

PRACTICUM MANUAL

2013

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

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1. Graduate practica provide 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. A model written contract is distributed to all current sites and agreeable revisions are negotiated (see appendix A). Sites also receive a copy of the current practicum syllabus and evaluation standards in order for them to be familiar with the program's practicum standards. Most sites have formal, written contracts signed by officials from the university and the sites. Further clarifications of the program's practicum standards are made through ongoing communications with the site supervisors including the annual in-person visit.

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. currently developing an agreement with Cherokee Nation Behavioral Health, Dr. B.J. Boyd). 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). Example issues are available from instructor, Dr. Davis, or online at 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. *Case Formulation* (from Kendjelic & Eells, 2007)

a. Symptoms/problems. Go beyond information necessary for diagnosis to include sociocultural issues, financial problems, and problems caused by the patient but that distress others. Note also possible “behavioral leakage,” such as fidgetiness or perspiration that might suggest unexpressed affect as well as the possibility that may not immediately disclose the problem leading them to seek help. Consider also problems that the patient has “apparently” solved, perhaps in a maladaptive way.

b. Precipitating stressors. Events that contribute to the onset of the person's current problems or symptoms or have increased their severity.

c. Predisposing events and conditions are events in the patient's past or other situations that increase vulnerability to the precipitating stressor(s) and a greater likelihood of symptoms developing. They include developmental issues and may be characterized in different ways depending on the clinician's orientation. Examples include progression through psychosexual stages, learning history, attachment style, and interpersonal schema

d. Inferred mechanism builds on the preceding components and attempts to explain their relationship. It is the clinician's hypothesis or explanation of the patient's current difficulties and may be expressed as a core or central conflict, set of dysfunctional thoughts or beliefs, biological predispositions, problematic interpersonal relationship patterns, contingencies of reinforcement, or systemic problems among family members. Ideally, identification of the explanatory mechanism helps to organize and guide choice of treatment interventions.

The goal of a formulation is to use these four generic components to present a sufficiently comprehensive view of the person seeking treatment and a parsimonious explanation of the underlying causes (Eells, 2002). The

presence of these four components, especially the mechanism, and their integration may therefore be considered to be one measure of the quality of the formulation.

e. Treatment recommendations consistent with this formulation.

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 or standard in effective management of this case.
16. Questions asked by the presenter to the class/consultant
17. References
18. Time management: managed time and moderated discussion to give attention to the most important aspects of the presentation within time limits.

Developing the Diversity Dimension:

Students are asked to increase attention to the diversity section of case presentations. This is one way the practicum seminar is attempting to respond to requests of the CPC to increase attention to diversity in TU's training program. Refer to the **Recommended Readings in Diversity** on page 2 for resources to help develop this section of your case presentation.

II. Demonstration of Practice Technique or Procedure

- a. Formal class demonstration of an 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

III. General Class Participation

- A. 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 & Standards (e.g. Standard 2:04- requires that "Psychologists' work be based upon established scientific and professional knowledge of the discipline" (of psychology)
 4. Practice optimal approaches to participation in class discussions. Follow guidelines on "intern classes and peer groups" pp. 30-35 in the Baird textbook, including 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)
- B. Attend class meetings with a maximum of **one** absence. Timely, written requests for exceptions to the attendance requirement will be considered, but not automatically approved. Students may propose extra work/contributions to class members to compensate for absences

C. When no formal presentation is scheduled, contribute to meaningful consideration of professional practice issues.

Topics can include

1. Progress in practicum training (e.g. growth in competency, self-efficacy, professional identity)
2. Baird text topics
3. Ethical decision making
4. Scientist practitioner literature
5. "Thinking like a psychologist" (differentiating-integrating personal thinking and scientific-professional thinking; aka personal opinion/experience vs science-practitioner)
6. Practicum site characteristics
7. Informal case consultations, including cases of concern, critical issues
8. Current events related to psychological practice
9. Multidisciplinary issues
10. Diversity issues
11. Administrative issues prn (communication, policies and procedures, accessibility, problem resolution).
12. Internship preparation

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. Submit practicum portion of APPI application with cumulative hours from first practicum to present.

See APPIC Website (<https://portal.appicas.org/applicants13/index.cgi#>) or an equivalent form such as My Psyc

Track (<http://www.appic.org/AAP/MyPsychTrack/APPIC-MyPsychTrack-Announcement>)

V.a. List 3 internship websites you visited from the APPIC Site and the minimum practicum hour requirement for each.

VI. Favorable Supervisor Evaluation Report (see form). Note: since supervisor evaluations may not arrive before grades are due, a grade could be changed later

Texts currently used include a general practicum handbook (Baird, 2010), a manual for empirically validated treatments of psychological disorders (Barlow, 2008), a handbook of psychotherapy case formulation (Eells, 2007), a book on behavior therapy techniques (Goldfried & Davison, 1994), a book on case formulation (Eells, 2007), and a book on multicultural perspectives on counseling & psychotherapy (Ivey, et al, 2011). Students are also provided with a list of recommended general practice oriented readings as well as recommended readings in diversity. 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 for students to formally agree 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. Additionally students update the practicum portion of the standard internship application (APPI) each semester. 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 practicum site 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, 800 S. Tucker Drive, Tulsa, OK 74104 ("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 and background checks required by the Agency and that it further will inform students of their responsibility for the costs of said 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 _____, 20____. 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)	800 S. Tucker Drive
_____	Tulsa, Oklahoma 74104
Practicum Site	Clinical Psychology Program
	Michael Basso, Ph.D.
	Director of Clinical Training
	Tom Brian, Ed.D., ACPP
	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 _____, 20__.

_____ ("Agency")

By: _____ *Date*

_____ Title

and

_____ Practicum Site Supervisor

THE UNIVERSITY OF TULSA ("University")

By: _____
Roger N. Blais, Provost and *Date*
Vice President for Academic Affairs

THE COLLEGE OF ARTS AND SCIENCES

By: _____
Kalpana Misra, Dean and *Date*
Associate Professor of Political Science

By: _____
Michael Basso, Ph.D.
Director of Clinical Training
McFarlin Professor of Psychology

By: _____
Tom Brian, Ed.D., ACPP
Clinical Practicum Coordinator
Director, Counseling & Psychological Services

X. PRACTICUM AND FIELD WORK

Overview: Practical experiences are an important part of our training programs. We utilize community placements to assure that our students get a variety of experiences and to maximize exposure to real applications and to community professionals. These placements, developed over time, depend on the good will of these professionals. Also, because the problems and clients are real, it is imperative that student behavior be ethical, legal, professional, and skilled. Consequently, we are careful to protect our placements and to demand the best of our students. Community supervisors are prepared to provide training, supervision, and structured experiences that will challenge but not overwhelm students.

A. Coordinator of Practicum Training

The Clinical Program Committee shall appoint a licensed psychologist, highly experienced in supervision, and committed to the scientist-practitioner model to serve as coordinator of practicum training. The Coordinator of Practicum Training will arrange placements, teach the practicum class, oversee evaluation and documentation of practicum training, attend Clinical Program Committee student evaluation meetings, be responsible for the Practicum Manual, and foster communication between the program and the training sites.

B. Student Responsibilities

Practicum and Field Work are an important part of the training of graduate students, and we rely heavily upon the good will of our community placements to provide meaningful opportunities and supervision. Therefore, the performance of students in Practicum and Field Work is carefully monitored. Not only are students expected to demonstrate a reasonable degree of ability in performing services, but students must act responsibly, legally, and ethically and must show an ability to develop appropriate professional relationships with supervisors and other staff members at the placement. Emphasis by the student should be placed on effort, responsibility (such as showing up on time and meeting all appointments), profiting from criticism and supervision, and developing good relationships with clients. Because the practicum class meetings play a critical role in the integration of science and practice (e.g., core faculty consultation sessions), students are expected to regularly attend Practicum class except for an appropriately excused absence. Clinical students should also consult the Practicum Manual for additional information.

C. Placement

Prior to having a practicum placement, the student must have satisfactorily completed (grade of A or B) Psychology 7223, 7113 and Lab, 7153, 7193, and 8063. Psychology 7453, Ethics, Law, and Clinical Practice must be either completed with a grade of A or B or may be taken concurrently with the first practicum. The Coordinator of Practicum Training has the responsibility to determine a student's placement. The Coordinator will consider breadth and general educational needs, prior evaluations, and the training interests of the student. The student should not initiate contact with a placement or assume that a particular placement will be available. The student may indicate interests to the Coordinator, but the Coordinator makes the final determination as to the placement. Students enrolling in Practicum and Field Work are encouraged to arrange to meet with the Coordinator well in advance of the beginning of classes so that the placement can be confirmed as early as possible.

D. Grading

The Practicum coordinator grades the practicum based upon criteria presented in his or her course syllabus. The evaluation by the primary site supervisor aids the Coordinator in the determination of the grade. Grades below "B" in Practicum or Field Work are not considered acceptable and will not count toward graduation requirements. If two grades below "B" are earned in Practicum or Field Work a student will not be allowed to enroll in the course again, and hence cannot graduate unless the course was being taken for elective credit only. Grades below "B" in these courses are also considered to indicate unsatisfactory progress.

E. Removal From a Practicum or Field Work Placement

We try to utilize only quality placements and to properly match students with those placements, but problems may still arise. The coordinator should encourage the primary site supervisor to communicate directly with the Coordinator should problems develop. In addition, the student has the responsibility of informing the Coordinator if a serious problem arises in an off-campus placement. Depending upon the seriousness of any problem, the options available, and the judgment of the placement supervisor the Coordinator will (a) establish a plan for correcting the problem, (b) set up a more acceptable placement, or (c) remove the student from the placement and give a failing grade. Even though alternative (b) would normally be used when the problem has not been with the student, it may require doing additional work (perhaps in the following semester) to complete the placement. The coordinator may refuse to provide a placement for a student dismissed from a former placement.

It should be very clear to all students in clinical programs that even single episodes of serious misconduct in a clinical placement could result in the ending of opportunities for further clinical training. This could, de facto, end the student's opportunity to successfully to complete the degree program.

APPENDIX B – Evaluation Form
University of Tulsa
Graduate Programs in Clinical Psychology
Practicum Evaluation

Student Name: _____ Student Program: M.A. or Ph.D.

Practicum Site: _____ Semester: _____

Supervisor: _____

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:

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

University of Tulsa
Graduate Programs in Clinical Psychology
Practicum Site Contact List
August 1, 2013

RECENTLY ACTIVE SITES

Brookhaven Hospital

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438-4257
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438-4257 x 339

Clinical and Neuropsychological Services

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918-712-9004
hansen.phd@tulsacoxmail.com
David Hansen, PhD*
Susan Shields, PhD

Dick Conner State Correctional Facility

Box 220
Hominy, OK 74035
Kevin Smith, M.S., LADC,
918-594-1300, ext. 2243
Fax: 918-594-1312
kevin.smith@doc.state.ok.us

Domestic Violence Intervention Services

4300 S. Harvard
Tulsa, OK 74135.
Debby Raskin 918-508-2710 for screening interview,
then interview with Lori Gonzalez, LPC
Missy Iski, MA, LPC, LMFT, Director
miski@DVIS.org

Doray Psychological Services, PLLC

10800 Financial Centre Pkwy, Ste 290
Little Rock, AR 72211
501-240-1167
501-228-8189 fax
Dawn Doray, PhD*
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Executive Function Study

University of Tulsa
Lisa Cromer, PhD*
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Family & Children's Services, Central Office

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Claudia Arthell, ACSW

918-560-1127

carthrell@fcsok.org

Coordinator of Clinical Training & Graduate Student Placement

Family & Children's Services

Information and application is made via the website www.fcsok.org

Hillcrest Adult Behavioral Health Unit

c/o Michael Basso, PhD*

University of Tulsa, Psychology Dept.

918 631-3151

Indian Health Resource Center

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Jason Menting, PhD

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Johna Smasal, PhD*

4612 South Harvard

Tulsa, OK 74135, as of April 1

OFC: 918-747-5565

FAX: 918-747-5568

This is the location of Tulsa Psychiatric Associates, the offices of Dr. David Shadid.

[\(918-591-2510\)](tel:918-591-2510)

drsmasal@gmail.com

Laureate Institute for Brain Research

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Lana Hartig, CADC
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Laureate Psychiatric Clinic and Hospital

6655 S. Yale, Tulsa, OK 74136
Tricia Way, Human Resources, 481-4000

Neuropsychological Assessment

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Nightmare Treatment Studies

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Vivian.stevens@okstate.edu (preferred over phone)
(918-561-8205)

Parent Child Center

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(918) 599-7999
www.parentchildcenter.org
Ashley Kraft, LPC

**Pediatric Neuropsychology Associates
Integrus Baptist Medical Center**

3330 NW 56th St., Suite 305
Oklahoma City, OK 73112
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940 NE 13th Street; CHO 3B3406
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Counseling & Psychological Services
Alexander Health Center**

800 S. Tucker Drive
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**University of Tulsa
Department of Psychology, Nightmare Treatment Study,**

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William Ruwe, PsyD, PhD*
Director, Clinical Neurology
405-456-3148

Pamela Fischer, PhD*
(405) 456-3634.

Department of Veterans Affairs
Behavioral Medicine Service
Jack C. Montgomery VA Medical Center
1011 Honor Heights Drive
Muskogee OK 74401.
918-577-4023

V.A. Outpatient Clinic
Tulsa, OK

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Peter Ciali, PhD*
610-2000
Tom Hoffmann, Ph.D.*
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Peter Ciali, PhD*
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Robert.Jones3@med.va.gov

Alyssa Rippy Ph.D.*
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PAST & POTENTIAL SITES

University of Oklahoma Outpatient Psychiatry Clinic

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Mabel Bassett Correctional Center

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Deborah Burchfield, Ph.D.*
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Northeast Oklahoma Correctional Center

P.O. Box 887
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Rickey Sparks, PhD, LPC LADC
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Parent Child Center

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Ashley Kraft, LPC

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Shadow Mountain Behavioral Health System

Matthew Cr
(918) 492-8200
Apply online: <http://shadowmountainbhs.com/careers/>

OK Indigent Defense System-Capital Trial Div.

610 S. Hiawatha
Sapulpa, OK 74066
918-248-5026

Laureate Psychiatric Clinic and Hospital

Acute Care Unit
6655 South Yale Ave.
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481-4000, ext. 13776
Annette Chin, LPC

Resonance/YWCA Women's Resource Center, 1608 Elwood Ave., Tulsa, OK 74119

("We only have one intern at a time.")
Martha Brewer, LPC, LADC/MH (918) 587-3888, ext. 235

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

12 & 12, Inc. (Chemical Dependency)
6333 E. Skelly Drive, Tulsa, OK 74135
(918)664-4224

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Inactive Sites as of May 2013

Tulsa Women & Children Center
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Elana Newman, Ph.D.*631-2836, Regina Knell, M.A., LPC, LMFT, 430-0975

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

Tulsa Regional Medical Center
Behavioral Health Services (8 East)
744 w 9th Street, P 210
Tulsa, OK 74127
599-1625
[Kyle Springle "up to the therapists"](#)

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

University of Oklahoma Health Sciences Center
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Victoria McCoy, PhD*

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

CAPT Head Start Program
Kirsten Robinette. Ph.D.*
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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

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

Behavioral Services & Community Resource Development
David Patterson, Ph.D., 882-0260

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

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Private Practice Assessment/Forensic,
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Tulsa Regional Medical Center, Chemical Dependency
Lawrence Gilbert, M.A., 599-5808

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

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Tulsa Regional Medical Center, Geriatric Psychiatry; Child & Adolescent

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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

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

Laura Dester Shelter, 8th Street Tulsa, OK

Greg McCarty, Ph.D.*, 747-1600, 744-9229

(Lisa Braverman, M.A., 2352 South Gary Place, 74114)

Parkside

Tulsa Center for Adolescent Tx

1620 E 12th St

Tulsa, OK 74120

Kathryn Bishop, M.A. LPC, 586-4250.

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

Red Rock Behavioral Health Services, 6128 E. 38th St., Ste 305 Tulsa, OK 74135 Kari Purdie, MA, LPC,

599-7404 kpurdie@red-rock.com

Tulsa Health Department

Child Guidance Center

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Tulsa, OK 74104

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