT

3. Spring Quarter **Trainee Evaluation of Supervisor and Practicum Site form**

Trainee Evaluation of Supervisor and Trainee Evaluation of Practicum Site forms must be completed by the student prior to the end of spring quarter for all placements and reviewed with the supervisor. Students are also expected to have a mid-year meeting with the supervisor where they provide initial feedback about the supervisor and the site. The Associate Director, Program Director, or their designee, will monitor low ratings and will review the supervisor's performance and/or practicum site if significant concerns arise. In addition, students are encouraged to talk with the supervisor and the Director of Clinical Training, or designee, if a problem occurs. Students also may elect to anonymously complete and submit a Trainee Evaluation of Supervisor and Practicum Site form to the ADCT in spring. In addition to providing these ways to share feedback, the program strongly encourages trainees to have open discussions with their supervisors throughout the training year to facilitate professional development and improve their supervision experience, as possible. Please see full practicum guidelines for more details.

**Due Dates**

Spring: the week before the last day of spring quarter, or sooner if requested by ADCT/DCT

## **Course Policies**

Students may repeat CPSY 609 as necessary to meet program requirements.

- Students must repeat any quarter of CPSY 609 for which they receive a grade of “no pass”, it will not count toward their degree requirements.
- Students must receive a “pass” in order to count their practicum hours on their internship application.

## **Academic Integrity**

Students are responsible for their own product, assessment reports, case notes, and other documentation. This does not prohibit students from collaborating with colleagues, but the final product must be original. Academic dishonesty will not be tolerated and has the potential to severely affect one's professional career if committed. Excessive absences or tardiness, unprofessional conduct, or academic dishonesty (e.g., plagiarism, fabrication, cheating, etc.) can also result in a no pass grade in the course.

## **Professionalism**

Students are expected to be professional and maintain ethical standards (as identified in the American Psychological Association Ethical Principles of Psychologists and Code of Conduct) in all interactions and activities during the practicum year. These expectations include, but are not limited to, the following:

- Be knowledgeable about and follow all site policies.
- Dress professionally.
- Interact with clients, peers, community members, staff, and supervisors in a respectful and collaborative manner.
- Be on time and complete all required activities.
- Start and end clinical sessions on time.
- Attend supervision and trainings.
- Keep your supervisors apprised of your clinic activities and details of your cases, including showing audiotapes/videotapes of your sessions, if live supervision is not possible.
- When dealing with crisis and urgent situations, consult with supervisors, directors, or other identified personnel at the site. Update your supervisor the next business day about the crisis, unless instructed to contact your supervisor immediately during or right after crisis or urgent situations.

Incidents of failing to meet all professional and ethical expectations is concerning and may have consequences. Students may not pass practicum due to an egregious incident or multiple incidents of failing to meet these expectations. If your supervisor has concerns about your clinical abilities and is no longer comfortable supervising you, or there are serious concerns about ethical misconduct, you may be removed from the placement immediately. The Associate Director of Clinical Training, Program Director or Practicum Committee may restrict all or part of a student's clinical activities if there is evidence of behavior that may hinder professional competence or interpersonal or professional relations, or if other concerns about clinical competence are raised (e.g., failure of a clinical training placement, problematic ratings or concerning comments from a clinical class or lab). Please see the CPP Student Guidelines and

Practicum Guidelines for details around remediation plans, probation and for grievance procedures.

**Students and supervisors are required to contact the Associate Director of Clinical Training, Program Director, site supervisor if any problem arises at the site, at the first possible opportunity.**

\*All students are bound by the policies and procedures outlined by the OHSU School of Medicine, Graduate Studies, and Clinical Psychology PhD program guidelines & policies.

### **Diversity**

During clinical activities and supervision, it is intended that students build foundational cultural competency to serve a variety of clients. Diversity refers to the range of cultural, racial, socioeconomic, sexual orientation, disability, religious and other client-specific factors that as clinicians, we must respect in order to conduct effective, ethical clinical practice. Inclusion of issues regarding diverse populations will therefore be accomplished on an ongoing basis as part of regular discussion. Most importantly, issues will be discussed within a framework of diversity that is in accordance with the American Psychological Association's ethical guidelines. With respect to these guidelines, the focus will be on the role of the psychologist as a professional whose expertise in the change process allows the psychologist or trainee to ask questions and seek out information/consultation regarding diversity issues as appropriate, and that conveys respect for the values, roles, perspectives, and customs of the clients and participants with whom the psychologist or trainee serves.

### **OHSU Clinical Psychology Program Supervision and Practicum Agreement**

A practicum agreement must be completed and signed by all necessary parties prior to the start of the practicum. Please see the practicum guidelines for an example practicum agreement.

## CPP Practicum Evaluations and Tracking

The program ensures the quality of the practicum sites, including regularly scheduled site reviews and data from evaluation forms are one means of collecting this information. However, if at any time concerns arise regarding a practicum site's ability to provide an adequate training experience, the CPP program reserves the right to intervene with the trainee and supervisor as needed (e.g., pause practicum placement; re-assign trainee, discontinue working with a practicum placement or supervisor).

The student is responsible for ensuring that signed versions of the documents below are submitted to the training director, or their designee, by the deadlines described below. The following pages contain additional information and examples from each evaluation component.

### *1. CPP Supervisor Evaluation of Trainee Form*

- a. To be completed mid-year and at exit (fall and spring quarter) by the supervisor, reviewed with the student and signed by both parties.
- b. Summary global comments (strengths and growth areas) and domain specific comments are required.
- c. The student is responsible for ensuring that the signed version is submitted to the training director, or their designee, by the end of each quarter.

The meaning of a score of 3 is "Good Performance (Consistently meets minimum expectations for a student of their level)." The meaning of this changes as a student progresses through the program. All evaluations are framed relative to expectations based on their developmental level and year in the program. In sum, we take a developmental approach and expect the MLA as a student progresses through the program to be at "Good Performance (Consistently meets minimum expectations for a student of their level)" and at end of the program (i.e., end of internship) they should be ready for entry to practice. In essence, the "goal post moves" as a student advances. For example, an intermediate practicum student in their third year of the program may benefit from direct observation and coaching during a clinical activity and a moderate level of structure and instruction before applying the skill to patients or service recipients. The focus of supervision is on skill fluency though the student may require more nuanced instruction before applying the skill to patients or service recipients in a more complex way, written documentation is adequate but may benefit from revisions. By the end of internship students should not require detailed instruction and close monitoring to complete clinical functions and the focus of supervision is more on integration and greater autonomy. They should perform independently most of the time but at times may benefit from consultative supervision to further hone and advance their skills, particularly in novel or challenging situations and they have surpassed the threshold minimum for entry-level practice. Relevant recent research (Fouad et al., 2009) describes additional behaviorally anchored benchmarks for readiness for internship and readiness for entry to practice.

Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M. B., ... & Crossman, R. E. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology*, 3(4S), S5.

### *2. CPP Trainee Evaluation of Supervisor and Site Placement Form*

- a. To be completed at the end of each yearlong rotation (end of spring term) by the student and shared with the supervisor.

- b. Students may also wish to complete and submit a confidential version of the Trainee Evaluation of Supervisor and Practicum Site Placement Form.

**Sharing feedback with supervisors:** As a professional development experience, it is expected that the student will share and review with their supervisor themes regarding their experience (both positive and constructive) and forms that they complete at the end of the rotation in spring. Supervisors are aware that students will be reaching out to have a feedback meeting. Supervisors volunteer their time and effort and thus are generally highly motivated to train and have expressed willingness and openness to receiving feedback. Of note, they also may wish to use the evaluation forms that are submitted as part of their educational portfolio as evidence of teaching effectiveness and thus the feedback may be shared outside of the supervisory relationship. In addition to these formal ways to share feedback at the end of the experience, the program strongly encourages trainees to have open discussions with supervisors throughout the training year to facilitate professional development and improve their supervision experience, as possible. At minimum, students are expected to set a mid-year (end of fall quarter) and end of year (end of spring quarter) feedback meeting during which they provide feedback about supervision experience and the site as a training setting.

End of training year formal evaluations are NOT the venue to first bring up serious concerns - please bring serious concerns directly to the supervisor (as possible) and the ADCT/DCT as soon as they occur. Please do not wait for formal evaluation timelines.

**Management of Feedback about supervisors from students that is marked confidential:**

Students may wish to complete a separate “confidential” supervisor and site evaluation form. Please clearly mark as “confidential” on the form and email directly to the ADCT or designee. The ADCT will keep comments in their personal files that are identified by supervisor (tracking feedback for themes over time but feedback is not tied back to a certain student). This feedback will be shared as private/confidential feedback to the next ADCT. If information is put on the official form then it is by nature identified by the supervisor and student and saved in the official program files for APA quality assurance for accreditation purposes.

**Potential limits to confidentiality/privacy:** Quality improvement is one of the goals of the evaluation process, which we seek to balance with the protection of privacy. The ADCT is the first person to see formal feedback information. The ADCT may share information with the CPP leadership team if themes emerge or it is deemed that information is pertinent for the leadership team to guide decision making. If the feedback is about a practicum committee member, then the ADCT will not share it with the practicum committee in a direct or identifiable way. Broad themes from confidential feedback may be shared with the practicum committee to aid the matching process in future cycles.

The ADCT/DCT or designee, will monitor low supervisor and site ratings closely. Trends will be examined over time to ensure that the site and supervisor(s) remains appropriate. The leadership team will review the supervisor’s performance if significant concerns arise and if actionable concerns are present then mandatory reporting may be needed and thus confidentiality cannot be maintained. If mandatory reporting is not at play but significant concerns emerge regarding any practicum site or supervisor then the training director, or designee, will meet with supervisor(s) at the site to determine a plan for addressing any concerns. If concerns remain after a plan has

been put in place then the training director will make a decision about continuing to offer this placement.

NOTE: If students have guidance (tips, orientation etc.) for other students, they may share that directly (in person or in a living document that is private for students). This is an independent process not involving program leadership or administration. The program can provide listings of which students have done which practicum rotations to provide opportunities for sharing of information.

**Possible Resources around the feedback process:**

Pediatric grand rounds about giving and getting feedback

<https://www.ohsu.edu/doernbecher/pediatric-grand-rounds>

April 27, 2023

*It's Better to Receive than Give (Feedback)?*

Michael Harris, PhD

<https://echo360.org/media/0d537fb5-0d1d-4d72-997c-2ad1c9756815/public>

3. *CPP Clinical Training Hours Log (Time2Track)*
  - a. Students will be responsible for tracking their hours (direct and indirect) in Time2Track
  - b. Students will need to submit their tracking logs to all their supervisors each quarter for review and signature, these will be shared with the program.
  - c. Additionally, a summary of the student's total tracking hours will need to be submitted for their annual review.

**OHSU Clinical Psychology Program (CPP) Practicum Supervisor Evaluation of Trainee**

**PRACTICUM SITE:**

**Supervisor Name:**

**Today's Date:**

**Feedback reviewed with trainee  
(Yes or No)?**

**TRAINEE:**

**Secondary supervisor name  
(if applicable):**

**Evaluation Period:**

**Based in part on direct observation  
(Yes or No)?**

*This form should be completed by the student's primary supervisor. Secondary supervisors will not complete separate evaluations, however, information from a secondary supervisor may be incorporated in this evaluation.*

**INSTRUCTIONS:** The primary supervisor should review the information on this evaluation with the trainee prior to submission. Please rate the trainee's performance in the clinical competencies listed below, *taking into account their developmental level/ year in the program* and the amount of time and scope of experiences they have completed thus far in the current practicum placement. **NOTE: Global comments and domain specific comments are required.**

- 1 = Inadequate Performance (Consistently below expectations), remediation plan required
- 2 = Marginal Performance (Meets minimum expectations at times, but not consistently), informal support
- 3 = Good Performance (Consistently meets minimum expectations for a student of their level)
- 4 = Very Good Performance (Exceeds expectations at times)
- 5 = Outstanding Performance (Exceeds expectations consistently)
- NA= Not applicable, no basis for rating (use sparingly)

**PLEASE NOTE:** A mean score of 3 or higher is required in every profession wide competency by the end of each practicum training year to meet the minimum levels of achievement (MLA) as part of the clinical psychology doctoral program's system for evaluating student competencies. Feedback about performance should be shared regularly, if a student obtains a rating of 2 on any items then an informal improvement plan should be created. If a student receives a rating of 1 on any of the items, or a mean profession wide competency score below 2, then a formal written remediation plan will be created with the program and placed in the student's file to describe the activities that the student will engage in to achieve a rating of 3 or higher on future assessments. If a student either fails to remediate inadequate performance while on a remediation plan, or they do not achieve a mean score of 3 on any profession wide competency by the end of the practicum, they will fail the CPSY 609 course for spring quarter. Please see the practicum guidelines, student guidelines and 609 syllabus for additional information.

**Ethics and Legal Standards**

Rating 1-5  
(3 or

	higher is MLA)
1.1 Demonstrates knowledge of <i>APA Ethical Principles of Psychologists and Code of Conduct</i> , relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels and relevant professional standards and guidelines.	
1.2 Engages in professional activities and acts in a manner that is consistent with the <i>APA Ethical Principles of Psychologists and Code of Conduct</i> , relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels and relevant professional standards and guidelines across professional interactions and roles.	
1.3 Recognizes ethical dilemmas as they arise, and applies appropriate clinical decision making to resolve those dilemmas	
1.4 Conducts self in accordance with ethical and legal guidelines in all professional activities; for example: <ul style="list-style-type: none"> <li>o Maintains confidentiality, secures appropriate releases</li> <li>o Understands and appropriately obtains informed consent</li> <li>o Avoids dual relationships</li> <li>o Understands personal limits and competencies</li> </ul>	
<u><i>REQUIRED at final eval or if low scores: Comments</i></u>	Mean=

<b><u>Individual and Cultural Diversity</u></b>	Rating 1-5
2.1 Demonstrates an understanding of how one's personal background and culture may affect one's understanding of an interaction with individuals who are of differing backgrounds	
2.2 Demonstrates knowledge of current theoretical and empirical knowledge base related to diversity and individual differences as it related to professional activities	
2.3 Integrates awareness and knowledge of individual and cultural differences in the conduct of professional activities, and demonstrates the ability to work effectively with a range of diverse individuals, including: <ul style="list-style-type: none"> <li>o the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered</li> <li>o the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own</li> </ul>	
2.4 Demonstrates the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.	

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REQUIRED at final eval or if low scores: Comments

Mean=

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**Professional Values and Attitudes**

Rating 1-5

3.1 Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others; for example: remains pleasant and accessible, attends all required trainings and scheduled clinic hours, interacts with others in a professional and courteous manner, maintains professional boundaries, presents a professional image, tolerates ambiguity/uncertainty.	
3.2 Demonstrates ability to engage in self-reflection regarding one's personal and professional functioning and skills.	
3.3 Engages in activities or actions to maintain and improve performance, well-being and professional effectiveness	
3.4 Actively seeks supervision; for example: reviews/prepares for supervision or team meetings, asks questions in supervision sessions, seeks help/consultation when appropriate	
3.5 Demonstrates openness and responsiveness to feedback and supervision	
3.6 Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	

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REQUIRED at final eval or if low scores: Comments

Mean=

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**Communication and Interpersonal Skills**

Rating 1-5

4.1 Demonstrates effective interpersonal communication skills and successfully maintains relationships with a wide range of individuals (e.g., colleagues, supervisors, supervisees, recipients of professional service)	
4.2 Produces written communications that are informative, well integrated, and appropriate for intended audience	
4.3 Engages in verbal and nonverbal communication that is informative, well integrated, and appropriate for intended audience	
4.4 Demonstrates the ability to effectively produce and comprehend oral, nonverbal, and written communications, including a thorough grasp of professional languages and concepts relevant to the practice of health service psychology	

4.5	Demonstrates the ability to effectively navigate challenging interactions, by demonstrating professional verbal, nonverbal, and written communications with others, including the ability to manage difficult communication well.	
4.6	Maintains all required chart documentation in an accurate and timely manner; for example: intake reports, progress notes, case notes, service plans, termination summaries	
<u>REQUIRED at final eval or if low scores: Comments</u>		Mean=

<u>Assessment</u>		Rating 1-5
5.1	Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	
5.2	Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).	
5.3	Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.	
5.4	Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.	
5.5	Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	
5.6	Develops treatment recommendations that are grounded in assessment results	
5.7	Verbally communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	
5.8	Demonstrates ability to communicate in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	
<u>REQUIRED at final eval or if low scores: Comments</u>		Mean=

<u>Intervention</u>		Rating 1-5
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6.1	Establishes and maintains effective relationships with the recipients of psychological services	
6.2	Develops evidence-based intervention plans specific to the service delivery goals.	
6.3	Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	
6.4	Demonstrates the ability to apply the relevant research literature to clinical decision making.	
6.5	Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking (e.g., when intervention has yet to be tested with specific patient populations or in certain clinical contexts).	
6.6	Implements methods for evaluating intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.	

REQUIRED at final eval or if low scores: Comments

Mean=

**Supervision**

Rating 1-5

7.1	Demonstrates knowledge of supervision models.	
7.2	Demonstrates knowledge of supervision practices (e.g., mentoring and monitoring the development of competence)	

REQUIRED at final eval or if low scores: Comments

Mean=

**Consultation and Interprofessional/Interdisciplinary Skills**

Rating 1-5

8.1	Demonstrates knowledge of and respect for the roles and perspectives of other professions	
8.2	Demonstrates knowledge of consultation models and practices.	

REQUIRED at final eval or if low scores: Comments

Mean=

**GLOBAL SUMMARY COMMENTS**

REQUIRED every quarter: Comments on strengths

**Strengths**

REQUIRED every quarter: Comments on growth areas

**Growth Areas**

Supervisor signature: \_\_\_\_\_

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

Trainee signature: \_\_\_\_\_

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

## Successful Completion: Minimal levels of achievement (MLAs)

### Exit Benchmarks

Practicum students must obtain a “3” on all competency items by the end of the year rotation (spring); if these benchmarks are not met, then a remediation plan will need to be developed (see below).

Note that supervisors are expected to regularly provide verbal feedback to practicum student on all competencies, not just at the time of formal evaluation.

**Addressing concerns within supervision/informal support:** It is developmentally appropriate for practicum students to have a range of clinical strengths and weaknesses. If students are not on track for meeting the MLA benchmarks (e.g., not receiving a score of 3) then this should be communicated to the student and the ADCT and proactively addressed within supervision to help the student meet their MLAs. If developmental lags are present (scoring a “2” at any point), supervisors should implement informal support options within supervision (and with the support of the ADCT/DCT) that will help a practicum student achieve the MLA by the next evaluation period (See Student Guidelines for more information). If despite addressing concerns informally within supervision, the practicum supervisor remains concerned about student progress and worries that a student will not meet their MLA exit benchmarks (see above), the Supervisor must contact the Training Director, or designee to set up a formal remediation plan (see below).

## Not Meeting MLAs and Remediation Plans

### **Remediation Planning:**

Please see CPP Program Guidelines for specific forms and procedures. If a student receives a rating of 1 on any of the items and/or a mean profession wide competency score at or below 2, then a formal written remediation plan will be created with the program and placed in the student's file to describe the activities that the student will engage in to achieve a rating of 3 or higher on future assessments. A supervisor may request a formal remediation plan at any point, one does not need to wait until a formal evaluation period. Supervisors will provide information to the Associate Director and/or Program Director (or designee), as soon as possible if the trainee is not meeting expectations or if any ethical or professional concerns arise involving the practicum student.

Remediation plans are not equal to obtaining a not passing grade. In some instances, students may be on remediation plans but will still be able to pass the course for the quarter as long as they are making progress. In the first 3 quarters (summer, fall, winter), students are able to pass the 609 course while on a remediation plan as long as the supervisor determines they are making progress towards the MLA. For the last quarter (spring) students must meet the Minimum Level of Achievement (MLA) requirements for their level to pass the practicum in that quarter. Remediation plans should be developed proactively and are a way to ensure the students are on track for meeting MLA's at the end of the year.

A remediation plan is a goal-directed plan to provide the student with the support and clarity necessary to complete the program. Although remediation plans indicate the need for improvement, they may be viewed as an opportunity for growth rather than as punitive in nature.

***If a remediation plan is needed, the supervisor must contact the Associate Director/Program Director, or designee, to discuss their concerns and the student's weaknesses and to collaboratively develop the written remediation plan.*** The Associate Director or Program Director may also choose to consult with other supervisors, the Practicum Training Committee, or others, as appropriate, to develop the remediation plan. A remediation plan must explicitly include the following: competencies not met, expectation for acceptable performance, outcomes and benchmarks, next steps and evaluation plans. The purpose of a remediation plan is to clearly delineate the student's deficits in behaviorally specific terms, define what acceptable performance must look like by the next evaluation period and establish a training plan that will optimally assist the student in terms of improving performance and the likelihood of meeting MLAs and ultimately to ensure they will be on track to apply for internship and progress through the program.

Some possible remediation steps related to practicum activities could include: increased documentation of preparatory planning for the student (reviewing relevant DSM sections and creating a summary paragraph, filling out a more detailed outline about medical record review or more detailed therapy session prep), mock test administration with a fellow student or volunteer, structured student review of previous progress notes or alterations to the practicum day (e.g., extended period of time with the supervisor in the room, requirements to take notes and create a summary of the feedback they were given and the goals for the next session, track and review supervisor feedback from previous session, students may be required to create an interview outline for each patient). In extreme cases, examples of more significant changes might include

modification of the training (e.g., increased supervision, supplemental or altered training experiences, adjustments to type or size of caseload).

The final remediation plan will be shared with the student, the practicum supervisor, Associate Director/Program Director (or designee) and the student's research mentor. Additional details and templates for remediation plans can be found in the student guidelines.

A formal written remediation plan will be put in place if:

1. A supervisor feels it would be helpful and they are concerned the student is not on track to meet their "exit" MLAs
2. A student receives a "1" score in any area or a mean profession wide competency score at or below "2"
3. A student is not meeting a mean score of 3 or higher in every profession wide competency by the end of each practicum training year (end of spring) to meet the minimum levels of achievement (MLA) as part of the clinical psychology doctoral program's system for evaluating student competencies.

As soon as a practicum supervisor becomes concerned that they may need to give a student a "1" in any domain of their evaluation, the supervisor must discuss this with the student and the Associate Director/ Program Director, or designee. If a student receives any scores of "1" on their evaluations, a written remediation plan will be completed (or reviewed and revised if a plan is already in place). Note, serious and potentially actionable concerns must always be promptly addressed with the Associate Director/ Program Director (or designee) and supervisors should not wait until formal evaluation periods to share these concerns.

Egregious concerns, repeated use of remediation plans or dismissal from practicum sites may lead to more significant consequences, including probation and may be grounds for removal from the program. Please see the CPP Student Guidelines for details.

**Trainee Evaluation of Supervisor**

RATING SCALE					
Inadequate	Marginal	Good	Very Good	Outstanding	NA/Not Covered
1	2	3	4	5	N/A

**1 = Inadequate Performance (Consistently below expectations)**  
**2 = Marginal Performance (Meets minimum expectations at times, but not consistently)**  
**3 = Good Performance (Consistently meets minimum expectations)**  
**4 = Very Good Performance (Exceeds expectations at times)**  
**5 = Outstanding Performance (Exceeds expectations consistently)**  
**N= No basis for Rating**

**Instructions:** The trainee should carefully consider the performance of their supervisor(s) in each of the following categories, and rate their performance over the preceding year. This form is to be completed at the end of the training rotation. If you have one supervisor at your placement only complete the primary supervisor rating column. If you have multiple supervisors in a placement, you may create a separate rating form for each supervisor or you can also complete the additional supervisor rating column in this form. Students are required to engage in both receiving and giving feedback to clinical supervisors, you should discuss your feedback directly with your supervisor. This completed evaluation will be shared with the supervisor. In addition to providing these ways to share feedback, the program strongly encourages trainees to have open discussions with their

supervisors throughout the training year to facilitate professional development and improve their supervision experience, as possible.

***If desired,*** students have the option to complete a separate confidential Trainee Evaluation of Supervisor form that can be submitted to the training director. This is NOT the appropriate format to share serious or potentially actionable concerns, please reach out to the ADCT directly as soon as you have concerns. If the second form is marked confidential, the specific ratings will remain confidential and trainees should feel free to provide detailed, complete, and honest feedback to the program and leadership team. This may inform future placement matches. Although specifics will remain confidential, general themes may be shared with the supervisor(s) though the ADCT may elect to postpone or hold feedback until information from multiple trainees has been received. When possible, themes across students will be highlighted.

Rating period (from to):

Current  
Date:

**PSYCHOLOGY TRAINEE:**

**PRIMARY SUPERVISOR:**

**ADDITIONAL SUPERVISOR:**

(If applicable)

**SITE:**

<b>Research</b>	<b>Primary Supervisor</b>	<b>Additional Supervisor</b>
<p>Demonstrated competence in promoting understanding of research, emphasized as a consumer to inform clinical work (empirically supported evidence) and/or as a researcher.</p> <p><i>Comments - 250 character limit:</i></p>		

<b>Ethical and Legal Standards</b>	<b>Primary Supervisor</b>	<b>Additional Supervisor</b>

Facilitated ongoing awareness of ethical and legal issues relevant to the professional practice of psychology, and modeled ethical thought processes and legal practice.

*Comments - 250 character limit:*

<b>Diversity</b>	<b>Primary Supervisor</b>	<b>Additional Supervisor</b>
Demonstrated awareness and knowledge, and demonstrated respect and understanding, regarding issues of individual and cultural diversity.		
<i>Comments - 250 character limit:</i>		

<b>Professional Development</b>	<b>Primary Supervisor</b>	<b>Additional Supervisor</b>
Supervisor modeled and promoted the development of professional skills relevant to psychological practice (e.g., Integration, communication skills, case presentation, goal setting)		
<i>Comments - 250 character limit:</i>		

<b>Administrative Skills</b>	<b>Primary Supervisor</b>	<b>Additional Supervisor</b>
The supervisor discussed and actively promoted the development of administrative skills, (e.g., timeliness, attendance, communication, follow through)		
<i>Comments - 250 character limit:</i>		

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<b>Clinical Skills</b>	<b>Primary supervisor</b>	<b>Additional Supervisor</b>
<p>The supervisor promoted growth and development of clinical skills (knowledge, interviewing, diagnoses, data collection and interpretation, assessment, empirical evidence, case conceptualization, documentation, rapport, crisis management, etc.)</p> <p><i>Comments - 250 character limit:</i></p>		

<b>Supervision</b>	<b>Primary Supervisor</b>	<b>Additional Supervisor</b>
<p>The supervisor modeled supervision skills (preparedness, involvement, responsiveness, providing feedback, monitoring progress, etc.).</p> <p><i>Comments - 250 character limit:</i></p>		

<b>Consultation and Interprofessional Skills</b>	<b>Primary Supervisor</b>	<b>Additional Supervisor</b>
<p>The supervisor facilitated the development of interpersonal skills, including knowledge of roles, abilities, use of language, and promoted contributing to team interactions in a professional and effective manner.</p> <p><i>Comments - 250 character limit:</i></p>		

<b>Reliability</b>	<b>Primary Supervisor</b>	<b>Additional Supervisor</b>
Supervisor was reliable and available for supervision as needed.		
<i>Comments - 250 character limit:</i>		

<b>Support</b>	<b>Primary Supervisor</b>	<b>Additional Supervisor</b>
Supervisor was supportive of individual interests and regarding issues and disagreements with other professionals. Was helping in orientation to the setting and other factors.		
<i>Comments - 250 character limit:</i>		

<b>Training Goals</b>	<b>Primary Supervisor</b>	<b>Additional Supervisor</b>
Helpful in collaborating and providing guidance and assistance to establish realistic training goals		
<i>Comments - 250 character limit:</i>		

<b>How did the supervisor complete direct observation of the student's clinical work each quarter? Please comment on the degree of direct observation received by this supervisor:</b>
<i>Comments - <b>REQUIRED:</b></i>

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**DETAILED FEEDBACK**

Please describe particular areas of strength, and thoughtfully consider and outline areas of growth and further development. Please be professional, specific and constructive.

*Areas of Strength (Primary Supervisor) - 350 character limit:*

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*Areas of Strength (Additional Supervisor, if applicable) - 350 character limit:*

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*Areas of Growth (Primary Supervisor) - 350 character limit:*

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*Areas of Growth (Additional Supervisor, if applicable) - 350 character limit:*

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**CPP Trainee Evaluation of Practicum Site Placement**

<b>Rating Questions</b>	<b>Rating, 1-5</b>
1. What was your overall satisfaction with this practicum training site?	
2. How well were issues of diversity and inclusion addressed at this site?	
3. How well would you rate the working style of the staff and the atmosphere of the setting on this rotation?	

4. Reflect on the training received at this site: What training needs were met on this rotation? What needs could not be met in this setting? What training was available but not taken advantage of and why?

5. What skills and personality characteristics would help a student to be successful on this rotation?
6. What characteristics of the setting and site did you find to be particularly helpful?
7. What would improve the training experience?
8. Other comments:

## Internship Clinical Readiness Determination

Overall considerations: We will have a process in place to ascertain that applicants have reached a minimum level of proficiency in clinical hours and experiences to be competitive for internship application.

Specifically, we ensure that our students uniformly meet the following criteria before applying to internship:

1. Successful completion of a 1<sup>st</sup> year project, doctoral qualifying examination, the vast majority of their required courses, and dissertation proposal;
  - i. Assessment:
    1. Annual Student Review form
  
2. Successful completion of a set of organized, sequential practicum experiences spanning across several different training clinics and resulting in the acquisition of a wide range of assessment and intervention skills. Students will need to have demonstrated competencies in intervention and assessment before they apply to internship, as demonstrated through their annual review and supervisor evaluations.
  - i. Assessment:
    1. Supervisor evaluations at the end of their practicum rotations will meet or exceed MLA's.
    2. Annual Review:
      - a. Complete a summary of practicum experiences Table, reviewed at the Annual review meeting by the faculty.
      - a. Faculty will vote at early summer annual meeting if students are eligible to apply to internship the next year

Formative and summative evaluation is completed through Annual Student Review Form. In a formative way, it describes each student's training plan and is used to track and convey student progress in achieving competencies annually. The evidence of each student's attainment of the DSKs and PWCs (summative evaluation) is documented via the student's final Annual Student Review. On the Annual Student Review form the faculty completes an additional section for all students seeking approval to apply for internship. All sections must be endorsed "Yes" on this Internship Readiness Determination. These items were informed by the COA Standards and relevant recent research (Fouad et al., 2009) describing readiness for internship and readiness for entry to practice (successful completion of internship and all other program requirements and MLAs). Students are not approved to apply for internship unless they obtain the MLA at the level of readiness for internship for all PWCs, indicating that the student is ready to apply for internship with their current skillset. We will rely on the APA/CPA accredited internship to verify successful attainment of MLAs and completion before submitting for graduation, thus ensuring PWCs have been attained at the minimal level for entry-level practice.

Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M. B., ... & Crossman, R. E. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology*, 3(4S), S5.

## CPP Practicum Committee Guidance: How to be Competitive for Internship

### **For all student applying to internship, regardless of area of focus:**

- Show research productivity during graduate school. You are likely exceeding the “average” of all applicants (e.g., at least one publication and 3+ posters or presentations will show your ability to navigate and contribute to the scientific literature). Internships with allotted research time or research expectations may have applicants with greater research productivity.
- Have solid and customized cover letters for each site highlighting your “fit”
- Strong letters (at least 3) of recommendation from clinical supervisors and research mentor (send them a draft of your cover letter, essays, and CV so they can help highlight your accomplishments)
- Aim for a rough balance of intervention and assessment hours (but you can “swing” towards your preferences, if applicable)
- Have a minimum of 500 face to face hours (practicum committee has discretion to approve exceptions depending on specific situation), It is not uncommon to have more intervention than assessment hours unless you are assessment/neuropsychology focused. Some sites have minimums for the number of intervention hours (e.g., 350, check specific site information).
- Assessment hours are accompanied by integrated reports (minimum of 10 recommended)
- Diversity of experiences and breadth in training are key, you want to be well rounded and ready to “hit the ground running” and quickly adapt to new clinics and populations.
- Apply for about 15 sites with a range of competitiveness levels (e.g., “safety”, good fit, “reach”)

### **Specific training advice:**

Neuropsychology: Goal to get minimum of 2+ years of neuropsychology focused training with medical complexity in at least one of those years. Ideally 2+ years with medical complexity and/or intervention with medically complex patients, too. Diversity in age, presenting conditions, clinic focus, assessment battery, and variety of supervisors is recommended. A high number of integrated reports is key (40 minimum, but you may have 100+ depending on settings). All pediatrics OK if child focused. All adults OK if adult focused. A blend is OK too but ideal if 2+ years within preferred age group if you are specializing in adult or child settings. *Lifespan focused:* A balanced blend of adult and child focused activities.

Child Focus/Intervention/Child Assessment Focus: Experience working with children and families and evidence based treatment is key. Experience with neurodevelopmental disabilities is good (e.g., autism spectrum disorder, intellectual disability). Training may include focus in different areas: psychiatric, neurodevelopmental focus or medically complex. If intervention focused then still want 1 year assessment focus minimum (aim for about 100-200 assessment hours, 15 reports, WISC + other assessments). Breadth is beneficial in terms of treatment modalities (individual, couple, family, and groups), settings and scope (outpatient, work with multidisciplinary teams, consultation) and populations (different medical conditions, different ages (preschool vs teen) and different clinics); it is **not** expected that you have all of these experiences but working with 3 different patient populations is likely more competitive than one patient population for several years.

- For pediatric health psychology focus: It is ideal if much of the intervention and assessment experience is with individuals with complex medical history or within specialty medical settings. Total direct hours for pediatric psychology may be a bit higher, a range from 700-1000 was noted from 2022 DCT survey (25-75<sup>th</sup> percentile of hours). If intervention focused then ideally want about 500 hours intervention and 1 year assessment focus minimum with integrated reports. If child assessment focused then the balance can be evenly split or assessment leaning (e.g., 500 hours assessment and 200 hours intervention). However, if you have a variety of experiences and all/most in medical setting (like OHSU) you will likely be competitive for pediatric psychology slots with 500 F2F hours total.

**Adult Focus/Intervention/Health Psychology:** Experience in multiple settings & evidence based treatment focus is key. Training populations may focus more on psychiatric presentations or medically complex or a blend. Even if treatment focused, will need the basics in personality testing and at least some fluency with cognitive testing. Breadth is beneficial in terms of treatment modalities (individual, couple, family, and groups), settings and scope (inpatient, outpatient, work with multidisciplinary teams, consultation) and populations (different ages (young adults, geriatric s), different medical conditions, different clinics); it is **not** expected that you have all of these experiences but working with 3 different groups is likely more competitive than one patient population for several years.

- Health Psychology focused guidance: Assessment and intervention experience with individuals with complex medical history or within specialty medical settings. Experience collaborating with medical teams is ideal.
- VA specific guidance: For example, for VA internships they want a minimum of approximately about 100 assessment hours and exposure to a handful of standardized assessment tools with about 7-10 integrated reports (minimum 3 WAIS, 3 personality tests), WAIS/WISC mix OK, but you shouldn't only have WISCs for adult focused people. Aim for at least 500 direct hours across intervention and assessment activities.

### **Support and Suggestions:**

Create an excel sheet that can serve as a “virtual binder”. This could contain places/tracks you’re applying, all deadlines, links to websites, materials, and progress.

Ask multiple people (peers, mentor, supervisors, and faculty) to review your essays & cover letters for tone, spelling, and clarity.

Ask multiple people (peers, mentor, supervisors, and faculty) to conduct mock interviews

Make things easy for your letter writers: send your “virtual binder” to each writer. Include drafts of your essays, CV, and a summary of your hours (output from T2T). Additionally, you may want to include past formal evaluations or excerpt specific comments from formal evaluations from your letter writer to jog their memory.