

# PRACTICUM MANUAL

2008

THE UNIVERSITY OF TULSA  
HENRY KENDALL COLLEGE OF ARTS AND SCIENCES  
DEPARTMENT OF PSYCHOLOGY

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Clinical Practicum Coordinator  
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1. Graduate practica provides students with their first opportunities to obtain supervised experience in clinical settings. Students acquire direct, hands-on experience with a variety of psychological problems, assessment techniques, and treatment interventions under the direct supervision of practicing professionals (primarily licensed psychologists, though skill acquisition is also supported by adequately trained and licensed professionals from other related fields such as psychiatry, social work, and professional counseling). A major objective of graduate practica is to provide breadth of experience; hence premature specialization within any particular approach is discouraged.

2. In the fall of 1996, Dr. Tom Brian was appointed to coordinate practicum training with the goal of developing increasingly integrated relationships between practicum site experiences, practicum seminars, and academic training. The practicum coordinator maintains on-going contact with practicum sites, teaches the practicum seminar, and meets regularly with the clinical faculty.

3. Formalized agreements are made between the clinical psychology program and training sites. Each semester a letter is sent to each participating site which acknowledges the student's good standing with the program and encourages communication between the site and the program. Several sites have formal, written contracts with the program. A model written contract has been distributed to all current sites and agreeable revisions are currently being negotiated (see appendix A). The eventual goal is to have signed contracts with all sites.

4. A range of site placements are used, including inpatient psychiatric, outpatient private practice, pediatric psychological assessment, university psychological services, medical college psychiatric outpatient, family therapy services, neuropsychological assessment, children's medical (individual site descriptions are presented in appendix B). The program continues to explore other potential practicum site possibilities in the community and surrounding area (e.g. possibilities with Native American Health Services are currently being pursued). Doctoral students in the program are required to successfully complete (i.e. grade A or B) a minimum of twelve semester hours of practicum course credit. Students receive practicum course credit based on the number of hours at the practicum site, with one hour of semester credit representing 60 hours on site. The time on site is expected to

include regular, face-to-face supervisory sessions (usually a minimum of one hour per week, confirmed by the supervisor).

5. Practicum placements are arranged between the practicum coordinator, student, and practicum site, taking into account the needs of each. Consideration is given to student's interests, clinical training courses and performance in previous placements. Typically, students are encouraged to have a diversity of experience in terms of variety in populations, presenting problems, theoretical orientations, assessments and interventions. An attempt is also made to graduate experiences in order of increasing responsibility; as students gain experience and confidence they are expected to play a more central role in delivery of psychological services.

6. Students enroll in a seminar as part of their practicum training. (Note: This course requires a lab fee which pays for professional liability insurance to cover each student's practice). The seminar is taught by the practicum coordinator and involves regular class meetings to compliment practical, supervised work experience in a practicum site.

7. Emphasis in the seminar is on the practice of psychology as:

- A. Applied behavioral science, where good practice involves appropriately applying findings from the scientist-practitioner literature to insure increasingly favorable outcomes, and
- B. An art to be continually developed through experience with feedback.

This scientist –practitioner model stands as one of the clearest distinctions between professional psychology and other helping professions, many of which emphasize proficiency in technique (e.g. therapeutic approaches, selection of medications, etc.) In contrast, the scientist-practitioner approach requires a working knowledge of methodologies for studying human behavior and an empirically informed discipline of critical thinking. Appropriately applied, scientist-practitioner skills produce a number of advantages, including: more accurately defining cause-effect relationships and related predictions, reduced risk of harm to clientele while identifying probable sources of gain, clarifying “active ingredients”, and ultimately more positive outcomes.

8. The practicum seminar includes readings and discussion of topics relevant to effective functioning at the practicum site (e.g. trainee role, ethical practice, supervision, diversity, clinical writing, professional stress, risk management, termination). Requirements for the seminar include:

I. Case presentation. A formal case presentation written in the following case study journal format:

For examples, see *Clinical Case Studies* (Sage Publications, sample issues available from instructor or Dr. Davis, tba in McFarlin Library)

1. **Research base for treatment**

2. Case introduction (identifying features of the client)
3. Presenting complaints
4. History
5. Assessment

6. **Diagnostic impressions. Demonstrate DSM fluency; can also include limitations of the DSM model.**

7. **Theoretical Formulation:**

a. **Formulate the case from the perspective of a specific model. For example, behavioral, cognitive, interpersonal, psychodynamic, psychometric (e.g. Psy-5), (see ELLS text).**

b. **Make treatment recommendations consistent with this formulation.**

**Note: This will likely be more speculative and would not necessarily be included in any formal record, but it can be a good exercise. It might be considered what would qualify as private psychotherapy notes kept physically separate from formal psychological records.**

8. Diversity Considerations
9. Course of treatment and assessment of progress (anticipated or actual if available)
10. Complicating factors (including medical management)
11. Managed care/organizational considerations
12. Follow-up (how and how long)
13. Treatment implications for the case
14. Recommendations to clinicians and students
15. Illustrate the importance of at least one ethical principle in effective management of this case.
16. Questions asked by the presenter to the class/consultant
17. References

Write the presentation as a full text article and consider submitting it for publication (or coauthoring). Of course, get proper authorization from the organization and client(s) for publication.

## II. Demonstration of Practice Technique or Procedure (Fall Semester)

- a. Formal class demonstration of intervention or assessment technique
- b. General goal is to acquaint class members with both the behavioral science basis and useful ways of practicing the technique demonstrated.
- c. Demonstration should include: stated goals and objectives, activities and exercises (e.g. role play), handouts, relatedness to scientific-professional literature, including citations and reference list.
- d. Presenter(s) should demonstrate a knowledge of the subject, preparedness, effective presentation style and communication skills.
- e. Class members can expect increased understanding/awareness, development of skills and abilities, new knowledge, and relevant activities.
- f. Presenter will distribute evaluation form (attached), which will be used in grading the demonstration.

Note: resources for demonstrations can include materials from other courses and texts from this course.

## II. Class Participation

- A. Clinical team (Spring semester)
  1. Attend clinical team meeting which meets the second hour of each seminar
  2. Each team to include advanced and beginning students.
  3. Within the first two weeks of class each team will need to develop and submit a proposal which will include:
    - (1). Leadership roles and membership list (e.g. leader, vice, secretary, etc.)
    - (2). Goals
    - (3). Activities
    - (4). Evaluation/documentation of learning
  4. Part of each team meeting needs be devoted to the topic of the week from the Baird practicum handbook
  5. Submit evaluation/documentation at the end of the semester.  
(lessons learned from team experiences can be included in competency development report)

Note: instructor will be sitting in on teams for observation, comment, and consultation as needed.

- B. General class discussion
  1. Participate in discussion of professional practice issues.
  2. Introduce and discuss current issues of interest or concern from practicum experiences during the first portion of class as needed.
  3. In all discussions, observe APA ethical principles (e.g. Principle 1.06- requires that judgments be based on scientifically and professionally derived knowledge (Canter, et al, 1996)
  4. Practice optimal approaches to participation in class discussions. Follow guidelines in Chapter 4 of Baird's textbook (Internship Classes and Peer Groups) See the exercise on p. 53 and notes on giving/receiving feedback, empathy, and acknowledging imperfections. See also Meehl's Chapter, "Why I do not attend case conferences" (If you can find a copy).
  5. Consider introducing or participating in role plays to enhance learning

6. Give feedback to presenter via case presentation forms (attached)
- C. Attend class meetings with a maximum of two absences. Timely, written requests for exceptions to the attendance requirement will be considered, but not automatically approved. Students may propose extra work/contributions to class to compensate for absences
- III. Submit Practicum Competency Development Report at the end of the semester (see attached format)
- IV. Submit Practicum Activity Report at the end of the semester (see attached form)  
Note: "one hour of semester credit represents 60 hours of clinical work" on site as stated in the practicum manual.
- V. Favorable Supervisor Evaluation Report (see form). Note: since supervisor evaluations may not arrive before grades are due, a grade may be changed later

Texts currently used include a general practicum handbook (Baird, 2007), a manual for empirically validated treatments of psychological disorders (Barlow, 2007), an empirically oriented desk reference (Koocher, Norcross & Hill, 1998), a book on behavior therapy techniques (Goldfried & Davison, 1994), a book on case formulation (Ells, 2007), and a book on multicultural perspectives on counseling & psychotherapy. The seminar also encourages students to share general experiences at their practicum sites and allows additional time for consultation on areas of concern as needed.

9. Students' progress in the practicum is monitored in several ways. A prerequisite for practicum is that students formally agreed to practice consistent with the Oklahoma Psychologists Licensing Act, APA ethical code ASPPB code of conduct and all other laws regulating practice. Once practicum is begun, the practicum coordinator generally monitors a student's clinical progress directly through the regular seminar meetings. Additionally, the coordinator affirms availability to the primary site supervisor and provides an evaluation form (see appendix C) to be used in assessing the strengths and weaknesses of the student during the semester (Note: some sites provide their own more extensive assessment of trainee competencies). Students write a paper describing their developing clinical competencies for the practicum seminar which is updated each semester, providing a developmental narrative of progress from the trainee's perspective. Students also complete a practicum activity report that includes hours spent in various activities (e.g. intervention, assessment, supervision, training seminars, etc.) and is signed by the site supervisor. The practicum syllabus informs students of

specific grading criteria, including the evaluation from the site supervisor. Doctoral students are required to complete a minimum of twelve semester hours or practicum credit (one hour of semester credit representing 60 hours of clinical work), but most students do more.

10. The duration of practicum placements may vary as a function of the needs of both the agency and student. Typically, students are placed at a practicum site for a period of time sufficient to complete the equivalent of one or two semesters of clinical work. The length of the placement is agreed upon by the student, practicum site, and practicum coordinator.

11. Deviations from regular practicum procedures (e.g. need to restructure a practicum arrangement due to illness, unanticipated mismatch between student needs/skills and site needs, etc.) are handled on an individual case basis. Site supervisors and students are encouraged to express any concerns about the appropriateness of the practicum arrangement. Solutions to concerns are sought which are reasonably agreeable to all concerned, but with welfare of clientele coming first. Possible accommodations may involve rearranging the student's duties at the site, removing the student from the site, lowering grade to reflect documented deficits, specifying areas and means for improvement, reducing hours or postponing work to a future semester or arranging an alternate site.

## APPENDIX A – Practicum Site Contract

### EXTERNSHIP/OFF-CAMPUS PRACTICUM AGREEMENT

THIS AGREEMENT, made and entered into is between \_\_\_\_\_ ("Agency"), a \_\_\_\_\_(nonprofit or for profit) corporation of the State of \_\_\_\_\_, and The University of Tulsa, 600 South College Avenue, Tulsa, OK 74104-3189 ("University"), a nonprofit corporation of the State of Oklahoma, which owns and operates The University of Tulsa College of Arts and Sciences ("College").

WITNESSETH, THAT:

WHEREAS, Agency desires to provide graduate student(s) in the Department of Psychology of the University with practicum sites in the field of psychology for clinical training for no more than 20 hours per week per student for a three-credit hour practicum and prorated accordingly for more credit hours.

WHEREAS, the University desires to provide students possessing the minimum qualifications of a Bachelor's Degree or its equivalent with practicum experiences in psychology with the Agency's designated Psychologist to include some or all of the following: individual, group, family counseling/psychotherapy, psychoeducational interventions, assessments, consultation, report writing, treatment documentation, research, and/or other activities consistent with training in Psychology; and,

WHEREAS, Agency and University desire to cooperate in providing practicum sites and experiences in a Clinical Psychology Training Program as set out above (the "Program"); and,

NOW THEREFORE, for and in consideration of the mutual promises, agreements and covenants as hereinafter set forth, and other good and valuable consideration, it is hereby agreed by and between the Agency and University as follows:

1. Equal Opportunity. Agency Program, University, and College of Arts and Sciences shall employ, advance, accept, admit and otherwise treat in all manner in their employment and educational program, all persons without regard to race, color, national or ethnic origin, sex, age, religion, creed, handicap, disability or status as a veteran.

2. Cooperation of Agency. Agency agrees to cooperate with the University and College of Arts and Sciences in providing practicum sites to University students through the Program, for practical clinical psychology training. The University will confer with the Agency prior to the placement of any student in order to establish or to review the purpose, provisions, and responsibilities involved in the practicum experience. In addition to any supervision of the students provided by the University, weekly on-site supervision by a licensed psychologist (or licensed/certified Masters' level mental health professional if trainee is pre-Masters' level) will be provided by the Agency.

3. Clinical Practicum Sites. Agency further agrees to make available the clinical settings and means for student experiences, including but not limited to supplies and materials necessary to enable the student to function effectively. There will be adequate provisions for safeguarding confidential materials, such as case files, client records, and student records.

4. Services, Resources, Facilities. Agency further agrees to make available to students and University faculty or other personnel involved in the Program the following:

- a. Such space and facilities as are necessary for pre-assignment and post-assignment conferences;
- b. Such instructional and library or other resource material as is available to or located at the Agency;
- c. Parking space, cafeteria facilities, and other similar services on the same terms at which those services are regularly provided to Agency employees;
- d. Facilities are available for storage of personal belongings, but security for such items is not provided.

5. Number of Program Participants. Agency further agrees that the number of students receiving clinical psychology training at or through the Agency shall be determined by mutual agreement of the Agency's Practicum Site Supervisor, the Director of Clinical Training, and the Dean of the University's College of Arts and Sciences. Primary factors to be considered in establishing said number are the adequacy of physical facilities at the Agency; the availability of agency personnel to supervise, train, and work with students participating in the Program; and adequacy of overall learning experience available.

6. Orientation. Agency further agrees to provide orientation to the Program, including but not limited to the clinical training experience available at the Agency, to members of University faculty or other University personnel whose teaching responsibilities at the University include or may include clinical psychology practicum training. Such knowledge may be made available for University faculty assigned to evaluating, counseling, and conferring with students regarding the Program.

7. Emergency Medical Care. Any Agency which has available on-site emergency services further agrees to make available emergency medical care to students and University faculty or other personnel who are injured or otherwise become ill while at the Agency or are on an off-premises assignment as part of the Program; provided, that this provision shall not be construed to limit or otherwise prohibit any student, faculty, or University personnel from seeking such emergency medical care at any other facility besides Agency, or to refuse medical care. Emergency medical care provided to students and University faculty will be at the expense of the student or faculty member and shall be charged to them as determined by the Agency.

8. Agency Rules, Regulations, and Policies. Agency further agrees to provide each student, University faculty member, or other personnel with a copy of the current written Rules,

Regulations, and/or Policies for Practicum's of the Agency, or any unwritten interpretations of the Rules, Regulations, and/or Policies for Practicums of the Agency.

9. Practicum Site Supervisor. Agency further agrees to appoint a Practicum Site Supervisor ("Site Supervisor") whose duties shall include:

- a. Interviewing qualified University students for the Program;
- b. Observing, supervising, and counseling students participating in the Program; and,
- c. Assisting in evaluating students participating in the Program in accordance with (1) the learning objectives for practicum placement as defined by the University; (2) practicum and field work section of *Handbook to Graduate Programs in Psychology*; and, (3) the evaluation process as defined by the University.

10. Mutual Indemnification. Each party shall save and protect the other, and indemnify the other from all legal liability resulting in injury, death, or damages, including costs and attorney fees, caused by or arising out of the indemnifying party's negligent or willful misconduct in the supervision of students pursuant to this agreement.

11. Cooperation of University. The University agrees to cooperate with the Agency in determining the number of students receiving clinical psychology training at or through the Agency, as provided in Paragraph 5 herein.

12. General Provisions. The University further agrees as follows:

- a. That it will provide Agency, by and through the Site Supervisor, with current written copies of (1) the learning objectives for psychology training experiences as defined by the University; (2) student evaluation forms; and, (3) practicum and field work section of *Handbook to Graduate Programs in Psychology*;
- b. That it will establish lines of communication with the Site Supervisor prior to any practicum placement of a student as to the University's expectations and goals and feedback mechanisms with regard to the Program, the Site Supervisor, and the students participating in the Program;
- c. That the University will provide to the Site Supervisor a time schedule and suggested criteria regarding evaluation of students;
- d. That it will prepare each student for his or her initial interview with the Site Supervisor and upon the approval of said Site Supervisor of particular students for participation in the Program, notify the Agency of said Site Supervisor of which students will participate in the Program;

- e. That it will observe and consult with students and communicate with the Site Supervisor regarding each of said student's performance and progress or other matters;
- f. That it will inform students of all physical examinations required by the Agency and that it further will inform students of their responsibility for the costs of said physical examinations;
- g. That it will inform students regarding appropriate dress for participants in the Program and further regarding each student's need to abide by the Rules, Regulations, and Policies of the Agency and to provide his or her own transportation to and from the Agency at student's expense;
- h. That it will inform students and University faculty that they shall respect and conscientiously observe the confidential nature of all information which may come to either of or all of them, individually or collectively, with respect to patient records and comply with American Psychological Association (APA) ethical standards and state laws about the practice of psychology;
- i. That it will assure that all University students participating in the Clinical Psychology Training Program will have in force a professional liability insurance policy with limits of \$1,000,000 per occurrence and \$3,000,000 aggregate. In this regard, University further agrees to provide Agency with a certificate of insurance for each student participating in the field Program stating that said student has liability insurance coverage in said amount; and,
- j. That it accepts the condition that no student or University faculty is to be considered an employee of the Agency under this agreement.

13. Withdrawal or Removal of Student and Notification Thereof. University and Agency agree that either University or Agency may withdraw or remove any student enrolled in the Program if, in the opinion of either party, said student is not making satisfactory progress in the Program or, for any other reasonable cause, including but not limited to health or recurrent and unexcused tardiness or absence. In any event, University shall have the right to withdraw any student from the Program. In the event that a determination is made by Agency or University that a student should be withdrawn from the Program, the party making said determination shall notify the other party in writing of said determination at least 24 hours prior to the withdrawal or removal of said student, stating specifically the grounds or cause for said withdrawal or removal. Written notice also shall be given to the student by the party making said determination at least 24 hours prior to said withdrawal or removal, stating specifically the grounds or cause for said withdrawal or removal. Under appropriate circumstances, such withdrawal may be immediate for health or safety reasons but must be followed up by a required written notice within 24 hours.

14. Conferences and Review. Agency and University agree that they, by and through their designated representatives, shall confer periodically, for the purpose of evaluating as to whether this Agreement should be continued; provided however, that nothing contained herein shall be construed as granting either party hereto the automatic right to renew or reinstate this Agreement after its termination.

15. Non-assignability. The rights and duties accruing to Agency and University under the terms of this Agreement may not be assigned, delegated, or otherwise transferred by Agency or University, unless prior written mutual consent to said assignment is obtained from University and Agency.

16. Term of Agreement. The term of this Agreement shall be from and after January 2, 2004. This agreement may be modified or terminated by the written mutual consent of Agency and University and may, in any event, be terminated by University or Agency at the end of 10 days after written notice terminating the Agreement is given to Agency or University, as the case may be.

17. Notices to Agency, Field Placement Program, University, and College of Arts and Sciences. All notices under this Agreement shall be made to the following persons at the following listed addresses:

AGENCY	UNIVERSITY
_____ (Agency Name)	The University of Tulsa
_____ (Agency Address)	600 South College Avenue
_____	Tulsa, Oklahoma 74104-3189
Practicum Site	Clinical Psychology Program
Clinical Psychology Training	Elana Newman, Ph.D.
	Director of Clinical Training
	Tom Brian, Ed.D.
	Clinical Practicum Coordinator

18. The University has authorized only certain persons to sign agreements of this nature on its behalf. No agreement is enforceable against the University unless signed by an authorized signatory.

19. This AGREEMENT shall be governed by the laws of the State of Oklahoma and agree that all disputes may be resolved in a court of competent jurisdiction in Tulsa County, Oklahoma.

20. This AGREEMENT constitutes the entire AGREEMENT between the parties and supersedes all prior agreements, arrangements, and understanding relating to the subject matters hereof. Any modification hereto shall be valid only if set forth in writing and signed by all parties hereto.

Executed and agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.



## APPENDIX B – Evaluation Form

**University of Tulsa**  
Graduate Programs in Clinical Psychology  
Practicum Evaluation

Student Name:  
Practicum Site:  
Supervisor:

Student Program: M.A. or Ph.D.  
Semester:

Start Date of Evaluation Period:

End Date of Evaluation:

*Notes for the Supervisor:*

Please rate the student on the following dimensions. Rate the level of competency demonstrated on the following scale (see rating criteria at the end of this document\*):

**1**                      **2**                      **3**                      **4**                      **5**                      **U=unable to evaluate**  
**Novice**                      **Advanced Beginner**                      **Competent\***

**Program Specific Competencies** (related courses and exams are listed in parentheses). Supervisor is encouraged to take into consideration whether the student has completed particular courses or exams. Feel free to make comment at any point in the survey

**5 4 3 2 1 U** **Diagnostics:** Ability to differentially diagnose major Axis-I and Axis II disorders (Psychopathology, Clinical Oral Examination). Comments:

**5 4 3 2 1 U** **Theory:** Ability to articulate major etiological theories of mental disorders and apply these theories to clinical cases (Psychopathology, Intervention Techniques, Clinical Oral Examination, required second course in psychopathology). Comments

**5 4 3 2 1 U** **Intake/Mental Status:** Ability to conduct and report intake interview, Mental Status Examination (Theory and Practice, Clinical Oral Examination). Comments:

**5 4 3 2 1 U** **Scientific Basis:** Knowledge of scientific basis for psychological intervention (Research Methods in Clinical Psychology, Intervention Techniques, Clinical Oral Examination). Comments:

**5 4 3 2 1 U** **Empirically Supported Treatments:** Knowledge of an empirically supported treatment, ability to articulate the components of the treatment plan (Intervention Techniques, Clinical Oral Examination)

**5 4 3 2 1 U** **Diversity:** Knowledge of nature and impact of human diversity on clinical assessment and intervention (Theory and Practice, Clinical Assessment: Intellectual, Clinical Assessment: Personality, Intervention Techniques, Clinical Oral Examination). Comments:

**5 4 3 2 1 U** **Ethics:** Knowledge of APA Ethical Principles of Psychologists and Code of Conduct, ASPPB Code of Conduct, and major legal principles guiding practice, and ability to analyze clinical problems from ethical and legal perspectives (Ethics, Law, and Clinical Practice, Intervention Techniques, Clinical Assessment: Personality, Clinical Oral Examination, Practicum, Theory & Practice). Comments:

**5 4 3 2 1 U** **Scientific Method:** Knowledge of scientific methods of collection and analysis of psychological data (Research Methods in Clinical Psychology, Statistical Methods for Research, Intervention Techniques, Clinical Assessment: Personality, General Written Examination, Precandidacy Project, Dissertation). Comments:

**5 4 3 2 1 U** **Measurement Theory:** Knowledge of theories and methods of psychological measurement (Clinical Assessment: Personality, Clinical Assessment: Intellectual, Theory & Practice, Research Methods, required third course in Assessment, General Written Examination). Comments:

**5 4 3 2 1 U** **Intellectual Assessment:** Administration, scoring, interpretation and report writing for tests of intellectual functioning including WAIS-III (Clinical Assessment: Intellectual, Clinical Oral Examination). Comments:

**5 4 3 2 1 U** **Objective Personality Assessment:** Administration, scoring, interpretation and report writing for objective personality tests including MMPI-2 (Clinical Assessment: Personality, Clinical Oral Examination). Comments:

-Continued-

-Continuation-

**General Competencies**

**5 4 3 2 1 U Conceptual Knowledge:** Knowledge of important theory/research/conceptual issues in field. Estimated potential to acquire new knowledge. Understanding of research methods used to test theory. Comments:

**5 4 3 2 1 U Professional Development:** Capacity to apply knowledge to psychological practice in clinical and/or organizational settings. Professional skills and ethical awareness. Comments:

**5 4 3 2 1 U Oral Communication Ability:** Assembles and delivers an effective case presentation. Communicates effectively with colleagues during case conferences. Ability to successfully communicate ideas in conversations. Ability to make a professional quality presentation. Comments:

**5 4 3 2 1 U Writing Ability:** Assessment reports or therapy notes are written clearly. Clarity and terseness of written expression. Comments:

**5 4 3 2 1 U Motivation and Initiative:** Completes projects with minimal supervision. Seeks opportunities for professional development Comments:.

**5 4 3 2 1 U Stress Tolerance:** Management of workload without excessive complaining. Ability to function successfully in stressful situations. Ability to manage multiple and/or conflicting assignments. Comments:

**5 4 3 2 1 U Helpfulness/Teamwork/Courtesy:** Demonstrates concern about the welfare of others in the program. Works well in team situations, on group projects. Comments:

**5 4 3 2 1 U Reliability/Integrity/Conscientiousness:** Completes projects on-time and in manner consistent with instructions. Avoids missing appointments, coming late to meetings etc. Comments:

**5 4 3 2 1 U Organizational Involvement:** Actively participates in organization activities. Attends speaker series and other meetings that are not required. Comments:

**5 4 3 2 1 U Assessment Skills:** Develops appropriate test batteries. Integrates assessment information effectively. Recommendations are helpful and thoughtful. Comments:

**5 4 3 2 1 U Therapeutic Skills:** Establishes effective rapport with patients. Conceptualizes cases effectively. Applies appropriate therapeutic interventions effectively. Comments:

**5 4 3 2 1 U Ethics:** Adheres to ethical principles, consults appropriately with supervisor.

**5 4 3 2 1 U Overall Responsiveness to Supervision**

**5 4 3 2 1 U Overall Progress of the Student**

What future settings would stimulate this student's growth the most?

What are areas of improvement upon which the student should focus in future training?

Please feel free to include additional comments that would aid in the evaluation and training of the student (use additional pages as needed)

Supervisor Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

## \*Practicum Competence Rating Criteria

**1. Novice:** Novices have very limited knowledge and understanding of (a) how to analyze problems and of (b) intervention skills and the processes and techniques of implementing them. They learn general principles or specific techniques to use, but the student's beginning level of experience limits the flexible use of these skills. Beginners do not yet recognize patterns, and do not differentiate well between important and unimportant details; they do not have filled-in cognitive maps of how a given patient may move from where he/she is to a place of better functioning. This is the minimum level of competency expected at the start of practicum training.

**2. Advanced Beginner:** Advanced Beginners can demonstrate a marginally acceptable performance, having coped with enough real situations to recognize some important recurring meaningful situational components, based on prior experience in actual situations. Generalization of diagnostic and intervention skills to new situations and patients is limited, and support is needed to guide performance. This is generally the minimum level of competency expected at the end of practicum, although the student will have developed more advanced levels of competency in certain domains.

**3. Competence:** Competence develops when the student begins to see his or her actions in terms of long-range goals or plans of which he or she is consciously aware. For the competent psychologist, a plan establishes a perspective, and the plan is based on considerable conscious, abstract, analytic contemplation of the problem. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organization. The competent psychologist is less flexible in these areas than the proficient psychologist [the next level after "competent"]but does have a feeling of mastery and the ability to cope with and manage many contingencies of clinical work. Recognition of overall patterns, of a set of possible diagnoses and/or treatment processes and outcomes for a given case, are beginning to take shape. This is generally the minimum level of competency expected at the end of the internship year and the conclusion of doctoral training. Note that Dreyfus & Dreyfus describe two additional, higher levels of competency that are achieved later in professional development (Proficient and Expert Levels).

\*Based on the work of the Association of Directors of Psychology Training Clinics (ADPTC) Competencies Workgroup, and draws on many sources. Key are reports from two conferences held by psychology educators: The 2001 American Psychological Association (APA) Education Leadership Conference (ELC), with its Workgroup on Practicum Competencies, whose report may be found at <http://www.apa.org/ed/elc/home.html>; and the APPIC Competencies Conference: Future Directions In Education And Credentialing In Professional Psychology, held in November 2002 in Scottsdale AZ, whose report may be found at [http://www.appic.org/news/3\\_1\\_news\\_Competencies.htm](http://www.appic.org/news/3_1_news_Competencies.htm)

University of Tulsa  
Graduate Programs in Clinical Psychology  
Practicum Site Contact List  
August, 2008

**RECENTLY ACTIVE SITES**

**Brookhaven Hospital**

201 S. Garnett, Tulsa, OK 74124  
438-4257

Ron Broughton, M.A., LPC

[rbclark@brookhavenhospital.com](mailto:rbclark@brookhavenhospital.com)

**Clinical and Neuropsychological Services**

5512 S. Lewis Ave, Suite 8

Tulsa, OK 74105

918-712-9004

[hansen.phd@tulsacoxmail.com](mailto:hansen.phd@tulsacoxmail.com)

David Hansen, PhD\*

**Dick Conner State Correctional Facility**

Box 220

Hominy, OK 74035

918 885-2192, ext. 235

Jana Morgan, PhD

[janna.morgan@doc.state.ok.us](mailto:janna.morgan@doc.state.ok.us)

Kevin Smith, M.S., LADC,

918-885-2192, Ext. 243 [kevin.smith@doc.state.ok.us](mailto:kevin.smith@doc.state.ok.us).

**Domestic Violence Intervention Services**

4300 S. Harvard

Tulsa, OK 74135.

585-3170; 585-3163

Lori Gonzales-contact person for practicum

Missy Isky, M.A.

[miski@dvis.org](mailto:miski@dvis.org)

Francey Bates, M.A., LPC,

[fbates@dvis.org](mailto:fbates@dvis.org)

Maryde Conner, LPC

**Family & Children's Services, Central Office**

650 S. Peoria, Tulsa, OK 74120

Christine Marsh, LCSW 560-1200 [cmarsh@fcsok.org](mailto:cmarsh@fcsok.org) Program Director for the Family Sexual Abuse Treatment Program (FSATP)

Ladonna Gardner, LPC 560-1200 [lgardner@fcsok.org](mailto:lgardner@fcsok.org) Clinical Supervisor for FSATP

Christy Hays, Director of Human resources, 560-1117, [HRDirectorHays@fcsok.org](mailto:HRDirectorHays@fcsok.org)

**Family & Children's Services, South**

3105 E. Skelly Dr. Suite 102, Tulsa, OK 74105  
Suzy Ewing, MSW, LCSW, LMFT, 749-6095, [sewing@fcsok.org](mailto:sewing@fcsok.org)

**Family & Children's Services, East,**

11740 E. 21st St. Suite E, Tulsa, OK 74120  
Roy VanTassell, M.S., 437-9495, 560-1200, [rvantassell@fcsok.org](mailto:rvantassell@fcsok.org)

**FCS (Family & Children's Services) Mental Health Care**

Whitney Downie, M.A., 584-4549  
[wdownie@fcsok.org](mailto:wdownie@fcsok.org)

**Hillcrest Adult Behavioral Health Unit**

c/o Michael Basso, PhD\*  
University of Tulsa, Psychology-LH,  
600 S. College, Tulsa, OK 74104-3189  
631-3151

**Laureate Psychiatric Clinic and Hospital**

**Eating Disorders Unit**

6655 S. Yale  
Tulsa, OK 74136  
481-4000  
Claudia Cook, M.A. LPC, Beth Persac, M.A., LPC,  
[cgcook@saintfrancis.com](mailto:cgcook@saintfrancis.com) [bpersac@saintfrancis.com](mailto:bpersac@saintfrancis.com)

**Laureate Psychiatric Clinic and Hospital**

**Outpatient Assessment**

6655 S. Yale  
Tulsa, OK 74136  
491-3725  
Mark Sperle, Ph.D.\*  
[masperle@saintfrancis.com](mailto:masperle@saintfrancis.com)

**Laureate Psychiatric Clinic and Hospital**

**Intensive Outpatient Program**

6655 S. Yale  
Tulsa, OK 74136  
Alan Gates, LPC  
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Lana Hartig, CADC

**Laureate Psychiatric Clinic and Hospital**

**Acute Care Unit**

6655 South Yale Ave.  
Tulsa, OK 74136  
481-4000, ext. 13776  
Annette Chin, LPC

### **Laureate Psychiatric Clinic and Hospital**

6655 S. Yale, Tulsa, OK 74136

Tricia Way, Human Resources, 481-4000

### **Mabel Bassett Correctional Center**

29501 Kickapoo Road

McLoud, OK 74851

Deborah Burchfield, Ph.D.\*

[Deborah.Burchfield@doc.state.ok.us](mailto:Deborah.Burchfield@doc.state.ok.us)

405-964-1667

### **Northeast Oklahoma Correctional Center**

P.O. Box 887

Vinita, OK 74301-0887

(918) 256-3392

Curt Grundy, Ph.D.\*

[curtgrundy@junct.com](mailto:curtgrundy@junct.com), [curt@wavelinx.net](mailto:curt@wavelinx.net)

### **Oklahoma Forensic Center**

P.O. Box 69

Vinita, OK 74301

256-7841, ext. 386, 335

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Peter Rausch, Ph.D\*., [prausch@odmhsas.org](mailto:prausch@odmhsas.org)

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### **OK Indigent Defense System-Capital Trial Div.**

610 S. Hiawatha

Sapulpa, OK 74066

248-5026

Kathryn La Fortune, Ph.D.\*

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Dr. Teri Bourdeau

### **Oklahoma State University Center for Health Sciences**

Health Care Center, 2345 Southwest Blvd.

Tulsa, OK

Teri Bourdeau, PhD\*

918-561-8474; 918-561-8363

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Vivian Stevens, PhD\*

**Rader Diagnostic Center**

Route 4, Box 9

Sand Springs, OK 74063

Edgar Kranau, Ph.D.

Steve Grissom, Ph.D.\*; 246-8013 (c-639-3543)

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Tulsa, OK 74114

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Tulsa, OK 74129

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**University of Oklahoma Health Sciences Center  
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940 NE 13<sup>th</sup> Street; CHO 3B3406  
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1100 N.E.13<sup>th</sup> Street  
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**University of Tulsa**  
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**V.A. Outpatient Clinic**  
610-2000  
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Steve Jones, Ph.D.  
610-2004  
[Robert.Jones3@med.va.gov](mailto:Robert.Jones3@med.va.gov)

## PAST or POTENTIAL SITES

### **Indian Health Resource Center**

550 S. Peoria, Tulsa, OK 74120  
Jamie Bartgis, Ph.D.\* , 588-1900, ext. 2241  
jbartgis@ihcrc.org

### **Parent Child Center**

1421 S. Boston  
Tulsa, OK 74119 599-7999  
[www.parentchildcenter.org/mission.htm](http://www.parentchildcenter.org/mission.htm)  
Stacey Leaky, PsyD Sleaky@parentchildcenter.org  
Barbara Fyffe ACSW -- bfyffe@ParentChildCenter.org

### **Family Resource Group**

5110 S. Yale, Suite 102  
Tulsa, OK 74135  
492-2385  
Joe Scruggs, Ph.D.  
Dan McCaghren, Ph.D.

### **Laureate Psychiatric Clinic and Hospital Outpatient**

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Ken Moore  
[knmoore@saintfrancis.com](mailto:knmoore@saintfrancis.com)

### **Neuropsychological Assessment and Consultation**

951 W. Main, Suite 104  
Jenks, OK 74027  
298-0220  
Wendy Huckeba, Ph.D

### **Tulsa Regional Medical Center**

Behavioral Health Services (8 East)  
744 w 9th Street, P 210  
Tulsa, OK 74127  
Tiffany Mushegan, LMFT, 599-1625  
Kathryn Rawlings, MA, 599-5880, ext. 5807

Anger Management Program-Job Corps, c/o Allen Sweet, Ph.D.\* 622-8494

Behavioral Services & Community Resource Development

David Patterson, Ph.D., 882-0260

Bart Trentham, Ph.D.\* & Associates, 1980 Utica Square, Suite 455, Tulsa, Ok 74114, 521-6650. Private practice assessment, primarily MMPI, also Intell.DHS screening,

Brown Schools of Oklahoma (at Shadow Mountain), 6262 South Sheridan, Tulsa, OK  
Martha Hullock, Ph.D., Blair Rawlings, M.A., 492-8200

Carolyn Harpole, Ph.D.,  
Private Practice School Psychology  
4100 SE Adams Rd, #F-108  
Bartlesville, OK 74006  
(918) 331-9646

Career Services, University of Tulsa  
Marie Hammond, Ph.D.\* 631-2549 (contact Dr. H. for prerequisites)

Christian Family Institute, "Harvard and Lewis", Tulsa, OK 74105  
William Berman, Ph.D.\*, 745-0095

Community Care HMO, 218 W. 6th, Tulsa, OK 74119  
Mary Ingrain, LSW, 594-5295

CAPT Head Start Program  
Kirsten Robinette, Ph.D.\*  
259-1118

County Courthouse (Jail Mental Health Program)  
Ethan Dean, MA., 596-5237

Creoks Mental Health  
Katherine Freeman, 852-2286

David L. Moss Criminal Justice Center  
596-8942, 763-0125

Daybreak  
Don Hillier, 592-1622

Dayspring Behavioral Health Services  
Randall W. Jarman, Ph.D.  
2716 E. Skelly Dr. Suite 703  
Tulsa, OK 74105  
888-882-085

Developmental Disabilities,  
Tom Evans, Ph.D.\*, Enid, OK (405) 522-3032,

Family Resource Group, 5110 S. Yale, Suite 102, Tulsa, OK 74135  
Joe Scruggs, Ph.D.\*, Rick Walton, Ph.D.\*, Dan McCaghren, Ph.D., 492-2385

High Plains Community Mental Health Center, 208 East 7th, Hays, KS 67601  
Walter Hill, MS, LMLP, 1-800-423-0333, 785-628-2871

Job Corps  
c/o Allen Sweet, Ph.D.\*, 622-8494

Indian Health Resource Center, 550 S. Peoria, Tulsa, OK 74120  
Robert Clapp, Ph.D.\*, 588-1900

Laura Dester Shelter, 8<sup>th</sup> Street Tulsa, OK  
Greg McCarty, Ph.D.\*, 747-1600, 744-9229  
(Lisa Braverman, M.A., 2352 South Gary Place, 74114)

Neuropsychological Assessment and Consultation, 951 W. Main, Suite 104, Jenks, OK 74027  
Wendy Huckeba, Ph.D.\*, 298-0220

Oklahoma Dept of Corrections, Women's Prison  
Terry Vinsant, PhD\*  
P.O. Box 315  
Taft, OK 744630-0315  
(918) 683-8365

Parkside  
Tulsa Center for Adolescent Tx  
1620 E 12th St  
Tulsa, OK 74120  
Kathryn Bishop, M.A. LPC, 586-4250.

Parkside Training Coordinator: Linda Goen-Pharoh, L.S.W., 588-8810

Parkside Crisis Unit, Utica Center, 1620 East 12th, Tulsa, OK 74120  
Shawn Blankenship, MA, 672-0533(pager), 586-4246(u.mail), Ken Sheets, M.A., 588-8814

Parkside Renaissance Education Center, 1620 E. 12th, Tulsa, OK 74120  
588-8838

Parkside Emergency Services, Jean Butcher,

Private Practice Assessment/Forensic,  
Eugene Reynolds, Ph.D.\*, 2502-B E 21st Street, Tulsa, OK 74114-1706 712-7227

Red Rock Behavioral Health Services, 6128 E. 38<sup>th</sup> St., Ste 305 Tulsa, OK 74135 Kari Purdie, MA, LPC,  
599-7404 [kpurdie@red-rock.com](mailto:kpurdie@red-rock.com)

\*Resonance/YWCA Women's Resource Center, 1608 Elwood Ave., Tulsa, OK 74119  
Irene Warwick, MS,LPC 587-3888

Rogers County Community Services Center (domestic violence assessment and services)  
2235 N Hwy, 88, Claremore, OK , Danielle Baletto, M.A., 341-1424

Rolling Hills Hospital, 1000 Rolling Hills Lane, Ada, OK 74820  
Reuben Wigdor. Ph.D.\* (580) 332-8000, ext. 318, Everett Bayne, M.D. (580) 436-3600

St. Francis, Hospital at Broken Arrow (Rehab.) 3000 S. Elm Place, Broken Arrow, OK 74012

Shawnee Hospital,  
Klm Bear, 498-4395  
Shadow Mountain, Owasso  
Blair Rawlins, M.A. 274-4691

Therapeutic Interpretations, 6262 S. Sheridan, Tulsa, OK 74113  
Robert Edwin Miles, Ph.D.\* , 749-8882

Tulsa Boy's Home, c/o Rick Walton, Ph.D.\* 5110 S. Yale, Suite 102, Tulsa, OK 74135, 492-2385

Tulsa Regional Medical Center, Chemical Dependency  
Lawrence Gilbert, M.A., 599-5808

Tulsa Regional Medical Center, Behavioral Health Services (8 East) 744 w 9th Street, P 210, Tulsa, OK 74127  
Tiffany Mushegan, LMFT, 599-1625, Kathryn Rawlings, MA, 599-5880, ext. 5807

Tulsa Regional Medical Center, Geriatric Psychiatry; Child & Adolescent  
Cindy Koller, RN, MSN, 599-5812, Paul Cooper, Ph.D.\*

**Tulsa Women & Children Center**  
2442 South Mohawk Blvd, Tulsa, OK 74110-1519  
Elana Newman, Ph.D.\*631-2836, Regina Knell, M.A., LPC, LMFT, 430-0975

Twelve & Twelve, Inc. (Chemical Dependency)  
Dee Ann Bohl, M.A., 664-4224

Virginia Greensville Correctional Center, 501 Corrections Way  
Jarrett, VA , S-1 Mental Health, Dr. Fielding, 434-535-7000 , ext 6412, 6405

Youth Services  
Lisa Potters, 582-0061