UNIVERSITY OF FLORIDA
COUNSELING AND WELLNESS CENTER

TRAINING MANUAL

Practicum and Advanced Practicum
Training Programs

Table of Contents

Mission Statements

Counseling and Wellness Center Mission Statement

The Mission of the Counseling and Wellness Center at the University of Florida is to foster human development in all of its diversity through compassion, empowerment, advocacy, hope, empathy, and heart. At the CWC, we embrace differences and help nurture a healthy and healing campus environment for all.

Multicultural Mission Statement

The University of Florida's Division of Student Life fosters a community that values and respects diversity. An inclusive definition of diversity recognizes the variety of personal and social experiences that make individuals and communities different from one another. These differences include race, creed, color, religion, age, disability, sex, sexual orientation, gender identity and expression, size, marital status, national origin, political opinions or affiliations, genetic information, veteran status, and the many other ways one might identify. The UF community has a shared responsibility to demonstrate integrity, respect, compassion and opportunity by:

- Challenging biases within ourselves and others
- Inspiring individuals to foster inclusion in their daily lives
- Engaging others in spirited dialogue about differing opinions, perspectives, and values
- Respecting our community as a marketplace of free ideas
- Creating a rich educational environment that is dedicated to social justice
- Implementing conflict resolution practices for differences that impact our community
- Maintaining a safe environment for civil and respectful communication
  The foundation of our commitment to lead and serve the global community is a just and equitable Gator Nation.

Training Mission Statement

The practicum training program is an integral part of the mission of the University of Florida Counseling and Wellness Center (CWC), and the entire professional and support staff is involved in the supervision and training of our practicum counselors. The training program is designed to prepare trainees to function competently as a

counselor in training. We aim to help develop counselors who are competent, highly ethical, and culturally sensitive. The program follows a *practitioner-scholar model* of professional training for counselors, which emphasizes *experiential learning*. As a practitioner, the trainee applies the knowledge gained from scholarly and scientific evidence to clinical practice. As a scholar, the trainee is engaged in study of the science of psychology, and is encouraged to contribute to the profession though involvement in scholarly activities. In addition, the training staff provides a wide variety of clinical and supervision orientations used in training.

Counseling Psychology Model Training Values Statement Addressing Diversity

Respect for diversity and for values different from one's own is a central value of counseling psychology training programs. The valuing of diversity is also consistent with the profession of psychology as mandated by the American Psychological Association's Ethical Principles and Code of Conduct (2002) and as discussed in the Guidelines and Principles of Programs in Professional Psychology (APA, 2005). More recently there has been a call for counseling psychologists to actively work and advocate for social justice and prevent further oppression in society. Counseling psychologists provide services, teach, and/or engage in research with or pertaining to members of social groups that have often been devalued, viewed as deficient, or otherwise marginalized in the larger society.

Academic training programs, internships that employ counseling psychologists and espouse counseling values, and post-doc training programs (herein "training programs") in counseling psychology exist within multicultural communities that contain people of diverse racial, ethnic, and class backgrounds; national origins; religious, spiritual and political beliefs; physical abilities; ages; genders; gender identities, sexual orientations, and physical appearance. Counseling psychologists believe that training communities are enriched by members' openness to learning about others who are different than them as well as acceptance of others. **Internship trainers, professors, practicum supervisors (herein "trainers") and students and interns (herein "trainees") agree to work together to create training environments that are characterized by respect, safety, and trust.** Further, trainers and trainees are expected to be respectful and supportive of all individuals, including, but not limited to clients, staff, peers, and research participants.

Trainers recognize that no individual is completely free from all forms of bias and prejudice. Furthermore, it is expected that each training community will evidence a range of attitudes, beliefs, and behaviors. Nonetheless, trainees and trainers in counseling psychology training programs are expected to be committed to the social values of respect for diversity, inclusion, and equity. Further, trainees and trainers are expected to be committed to critical thinking and the process of self-examination so that such prejudices or biases (and the assumptions on which they are based) may be evaluated in the light of available scientific data, standards of the profession, and traditions of cooperation and mutual respect. Thus, trainees and trainers are asked to demonstrate a genuine desire to examine their own attitudes, assumptions, behaviors, and values and to learn to work effectively with "cultural, individual, and role differences including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status" (APA Ethics Code, 2002, Principle E, p. 1063). **Stated simply, both trainers and trainees are expected to demonstrate a willingness to examine their personal values, and to acquire and utilize professionally relevant knowledge and skills regardless of their beliefs, attitudes, and values.**

Trainers will engage trainees in a manner inclusive and respectful of their multiple cultural identities. Trainers will examine their own biases and prejudices in the course of their interactions with trainees so as to model and facilitate this process for their trainees. Trainers will provide equal access, opportunity, and encouragement for trainees inclusive of their multiple cultural identities. Where appropriate, trainers will also model the processes of personal introspection in which they desire trainees to engage. As such, trainers will engage in and model appropriate self-disclosure and introspection with their trainees. This can include discussions about personal life experiences, attitudes, beliefs, opinions, feelings, and personal histories. Assuming no one is free from biases and prejudices, trainers will remain open to appropriate challenges from trainees to their held biases and prejudices. **Trainers are committed to lifelong learning relative to multicultural competence. Counseling psychology training programs believe providing experiences that call for trainees to self-disclose and personally introspect about personal life experiences is an essential component of the training program. Specifically, while in the program trainees will be expected to engage in self-reflection and introspection on their attitudes, beliefs, opinions,**

feelings and personal history. Trainees will be expected to examine and attempt to resolve any of the above to eliminate potential negative impact on their ability to perform the functions of a psychologist, including but not limited to providing effective services to individuals from cultures and with beliefs different from their own and in accordance with APA guidelines and principles.

Members of the training community are committed to educating each other on the existence and effects of racism, sexism, ageism, heterosexism, religious intolerance, and other forms of invidious prejudice. **Evidence of bias, stereotyped thinking, and prejudicial beliefs and attitudes will not go unchallenged, even when such behavior is rationalized as being a function of ignorance, joking, cultural differences, or substance abuse. When these actions result in physical or psychological abuse, harassment, intimidation, substandard psychological services or research, or violence against persons or property, members of the training community will intervene appropriately.**

In summary, all members of counseling psychology training communities are committed to a training process that facilitates the development of professionally relevant knowledge and skills focused on working effectively with all individuals inclusive of demographics, beliefs, attitudes, and values. Members agree to engage in a mutually supportive process that examines the effects of one's beliefs, attitudes, and values on one's work with all clients. Such training processes are consistent with counseling psychology's core values, respect for diversity and for values similar and different from one's own.

Training Philosophy

Practicum is a time to develop one's professional skills and identity as a counselor. The practicum training program offers training in a variety of areas related to the counseling profession. We attempt to provide an atmosphere that is conducive to learning by providing trainees with an appropriate blend of support and challenge. We see trainees as emerging professionals and treat them accordingly, giving them a balance of autonomy and structure. At the same time, we try to provide the professional and emotional support necessary to allow for growth and development. We focus on trainees' "growth edges" and attempt to facilitate trainees' growth throughout the course of the year.

Evaluation and feedback is an important part of the practicum training program experience. Clinical supervisors, group supervisors, and members of the training staff evaluate and provide feedback to trainees twice each semester (at mid-term and again at the end of the semester). This feedback focuses on the development and progress of each trainee, with the focus always being on helping trainees identify areas of strength and areas for growth. Trainees, in turn, evaluate their clinical supervisors and the training program once each semester.

Depending on their contract, trainees will have the opportunity to engage in the multiple roles of working at a counseling center, which include counseling services (individual, couples, and group therapy), assessment, crisis intervention, referral, consultation, outreach workshops, participation in training seminars and professional development activities.

Professional Ethics

Trainees are expected to follow ethical guidelines and principles as established by the American Psychological Association (APA) http://www.apa.org/ethics/code/ and the American Counseling Association (ACA) https://www.counseling.org/resources/aca-code-of-ethics.pdf. They are expected to be aware of and adhere to pertinent Florida laws governing professional practice. **Trainees must maintain ALL client information confidential as required by law and the APA and ACA ethics codes.** Ethical issues are presented as a component of the trainee seminar. Ethical issues are integrated into all discussions regarding service delivery and into all training opportunities, including seminars, individual and group supervision sessions.

Trainees are highly encouraged to have an active malpractice insurance, if they do not have it already.

Dress Guidelines

Clothes and other dress accessories can be a great way to share who you are and how you want to present yourself to the world. As you enter/continue your professional journey as clinicians consider the following questions before you head to work: Would this be an appropriate outfit for a professional counseling setting (vs. attending a class, going to the club, the beach, or other spaces)? Would this be an appropriate outfit as I sit across from a client? Am I presenting myself and who I am in the best way possible in this setting? If you find yourself unsure, check in with your supervisor or other professional and be open to feedback as you navigate this part of your professional journey.

In addition, it is helpful to think about the following aspects: The professional appearance of our staff members, including our trainees, contributes to the image of the CWC. It is important that our clothing styles do not contribute to an overly casual, distracting, or sexualized environment. All staff are expected to be neat and clean. They should wear clothing that is not wrinkled, threadbare, or worn. Colognes and perfumes, when used, should be selected with the awareness that individuals vary in their sensitivity to scents especially in small office spaces. We are sensitive to diverse needs, cultural expectations, and socioeconomic concerns.

Clinical supervisors are responsible for providing feedback with respect to the dress standards and are expected to act as role models for their supervisees. Trainees are expected to engage with any of their supervisors' appropriate questions or concerns about the supervisee's apparel or grooming. If this proves uncomfortable the supervisee is encouraged to seek out another professional to help navigate this process.

Training Committee

Administratively, the practicum training program is under the direction of the Training Coordinator, the Training Director, and the Training Committee. The Training Committee is comprised of Training Director, Training coordinator, other

clinicians on staff, and intern representatives.

Service Activities

Individual Counseling

Trainees typically see 4-6 clients per week with exception of some trainees from counselor education to see 10-12 clients per week. After an initial assessment of the trainees' needs, supervisors work with each trainee to select cases that will facilitate development in particular areas. The Counseling and Wellness Center endorses a brief psychotherapy model (1-15 sessions) and incorporates a variety of theoretical orientations, such as humanistic, feminist, psychodynamic, and cognitive-behavioral. All trainees will see a range of cases that include work with individuals who require very short term (1-6 sessions) problem-oriented interventions as well as brief psychotherapy (7-15 sessions) involving more complex therapeutic interventions. Trainees make individual presentations of cases in a weekly group supervision meeting, and receive supervision from their individual supervisor each week. Both individual and group supervision provide ongoing monitoring of case conceptualization, treatment planning, and intervention. Trainees are asked to integrate the application of career counseling interventions in their individual therapy as needed. This may include applications of interest and career counseling inventories (such as the Myers-Briggs Type Indicator, Strong Interest Inventory, and the CHOMP program).

The CWC does not diagnose clients. However, practicum and advanced practicum students are expected to be able to engage in discussions and know possibly relevant diagnoses. They receive seminars on variety of forms of conceptualizing client issues. In addition, they are encouraged to attend Continuing Education programs that provide evidence-based practices relevant to treatment.

Group Counseling (Advanced Practicum)

The CWC has a robust group therapy program which provides several group therapy training opportunities each semester, including co-leadership, process observation, case consultation meetings and seminars. **Note: This opportunity is available to post-practicum students.** Trainees are assigned to co-lead based on this training hierarchy: doctoral interns/doctoral advanced pracs, advanced practicum / group

therapy only advanced practicum students, psychiatric residents and fellows. Trainees are assigned as co-leaders based on their training goals and level of group experience. In cooperation with the training director, the interested trainees will rank their preferences. The group coordinator, training director and the co-leaders will work together in placing trainees with a group(s). Placement with a co-leader may include an interview between the trainee and potential co-leader to ensure a good fit. However, this does not guarantee that the trainee will be assigned to that group or senior staff member.

Process Observation Opportunities.

Process observation of a process group is available to students in program that do not offer a group counseling course. In lieu of a course, this serves as an opportunity for experiential learning and formal training in group counseling prior to taking on the responsibility of group leadership. A process observer is primarily a silent member in the group who observes and records the process and group dynamics of each group session. Process observers agree to (1) attend every group session and (2) participate in weekly group supervision with the group leader(s) to discuss their observations, reactions and feelings experienced during the session. There is also a bi-monthly group therapy consultation space that all group trainees are invited to participate based on the trainee's availability. Using a developmental training model, as the semester progresses the trainee and the co-leaders may decide for the process observer to have a speaking role within the group. For example, the process observer may be asked to share their process observations with the group depending on the type of the group, the composition of the group members, and the style of the group facilitator(s).

Note: This group process observation opportunity is not a practicum (intervention) experience. As such, it does not require enrollment in the practicum course in your department. Likewise, these hours also do not count towards practicum hours. For Counseling Psychology trainees who would like to include this experience on the AAPI, it should be included under "Non-Practicum, Clinical Work Experience".

Group Co-Facilitation Opportunities.

If choosing to do group therapy, advanced practicum students are expected to co-lead a group with a licensed therapist. The senior staff co-leader will serve as the group therapy supervisor. The CWC requires you to attend weekly group therapy

supervision for a range of 30 to 60 minutes per week, which you will negotiate with your supervisor.

Advanced practicum students may participate as a co-leader in a therapy group if they (1) have taken a graduate level group therapy course *(our preference)* or (2) taken the semester long CWC group therapy seminar for process observers. If a trainee does not meet the criteria listed above, they may still be eligible to be a co-leader, for example if they have previously co-lead a *process* therapy group at another training site. However, exceptions are rare given formalized, didactic training is very important in learning to be an effective group psychotherapist. This will be reviewed on a case by case basis with the practicum and group coordinators. Exceptions may include previous participation in their own therapeutic process group or is interested in working with a unique client population. Students are eligible to co-lead a group with senior staff member during Fall semester, and with doctoral intern or senior staff member during Spring and Summer semesters. The staff member or doctoral intern will serve as the trainee's group therapy supervisor. Trainees are encouraged to contact group leaders whom they may have an interest in co-leading with to discuss what the group and their supervisory style is like. However, this does not guarantee that the trainee will be assigned to that group or senior staff member.

The CWC requires you to attend weekly group therapy supervision for either 30 minutes (e.g. psychoeducational groups) or 60 minutes (e.g. process groups). However, if you and your group supervisor decide you would like to extend the supervision time, this is something that can be negotiated together (e.g. 60 minutes for a psychoeducational group). All trainees (especially those serving as co-leaders or process observers) are strongly encouraged to attend the group therapy case consultation meetings at least once a month.

Trainees receive feedback from their group co-leader, which will be shared with the training director via the Group Competencies Form. Trainees also provide feedback about their group supervisors through the Evaluation of Co-leader Form.

Clinical Assessment (Advanced Practicum)

The first method of assessment is the Brief Consultation and Referral (BCR) appointment.

Clients are assessed for severity, appropriateness for Center services, recommended mode of treatment (individual, couples, group counseling, etc.), and referral options.

If the client remains at the Center, a new client appointment is scheduled in which a formal clinical assessment interview takes place. The BCR session helps inform and direct the nature of this assessment.

The CWC does not diagnose clients.   However, trainees are expected to be able to engage in discussions and know possibly relevant diagnoses. Trainees receive seminars on variety of forms of conceptualizing client issues. In addition, they may attend Continuing Education programs that provide evidence-based practices relevant to treatment.

Trainees are expected to develop referral skills as an appropriate extension of assessment and counseling techniques. During orientation, the trainees become familiar with the supportive resources available on campus and in the community. A directory of such services is made available, and the procedure for referral is discussed. All trainee referrals are monitored by the individual supervisor.

Crisis Intervention (Advanced Practicum)

Crisis intervention strategies and techniques are presented during practicum seminar. A clinician is always available for crisis consultation. Trainees are expected to consult with any available clinician when dealing with crisis situations. They are also expected to develop referral skills as an appropriate extension of assessment and counseling techniques. During orientation, the trainees become familiar with the supportive resources available on the campus and in the community. A directory of such services is made available, and the procedure for referral is discussed. All trainee referrals are monitored by the individual supervisor.

Advanced practicum students may choose this as an area of concentration. Specific training and duties will be negotiated with the individual supervisor and training coordinator.

Consultation (Advanced Practicum)

Advanced practicum counselors may choose this as an area of concentration.

Specific training and duties will be negotiated with the individual supervisor and training coordinator.

Outreach Workshops (Advanced Practicum)

There are also teaching and outreach opportunities available. Advanced practicum trainees may choose this as an area of concentration. Specific training and duties will be negotiated with the individual supervisor and training coordinator.   If a student is interested in outreach or other presentations, they are encouraged to contact the Assistant Director for Outreach, the Outreach coordinator or specific outreach coordinators such as ASPIRE and International Initiatives at the beginning and throughout each semester.

Couples Counseling (COE MFT Advanced Practicum only)

All trainees have the opportunity to engage in couples therapy each semester if they satisfy the following training requirements:

a. Didactic training in the Fall through the practicum seminars.
b. Supervision with the couples therapist after each session.
c. Advanced practicum students – They should have taken the couples course or done the couple's seminar before seeing a couple.

A practicum or advanced practicum student should be paired with a staff member experienced in couples or group therapy. The staff member will also serve as their group or couples supervisor.

Areas of Concentration (Advanced Practicum)

Although advanced practicum counselors are being trained as generalist counselors, some of their direct hours may be used to focus on a chosen area of concentration. These areas of areas of concentration include the following categories:

- Student Population – International students or 1st generation students,
- Presenting issues – Eating disorders, anger management, social anxiety, substance abuse, sexual abuse and trauma recovery, or gender issues, or
- Psychotherapeutic Approaches/Interventions - Psychodynamic therapy, mindfulness, biofeedback, crisis intervention, or outreach/consultation.

Each counselor will create an individualized contract with their supervisor and the training coordinator that will determine their weekly schedule.

Training Activities

Seminars

Training seminars are an integral part of the training program. The format is both didactic and discussion/process oriented in nature. A wide variety of topics are covered that pertain to major areas of knowledge needed to be a competent clinician. Diversity is infused in all presentations. Particular diversity seminars are also highlighted throughout the year.

Seminar: Three to four 1-2 hour trainings

Topics may include, but are not limited to:

- Triage/Intake Interviewing
- Lethality Assessment
- Group Therapy
- Trauma
- Crisis Intervention
- Sexual Assault and Abuse Recovery
- Biofeedback
- Psychotropic Medications
- Working with LGBTQ Clients
- Working with International Students
- Assessment
- Eating Disorders
- Substance Abuse
- Addictions
- Couples Therapy
- Consultation
- Spirituality in Counseling
- Mental Health Recovery
- Job Search

Practicum and advanced practicum students will evaluate each seminar

series anonymously by using the Seminar Evaluation Form. This helps provide the training program with important feedback.

Continuing Education

Trainees are welcome to participate in the continuing education workshops provided at the CWC or in the community.

Group Orientation and Training

There is a 2-hour introductory orientation for all trainees who are new to the group therapy process at the CWC. All trainees facilitating groups will be required to complete a telehealth training on conducting groups online.

If your schedule allows, it could be helpful to attend the CWC group consultation meetings on a monthly basis. These meetings are held weekly and the dates and times of these meetings will be shared with you at a later date. Trainees have found these meetings to be helpful in developing group counseling and conceptualization skills, however, your attendance to these meetings are optional.

Other Activities

Meeting with the Training Coordinator

Trainees meet as a group and discuss challenging issues including but not limited to procedural issues at CWC, technological concerns, room assignment, supervisory concerns, and any aspect of training related issues.

The Training Coordinator can also meet with trainees periodically during the semester on an individual basis. This is a time to clarify questions, address problems, and discuss ongoing concerns. It is important to keep lines of communication open between trainees and the Training coordinator.

Trainee Contract

Each semester trainees will complete an individual Contract with the Training Coordinator specifying how their time will be allocated among their various activities. Trainees are encouraged, as is staff, to keep track of their hours to make

sure they are meeting their contracted hours.

Attendance and Participation* (see below) is required for successful completion of practicum/advanced practicum training. Unless extraneous unforeseen events takes place, students should receive permission from the CWC Training Director or the Training Coordinator no later than a week in advance of the leave of absence.

*Participation includes:
1. Direct Services (individual, group, couples, triage--per your contract if applicable)
2. Individual supervision;
3. Group supervision;
4. Supervision of group therapy (per your contract if applicable);
5. Outreach (per your contract if applicable);
6. Case management
7. Seminar
8. Class attendance (practicum only)
9. Mid-semester and final semester evaluations
10. Available during finals week for paperwork feedback

*Please document your direct and indirect service hours in Titanium.

Supervision

Philosophy of Supervision

The philosophy of supervision is to encourage the growth and development of each trainee. Over the course of the practicum training program year, each trainee works with two individual supervisors (one in the Fall, the other in the Spring). Other opportunities for supervision occur in group supervision, seminars, co-therapy, and case consultation. Trainees receive a minimum of 1 ½ hours of supervision per week. Evaluation focuses upon the strengths and "growth edges"(areas for improvement) within the context of minimal competencies. Individual supervision focuses on developing the trainee's clinical skills (incorporating code of ethics) and professional identity. In addition, trainees are provided with the opportunity to perform many of the roles of a university counseling center clinician, and are given feedback on their

performance in the areas of individual/couples/groups counseling, outreach, consultation, case management, and professionalism in the workplace.

Supervisors and staff are expected to be accessible to trainees and provide them with a level of guidance and supervision that encourages successful completion of the internship. They serve as appropriate professional role models and engage in actions that promote interns' acquisition of knowledge, skills, and competencies consistent with the training program's aims (graduate interns who are clinically competent, highly ethical, culturally sensitive, and who have developed a well-defined professional identity).

Awareness and Use of Self

We strongly value knowledge and awareness of self as being critical to the development of professional skills, identity and behavior. We encourage trainees to reflect on and disclose personal experiences that are directly tied to an understanding of their interpersonal dynamics as professionals. We encourage trainees to reflect on and disclose personal experiences that lead to an understanding of their interpersonal dynamics as professionals. We believe that trainers and trainees share responsibility for creating a safe and respectful environment in which this exploration can occur. It is the training staff's responsibility to create a safe and trusting environment, and the trainees' responsibility to engage in self-reflection and exploration as it relates to their professional development as clinicians. Within this context the training program assists trainees in developing and setting boundaries appropriate to their personal values and self-care, which include respect for individual cultural differences. In this regard, all training activities, including individual and group supervision, and training seminars are designed to promote awareness and use of self. It is important to note that growing as a professional through the awareness of self is not the same as engaging in psychotherapy.

In accordance with the APA Ethical Standard 7.04, UF CWC does "not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is

necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others." In addition ACA's Code of Ethics F.8.c. indicates "Self-growth is an expected component of counselor education. Counselor educators are mindful of ethical principles when they require students to engage in self-growth experiences. Counselor educators and supervisors inform students that they have a right to decide what information will be shared or withheld in class."

Personal Therapy

Although personal therapy is not required of trainees, trainees are strongly encouraged to engage in their own personal therapy while on practicum training program with therapists in the community. The practicum training program year is taxing both personally and professionally; and in times of stress, therapy can be an excellent source of increased awareness and understanding. It can also enhance the therapy that trainees conduct with clients as the trainee sits on the other side of the therapy process. A therapists' referral list is available for trainees.

Goal Statements

The trainee is responsible for developing a goal statement for practicum training program in consultation with his/her individual supervisor at the outset of the practicum training program. The goal statements include an overview for goals for the year, as well as setting goals for each semester. The supervisor works collaboratively with the trainee in formulating goals and identifying areas of strength and "growth edges".

Individual Supervision

Trainees receive a minimum of 1.5 hours per week of individual supervision by a licensed psychologist or licensed mental health counselor. The supervision focuses most intensely on clinical work with individuals and groups. In addition to clinical work, supervision encompasses the broad range of training activities: work in consultation and outreach, supervision of practicum trainees, ethics and professional development. Trainees video record all counseling sessions and are expected to show these recordings in supervision as cases are discussed. These recordings are retained for a period of 2 weeks, after which they are auto-deleted. If you need recordings to

be retained, please submit request using the **Authorization for Special Use of PHI** (Form F-IS0001) to the Training Coordinator or Training Director.

<mark>*Trainees are not to use any personal devices to copy or save any client-related information from the center.</mark>

Observation of live work is essential to high quality supervision. All trainees are expected to show tapes in both individual and group supervision. Cases are listed on the **APPIC hours documentation template** which is maintained by the trainee, and verified against the Titanium schedule at the end of the semester. Supervisors keep track of cases on an ongoing basis by way of the electronic scheduling system, Titanium. All notes are reviewed and signed by the individual supervisor.

Trainees change supervisors in the Spring semester, thereby giving them the opportunity to experience two different primary supervisors over the course of the year. In the spring, practicum counselors are supervised by interns. *Individual supervision sessions of practicum students are video recorded for training purposes and may be reviewed in the intern's individual supervision and/or group supervision of supervision to assist interns in improving their supervision skills.* Interns will also review supervision related issues sans videos in both group supervision of supervision and individual supervision settings. Interns will maintain ongoing dialogues about what may be appropriate to bring up in these settings with practicum supervisees. Supervision is not confidential, but supervisors take great care in guarding supervisees privacy to provide a space for maximum use and growth in/of supervision.

A **Supervisory Disclosure Form** is signed by the client informing the client that the trainee is supervised and the name(s) of the trainee's supervisor(s). This form must be filled out at the beginning of each new client appointment and when supervisor changes occur. Trainees are also required to at least verbally indicate that they are being supervised, indicating the name of the licensed clinician.
This form is now completed in Titanium.

Group Supervision

In this meeting, trainees meet as a group (with a licensed clinician) and discuss cases, make case presentations, and review digital recordings of clinical work. A formal case

presentation is required, as is the showing of at least one recording each semester. It is also an environment to explore and develop an awareness of self as it informs trainees' work professionally. Great effort is made to make this a trusting environment so that trainees can explore new and creative avenues in their clinical work.

Limits on confidentiality in supervision

Supervisors vary in their emphasis on transference-counter transference issues in supervision. Work with trainees on these issues could involve personal disclosures from the trainee. Most supervisors wish to respect privacy on personal issues, yet retain a responsibility for evaluation of trainee performance. Supervisors occasionally may need to consult with their peers on a supervision issue, and would discuss this with the trainee. Supervisors also have opportunities to consult in "peer supervision" on their own supervision issues. Supervision is not to be confused with a therapy relationship, although there may be aspects of supervision which are therapeutic. Trainees are encouraged to discuss the limits of confidentiality with their supervisors. Privacy on personal issues is respected, and if these issues are affecting work performance, the performance issues will be addressed.

Informed Consent for Former and Potential Trainees Receiving Therapy at the CWC

Informed Consent regarding Training and Receiving Therapy
at the Counseling and Wellness Center
(Rev 8/2016)

Many students in the mental health field are interested in and at times encouraged to seek their own therapy. Receiving therapy often allows students to be more self-aware and continuously grow as people in a profession that demands use of ourselves as tools in therapy.   It at times takes a lot of effort and risk-taking to decide to make an appointment for therapy; sometimes even more so for students/professionals in mental health professions. The provision of counseling to students from the Counselor Education and Counseling Psychology programs is one that the Counseling and Wellness Center (CWC) has discussed in depth because we not only value students doing therapy, but also recognize the ethical implications involved when the roles of student and client intersect in the same setting. If you are a graduate student from Counselor Education or Counseling Psychology and are interested in becoming a trainee at the CWC, please be aware that most clinicians on our staff serve as supervisors. Multiple role relationships can present a number of issues, not just for the participants but also for the environment of the center. The occurrence of multiple relationships between individuals can blur the boundaries between relationships. This can result in confusion on the part of the individuals as to expectations,

reactions, and behaviors in their interactions with each other. The confusion that can result from multiple role relationships can jeopardize effective and appropriate maintenance of each role. This is especially problematic when one of the multiple relationships is characterized by an imbalance of power. In such cases, the party with less power can feel overly vulnerable, especially when an evaluation process is involved. Multiple role relationships can also have consequences for the agency as a whole, as they engender an environment of indebtedness, favoritism, and inclusion/exclusion. These unfavorable conditions may also have a deleterious impact on the relationships between members of the trainee cohort group, and may ultimately negatively impact the quality of service provided to the students seeking support through CWC. <u>All CWC staff, including clinical and administrative personnel, has responsibility to acknowledge their power with supervisees and trainees, considering both the beneficial aspects and problematic aspects of social interactions with each other.</u> To avoid this multiple role relationship issue, policies are in place to protect clients, students, trainees, supervisors and staff. It is also expected that interested applicants will have evaluated the potential for a multiple role relationship in considering a training position at the CWC.

The following relevant codes of ethics are offered as a framework on this issue and should be considered best practices with regard to multiple relationships1.

American Counseling Association Code of Ethics

F.10.e. Counseling Services Counselor educators do not serve as counselors to students currently enrolled in a counseling or related program and over whom they have power and authority.

https://www.counseling.org/resources/aca-code-of-ethics.pdf

National Association of Social Workers Code of Ethics

1.06.c. Conflicts of Interest - Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

3.01.c. Supervision and Consultation - Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.

http://www.socialworkers.org/pubs/code/code.asp.

APA Ethical Principles of Psychologists and Code of Conduct

The terms "relationships" and "roles" imply intended, ongoing, and substantive interaction; not just incidental contact (Sonne, 2007, http://kspope.com/site/multiple-relationships.php)

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

http://www.apa.org/ethics/code/

Purpose of this Document

The purpose of this document is to: 1) to provide a process for managing both potential and actual multiple role relationships so that trainees feel informed and feel safe as they pursue therapy and training opportunities and, 2) to provide helpful parameters around CWC expectations regarding multiple role relationships.

*If there is any anticipation of, confusion about, or concern regarding your own, or a fellow staff member's/trainee's involvement in a multiple role relationship, it is expected that you will contact your supervisor, the Training Director, or Director of CWC to discuss the situation as early as possible.

Seeking counseling while in training at the CWC
During the time that you are a trainee at the Center, you are encouraged not to seek therapy at the Center. There are several important reasons for this:
- All staff are considered a part of the training program and participate in various aspects of a trainee's experience. Therefore, multiple role issues become more prevalent.
- Balancing the role of being a client and a counselor within the same treatment setting may create undue distress for you as a trainee.
- In the role of being both a trainee and a client, you may have an increased perceived sense of being evaluated.
- There will be limited privacy and anonymity despite our best efforts to retain these.
   - You would have limited choices for supervisors due to multiple role conflicts.

As a way to reduce the chance of multiple relationship roles occurring and create increased feelings of safety for graduate students, we highly encourage students to seek services

outside of the CWC. We have identified several therapists in the community who take insurance, are willing to do a sliding scale, or offer pro bono services. **However, if none of these are an option for you, we have a limited number of therapists who have minimal contact with the training program who can see students at the Center. Please contact (if you feel comfortable doing so) the Assistant Director/Training Director (Natasha Maynard-Pemba) or Interim Training Coordinator (Shinlay Rivera), CWC Case Manager for appropriate referrals within or outside of the Center.**

Seeking counseling at the CWC after receiving training
We will continue to see students who could and will be trainees here before and after their training year at the Center. However, we would like to fully inform you of potential risks involved in being seen for therapy at the center if you have been a trainee here. Many of the reasons above continue to apply, but may not have immediate effect. For example:
- Multiple Roles
- If you become a client subsequent to being a trainee here, you may be more aware of balancing the role of having been a trainee and now a client within the same treatment setting
- Anonymity and Privacy
  - For example, you may be a client while someone in your cohort or program is currently doing a practicum, advanced practicum, or internship at the Center.

Again, for these reasons and others we encourage trainees who would like to receive therapy to seek it in the community while they are students at UF. Please contact the Training Director or Training Coordinator for assistance in finding appropriate referrals.

Seeking training at the CWC after receiving counseling
In order to adequately address the aforementioned issues, it is necessary for you and the CWC Training Director and Training Coordinator to work together. Consequently, if you received personal counseling from a counselor who is still at the CWC, we ask that you schedule a private meeting with the CWC Training Director and Training Coordinator. In this meeting, the only information about your counseling that you will be required to provide is the name of the counselor that you saw at the CWC.

The purpose of the meeting is to eliminate or minimize potential multiple role issues for your practicum/internship. At that meeting, the standard procedures listed below will be discussed with you, and any questions that you have will be addressed. In addition, you will have an opportunity to request additional considerations that may further reduce potential multiple role issues. There is a place at the end of this document where such considerations may be listed.

When agreement has been reached, you will be asked to sign this form, and your signature will indicate that you were fully informed of the parameters within which a solution can be achieved, had an opportunity to ask questions and receive answers, and agree to the following conditions and any others that you jointly negotiate in the meeting.

a) I understand that it is necessary for the CWC Training Director and Training Coordinator to know that I was previously seen by a specific counselor at CWC to effectively avoid or minimize any multiple role issues at CWC.

b) I understand that the CWC Training Director and Training Coordinator do not require any additional information from me about my counseling experience and that they will not attempt to obtain additional information from other sources.

c) I am aware, that it is possible that staff members may know of my prior contact with the agency and have some limited information about my presenting problem through their own memory of the CWC disposition system, supervision processes, or consultation processes.

d) I understand that my client file will be hidden in Titanium (CWC's electronic records system) from most clinicians except for my therapist, clinical administrators, and a small number of staff directly tied to Titanium maintenance.

e) I am aware that my former counselor will not be assigned as my individual supervisor or as an instructor for my practicum course; although they may serve as a presenter for your practicum or internship seminar.

f) Specify any additional conditions here as agreed upon in the meeting:
_____
_____
_____
_____

Check One:

_____ Concerns about potential multiple role issues at CWC have been fully discussed with me and I agree to the conditions outlined in this document.

_____ Concerns about potential multiple role issues at CWC have been fully discussed with me, but I am not yet satisfied with the conditions listed in this document.

Print Trainee Name   Trainee Signature

Date: _____

CWC Training Coordinator or Training Director Signature

Date: _____

If you have any questions or concerns about being seen at the Counseling and Wellness Center or would like referrals for community therapists, please do not hesitate to call us at 352-392-1575.

Dr. Natasha Maynard-Pemba   Or   Dr. Shinlay Rivera
Assistant Director/Training Director   Interim Training
Coordinator

Community Providers Offering Reduced Fee Services

NAME	PHONE	REDUCED FEE	Comment
Amelia Davis, MD	352-682-2246		
Bhakti Cohen	352-514-4648	yes	
Charles Martin	352-375-7756		
Nancy Coleman	352-332-1300		
Debbie Dykes Howe	352-514-3897	yes	
Donna L. Everett	352-745-1852		
Isabell Springer	352-562-6064	yes	
Jaime Jenkins	352-514-5464	yes	
Jerry Thompson	352-376-3559	yes	Counselor Ed students only
Kathleen Gienhart	352-262-4517		
Linda Provus McElroy	352-378-5278	yes	
Lisa Wolcott	352-363-1998		
Tamara Martin	352-331-0020		
Mary Bohannon, RDN, LON	352-374-4449		
Sarah Akinson	352-575-8344	yes	
Herb Steier	352-376-5543	yes	
Sue Frazier Morrow	352-317-4381	yes	
Tanya Mickler	352-331-0020	yes	
Terrie Huss RN	352-514-7255		

*This is just a sample list. For a most up to date list please contact the Interim Training Coordinator.

Evaluation

Comprehensive Evaluation of Trainee Competence

As a Training Committee we believe we have a professional, ethical, and potentially legal obligation to: (a) establish criteria and methods through which aspects of competence other than, and in addition to, a student-trainee's knowledge or skills may be assessed (including, but not limited to, emotional stability and well-being, interpersonal skills, professional development, and personal fitness for practice); and, (b) ensure—insofar as possible—that the student-trainees who complete our program are competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. Because of this commitment, and within the parameters of our administrative authority, we strive not to advance, recommend, or graduate trainees with demonstrable problems (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional competence to other programs, the profession, employers, or the public at large.

As such, within a developmental framework, and with due regard for the inherent power difference between students and training staff, trainees should know that their training staff and supervisors will evaluate their competence in areas other than, and in addition to, clinical skills and knowledge. These evaluative areas include, but are not limited to, demonstration of sufficient: (a) interpersonal and professional competence (e.g., the ways in which student trainees relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (b) self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and (d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy in order to resolve issues or problems).

This policy is applicable to settings and contexts in which evaluation would appropriately occur (e.g., practicum training program activities and supervision), rather than settings and contexts that are unrelated to the formal process of education and training (e.g., non-academic, social contexts). However, irrespective of setting or context, when a student-trainee's conduct clearly and demonstrably (a) impacts the performance, development, or functioning of the student-trainee, (b) raises questions of an ethical nature, (c) represents a risk to public safety, or (d) damages the representation of psychology to the profession or public, appropriate representatives of the program may review such conduct within the context of the program's evaluation processes.

Although the purpose of this policy is to inform trainees that evaluation will occur in these areas, it should also be emphasized that our program's evaluation processes and content include: (a) information regarding evaluation processes and standards (e.g., procedures will be consistent and content verifiable); (b) information regarding the primary purpose of evaluation (e.g., to facilitate student or trainee development; to enhance self-awareness, self-reflection, and self-assessment; to emphasize strengths as well as areas for improvement; to assist in the development of remediation plans when necessary); (c) more than one source of information regarding the evaluative area(s) in question (e.g., across supervisors and settings); and (d) opportunities for remediation, provided that training staff, and supervisors conclude that satisfactory remediation is possible for a given student-trainee. Finally, the criteria, methods, and processes through which student-trainees will be evaluated are clearly specified in the practicum training program program's handbook, which also includes information regarding due process policies and procedures (e.g., including, but not limited to, review of our program's evaluation processes and decisions). It should be noted that while the formal evaluations submitted by supervisors will include recommendations for advancement of the trainee within their training program, the grade and subsequent implications (e.g. remediation, incompletes, etc.) for the course is ultimately determined by the program's instructor on record.

Evaluation Meetings

Evaluation occurs at several points during the practicum training program year, at the midterm and the end of each semester. The purpose of the evaluation session is to

integrate feedback on trainee performance from as many sources as possible. The trainee, after discussion with the individual supervisor, invites several staff members to the evaluation feedback session. The usual configuration includes: trainee, trainee's individual supervisor, training coordinator, group supervision leader, and selected co-therapists or group co-leaders (about 4-6 persons). The trainee and supervisor ordinarily discuss trainee progress prior to the evaluation meeting. The usual time allowed for evaluation meetings is 15-20 minutes.

*CWC Supervisors share their observations/trainee progress with academic program faculty once every semester during Joint Faculty Meetings. The purpose of this meeting is to enhance communication between trainers and support trainee needs.

Written Feedback

The **individual supervisor** is responsible for writing up an evaluation report which describes the trainee's performance in the evaluation period to date, *including feedback obtained in the evaluation meeting*. At the end of each term, the individual supervisor completes an **Evaluation of Trainee Competencies form**. All evaluation reports will conclude with one of the following evaluation statements:

1. The trainee is performing within acceptable standards. Any problems encountered are seen as appropriate professional developmental issues.
2. The trainee is performing close to acceptable standards. Problems identified in this evaluation have been noted and a plan to correct the problems has been devised and implemented, with review in subsequent evaluations.
3. Trainee has failed to achieve minimum competencies which requires further action by the Training Committee, in accordance with established policies and procedures (see section on Disciplinary Actions).

The **supervisor and trainee** will discuss the report prior to its submission to the training coordinator for inclusion in the trainee's file. The report will be signed by the individual supervisor and the trainee. The trainee's signature on this document does not necessarily reflect agreement with the content, but rather that the document has been presented to the trainee. The trainee may provide a written reaction to the evaluation report. The evaluation report and any additional material must be submitted to the training coordinator for inclusion in the trainee's file.

In addition to the individual supervisor completing an evaluation form, the trainee also receives written feedback from their group supervisor co-leader, couples supervisor, outreach co-presenter, and any other supervisors who worked closely with the trainee.

Trainees are expected to evaluate their Individual Supervisor at the end of each term. Also, trainees rate their Overall Training Experience each semester, in addition to evaluating the Training Coordinator.

We maintain lines of communication open with trainees' home department as needed. The training staff and the counseling psychology program faculty meet twice a year to review trainee progress (this is for counseling psychology students only). The Training coordinator will provide a copy of the evaluation to the trainee's academic training director twice per year. This is in addition to any documents required by the trainee's academic unit.

Disciplinary Actions

Prior to Probation

In the event a trainee is struggling to meet or make satisfactory progress towards meeting the general expectations of the training program, they will be notified of their progress through written and verbal feedback as stated above. This will provide them with the opportunity to make the necessary changes. The supervisor, trainee, training coordinator and possibly faculty from the home academic program will be in regular communication about the trainee's progress.

Probation

In the event a trainee fails to meet or make satisfactory progress toward meeting the general expectations of the training program, s/he may be placed on probation. This action would ordinarily occur in the context of a regularly or a specially scheduled evaluation session. Probation will be for a specified period of time. During the probation, the trainee would operate under a remediation program approved by the Training Committee. Probation will be terminated by action of the Training Committee following a special review session. (Note: In the context of the Appeals, Grievance Procedures and Disciplinary Actions the Training Committee

means the senior staff clinicians only.) The supervisor, trainee, training committee and possibly faculty from the home academic program will be in regular communication about the trainee's progress, and decisions about probation.

Temporary suspension

If there is reason to believe that a trainee has violated the APA, ACA and/or NASW Code of Ethics and/or is not competent, s/he may be temporarily suspended from engaging in any and all activities associated with the practicum training program. Such suspension can be ordered either by the Training coordinator or by the Director of the CWC. Temporary suspension will go into effect immediately upon informing the trainee of the suspension, either orally or in writing. If informed orally, a written notification including the reasons for suspension is expected to be sent to the trainee, the trainee's primary supervisor, home department and the Training Committee within one working day. The Training coordinator is required to call a special meeting of the Training Committee within five working days of the temporary suspension. The Training Committee will set a date for a special review meeting and will then proceed under the normal procedures outlined in the Trainee Evaluation and Appeals Procedures of this manual. All procedures will be in line with University of Florida HR policies and procedures.

Termination

In the event the Training Committee determines that a trainee is insufficiently competent to the extent s/he is not able to meet the minimal standards of the training program during the practicum training program year, s/he may be terminated from the program. All procedures will be in line with University of Florida HR policies and procedures.

1. Insufficient competency is defined as interference in professional functioning that is reflected in one or more of the following ways:

   ▪ an inability or unwillingness to acquire and integrate professional <u>standards and ethics</u> into one's repertoire of professional behavior;
   ▪ an inability to acquire <u>professional skills</u> and reach an acceptable level of competency;
   ▪ an inability to control personal stress, <u>psychological dysfunction</u> or

emotional reactions which interfere with professional functioning;

- A <u>health problem</u> which interferes with the delivery of clinical service, or leads to an extended work leave that jeopardizes the fulfillment of the minimum time requirements as stated in the Practicum training program Contract.

2. Distinguishing problematic behavior from insufficient competency: While it is professional judgment as to when an trainee's behavior is considered insufficiently competent rather than just problematic or in need of improvement, the latter refers to behaviors, attitudes or characteristics, which, while of concern and requiring development, are not unexpected or excessive for professionals in training. Insufficient competency functioning, on the other hand, typically includes one or more of the following characteristics:

- The trainee does not acknowledge, understand, or address the problem when it is identified.
- The problem of area of concern is not merely a reflection of a skill deficit which can be improved with academic or didactic training.
- The quality of services delivered by the trainee is negatively affected to a significant degree; or, as a result of the problem, the quantity of services falls short of the minimum required in the Practicum training program Contract.
- The problem is likely to be manifested in more than one area of professional functioning.
- A disproportionate amount of attention by training staff is required by the trainee.
- The trainee's behavior does not change as a function of feedback, setting individual training goals, applying a remediation program, and/or time.
- The problematic behavior has potential for ethical or legal ramifications if not addressed.

3. In the event there are serious problems as the result of an trainee's violation of ethical standards or inability to perform his/her practicum training program duties, the Training coordinator will notify the trainee's graduate program of the problems and the actions being taken by the Training Committee. A copy

of any report or letter sent to the home department on behalf of the training program will be placed in the trainee's permanent file maintained by the Training coordinator.

4. In the event of sufficiently egregious behavior, a trainee may be terminated from the practicum training program without three reviews (of the situation) being required. The Training coordinator will notify the trainee's graduate program of the problems and the actions being taken by the Training Committee. A copy of any report or letter sent to the home department on behalf of the training program will be placed in the trainee's permanent file maintained by the Training coordinator.

Appeals and Grievance Procedures

The appeals process may be used by a trainee who is in disagreement with an evaluation and/or disciplinary action (except for Terminations without reviews). There are three possible steps in the grievance procedure, designated as "first", "second", and "third" review, as follows:

First Review

1. In the event that a trainee disagrees with his or her overall evaluation report, s/he may initiate the appeals process. A written request for a review must be submitted to the Training coordinator within 10 working days of receipt of the supervisor's written evaluation report.

2. A meeting will be scheduled in which the Training Committee, the practicum instructors, faculty from the home department (if at the level of probation, suspension or dismissal) and the primary supervisor will meet in a closed session to review the written evaluation report and any letters of addendum submitted by the trainee or others. The trainee is not present in this session. (Note: In the context of the Appeals, Grievance Procedures and Disciplinary Actions the Training Committee means the senior staff clinicians only.)

3. The Training Committee will review the evaluation and any supplementary

materials that have been provided. Based on their review, the Committee may take any action it deems appropriate. Such action is not limited to, but may take the form of the following:

- Accept the supervisor's evaluation report of problems and recommended program of remediation.
- Amend the supervisor's evaluation report to include specified changes in the statement of deficits or program of remediation. This may include a reversal of the need for a program of remediation or it may specify additional activities required for remediation.
- Place the trainee on probation for a specified period of time during which changes in the trainee's behavior will be expected as specified in the remediation program.
- Suspend or dismiss the trainee from the program.

4. Following the review meeting, the Training Coordinator will communicate in writing to the trainee and home department the decision of the Training Committee, including any amendments or changes to the evaluation report, if any.

Second Review

1. In the event that a trainee is not satisfied with the outcome of the first review, a second appeal may be initiated by the trainee, in a written request to the Training coordinator within 10 working days from notification of the first review decision.

2. The trainee and his/her primary supervisor will be notified in writing by the Training coordinator that a second review meeting will be held. The trainee may submit to the Training Committee any written statements s/he feels appropriate and/or request that the Training Committee interview other individuals who might have relevant information. The Training Committee may request the presence of and/or written statements from individuals as it deems appropriate.

3. The Training Committee, the trainee, faculty from the home department and the trainee's primary supervisor will be present at the second review meeting. The

trainee has the option of having an advocate present. The advocate may be a clinician from the CWC or from the trainee's home department, or may be a past clinical supervisor who is familiar with the trainee's work.

4. Following the second review meeting, the Training Committee may take any action it deems appropriate. Such action is not limited to, but may take the form of the following:

- Accept the supervisor's evaluation report of problems and recommended program of remediation.
- Amend the supervisor's evaluation report to include specified changes in the statement of deficits or program of remediation. This may include a reversal of the need for a program of remediation or it may specify additional activities required for remediation.
- Place the trainee on probation for a specified period of time during which changes in the trainee's behavior will be expected as specified in the remediation program.
- Suspend or dismiss the trainee from the program.

5. Following the review meeting, the Training coordinator will communicate in writing to the trainee and the home department the decision of the Training Committee, including any amendments or changes to the evaluation report, if any. The second appeal and review will be completed within 30 working days of the receipt of the written request for appeal.

Third Review

If a trainee is dissatisfied with the decision of the Training Committee in the second appeal, s/he may request a third and final review. The request for a third review must be submitted to the Training coordinator in writing within 10 working days from the date of notification of the second review decision.

1. An Appeals Panel will be convened, comprising the following people, CWC director, the Training Director, Training Coordinator, associate directors, and a representative from the senior staff and home department.

2. The trainee will be notified in writing that a third review meeting will be held. The trainee may submit to the Appeals Panel any additional written statements s/he feels appropriate and/or request that the Appeals Panel interview other individuals who might have relevant information. The Appeals Panel may request the presence of and/or written statements from individuals as it deems appropriate, including the individual supervisor and/or the Training coordinator.

3. The trainee will be present at the hearing. The trainee has the option of having an advocate present. The advocate may be a clinician from the CWC or from the trainee's home department, or may be a past clinical supervisor who is familiar with the trainee's work.

4. Following the third review meeting, the Appeals Panel may take any action it deems appropriate. Such action is not limited to, but may take the form of the following:

   - Accept the evaluation report of problems and recommended program of remediation.
   - Amend the evaluation report to include specified changes in the statement of deficits or program of remediation. This may include a reversal of the need for a program of remediation or it may specify additional activities required for remediation.
   - Place the trainee on probation for a specified period of time during which changes in the trainee's behavior will be expected as specified in the remediation program.
   - Suspend or dismiss the trainee from the program.

5. Following the third review meeting, the director of the Center will communicate in writing to the trainee the decision of the Appeals Panel. Copies of the decision will be sent to the Training coordinator, individual supervisor and home department. The report will be placed in the trainee's file. The third review will be completed within 30 working days of the receipt of the written request for the appeal. The decision of this Appeals Panel (the third review) is final.

Other Grievance Procedures

The program recognizes the rights of trainees and faculty/ staff to be treated with courtesy and respect. To maximize the quality and effectiveness of the trainees' learning experiences, all interactions among trainees, training supervisors, and faculty/staff should be collegial and conducted in a manner that reflects the highest professional and ethical standards of the profession. The training program recognizes that unanticipated problems may occasionally arise among trainees, between trainees and professional staff, and between trainees and support staff. The CWC Training Program encourages and fully supports direct communication. The process below reflects this value.

1. A trainee or staff member who has a specific concern is encouraged to talk directly to the person who is the focus of the concern to see if the matter can be resolved.

2. If no solution is identified, or if the identified solution is unsuccessful, the matter should be referred to the Training Coordinator. While a decision is being made, a pause on the trainee's clinical work may need to occur. If the trainee consults with any other professional staff member, they will also bring the issue of concern to the Training Coordinator and/or Training Director.

3. The Training Coordinator will meet with each person involved with the concern in order to mediate a solution. If appropriate, the Training Coordinator will convene a joint meeting for all relevant parties.

4. If mediation is unsuccessful or if the Training Coordinator is the focus of the concern, the relevant parties will be referred to the CWC Training Director. The Training Director will review the situation and work to assist the involved individuals to resolve the situation. The Training Director may also take administrative action where necessary.

5. If mediation is unsuccessful or if the Training Director is the focus of the concern, the relevant parties will be referred to the CWC Director. The

Director will review the situation and work to assist the involved individuals to resolve the situation. The Director may also take administrative action where necessary.

6. At any point in time, the home department may be informed of the issue and the process.

The training program adheres to the CWC and the University of Florida Human Resources Policies and Procedures. In addition, the training program adheres to the profession's current ethics code and local, state, and federal statutes regarding due process and fair treatment.

The training program is aware that grievance processes can be challenging to engage in, however, it is an important part of one's professional development. We endeavor to support you in working through this process.

Practicum/Advanced Practicum Leave Policy

Attendance and Participation* (see below) is required for successful completion of practicum/advanced practicum training. Unless extraneous unforeseen events take place, students should receive permission from the CWC Training Director or the Training Coordinator no later than a week in advance of the leave of absence.

It should be noted that doctoral advanced practicum students need to secure approval **prior** to taking personal or professional leave time. Approval is received by filling out the proper forms and consulting with one's individual supervisor and the Training Coordinator.   Sick leave forms may be completed upon return to work. Applying for Leave Procedures are attached to the Leave Request Form.

Holidays

There are eight legal university holidays when the office is closed.

Semester Breaks

If a trainee leaves town during the semester break period, they must take personal or professional leave time.

Offices

Trainee offices are shared by several trainees. Please leave the offices decorated as is due it being a communal space. Offices will be opened at the beginning of the day by support staff. If you are unable to get into your office, please contact a support staff or Ben Tillson. Sign up for office space when you receive the email to do so.

Trainees, do not stay in the building past 5pm Monday-Friday and 7pm Tuesday (Fall and Spring when we are open late). We do not want you to be alone in the building or to be alone with a client without someone in the building with whom to consult.

Trainee Files

There will be two confidential files for each trainee. The Personnel file will be kept by the Fiscal Staff. The training file will be digitally stored on a protected and secure section of the P: drive and will be maintained by the Training Director, Training Coordinator, assisted by the Program Assistant.

Personnel File to includebut not limited to):
- W-2
- Letter of Offer/Acceptance
- University contracts

Training File to include (but not limited to):

- Application
- Contracts
- Mid-semester evaluations
- End of semester evaluations
- Letters to home academic department
- Letters of recommendation
- Leave slips/summary of leave
- Completion certificate
- Other items as relevant to the trainee experience

CACREP Standards

Mental Health Counseling:

	1.000-Unsatisfactory	2.000-Developing	3.000-Accomplished	4.000-Exceptional	N/A
Domain: Foundations. 1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling. 1/24 (4%) CACREP-CMHC-2009.B.1	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Foundations. 2. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling. 1/24 (4%) CACREP-CMHC-2009.B.2	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Counseling, Prevention, and Intervention. 1. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling. 1/24 (4%) CACREP-CMHC-2009.D.1	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Counseling, Prevention, and Intervention. 2. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders. 1/24 (4%) CACREP-CMHC-2009.D.2	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Counseling, Prevention, and Intervention. 3. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities. 1/24 (4%) CACREP-CMHC-2009.D.3	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Counseling, Prevention, and Intervention. 4. Applies	The candidate demonstrates little	The candidate is acquiring the	The candidate demonstrates	The candidate extensively integrates	

	1.000-Unsatisfactory	2.000-Developing	3.000-Accomplished	4.000-Exceptional	N/A
effective strategies to promote client understanding of and access to a variety of community resources. 1/24 (4%) CACREP-CMHC-2009.D.4	knowledge of how to meet the standard.	necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Counseling, Prevention, and Intervention. 5. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling. 1/24 (4%) CACREP-CMHC-2009.D.5	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Counseling, Prevention, and Intervention. 6. Demonstrates the ability to use procedures for assessing and managing suicide risk. 1/24 (4%) CACREP-CMHC-2009.D.6	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Counseling, Prevention, and Intervention. 7. Applies current record-keeping standards related to clinical mental health counseling. 1/24 (4%) CACREP-CMHC-2009.D.7	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Counseling, Prevention, and Intervention. 8. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders. 1/24 (4%) CACREP-CMHC-2009.D.8	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Counseling, Prevention, and Intervention. 9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate. 1/24 (4%) CACREP-CMHC-2009.D.9	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Diversity and Advocacy. 1. Maintains information	The candidate demonstrates little	The candidate is acquiring the	The candidate demonstrates	The candidate extensively integrates	

	1.000-Unsatisfactory	2.000-Developing	3.000-Accomplished	4.000-Exceptional	N/A
regarding community resources to make appropriate referrals. 1/24 (4%) CACREP-CMHC-2009.F.1	knowledge of how to meet the standard.	necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Diversity and Advocacy. 2. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients. 1/24 (4%) CACREP-CMHC-2009.F.2	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Diversity and Advocacy. 3. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations. 1/24 (4%) CACREP-CMHC-2009.F.3	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Assessment. 1. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols. 1/24 (4%) CACREP-CMHC-2009.H.1	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Assessment. 2. Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management. 1/24 (4%) CACREP-CMHC-2009.H.2	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Assessment. 3. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders. 1/24 (4%) CACREP-CMHC-2009.H.3	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical	

	1.000-Unsatisfactory	2.000-Developing	3.000-Accomplished	4.000-Exceptional	N/A
		in a practical setting.	practical setting.	setting.	
Domain: Assessment. 4. Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care. 1/24 (4%) CACREP-CMHC-2009.H.4	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Research and Evaluation. 1. Applies relevant research findings to inform the practice of clinical mental health counseling. 1/24 (4%) CACREP-CMHC-2009.J.1	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Research and Evaluation. 2. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments. 1/24 (4%) CACREP-CMHC-2009.J.2	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Research and Evaluation. 3. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs. 1/24 (4%) CACREP-CMHC-2009.J.3	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Diagnosis. 1. Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments. 1/24 (4%) CACREP-CMHC-2009.L.1	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Diagnosis. 2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals. 1/24 (4%)	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical	

	1.000-Unsatisfactory	2.000-Developing	3.000-Accomplished	4.000-Exceptional	N/A
CACREP-CMHC-2009.L.2		in a practical setting.	practical setting.	setting.	
Domain: Diagnosis. 3. Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events. 1/24 (4%) CACREP-CMHC-2009.L.3	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	

Individual End-of-Term Report (MHC) Standards

Standard
1 CACREP-CMHC-2009.B.1
2 CACREP-CMHC-2009.B.2
3 CACREP-CMHC-2009.D.1
4 CACREP-CMHC-2009.D.2
5 CACREP-CMHC-2009.D.3
6 CACREP-CMHC-2009.D.4
7 CACREP-CMHC-2009.D.5
8 CACREP-CMHC-2009.D.6
9 CACREP-CMHC-2009.D.7
10 CACREP-CMHC-2009.D.8
11 CACREP-CMHC-2009.D.9
12 CACREP-CMHC-2009.F.1
13 CACREP-CMHC-2009.F.2
14 CACREP-CMHC-2009.F.3
15 CACREP-CMHC-2009.H.1
16 CACREP-CMHC-2009.H.2
17 CACREP-CMHC-2009.H.3
18 CACREP-CMHC-2009.H.4
19 CACREP-CMHC-2009.J.1
20 CACREP-CMHC-2009.J.2
21 CACREP-CMHC-2009.J.3
22 CACREP-CMHC-2009.L.1
23 CACREP-CMHC-2009.L.2
24 CACREP-CMHC-2009.L.3

Marriage and Family Counseling:

	1.000-Unsatisfactory	2.000-Developing	3.000-Accomplished	4.000-Exceptional	N/A
Domain: Foundations. 1. Demonstrates the ability to apply and adhere to ethical and legal standards in marriage, couple, and family counseling. 1/18 (5%) CACREP-MCFC-2009.B.1	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Foundations. 2. Demonstrates the ability to select models or techniques appropriate to couples' or families' presenting problems. 1/18 (5%) CACREP-MCFC-2009.B.2	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Counseling, Prevention, and Intervention. 1. Uses preventive, developmental, and wellness approaches in working with individuals, couples, families, and other systems such as premarital counseling, parenting skills training, and relationship enhancement. 1/18 (5%) CACREP-MCFC-2009.D.1	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Counseling, Prevention, and Intervention. 2. Uses systems theory to conceptualize issues in marriage, couple, and family counseling. 1/18 (5%) CACREP-MCFC-2009.D.2	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Counseling, Prevention, and Intervention. 3. Uses systems theories to implement treatment, planning, and intervention strategies. 1/18 (5%) CACREP-MCFC-2009.D.3	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Counseling, Prevention, and Intervention. 4. Demonstrates the ability to use procedures for assessing and managing suicide risk.	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to	

	1.000-Unsatisfactory	2.000-Developing	3.000-Accomplished	4.000-Exceptional	N/A
1/18 (5%) CACREP-MCFC-2009.D.4		yet prepared to demonstrate this skill in a practical setting.	to apply this skill in a practical setting.	apply this skill in a practical setting.	
Domain: Counseling, Prevention, and Intervention. 5. Adheres to confidentiality responsibilities, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, and the business aspects of practice. 1/18 (5%) CACREP-MCFC-2009.D.5	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Counseling, Prevention, and Intervention. 6. Demonstrates the ability to recognize his or her own limitations as a marriage, couple, and family counselor and to seek supervision or refer clients when appropriate. 1/18 (5%) CACREP-MCFC-2009.D.6	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Diversity and Advocacy. 1. Demonstrates the ability to provide effective services to clients in a multicultural society. 1/18 (5%) CACREP-MCFC-2009.F.1	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Diversity and Advocacy. 2. Maintains information regarding community resources to make appropriate referrals. 1/18 (5%) CACREP-MCFC-2009.F.2	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Diversity and Advocacy. 3. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of couples and families. 1/18 (5%) CACREP-MCFC-2009.F.3	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Diversity and Advocacy. 4. Demonstrates the ability to modify counseling	The candidate demonstrates little knowledge of how	The candidate is acquiring the necessary knowledge	The candidate demonstrates knowledge of how to	The candidate extensively integrates knowledge to be able to	

	1.000-Unsatisfactory	2.000-Developing	3.000-Accomplished	4.000-Exceptional	N/A
systems, theories, techniques, and interventions to make them culturally appropriate for diverse couples and families. 1/18 (5%) CACREP-MCFC-2009.F.4	to meet the standard.	to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	meet the standard. The candidate is prepared to apply this skill in a practical setting.	meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Assessment. 1. Applies skills in interviewing, assessment, and case management for working with individuals, couples, and families from a system's perspective. 1/18 (5%) CACREP-MCFC-2009.H.1	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Assessment. 2. Uses systems assessment models and procedures to evaluate family functioning. 1/18 (5%) CACREP-MCFC-2009.H.2	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Assessment. 3. Determines which members of a family system should be involved in treatment. 1/18 (5%) CACREP-MCFC-2009.H.3	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Research and Evaluation. 1. Applies relevant research findings to inform the practice of marriage, couple, and family counseling. 1/18 (5%) CACREP-MCFC-2009.J.1	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Research and Evaluation. 2. Develops measurable outcomes for marriage, couple, and family counseling programs, interventions, and treatments. 1/18 (5%) CACREP-MCFC-2009.J.2	The candidate demonstrates little knowledge of how to meet the standard.	The candidate is acquiring the necessary knowledge to meet the standard. The candidate is not yet prepared to demonstrate this skill in a practical setting.	The candidate demonstrates knowledge of how to meet the standard. The candidate is prepared to apply this skill in a practical setting.	The candidate extensively integrates knowledge to be able to meet the standard. The candidate is prepared to apply this skill in a practical setting.	
Domain: Research and Evaluation. 3. Analyzes and uses data to increase the effectiveness of marriage,	The candidate demonstrates little knowledge of how to meet the	The candidate is acquiring the necessary knowledge to meet the standard.	The candidate demonstrates knowledge of how to meet the standard. The	The candidate extensively integrates knowledge to be able to meet the standard. The	

	1.000-Unsatisfactory	2.000-Developing	3.000-Accomplished	4.000-Exceptional	N/A
couple, and family counseling interventions and programs. 1/18 (5%) CACREP-MCFC-2009.J.3	standard.	The candidate is not yet prepared to demonstrate this skill in a practical setting.	candidate is prepared to apply this skill in a practical setting.	candidate is prepared to apply this skill in a practical setting.	

Individual End-of-Term Report (MFC) Standards

Standard
1 CACREP-MCFC-2009.B.1
2 CACREP-MCFC-2009.B.2
3 CACREP-MCFC-2009.D.1
4 CACREP-MCFC-2009.D.2
5 CACREP-MCFC-2009.D.3
6 CACREP-MCFC-2009.D.4
7 CACREP-MCFC-2009.D.5
8 CACREP-MCFC-2009.D.6
9 CACREP-MCFC-2009.F.1
10 CACREP-MCFC-2009.F.2
11 CACREP-MCFC-2009.F.3
12 CACREP-MCFC-2009.F.4
13 CACREP-MCFC-2009.H.1
14 CACREP-MCFC-2009.H.2
15 CACREP-MCFC-2009.H.3
16 CACREP-MCFC-2009.J.1
17 CACREP-MCFC-2009.J.2
18 CACREP-MCFC-2009.J.3

Appendix – Forms

University of Florida Counseling and Wellness Center
<u>Evaluation of Practicum Competencies</u>

Trainee_____   Supervisor_____

Date _____   Period Covered_____

Methods of observation:

- ☐ Discussion
- ☐ Live Observation
- ☐ Video
- ☐ Written work (i.e. reports, progress notes)

Core Micro-skills: Please check the following micro-skills that the trainee has effectively demonstrated (definitions included at end of document):

___ Open-ended question	___ Confrontation
___ Genuineness	___ Probing
___ Positive regard	___ Silence
___ Language	___ Objectivity
___ Clarification	___ Verbosity
___ Paraphrasing	___ Attending
___ Summarizes	___ Empowerment and accountability
___ Interpretation	___ Alternative exploration
___ Empathic understanding	___ Implementation
___ Reflection	___ Periodic evaluation

Comments:

Rating Instruction: Please rate the level of competency of the practicum student on each of the following items based on the following scale:

Performance is significantly below expected level for this stage of training (Remediation required)	Performance is near expected level for this stage of training (Recommendation for Improvement)	Performance is at expected level for this stage of training	Performance is above expected level for this stage of training	No Opportunity to Observe
1	2	3	4	N/O

If you give a rating of "1," "2," or "4" explain and provide recommendation for training in the narrative evaluation at the end of the evaluation form.

Professionalism

1.____ Demonstrates knowledge of professional values.
2.____ Demonstrates ability to share, discuss, and address issues in adherence to professional values with supervisors.
3.____ Demonstrates appropriate communication and physical conduct, including attire, across different settings.
4.____ Completes required case document
5.____ Is always available when required for service.
6.____ Displays respect when interacting with others from divergent perspectives or backgrounds

Reflective Practice, Self-Assessment, and Self-Care

7.____ Recognizes the impact of self on others both individually and in group.
8.____ Recognizes the impact of others on oneself.
9.____ Systematically and effectively reviews own professional development via videotape or with supervisors.
10.____ Identifies areas of growth in professional development.
11.____ Identifies strengths that are congruent with observations by others (e.g., peers, supervisors)
12.____ Is able to work with supervisor to monitor and take appropriate actions on issues related to self-care.

Performance is significantly below expected level for this stage of training (Remediation required)	Performance is near expected level for this stage of training (Recommendation for Improvement)	Performance is at expected level for this stage of training	Performance is above expected level for this stage of training	No Opportunity to Observe
1	2	3	4	N/O

Relationships

13.____ Is able to establish and maintain an accepting therapeutic relationship with diverse clients.

14.____ Demonstrates cooperative, respectful and collegial interactions with professional colleagues/cohort/peers.

15.____ Engages in discussions related to interpersonal conflicts and/or problematic situations.

16.____ Acknowledges role in difficult interactions.

17.____ Communicates clearly using verbal, non-verbal and written skills.

Individual and Cultural Diversity

18.____ Understands and monitors cultural identities in the therapeutic relationship.

19.____ Understands and works to prevent one's biases from negatively impacting the therapeutic relationship.

20.____ Applies knowledge of others as cultural beings in clinical practice (e.g., assessment, treatment planning, outreach and consultation).

21.____ Applies knowledge of the role of culture in interactions with professional colleagues.

22.____ Demonstrates awareness of the effects of oppression and privilege on self and others.

23.____ Engages in exploring client's cultural contexts.

Ethical, Legal Standards, and Policy

24.____ Actively consults with supervisor about ethical and legal aspects of practice.

25.____ Considers ethical and legal aspects in case conceptualization.

26.____ Knows and applies an ethical decision-making model when discussing cases.

27.____ Readily identifies ethical dilemmas and implications in cases.

28.____ Is able to recognize and articulate own moral principles and ethical values when discussing ethical issues with supervisors and peers.

29.____ Is willing to consult and cooperate with colleagues from other disciplines in service of clients.

Performance is significantly below expected level for this stage of training (Remediation required)	Performance is near expected level for this stage of training (Recommendation for Improvement)	Performance is at expected level for this stage of training	Performance is above expected level for this stage of training	No Opportunity to Observe
1	2	3	4	N/O

Assessment

30.____ Regularly selects and uses appropriate methods of evaluation.

31.____ Applies psychological theories to formulate diagnosis and treatment planning.

32.____ Uses multiple sources of data to inform clinical decision-making.

Interventions Skills

33.____ Interventions are based in Evidence Based Practice in Psychology (EBPP; APA 2006) which is defined as the

integration of the best available research with clinical expertise in the context of patient characteristics, culture,

and preferences.

34.____ Writes case conceptualization reports and collaborative treatment plans based on EPBB.

35.____ Effectively evaluates treatment progress and modifies treatment plans based on outcome measures and others' feedback (e.g., clients, colleagues, supervisors, etc.).

Supervision

36.____ Identifies goals and tasks to be accomplished in supervision.

37.____ Tracks progress in achieving goals and tasks set.

38.____ Understands the impact of diversity in the supervision process and in the supervisory relationship.

39.____ Solicits and is open to feedback provided in supervision.

40.____ Integrates feedback from supervision into clinical practice.

Please provide additional comments on the trainee's strengths and/or areas for which you gave a rating of 1, 2, or 4:

In **summary, taking into account the gestalt of your ratings above, the overall evaluation indicates that:**

_____ a. My supervisee is performing within acceptable standards. Any problems identified are seen as appropriate professional development issues.

_____ b. My supervisee is performing close to acceptable standards. Problems identified in this evaluation have been noted and a plan to correct the problems are indicated below:

> Comments: Recommendation for Improvement

_____ c.   My supervisee has failed to achieve minimal competencies.

> Comments: Recommendation for remediation

By typing my name in the space below, I acknowledge that I have completed this form to the best of my knowledge and reviewed it with the trainee.

_____   _____
Supervisor signature   Date

Advanced Practicum Competencies Evaluation Form
Department of Psychology, University of Florida

Student Name_____ Academic Term _____

Supervisor Name_____Date of Evaluation_____

Setting _____

Is this evaluation based in part on direct observation (live or electronic) of the practicum student as agreed to in the Advanced Practicum Supervisory Agreement Form?   Yes   No

Please rate the level of competency of your supervisee on each of the following items based on the following scale.

Significantly below expected level of competency: Performance is significantly below expected level for this stage of training	Approach expected level of competency: Performance is near expected level for this stage of training	Meet expected level of competency: Performance is at expected level for this stage of training	Surpass expected level of competency: Performance is above expected level for this stage of training
1	2	3	4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O]. If you give a rating of "1" or "2," explain and provide recommendation for training in the narrative evaluation at the end of the evaluation form.

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professionalism: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.				
1A. Integrity - Honesty, personal responsibility and adherence to professional values				
Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values	1	2 [N/O]	3	4
1B. Deportment				
Communication and physical conduct (including attire) is professionally appropriate, across different settings	1	2 [N/O]	3	4
1C. Accountability				
Accepts responsibility for own actions	1	2 [N/O]	3	4
1D. Concern for the welfare of others				
Acts to understand and safeguard the welfare of others	1	2 [N/O]	3	4

1E. Professional Identity				
Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development	1	2 [N/O]	3	4

2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.				

2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context				
Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	1	2 [N/O]	3	4

2B. Others as Shaped by Individual and Cultural Diversity and Context				
Applies knowledge of others as cultural beings in assessment, treatment, and consultation	1	2 [N/O]	3	4

2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context				
Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others	1	2 [N/O]	3	4

2D. Applications based on Individual and Cultural Context				
Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation	1	2 [N/O]	3	4

3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.				

3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines				
Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations	1	2 [N/O]	3	4

3B. Awareness and Application of Ethical Decision Making				
Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma	1	2 [N/O]	3	4

3C. Ethical Conduct				
Integrates own moral principles/ethical values in professional conduct	1	2 [N/O]	3	4

4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.				

4A. Reflective Practice				
Displays broadened self-awareness; utilizes self-monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action	1	2 [N/O]	3	4

4B. Self-Assessment				
Demonstrates broad, accurate self-assessment of	1	2	3	4

competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills		[N/O]	
4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)			
Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice	1	2 [N/O]	3 4
4D. Participation in Supervision Process			
Effectively participates in supervision	1	2 [N/O]	3 4

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.			
5A. Interpersonal Relationships			
Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines	1	2 [N/O]	3 4
5B. Affective Skills			
Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively	1	2 [N/O]	3 4
5C. Expressive Skills			
Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language	1	2 [N/O]	3 4

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.			
6A. Scientific Mindedness			
Values and applies scientific methods to professional practice	1	2 [N/O]	3 4
6B. Scientific Foundation of Psychology			
Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)	1	2 [N/O]	3 4
6C. Scientific Foundation of Professional Practice			
Demonstrates knowledge, understanding, and application of the concept of evidence-based practice	1	2 [N/O]	3 4
7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.			
7A. Scientific Approach to Knowledge Generation			
Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of	1	2 [N/O]	3 4

psychology				

7B. Application of Scientific Method to Practice				
Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs	1	2 [N/O]	3	4

FUNCTIONAL COMPETENCIES

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.				
8A. Knowledge and Application of Evidence-Based Practice				
Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	1	2 [N/O]	3	4
9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.				
9A. Knowledge of Measurement and Psychometrics				
Selects assessment measures with attention to issues of reliability and validity	1	2 [N/O]	3	4
9B. Knowledge of Assessment Methods				
Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances	1	2 [N/O]	3	4
9C. Application of Assessment Methods				
Selects appropriate assessment measures to answer diagnostic question	1	2 [N/O]	3	4
9D. Diagnosis				
Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity	1	2 [N/O]	3	4
9E. Conceptualization and Recommendations				
Utilizes systematic approaches of gathering data to inform clinical decision-making	1	2 [N/O]	3	4
9F. Communication of Assessment Findings				
Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client	1	2 [N/O]	3	4
10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.				
10A. Intervention planning				
Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation	1	2 [N/O]	3	4
10B. Skills				
Displays clinical skills	1	2 [N/O]	3	4
10C. Intervention Implementation				
Implements evidence-based interventions	1	2 [N/O]	3	4

10D. Progress Evaluation				
Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures	1	2 [N/O]	3	4

11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.				
11A. Role of Consultant				
Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)	1	2 [N/O]	3	4
11B. Addressing Referral Question				
Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions	1	2 [N/O]	3	4
11C. Communication of Consultation Findings				
Identifies literature and knowledge about process of informing consultee of assessment findings	1	2 [N/O]	3	4
11D. Application of Consultation Methods				
Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings	1	2 [N/O]	3	4

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.				
12A. Knowledge				
Demonstrates awareness of theories of learning and how they impact teaching	1	2 [N/O]	3	4
12B. Skills				
Demonstrates knowledge of application of teaching methods	1	2 [N/O]	3	4

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.				
13A. Expectations and Roles				
Demonstrates knowledge of, purpose for, and roles in supervision	1	2 [N/O]	3	4
13B. Processes and Procedures				
Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices	1	2 [N/O]	3	4
13C. Skills Development				
Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals	1	2 [N/O]	3	4
13D. Supervisory Practices				
Provides helpful supervisory input in peer and group supervision	1	2 [N/O]	3	4

VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

14A. Knowledge of the Shared and Distinctive Contributions of Other Professions				
Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals	1	2 [N/O]	3	4
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts				
Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning	1	2 [N/O]	3	4
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes				
Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals	1	2 [N/O]	3	4
14D. Respectful and Productive Relationships with Individuals from Other Professions				
Develops and maintains collaborative relationships and respect for other professionals	1	2 [N/O]	3	4
15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).				
15A. Appraisal of Management and Leadership				
Forms autonomous judgment of organization's management and leadership	1	2 [N/O]	3	4
15B. Management				
Demonstrates awareness of roles of management in organizations	1	2 [N/O]	3	4
15C. Administration				
Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures	1	2 [N/O]	3	4
16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.				
16A. Empowerment				
Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision	1	2 [N/O]	3	4
16B. Systems Change				
Promotes change to enhance the functioning of individuals	1	2 [N/O]	3	4

<u>Overall Assessment of Trainee's Current Level of Competence</u>
Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee's particular strengths and weaknesses?
- Do you believe that the trainee has reached the level of competence expected by the program at this point in training?
- If applicable, is the trainee ready to move to the next level of training (i.e., another Advanced Practicum or an Internship?)

RECOMMENDED GRADE

☐ **A**: Student completed requirements and met expectations of the practicum, demonstrated competency, and achieved expected number of client contact hours, supervision, and participation in training activities.
☐ **B**: Student demonstrated competency in some of the expected counseling skills and professional behaviors, but significant weaknesses were observed.
☐ **I**: Student has demonstrated competency in counseling skills and professional behavior expected but failed to complete the expected number of client contact hours or other required training activities.
☐ **E**: Student failed to meet expectations of the practicum by not demonstrating expected competency in counseling skills and professional behavior.

_____   _____
Supervisor's Signature   Date

I have received a copy of this evaluation and have reviewed it with my supervisor. I understand that this evaluation will be sent to my academic department.

Trainee, please provide any comments or reactions to this evaluation:

_____   _____
Trainee's Signature   Date

Please return this completed form to:
Advanced Practicum Instructor, Counseling Psychology Program
Department of Psychology, Room 114 Psychology Building
P.O. Box 112250
Gainesville, Florida 32611-2250

University of Florida Counseling & Wellness Center
Evaluation of Trainee Competencies-Group

Trainee_____   Group Supervisor_____
Group Name _____   Semester and Year_____

Methods of observation:
- ☐ Discussion
- ☐ Live Observation
- ☐ Video
- ☐ Written work (i.e. reports, progress notes)

Rating Instruction: Each numbered item below represents an aspect of a competency that trainees are expected to demonstrate at the intern level. If appropriate, please indicate how the trainee demonstrates the competencies in the comments section. Please assess the intern's progress towards readiness for entry to practice. At the end of the evaluation you will have room to speak to the intern's individual strengths and growth areas.

Please use the rating scale below.

For any item rated "**Ready for entry to practice**" during the fall or spring semester, please provide specific feedback on the intern's performance.

For any items at the end of internship rated "**Approaching readiness to practice,**" please indicate your reason(s) why it would be acceptable for the intern to graduate from the internship at this level.

For any items rated "**Additional attention needed for progress in this area**" and "**No progress in this area,**" please provide a suggested plan for remediation. Remediation is discussed and finalized with the intern's supervisor and training committee, and will be discussed with the intern's home department.

Ready for entry to practice	Approaching readiness to practice	Additional attention needed for progress in this area	No progress in this area (Remediation required)	Not applicable	Not observed
4	3	2	1	N/A	N/O

The overarching goal of the training program is to prepare interns to function competently and independently as psychologists and counselors. We aim to graduate interns who are clinically competent, highly ethical, culturally sensitive, and who have developed a well-defined professional identity.

1. The trainee understands and applies appropriate group member selection criteria, including evaluation of each client's fit and readiness for group.
2. The trainee facilitates establishment of group norms, boundaries and safety.
3. The trainee demonstrates an understanding of group process, group dynamics, and/or stages of group development.
4. The trainee uses here-and-now interventions.
5. The trainee confronts and challenges group members appropriately.
6. The trainee helps members understand and integrate what they learned in group and find ways to apply it to their everyday lives.
7. The trainee prepares and assists members with the termination process.
8. The trainee is aware of their impact on the group.

9. The trainee demonstrates an understanding of ethical issues unique to group.
10. The trainee identifies the impact of power, status and cultural differences in group process, dynamics and leadership.
11. The trainee demonstrates an ability to effectively co-lead and work collaboratively with the co-leader.
12. The trainee demonstrates increasing involvement and leadership as a co-leader.
13. The trainee provides timely feedback to the co-leader and attends to the relationship with each other during supervision.
14. The trainee actively uses supervision by asking questions, offering feedback and sharing one's own reactions.

Strength areas of the trainee:

Growth areas of the trainee:

Any comments or other feedback?

By typing my name below, I have reviewed or plan to review this feedback with my supervisee.

_____   _____
Supervisor's Signature   Date

University of Florida Counseling & Wellness Center
Evaluation of Trainee Competencies-Outreach

Trainee_____   Supervisor_____
Date_____   Period Covered_____

Methods of observation:
- ☐ Discussion
- ☐ Live Observation
- ☐ Video
- ☐ Written work (i.e. reports, progress notes)

Rating Instruction: Each numbered item below represents an aspect of a competency that trainees are expected to demonstrate at the intern level. If appropriate, please indicate how the trainee demonstrates the competencies in the comments section. Please assess the intern's progress towards readiness for entry to practice. At the end of the evaluation you will have room to speak to the intern's individual strengths and growth areas.

Please use the rating scale below.

For any item rated "**Ready for entry to practice**" during the fall or spring semester, please provide specific feedback on the intern's performance.

For any items at the end of internship rated **"Approaching readiness to practice,"** please indicate your reason(s) why it would be acceptable for the intern to graduate from the internship at this level.

For any items rated "**Additional attention needed for progress in this area**" and **"No progress in this area,"** please provide a suggested plan for remediation. Remediation is discussed and finalized with the intern's supervisor and training committee, and will be discussed with the intern's home department.

Ready for entry to practice	Approaching readiness to practice	Additional attention needed for progress in this area	No progress in this area (Remediation required)	Not applicable	Not observed
4	3	2	1	N/A	N/O

The overarching goal of the training program is to prepare interns to function competently and independently as psychologists and counselors. We aim to graduate interns who are clinically competent, highly ethical, culturally sensitive, and who have developed a well-defined professional identity.

Outreach

Demonstrates ability to develop and present outreach workshops

1. _____ Articulates concepts to be taught and research/empirical support for them

Comments:

2. _____ Demonstrates knowledge of effective methods for outreach presentations

> Comments:

3. _____ Develops rapport and interacts appropriately with audience

> Comments:

4. _____ Demonstrates sensitivity to diversity issues in preparing and conducting outreach programs

> Comments:

5. _____ Effectively delivers outreach programs

> Comments:

6. _____ Demonstrates ability to evaluate and adjust interventions

> Comments:

Evaluation of effectiveness of outreach strategies

1. _____ Demonstrates strategy to evaluate outreach effectiveness of targeted skill sets

> Comments:

2. _____ Utilizes evaluation strategies to assess outreach objectives met

> Comments:

3. _____ Integrates feedback to modify future outreach methods

> Comments:

Please comment on the trainee's individual strengths and growth areas.

In summary, the overall evaluation indicates that:

_____ The trainee is performing within acceptable standards and expected to be ready for entry to practice by the end of the year. Any problems identified are seen as appropriate professional developmental issues.

_____ Significant problems identified in this evaluation have been noted. A plan of remediation is required by the training committee and supervisor to address the concerns.

_____ The trainee has failed to achieve minimum competencies and is not expected to be ready to enter practice.

By typing your name below, you agree that you have reviewed this evaluation with your supervisee.

_____   _____
Supervisor's Signature   Date

Practicum Hours Documentation Form

In addition to this form, MyPsychTrack (mypsychtrack.com) may be used to track and export hours to the AAPI.

This form allows students to document their experience in therapy and other psychological interventions, in a format consistent with the Application for Psychology Internships (AAPI). Thus, while this form lists a wide range of experiences that one might have had, no one will have all these experiences, either in one semester or even at the end of training. The AAPI counts only hours for which you received formal academic training and credit or which was program-sanctioned training experience. APPIC also requires that all practicum hours must be supervised. Thus, EACH semester you engage in ANY kind of therapy/intervention hours meeting the above description, you must fill out those parts of this form that apply and have the form signed by the supervising psychologist. In completing this form, please note the following definitions used by APPIC: A **practicum hour** is a clock hour not a semester hour. A 45- 50 minute client hour may be counted as one practicum hour. Also, please note that Items 1 - 3 below are meant to be mutually exclusive; thus, any practicum hour should not be counted more than once across these items. You may have some experiences that could potentially fall under more than one category, but it is your responsibility to select the category that best captures your experiences.

One form MUST be filled out for each practicum/field placement you do. Thus, if you complete two placements in one semester, you must fill out two forms.

Student name: _____

Course #: _____ Number of Credits: _____ Semester/Year: _____

Supervisor: _____ Site: _____

Circle Setting Type: Child Guidance Clinic; Community Mental Health Center; Department Clinic; Forensic/Justice Setting; Inpatient Hospital; Military; Outpatient Medical/Psychiatric Clinic and Hospital; University Counseling Center; Schools; Other (specify:_____)

Signatures verifying hours on proceeding pages:

Supervisor Signature: _____**Date:** _____

Student Signature: _____**Date:** _____

1. INTERVENTION AND ASSESSMENT EXPERIENCE- In this section, record actual clock hours in direct service to clients/patients. 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 be recorded under Support Activities below. For the first column, count each hour of a group, family, or couples session as one practicum hour. For example, a two-hour group session with 12 adults is counted as two hours. For the second column, 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.

	Total # of face to face hours	# of different individuals, groups, couples, etc.
a. Individual Therapy		
1) Older Adults (65+)		
2) Adults (18-64)		
3) Adolescents (13 – 17)		
4) School-Age (6 – 12)		
5) Pre-School Age (3 – 5)		
6) Infants / Toddlers (0 –2)		
b. Career Counseling		
1) Adults		
2) Adolescents		
c. Group Therapy		
1) Adults		
2) Adolescents (13 – 17)		
3) Children (12 and under		
d. Family Therapy		
e. Couples Therapy		
f. School Counseling Interventions		
1) Consultation		
2) Direct intervention		
3) Other		
g. Other Psychological Interventions		
1) Sport Psychology/Performance Enhancement		
2) Medical/Health –Related Interventions		
3) Intake Interview/Structured Assessment		
4) Substance Abuse Interventions		
5) Other Interventions (i.e., milieu therapy, treatment planning w/patient present)		

Describe nature of experience if g5:

h. Psychological Assessment Experience: This is the total estimated number of face-to-face client contact hours administering and providing feedback to clients. This does not include time spent scoring and/or report writing, which should be included under item 2, below ("Support Activities"). Information about tests administered is recorded below also, under #4.

Total # hours face-to-face

1) Psychodiagnostic Test Administration (includes symptom assessment, projectives, personality, objective measures, achievement, intelligence, and career assessment, and providing feedback to clients)

2) Neuropsychological Assessment (includes intellectual assessment in this category only when it was administered in the context of neuropsychological assessment involving the evaluation of multiple cognitive, sensory, and motor functions)

i. Other Psychological Experience with Students and/or Organizations

Total # hours face-to-face

1) Supervision of other students performing intervention and assessment activities

2) Program Development/Outreach Programming

3) Outcome Assessment of programs or projects

4) System Intervention/Organizational Consultation/Performance Improvement

5) Other (specify:_____)

TOTAL INERVENTION AND ASSESSMENT HOURS: _____
Add the number of hours included in 1a through 1i above

2. SUPPORT ACTIVITIES - Record time spent outside the counseling/therapy hour focused on the client/patient (e.g., chart review, writing process notes, consulting with other professionals about cases, video/audio tape review, planning interventions, assessment interpretation and report writing. In addition, it includes the hours spent in your practicum site in didactic training, such as attending seminars:

TOTAL SUPPORT HOURS: _____

3. SUPERVISION RECEIVED - Supervision is divided into one-to-one, group, and peer supervision/consultation. Supervision provided to others should be counted in item 1i-1 above.

Item 3a: Hours are defined as regularly scheduled, face-to-face individual supervision with specific intent of overseeing the psychological services rendered by the student.

Items 3b and 3c: The hours recorded in the group supervision category should be actual hours of group focus on specific cases. Many practica courses incorporate both didactic and experiential components. The didactic portion should not be recorded as a supervision activity; it should instead be recorded as a support activity in Item 2 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. Attendance at 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.

a. Hours spent in one-on-one, face-to-face supervision _____
b. Hours spent in group supervision: _____
c. Hours of peer supervision/consultation and case discussion on specific cases: _____

TOTAL SUPERVISION HOURS (add 3a, 3b, and 3c): _____

4. SEMESTER TOTAL SUMMARY OF PRACTICUM HOURS - This section summarizes the total number of practicum hours described above.

a. Total Intervention and Assessment Hours (item 1): _____
b: Total Support Hours (item 2): _____
c. Total Supervision Hours (item 3): _____

GRAND TOTAL _____

5. TREATMENT SETTING – The APPIC application will ask for hours by treatment setting. Remember to circle treatment setting on page one.

6. OTHER INFORMATION ABOUT YOUR PRACTICUM OR WORK EXPERIENCE

a. List types of groups led or co-led:_____
b. Did you gain any experience with Managed Care Providers this semester? Yes No
c. Have you audio or videotaped clients and reviewed these tapes with your clinical supervisor?
Audiotape review: Yes No;   Videotape review: Yes No
c. Please indicate the number of clients/patients seen for each of the following diverse populations this semester. You may provide additional information or comments. Include clients for whom you performed assessments or intake interviews. For this item, you may include a single client in more than one category as appropriate. For families and/or couples, please count each individual separately.

# of Different Clients Seen

Race/Ethnicity
African-American / Black/ African Origin
Asian-American / Asian Origin /Pacific Islander
Latino-a / Hispanic
American Indian / Alaska Native / Aboriginal
Canadian
European Origin/ White
Bi-racial/Multi-racial
Other (Specify: _____)

Sexual Orientation:
Heterosexual
Gay
Lesbian
Bisexual
Other (specify: _____)

Disabilities
Physical/Orthopedic Disability
Blind/Visually Impaired
Deaf/Hard of Hearing
Learning/Cognitive Disability
Developmental Disability
Serious Mental Illness
Other (specify:_____)

Gender:
Man/Male
Woman/Female

Comments:

7. OTHER CLINICAL EXPERIENCES - Please describe any other clinical work done this semester in settings or activities that are not described above. This includes professional work experiences separate from practica/field placement. Please note that the APPIC application will ask for this, so please keep good records. The APPIC application allows this to be included in narrative form or in a format similar to that used above.

8. TEST ADMINISTRATION
Please indicate all instruments used this semester, excluding practice administrations to fellow students. Please indicate the number of tests you administered and scored in the first column and the number you administered, scored, interpreted, and wrote a report for in the second column.

	# Administered	**# of Reports**
ADULT TESTS		
Bender Gestalt		
Millon Clinical Multi-Axial Inv. III (MCMI)		
MMPI-II		
Myers-Briggs Type Indicator		
Personality Assessment Inventory		
Projective Sentences		
Projective Drawings		
Rorschach (Scoring System:_____)		
Self-Report measures of symptoms/disorders		
Strong Interest Inventory		
Structured Diagnostic Inventories		

TAT
Trail Making Test A & B
WAIS – III
Wechsler Memory Scale III
Other Tests:

CHILD AND ADOLESCENT TESTS
Connors Scales (ADD assessment)
Diagnostic Interviews
MMPI – A
Parent Report Measures
Peabody Picture Vocabulary Test
Rorschach (Scoring System:_____)
WISC-III
WPPSI-R
WRAT
Other Tests:

INTEGRATED REPORT WRITING
How many carefully supervised integrated psychological reports have you written this semester?
An integrated report includes a history, an interview, and at least two tests from the following
categories: personality assessment (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/client. Indicate below how many
you have written this semester for each of the following populations:
a. Adults: _____ b. Children/Adolescents: _____

University of Florida Counseling and Wellness Center
Evaluation of Training Coordinator

Semester _____ Year _____

Please evaluate Dr. Shinlay Rivera in her role as Interim Training Coordinator, and submit this form to Dr. Natasha Maynard-Pemba, Training Director.

Please use the following scale:
1 = Strongly Disagree 2 = Disagree 3 = Somewhat Agree 4 = Agree 5 = Strongly Agree NB = No Basis for Observation

Supervision and Mentoring					
Practicum Coordinator	Strongly Disagree No Basis fpr Disagree Observation	Disagree	Somewhat Agree	Agree	Strongly Agree
Establishes a trusting environment					
Is available and supportive					
Is knowledgeable about counseling / clinical issues					
Is knowledgeable about training and supervision					
Is responsive to needs of trainees					
Is respectful and embracing of human diversity					
Is flexible, open and responsive to feedback					
Provides constructive and useful feedback of trainees					
Advocates on behalf of trainees					
Serves as a mentor to trainees					
Provides support for trainees' overall professional development					

Comments:

Overall Administration and Coordination of the Training Program	Strongly Disagree No Basis fpr Disagree Observation	Disagree	Somewhat Disagree	Agree Agree	Strongly Agree
Training activities (orientation, evaluations, meetings, etc.) are well organized and scheduled in a timely fashion.					
Written Materials (training correspondence, contracts, training calendars, etc.) are well prepared and presented in a timely fashion.					
Practicum Coordinator clearly articulates training philosophy and training expectations.					
Practicum Coordinator works collaboratively with training staff and supervisors.					
Practicum Coordinator establishes and maintains communication with trainees' academic department.					

Comments:

Strengths:

Areas for Growth:

Practicum Evaluation of Training Experience
(Semester)

Please comment on these various aspects of your training experiences at the Counseling and Wellness Center this semester. Your comments will be used by staff to help evaluate the entire training program. Please return to Training Coordinator.

1. Individual supervision (evaluate all sources of individual supervision outside of your primary supervision. Your primary supervisor is evaluated on a separate form). These might include: individual consultation with training staff, co-therapy, observation of intakes, etc.

   Rating: poor 1   2   3   4   5   excellent
   Comments:

2. Group Therapy Training (evaluate all sources of group therapy training outside of your primary group therapy supervision. Your primary supervisor is evaluated on a separate form). These might include: group case consultation, group therapy introduction seminar with training staff, group screening, etc.

   Rating: poor 1   2   3   4   5   excellent
   Comments:

3. Group supervision

   Rating: poor 1   2   3   4   5   excellent
   Comments:

4. Interactions with support staff and technical staff

    Rating: poor 1   2   3   4   5   excellent
    Comments:

5. Overall training atmosphere

    Rating: poor 1   2   3   4   5   excellent
    Comments:

Trainee Evaluation of Individual Supervisor

Supervisor's Name: _____Trainee's Name: _____
Semester: _____Year: _____

Overall

Rate your individual supervisor on the following functions. There is space at the end of the form for comments. Your honest evaluations are highly valued by the staff.

1 = Very Ineffective   **2 = Below Average**   **3 = Adequate**
4 = Above Average   **5 = Very Effective**   **IK = Insufficient**

Knowledge

How did your supervisor do in:

1.____ Understanding me.
2.____ Accepting my individuality and cultural identities.
3.____ Recognizing, respecting and exploring our individual and cultural differences and similarities
4.____ Recognizing my capabilities.
5.____ Making me feel relaxed and comfortable.
6.____ Supporting my efforts.
7.____ Inviting me to generate ideas and suggestions.
8.____ Giving me positive feedback when I did something well.
9.____ Giving me assurance when needed.
10.____ Providing suggestions for improving my counseling skills.
11.____ Providing suggestions about my areas of growth in a non-punishing way.
12.____ Initiating a collaborative dialogue about expectations, goals, and tasks of supervision.
13.____ Facilitating my assessment of myself as a professional.
14.____ Creating the space for me to develop my own counseling style.
15.____ Helping me to understand the counseling approach I was using.
16.____ Encouraging me to experiment with different techniques.
17.____ Creating a space for me to discuss problems encountered in my training setting.

Demeanor/ Climate

1 = Very Ineffective	2 = Below Average	3 = Adequate
4 = Above Average	5 = Very Effective	IK = Insufficient Knowledge

How did your supervisor do in:

1.____ Valuing the supervisory hour(s), as demonstrated through promptness, uninterrupted supervisory time.

2.____ Providing feedback regarding progress notes and other areas of case management in a timely manner.

3.____ Being available for crisis consultation.

4.____ Hearing and understanding my concerns.

5.____ Advocating (i.e., as support person) for me within the system.

6.____ Being self-disclosing, sharing own adequacies and inadequacies.

7.____ Being an example of how to relate to people.

8.____ Modeling professionalism and ethical practice/decision-making

9.____ Working to establish "a climate of trust" to maximize an honest and candid exchange of feelings and ideas.

10.____ Being willing to examine supervisor-trainee relationship, including recognizing the inherent power differential.

11.____ Working toward conflict resolution between self and trainee in constructive ways.

General Comments on Demeanor/Climate:

Information/Teaching

1 = Very Ineffective	2 = Below Average	3 = Adequate
4 = Above Average	5 = Very Effective	IK = Insufficient Knowledge

How did your supervisor do in:

1.____ Using appropriate books, articles, and other references to facilitate my learning.

2.____ Aiding in fitting theory into practice.

3.____ Exploring various therapeutic processes such as confrontation, support, timing, etc., and their uses.

4.____ Demonstrating knowledge and skills with regard to diversity (individual and cultural differences, intersecting identities, biases, etc.)

5.____ Increasing my knowledge and skills in case conceptualization and documentation.

6.____ Recognizing own limitations of clinical knowledge and skills and making appropriate referrals.

7.____ Knowing campus/community resources and helping me refer appropriately.

8.____ Modeling self-reflection

9. Increasing my knowledge, skills, and attitudes in the following areas:

____Research*

____Ethical and legal standards

____Individual and cultural diversity

____Assessment

    ____Supervision
    ____Interprofessional/interdisciplinary skills

*Helping trainee develop competencies regarding 1) knowledge of basic science relevant to the profession and applying this knowledge to practice; 2) generating information (i.e. through dissertation, papers, presentations, program evaluations) that contributes to the professional knowledge base and evaluates the effectiveness of various professional activities

General Comments on Information/Teaching:

Communication

1 = Very Ineffective   **2 = Below Average**   **3 = Adequate**
4 = Above Average   **5 = Very Effective**   **IK = Insufficient Knowledge**

How did your supervisor do in:

1.____   Giving timely feedback that is direct, clear, and relevant.
2.____   Using criticism constructively.
3.____   Being sensitive to where I am emotionally, experientially, and professionally, based on this

    stage of training.
4.____   Using video recordings constructively.
5.____   Aiding in setting goals for supervision.
6.____   Explaining criteria for evaluation.
7.____   Applying the evaluation criteria in a constructive manner
8.____   Demonstrating a knowledge of supervision methods, techniques, interventions appropriate
that are developmentally appropriate.

General Comments on Communication:

Summary Evaluation of Supervisor

Strengths

Weaknesses/Growth Areas

Style of supervision provided by this supervisor

Additional Comments

I have reviewed/will review this evaluation with my supervisor.

Supervisee Signature:_____Date:_____

Trainee Evaluation of Individual Supervisor - TESTING

Supervisor's Name: _____Trainee's Name: _____
Semester: _____Year: _____

<u>Overall</u>

Rate your individual supervisor on the following functions. There is space at the end of the form for comments. Your honest evaluations are highly valued by the staff.

1 = Very Ineffective   **2 = Below Average**   **3 = Adequate**
4 = Above Average   **5 = Very Effective**   **IK = Insufficient**
Knowledge

How did your supervisor do in:

1.____   Understanding me.
2.____   Accepting my individuality and cultural identities.
3.____   Recognizing, respecting, and exploring our individual and cultural differences and similarities
4.____   Recognizing my capabilities.
5.____   Making me feel relaxed and comfortable.
6.____   Supporting my efforts.
7.____   Inviting me to generate ideas and suggestions.
8.____   Giving me positive feedback when I did something well.
9.____   Giving me assurance when needed.
10.____   Providing suggestions for improving my Testing skills.
11.____   Providing suggestions about my areas of growth in a non-punishing way.
12.____   Initiating a collaborative dialogue about expectations, goals, and tasks of supervision.
13.____   Facilitating my assessment of myself as a professional.
14.____   Encouraging me to experiment with different techniques.
15.____   Creating a space for me to discuss problems encountered in my training setting.

<u>Demeanor/ Climate</u>

How did your supervisor do in:

1 = Very Ineffective   **2 = Below Average**   **3 = Adequate**
4 = Above Average   **5 = Very Effective**   **IK = Insufficient Knowledge**

1.____   Valuing the supervisory hour(s), as demonstrated through promptness, uninterrupted supervisory time.
2.____   Providing feedback regarding Testing Reports and other areas of case management in a timely manner.
3.____   Being available for consultation.

4.____ Hearing and understanding my concerns.

5.____ Advocating (i.e., as support person) for me within the system.

6.____ Being self-disclosing, sharing own adequacies and inadequacies.

7.____ Being an example of how to relate to people.

8.____ Modeling professionalism and ethical practice/decision-making

9.____ Working to establish "a climate of trust" to maximize an honest and candid exchange of feelings and ideas.

10.____ Being willing to examine supervisor-trainee relationship, including recognizing the inherent power differential.

11.____ Working toward conflict resolution between self and trainee in constructive ways.

General Comments on Demeanor/Climate:

Information/Teaching

How did your supervisor do in:

1.____ Using appropriate books, articles, and other references to facilitate my learning.

2.____ Aiding in background in the basics of psychometric theory.

3.____ Increasing my knowledge of the scientific, theoretical, empirical, and contextual bases of psychological assessment.

4.____ Demonstrating knowledge and skills with regard to diversity (individual and cultural differences, intersecting identities, biases, etc.)

5.____ Increasing my ability to establish, maintain, and understand the collaborative professional relationship that provides a context for psychological assessment.

6.____ Increasing my understanding of the relationship between assessment and intervention, assessment as an intervention, and intervention planning.

7.____ Recognizing own limitations of clinical knowledge and skills and making appropriate referrals.

8.____ Knowing campus/community resources and helping me refer appropriately.

9.____ Modeling self-reflection

10. Increasing my technical assessment skills that include:

____Understanding and selection of appropriate assessment methods

____Individual and cultural diversity

____Systematic data gathering

____Integration of information, inference, and analysis

____Communication of finding and development of recommendations to address problems and goals

____Provision of feedback that is understandable, useful, and responsive to the client

General Comments on Information/Teaching:

Communication

1 = Very Ineffective   **2 = Below Average**   **3 = Adequate**
4 = Above Average   **5 = Very Effective**   **IK = Insufficient Knowledge**

How did your supervisor do in:

9.____   Giving timely feedback that is direct, clear, and relevant.

10.____   Using criticism constructively.

11.____   Being sensitive to where I am emotionally, experientially, and professionally, based on this stage of training.

12.____   Aiding in setting goals for supervision.

13.____   Explaining criteria for evaluation.

14.____   Applying the evaluation criteria in a constructive manner

15.____   Demonstrating a knowledge of supervision methods, techniques, interventions appropriate that are developmentally appropriate.

General Comments on Communication

Summary Evaluation of Supervisor

Strengths

Weaknesses/Growth Areas

Style of supervision provided by this supervisor

Additional Comments

I have reviewed/will review this evaluation with my supervisor.

Supervisee Signature:_____Date:_____

University of Florida Counseling & Wellness Center
Trainee Evaluation of Group Therapy Supervisor

Trainee_____   Group Supervisor_____
Group Name _____   Semester and Year_____

Rating Instruction: Please evaluate your group therapy supervisor in the following areas. Your honest feedback is valuable and appreciated, so feel free to indicate if this aspect was not addressed in supervision or is a growth area.

Strength Area (Beyond level of expectations)	On target for expectations	Improvement Needed/Growth Area	Not Explored in Supervision
3	2	1	N/A

1.____	The supervisor encourages an open and collaborative exchange of

	feelings and ideas about the group's facilitation.
2.____	The supervisor invites and receives feedback.
3.____	The supervisor encourages and supports the trainee to experiment with

	new skills or behaviors.
4.____	The supervisor provides timely and appropriate feedback on trainee's

	strengths and growth areas.
5.____	The supervisor promotes the trainee's awareness of their therapeutic

	impact on the group.
6.____	The supervisor explores trainee's personal reactions to members and

	group dynamics.
7.____	The supervisor provides conceptualization and rationale for interventions

	based on theory, research, and clinical practice.
8.____	The supervisor models effective interventions during group sessions.
9.____	The supervisor provides guidance in identifying and dealing effectively

	with ethical or legal issues in group.
10.____	The supervisor attends to power, status and cultural differences between

	the co-leaders.

11._____ The supervisor processes the co-leader relationship and its impacts on the
group.

12._____ The supervisor facilitates the trainee's increasing involvement and
leadership in group.

What aspects of supervision were most helpful or effective?

What would you have liked to have done more or differently in supervision?

Any comments or other feedback?

By typing my name below, I have reviewed or plan to review this feedback with my supervisor.

_____   _____
Supervisee's Signature   Date

Counseling and Wellness Center

Seminar Series Evaluation
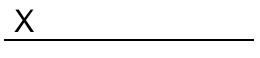
Name of Seminar Series: _____

1. How helpful was this seminar series to your clinical work and/or professional training?

 0   1   2   3   4   5
Not Helpful   Very Helpful

2. What was most helpful?

3. What was least helpful?

Duration of seminar series

Was the number of sessions in this series too many, not enough, just right:

 1   2   3   4   5
Not Enough   Too Many

Please provide feedback that would allow us to improve this seminar series:

_____
_____
_____
_____
_____
_____

Trainee Leave Form
University of Florida
Counseling and Wellness Center

Name: _____

Beginning   Date:_____   Time:_____
Ending   Date:_____   Time:_____

If out of town, city, state and telephone number(s) where you may be reached in case of an emergency:
_____
_____

Reason for leave:
_____

_____
_____

                                                                              # of
hours absent
    1. _____ Personal Time (vacation, mental health, sickness)   _____
    2. _____ Professional Development (conferences, etc)   _____
    3. _____ Job search/interview   _____

Trainees are responsible for filling in the above information, arranging coverage of duties and appointments (see below), and obtaining approval signatures prior to leaving. Send form to shinlay@ufl.edu for Training Coordinator's approval.

          Coverage needed   Person covering
  _____   _____
  _____   _____
  _____   _____

Considerations for meeting hours requirement:
_____
_____
_____
_____
_____

Trainee's signature _____   Date:_____

Approval Signatures: Individual supervisor   _____
                           Training Coordinator   _____

<u>Training Manual Acknowledgement Form</u>

I have read and agree to the terms of training, in this training manual, for this practicum training program year.

X
_____

Practicum Counselor Signature