**DOCTORAL PRACTICUM DOCUMENTATION – UNIVERSITY OF IOWA**

Revised 01/17 Semester and Year

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site

Supervisor(s)

The purpose of this form is to allow students to document their clinical experiences in a format consistent with the APPIC Application for Psychology Internships (AAPI).

In filling out this form, please note the following definitions used by APPIC:

* Practicum hour – A practicum hour is a clock hour. A 45 – 50 minute client/patient hour may be counted as one practicum hour.

# INTERVENTION AND ASSESSMENT EXPERIENCE

Please report actual clock hours in direct service to clients/patients. Also, complete Attachment A for this section. Hours should not be counted in more than one category. Time spent gathering information about the client/patient, but not in the actual presence of the client/patient, should instead be recorded under item 2, below (“Support Activities”).

For the “Total hours face-to-face” columns, count each hour of a group, family, or couples session as one practicum hour. For example, a two-hour session with 12 adults is counted as two hours. For the “# of different…” columns, count a couple, family or group as one (1) unit. For example, meeting with a group of 12 adults over a ten-week period counts as one (1) group. Groups may be closed or open membership; but, in either case, count the group as one group.

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| **a. Individual Therapy** | Total hours face-to-face | # of different individuals |
| 1) Older Adults (65+) | \_\_\_ | \_\_\_ |
| 2) Adults (18-64) | \_\_\_ | \_\_\_ |
| 3) Adolescents (13-17) | \_\_\_ | \_\_\_ |
| 4) School-Age (6-12) | \_\_\_ | \_\_\_ |
| 5) Preschool Age (3-5) | \_\_\_ | \_\_\_ |
| 6) Infants/Toddlers (0-2) | \_\_\_ | \_\_\_ |
| **b. Career Counseling** |  |  |
| 1) Adults | \_\_\_ | \_\_\_ |
| 2) Adolescents (13-17) | \_\_\_ | \_\_\_ |
| **c. Group Therapy** | Total hours face-to-face | # of different individuals |
| 1) Adults | \_\_\_ | \_\_\_ |
| 2) Adolescents (13-17) | \_\_\_ | \_\_\_ |
| 3) Children (12 and under) | \_\_\_ | \_\_\_ |
| **d. Family Therapy** | Total hours face-to-face | # of different families |
|  | \_\_\_ | \_\_\_ |
| **e. Couples Therapy** | Total hours face-to-face | # of different couples |
|  | \_\_\_ | \_\_\_ |
| **f. School Counseling Intervention** | Total hours face-to-face | # of different individuals |
| 1) Consultation | \_\_\_ | \_\_\_ |
| 2) Direct Intervention | \_\_\_ | \_\_\_ |
| 3) Other (Specify: @) | \_\_\_ | \_\_\_ |
| **g. Other Psychological Interventions** |  |  |
| 1) Sports Psychology / Performance Enhancement | \_\_\_ | \_\_\_ |
| 2) Medical / Health-Related Interventions | \_\_\_ | \_\_\_ |
| 3) Intake Interview / Structured Interview | \_\_\_ | \_\_\_ |
| 4) Substance Abuse Interventions | \_\_\_ | \_\_\_ |
| 5) Consultations | \_\_\_ | \_\_\_ |
| 6) Other interventions (e.g. milieu therapy, treatment planning with the patient present.) | \_\_\_ | \_\_\_ |
| Please describe the nature of the experience(s) listed in g-5: | |  |
| @ |  |  |
| **h. Psychological Assessment Experience:** This is the estimated total number of face-to-face client contact hours administering and providing feedback to clients/patients. This does not include time spent scoring and/or report writing, which should be included under item 2, below (“Support Activities”). You will provide information about numbers of tests administered in Section V. | | |
| 1) Psychodiagnostic test administration (Include symptom assessment, projectives, personality, objective measures, achievement, intelligence, and career assessment), and providing feedback to clients/patients. | \_\_\_ | \_\_\_ |
| 2) Neuropsychological Assessment (Include intellectual assessment in this category only when it was administered in the context of neuropsychological assessment involving evaluation of multiple cognitive, sensory, and motor functions).  3) Other (Specify – Could include diagnostic assessment; e.g., COD) | \_\_\_  \_\_\_ | \_\_\_  \_\_\_ |
| **i. Other Psychological Experience with Students and/or Organizations:** | | |
| 1) Supervision of other students performing intervention and assessment activities | \_\_\_ | \_\_\_ |
| 2) Outreach Programming | \_\_\_ | \_\_\_ |
| 3) Outcome Assessment of programs or projects with client present | \_\_\_ | \_\_\_ |
| 4) Systems Intervention/Organizational Consultation/Performance Improvement | \_\_\_ | \_\_\_ |
| 5) Other (Specify: @) | \_\_\_ | \_\_\_ |

**TOTAL INTERVENTION AND ASSESSMENT HOURS**

|  |  |  |
| --- | --- | --- |
| Add the number of hours included in 1a through 1i above |  |  |
| **Total Intervention & Assessment Hours:** | \_\_\_ | \_\_\_ |

# SUPPORT ACTIVITIES

This item includes activities spent outside the counseling/therapy hour while still focused on the client/patient.

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| 1) Case conferences  2) Case Management/Consultation  3) Didactic Training/Seminars/Grand Rounds  4) Progress Notes/Clinical Writing/Chart Review  5) Psychological Assessment Scoring/ Interpretation and Report Writing  6) Video-Audio-Digital Recording Review  **7) Outreach program development/preparation**  **Total Support Hours:** | \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_ |  |

# SUPERVISION RECEIVED

Supervision is divided into one-to-one, group, and peer supervision/consultation.

Item IIIa: Hours are defined as regularly scheduled, face-to-face individual supervision with specific intent of overseeing the psychological services rendered by the student.

Items IIIb and IIIc: The hours recorded in the group supervision category should be actual hours of group focus on specific cases. Many excellent practicum courses incorporate both didactic and experiential components in the course activity. **While the didactic portion is excellent training, it should not be recorded as a supervision activity; it should instead be included as a support activity in Item II (“Support Activities”) above.** This may necessitate breaking the hours spent in a practicum course into intervention, supervision, and didactic activities by actual course hours. For example, if you present on the “Psychosocial Issues of HIV Infection” using examples of cases, it is a didactic activity. Similarly, Grand Rounds that consists of in-service education on specific topics would not be considered supervision for the purposes of documenting practicum hours, but would be considered a support activity.

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| a. Supervised by a Licensed Psychologist: | \_\_\_ | \_\_\_ |
| b. Supervised by a Licensed Allied Mental Health Professional (e.g., LMHC, social worker, psychiatrist, etc.)  c. Other supervision (e.g., supervision provided by an advanced graduate student who is supervised by a licensed psychologist)  d. Supervision provided by a pre-doctoral psychology intern supervised by a licensed psychologist) | \_\_\_  \_\_\_  \_\_\_ | \_\_\_  \_\_\_  \_\_\_ |
| e. Hours spent in group supervision (for example, advanced practicum class time only including the hours in which you talked about cases): | \_\_\_ | \_\_\_ |
| f. Hours of peer supervision/consultation and case discussion on specific cases˚: | \_\_\_ | \_\_\_ |
| **Total Supervision Hours** (add IIIa – f): | \_\_\_ | \_\_\_ |

# SUMMARY OF PRACTICUM HOURS

This section summarizes the total number of practicum hours described above.

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| a. Total Intervention and Assessment Hours (item 1): | \_\_\_ | \_\_\_ |
| b. Total Support Hours (item II): | \_\_\_ |  |
| c. Total Supervision Hours (item III): | \_\_\_ |  |
| **GRAND TOTAL** | \_\_\_ | \_\_\_ |

# TEST ADMINISTRATION

Please indicate all instruments used by you in your assessment experience, excluding practice administrations to fellow students. You may include any experience you have had with these instruments such as work, research, practicum, etc., other than practice administrations. Please indicate the number of tests that you administered and scored in the first column, and the number that you administered, scored, interpreted, and wrote a report for in the second column. Please designate your experiences for the instruments listed below, without changing the sequence in which they are listed. Then, you may add as many additional lines (under “Other Tests”) as needed for any other tests that you have administered.

1. **ADULT TESTS**

In this section, please list the tests you administered/scored. In addition, please indicate if you developed an interpretive report including the results from administration of the test.

|  |  |  |
| --- | --- | --- |
| Name of Test | # Administered and Scored | # Nature of report (if applicable) |
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1. **CHILD AND ADOLESCENT TESTS**

In this section, please list the tests you administered/scored. In addition, please indicate if you developed an interpretive report including the results from administration of the test.

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| --- | --- | --- |
| Name of Test | # Administered and Scored | # of Reports Written |
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1. **INTEGRATED REPORT WRITING**

**How many supervised integrated psychological reports have you written for each of the following populations?** An integrated report includes a history, an interview, and at least two tests from one or more of the following categories: personality assessments (objective 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.

a. Adults: \_\_\_

b. Children/Adolescents \_\_\_

*I certify the above record to be accurate to the very best of my knowledge.*

|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| Student Signature |  | Date |  | Supervisor Signature |  | Date |
|  |  |  |  |  |  |  |
|  |  |  |  | Supervisor of Record (if different) |  | Date |