



**DOCTORAL PROGRAM IN CLINICAL PSYCHOLOGY (PSYD)**

# **CLINICAL TRAINING MANUAL**

Revised August 2024

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## CLINICAL TRAINING MODEL

The competencies that students need to develop to become professional psychologists are multiple and complex. These competencies are only developed through practical experiences in supervised contexts. Therefore, the clinical practice component of the Clinical Psychology program of Ponce Health Sciences University (PHSU) pays special attention to the processes through which students develop the competencies of the profession. Specifically, our model stipulates that graduates will be proficient in building relationships, especially with those suffering from psychological distress. They will be able to utilize their relationship skills to perform evaluations of patients' circumstances and of their psychological functioning. Our students will develop competencies in the administration and interpretation of psychological tests. Likewise, students will acquire intervention competencies in a range of approaches and modalities, which are a significant component of the clinical skills available to professional Clinical Psychologists.

To achieve the goal of providing its students the clinical skills of the profession, the Clinical Psychology Doctoral Program at PHSU offers its students the following experiential components:

1. Practicum seminars emphasizing clinical skills.
2. Clinical practice in designated practicum sites.

The practicum component of the program is structured in a sequential manner in order to foster the progressive acquisition of clinical skills. The sequence is as follows:

<b>Practicum Coding and Name</b>	<b>Year &amp; Semester</b>	<b>Number of Hours</b>
PSY 5810 Introduction to Clinical Practice	Year 1 semester 1	50
PSY 5820 Fundamentals of Clinical Interventions and Emergency Psychology	Year 1 semester 2	50
PSY 6870 Psychotherapy Seminar	Year 2 Summer	15
PSY 6850 Conceptualization and Intervention Planning	Year 2 semester 1	250
PSY 6830 Psychotherapeutic Techniques	Year 2 semester 2	250
PSY 7860 General Clinical Practice: Integration I	Year 3 semester 1	250
PSY 7870 General Clinical Practice: Integration II	Year 3 semester 2	250

During the first semester of the first-year students register in PSY 5810, through which they develop basic interviewing and clinical skills. For the second semester of their first-year students register in PSY 5820 and complete a minimum of 50 hours of clinical instruction. This experience includes the opportunity to practice clinical skills within the safe environment afforded by the Standardized Patient Program.

During summer after first year, students take PSY 6870. This seminar serves as a bridge between the two introductory clinical practice seminars offered during the first year and the sequence of model-specific therapy courses of the second-year curricula. This introductory seminar focuses on how to begin a psychotherapeutic process. Students will learn how to begin the psychotherapeutic journey with patients, what they need to do-along the way, and how to assist patients in their self-exploration and growth-enhancing healing process.

During the two semesters of the second year, students complete 400 hours of clinical practice in a designated clinical site and 100 hours of academic instruction while registered in the PSY 6830 & PSY 6850 clinical practicum and seminars. The clinical experiences in practicum sites allow student to gain further exposure to clinical work and to spend more time in the acquisition and refinement of clinical skills. PSY 6850 focuses on the development of conceptualization and basic intervention planning skills. Students have the opportunity to practice case conceptualization and treatment planning skills in their practicum sites. These skills are taught within the context of managed care and of the recent emphasis on integrative health care delivery systems. The instructional component of PSY 6830 focuses on the discussion and application of interventions, especially of psychotherapeutic techniques. At their practicum sites, students perform intake assessments, mental status examinations, case conceptualizations, treatment plans, and provide individual or group psychotherapy. During the second semester, they may also conduct cognitive assessments. All students are supervised by an on-site licensed clinical psychologist.

During the first semester of the third year, students again have the opportunity to practice their clinical skills, in a different setting. At this level of the training sequence, students register in the PSY 7860 seminar, which is designed to assist students in learning to integrate acquired knowledge with diagnostic and general clinical skills. At this stage of the program, every student has approved the cognitive and personality evaluation courses. It is expected that the student will utilize these skills throughout the third year to gain a better understanding of the cases seen at their practicum site. The didactic component of the practicum seminar also focuses on exposing students to empirically validated procedures. While at their practicum sites, students continue to meet weekly with their supervisors to discuss their clinical experiences and to continue with the development of advanced skills in the integration of clinical data and in implementing intervention strategies and techniques. Additionally, during this third year, and

before submitting the APPIC application for pre doctoral internship, students must meet the policy of Psychological Testing (Appendix E).

During the second semester of the third year, students will be exposed to a more advanced level of clinical integration. The General Clinical Practice: Integration II (PSY 7870) seminar explores the different types of interventions supported by empirical evidence as presented in the textbook “Clinical Handbook of Psychological Disorders: A Step by Step Treatment Manual” by Barlow, (2008 & 2014) and “A Guide to Treatments That Work” by Nathan and Gorman, (2015”).

The program offers a sequence of elective practicums. These practicums provide students with additional opportunities to develop their clinical skills and to explore additional areas of interest. Also, these practicums allow students additional exposure in specialized areas of the profession. The sequence of elective practicum begins during the summer following the second year. The General Clinical Practicum (PSY 7810) and the Advanced Clinical Practicum I (PSY 8810) are available for students during the summers of second and third year respectively. The Advanced Clinical Practicum II (PSY 8820) and the Advanced Clinical Practicum III (PSY 8830) are available to students that want to expand their clinical experiences during their fourth year. The Advanced Clinical Practicum IV (PSY 8840) and the Advanced Clinical Practicum V (PSY 8850) are available to students who want to expand their clinical experiences during their fifth year. These practicums allow students to gain additional exposure to specialized areas or to further strengthen general clinical skills in a setting different from the one selected for the previous semester (Appendix F).

Students will complete a minimum of 1,100 hours of practice before entering the doctoral internship. For each practicum experience, students should complete 100 face to face contact hours for a minimum of 400 face to face hours for all practicum experiences. These face to face hours includes clinical intake, crisis interventions, psychotherapy (individual, group, couples and family), shadowing and testing. The shadowing hours will amount to .5 of the total reported (e.g., of 20 shadowing hours reported, 10 will account as face to face). Record keeping, case management, training, administrative services, staff meetings and supervision hours will be recorded as supplemental hours. If the student cannot complete the 100 face to face contact hours per semester, the Coordinator of Clinical Practice (CCP) and the student will sign an agreement stating the amount of hours owed for the semester and the specific plan to complete them. The plan may include a summer rotation or a practicum placement during the fourth year. The agreement is to be reviewed every semester.

## **EVALUATION OF PROGRESS**

### **Student Evaluations**

Students receive two performance evaluations from their site supervisor during each semester. The first evaluation is conducted at mid-semester (beginning of October/March) and the second at the end (December/May). The evaluation form is included in Appendix B.

### **Evaluation of Students Professional Competencies**

The supervisor should also complete and submit the Evaluation of Students Professional Competencies Form (Appendix C) for each supervisee at least once during the semester. Any concerns in this area will receive immediate attention by the CCP and the program administration.

### **Site and Supervisor Evaluation**

The student will evaluate the practicum site and the clinical supervision received at the end of the practicum experience. The evaluation form to be used is found in Appendix D.

Students enrolled in clinical practice are responsible for obtaining and submitting the evaluations and other requirements of the practicum to the CCP in a timely manner. No grades will be posted in a student's transcript until all evaluation forms are turned in.

### **Grading of Clinical Practice Seminars**

The practicum hours are credited by the office of the CCP, based upon the practicum log in Time2Track. The student's clinical supervisor signs this log, and the student must submit it to Time2Track system each month. By the end of the semester, the CCP informs the professor of the practicum seminar about the student's performance in their practicum site and the number of hours completed. If the student's performance is evaluated as satisfactory by the practicum supervisor and the number of hours logged for the semester is acceptable, the CCP will certify the student's approval of the practice and of the seminar by using the designation "Pass" (P) or "Not Pass" (NP). A satisfactory evaluation is at least 3 in each section. The description of the score is as follows: 1= Very Poor: Performance well below expectations; 2= Below Average Performance: Below expectations for a trainee at this level; 3=Adequate performance: Comparable to others at this level of training, trainees' demonstration of skills is solid/adequate; 4=Above Average performance: Above expectations for trainee at this level; 5=Outstanding performance: Exceeding expectations for a trainee at this level and Not Applicable (N): This specific item was not observed in this practicum site.

## Remediation of clinical skills deficiencies

A grade of No Pass will require a remediation of clinical skills. Deficits detected through clinical practicum are required when ratings on the *Student/Trainee Evaluation Form*, and *Evaluation of Students Professional Competencies* indicate unsatisfactory performance (Total score less than 3 in each section). This procedure is also activated when unsatisfactory performance is detected through any other written evaluation method in use at any practicum site, in addition to the Student/Trainee Evaluation Form. Based on the information collected, a remedial plan is developed by the CCP in consultation with the student's practicum supervisor and academic advisor. The student receives a letter from the CCP stating the steps to follow to benefit from the plan, the expected amount of time required to complete, and the possible consequences of non-compliance, including a referral to the Students Promotions Committee for consideration of other actions that may include dismissal from the program.

## Procedure to follow when students present health problems during clinical practices

The whole health of each student is vital to obtaining an adequate supervised practicum experience. We strive to ensure the well-being of students, supervisees, and the people who receive our services. For such purposes, we adopt the following procedures when health problems arise during practicum experiences:

When the student, administrator of the site, or supervisor identifies that any practicum student is experiencing a health problem of a physical or emotional nature, they must ensure that such student receives the necessary medical/psychological care and keep the recommended rest. If the condition requires more than two weeks of rest, it is recommended that the student applies for a Leave of Absence (LOA). To be able to return to their site, the physician or psychologist who provides the health services must certify that the student is ready to retake their practicum responsibilities. The academic advisor must be aware of and collaborate in the necessary coordination to support the student in the required process. The supervisor and the student (to the extent possible) will be responsible for ensuring the transfer of patients as necessary.

The Practicum Coordinator must be notified of each case and will meet with the parties to clarify any doubts. She/he will inform the program director and recommend a referral to the counseling department as deems necessary. The director should use the Student Assessment Committee (SAC) referral form for such a purpose.

Students have the responsibility to notify the supervisor of any physical or emotional health issues limiting their practicum experience. Practicum students must also abide by supervisors' recommendations at the site or in the academic program about remaining or not in the practicum



site during the corresponding semester. As far as possible, the student must collaborate to transfer the cases they are assisting. Under no circumstances will the safety or the best well-being of patients be put at risk.

If a practicum student refuses to follow this policy and procedure or the recommendations offered, it will be treated as a professional behavior fault. The program director or the SBBS dean could refer the student to the professional conduct committee (PCC) for evaluation and recommendations. Based on the advice of the PCC, the dean will decide the action to be taken, which may include a referral to the Promotions Committee with a recommendation of dismissal from the academic program.

Steps to follow in case of ethical breaches or perception of discrimination in the practice center:

1. Familiarize yourself with the policies, regulations, or protocols of the practice center. This is to understand the steps to follow. If they don't exist, you can proceed to step two.
2. If the situation is related to the practicum site itself (and does not involve supervision), notify the person responsible for your supervision verbally and in writing. If a satisfactory solution is not reached, you can proceed to step three.
3. If the situation involves supervision, notify it in writing by sending an email to request a meeting with the coordination of clinical practices, your academic counselor, and at least one representative from the faculty's diversity committee.

## **CLINICAL PRACTICUM SITES**

### **Affiliation**

Each practicum site has an affiliation contract with PHSU. The CCP is responsible for coordinating contracts, handling issues related to students' malpractice insurance, assigning students to their practicum sites, and securing all pertinent documentation related to students' practice. Any situation related to students in practicum or to their practicum sites will be reported to and handled by the CCP.

### **Criteria for certification of practicum sites**

To assure the availability of adequate training sites, PHSU has engaged in multilateral affiliations and agreements with local and national agencies and organizations. The primary

focus of these organizations is the delivery of health, mental health, and psycho-educational services to their constituents. These organizations provide the resources needed by our students to develop their clinical and intervention skills and to forge their identity as professional psychologists. To achieve this goal, practicum sites must satisfy the basic requirements set forth by our program. These requirements are:

- The site must be engaged in the delivery of health-related, educational or social/community services to individuals, couples or families.
- Licensed health professionals must conduct administration and staff supervision.
- The training site must abide by the appropriate standards of safety that protect students, employees and the persons served from potentially dangerous or risky situations.
- An individual within the organization is designated to supervise and facilitate the student's training program. This person should be a licensed psychologist with a doctoral degree.
- There might be instances in which the requirement of a psychologist with a doctoral degree may be waived, given the characteristics or experiences obtained in the practicum site. In case that a licensed psychologist with doctoral degree is not available on site, two requirements must be met:
  1. A licensed health or mental health professional will provide all the guidance and support required for the assignment of cases and will guarantee that students have all the resources needed to benefit from the practicum experience.
  2. The student will be supervised on a weekly basis by an assigned field licensed supervisor. An organization may request that a particular student is assigned to the site, based upon mutual interests. However, no student will accept or ask to rotate through a practicum site without the consent of the CCP.

In order to provide diverse experiences, students are usually not allowed to remain in the same practicum site for more than one semester. Nonetheless, under special circumstances, this requirement may be waived. The training experience begins and ends according to the calendar of each training site. Those training calendars do not necessarily correspond to the academic calendar.

Students cannot practice in any site without previous authorization from the CCP and/or the Program Director. This policy includes summer research experiences in or outside the Program. Students are not allowed to continue providing clinical services to the center's clients after completing their rotation every semester.

### Primary Responsibilities of Practicum Supervisors

- ❑ Provide guidance and advice to students throughout their training and serve as professional mentors.
- ❑ Enable students to become thoroughly familiar with the policies and procedures of the practicum site.
- ❑ Develop graded, sequential experiences for students that will prepare them to assume entry-level responsibilities within the field of Professional Clinical Psychology.
- ❑ Complete, with the student, the "Students Practicum Contract" (Appendix A) and provide the expected amount of weekly individual supervision of at least 1 hour.
- ❑ Screen and assign to students' cases of adequate levels of complexity.
- ❑ Review the cases assigned to students on a regular basis.
- ❑ Verify that the student completes all forms and required paperwork
- ❑ Address in supervision sessions the scientific basis of clinical psychological practice, professional ethics, and topics related to managed care and its effects on health care systems.
- ❑ Provide guidance and encouragement for students to progressively acquire independence in their clinical functioning.
- ❑ Keep the student, as well as the CCP, informed as to the student's progress through both, formal evaluation forms and through informal verbal feedback.

## GUIDELINES FOR CLINICAL PRACTICE

### ETHICAL STANDARDS

Students will abide by the ethical standards of the American Psychological Association with regards to professional behavior and to delivery of clinical services. Students will follow all rules and regulations of Ponce Health Sciences University and will conduct themselves according to applicable legal standards. Any concern about the student's professional behavior in the clinical setting will be addressed according to PHSU policies and due process.

The safety of clients and issues related to dual relationships are considered to be among the most important aspects of ethical behavior to be observed by all students. It is the responsibility of the students to evaluate for the presence of dangerousness to self or others in the clients served. Likewise, situations of child or elderly abuse need to be reported according to the applicable law. Issues of domestic violence and of abuse to women and children in any form will be handled with utmost care.

### DRESS CODE

The way in which a student dresses to attend their clinical sites has particular significance at different levels. Adequate clothing transmits a sense of professionalism and respect for patients and for the professional staff of the training site. Attire should be consonant with the setting of practice, with the weather and the time of the day. Shorts, running shoes, blue jeans, women pants that are skin-tight, or clothes that excessively expose portions of the body (except arms and legs from the knee down) are not acceptable clothes to be wear on a Practicum site. However, sites that serve children predominantly usually tolerate (and at times require) less formal attire and running shoes. Male students are encouraged to use long or short leaves shirts with tie.

### DOCUMENTATION OF CLINICAL ACTIVITIES

The student will document each intervention performed with a patient, with his/her collaterals or with any other person involved in the case. The **SOAP** model is recommended to orient progress notes. The **DAP** model is likewise acceptable. However, the student will utilize whichever system is utilized or required by their Practicum site. When the Practicum site does not promote a particular system, the student is expected to utilize SOAP (preferably) or DAP. The student needs to remember that failure to document sessions or crucial information about patients being served constitutes a serious infraction of the ethics of clinical practice.

### SUPERVISION

Each student will have at least one hour of individual supervision each week. The student may cancel a supervision appointment but only when the circumstances that prompted such cancellation justifies such action. Any supervisor may require objective proof of such

justification. All supervisory session will be documented and countersigned by the supervisor. Students must receive at least one direct/in vivo supervision per semester.

## **DOCUMENTATION OF TIME IN CLINICAL TRAINING**

Students will enter their clinical practice hours through their Time to Track accounts. This service is included in all students' fees and except for extraordinary circumstances, no paper logs are accepted. Students receive a thorough orientation to the use of this system prior to beginning their first practicum. The CCP and the Assistant Dean for Clinical Training serve as system administrators for students' accounts and provide guidance and assistance in the use of the system.

## **EVALUATION FORMS**

Besides the monthly log, students in practice have the responsibility of obtaining and submitting on time to the office of the CCP, all the required evaluations in original.

- Teaching-Learning Contract: at the beginning of every year (Appendix A)
- Site and Supervision Evaluation by Student: end of semester (Appendix D)

All practicum students will be evaluated by their supervisors as described above. The CCP will make a request for evaluation to students' supervisors via the Time2Track system. The CCP will receive the completed evaluations, already reviewed and discussed with the student, via Time2Track. Additionally, the following documents are submitted via the Time2Track system

- Student Evaluation by Supervisor: mid semester and end of semester (Appendix B)
- Evaluation of Students Professional Competencies by Supervisor: one of each semester (Appendix C)

## **HANDLING OF CLINICAL EMERGENCIES**

Students will identify the site supervisor designated to assist students in handling crises and emergency situations and will request a copy of the procedures utilized in the site to address such situations. Any case that may present as potentially dangerous or may pose a risk will be consulted immediately with the corresponding supervisor.

If the site supervisor is not available at the time when the emergency occurs, students will call a PHSU supervisor or advisor for instructions and support. In the absence of that person, the student will contact the CCP. If contact with the supervisors on call through mobile phone is not possible, the student will call the Program's office, the Director of the Program, or any other clinical professor available. The supervisors on call are:

<b>Teacher-Supervisor</b>	<b>Telephone</b>
Dr. Stephanie Vega	787-240-8458
Dr. Hiradith Menéndez	787-509-9852
Dr. Valerie Toro	787-487-8593
Dr. Efraín Ríos	787-955-4135
Dr. Viviana Hoyos	787-479-5080
Dr. Giselle Medina	787-608-0870
Dr. Nydia Cappas	787-463-1018

## Appendix A

### PONCE HEALTH SCIENCES UNIVERSITY CLINICAL PSYCHOLOGY PROGRAM

#### Student Practicum Contract

Name of Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Supervision time: \_\_\_\_\_

#### I. Initial Student Self Evaluation:

##### A. Strengths

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##### B. Needs

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##### C. Goals

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#### II. Competencies to acquire. Select in priority order assigning 1 to the item with highest importance.

- ( ) Integration of theory with practice in conducting an interview.
- ( ) Conceptualization of presenting problem from different theoretical frameworks.
- ( ) Elaboration of long and short term intervention plans.
- ( ) Establish clear and realistic therapeutic contracts.
- ( ) Proficiency in the administration and interpretation of psychological testing and report writing
- ( ) Providing effective feedback to referral sources and clients on evaluations  
Performed
- ( ) Offer effective psychotherapeutic services in accordance with the ethical and legal principles of the profession

- ( ) Learn, select, and integrate psychotherapeutic techniques to assist clients in the solution of their problems
- ( ) Writing clear and adequate progress notes
- ( ) Focusing on the client's problem and maintaining an atmosphere of respect and acceptance
- ( ) Achieve effective termination of the therapeutic relationship

III. Individual development plan:

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IV. Methods of Feedback / Evaluation:

- ( ) Participation in weekly supervision meetings
- ( ) Revision of records
- ( ) Case discussions
- ( ) Revision of psychological reports
- ( ) Discussion of midterm and end of semester evaluation
- ( ) Participation in case conferences and training
- ( ) Use of case narratives
- ( ) Use of audio tapes
- ( ) Use of video tapes
- ( ) Direct- in vivo supervision
- ( ) Other: \_\_\_\_\_

V. Date for revision of contact \_\_\_\_\_

VI. Additional Comments \_\_\_\_\_

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\_\_\_\_\_  
Site Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date



## Appendix B

### EVALUATION OF STUDENT/TRAINEE BY SUPERVISOR

Trainee \_\_\_\_\_ Supervisor \_\_\_\_\_

Date \_\_\_\_\_ Site \_\_\_\_\_ Midterm \_\_\_\_\_ Final \_\_\_\_\_

1	2	3	4	5	N
Very Poor Performance	Below Average Performance	Adequate Performance	Above Average Performance	Outstanding Performance	Not Applicable
Performance well below expectations	Below expectations for a trainee at this level.	Comparable to others at this level of training, trainee's demonstration of skill is solid/adequate	Above expectations for a trainee at this level	Exceeding expectations for a trainee at this level.	This specific item was not observed in this practicum site

#### 1. Interpersonal Relations & Personal Qualities

A.	Works well with other staff	1	2	3	4	5
B.	Is sensitive to and able to establish good rapport with patients	1	2	3	4	5
C.	Works well with families & collaterals	1	2	3	4	5
D.	Exhibits maturity & responsibility	1	2	3	4	5
E.	Is able to function independently	1	2	3	4	5
F.	Shows good initiative in projects	1	2	3	4	5
G.	Sees assignments through to completion	1	2	3	4	5

Total Score \_\_\_\_/

Comment \_\_\_\_\_

#### 2. Supervision

A.	Accepts supervision	1	2	3	4	5
B.	Applies supervisory feedback	1	2	3	4	5
C.	Is open & receptive to new ideas	1	2	3	4	5
D.	Is on time and prepared	1	2	3	4	5
E.	Is in contact with supervisor when needed	1	2	3	4	5
F.	Discusses/presents ideas or recommendations	1	2	3	4	5
G.	Is able to consider transference/countertransference as part of therapeutic interventions.	1	2	3	4	5
H.	Demonstrates insight about his/her strengths and capacities	1	2	3	4	5
I.	Demonstrates insight about his/her weaknesses and limitations	1	2	3	4	5

Total Score \_\_\_\_/

Comment \_\_\_\_\_

1	2	3	4	5	N
Very Poor Performance	Below Average Performance	Adequate Performance	Above Average Performance	Outstanding Performance	Not Applicable
Performance well below expectations	Below expectations for a trainee at this level.	Comparable to others at this level of training, trainee's demonstration of skill is solid/adequate	Above expectations for a trainee at this level	Exceeding expectations for a trainee at this level.	This specific item was not observed in this practicum site

### 3. Therapy Skills

A.	Shows good grasp of therapeutic techniques	1	2	3	4	5	N
B.	Is able to clearly conceptualize patient needs	1	2	3	4	5	N
C.	Is consistent in using evidence-based interventions	1	2	3	4	5	N
D.	Demonstrates skills in individual therapy	1	2	3	4	5	N
E.	Demonstrates skills in group therapy	1	2	3	4	5	N
F.	Demonstrates skills in family/marital therapy	1	2	3	4	5	N
G.	Shows empathy skills in the interview/ intervention process.	1	2	3	4	5	N
H.	Demonstrates capacities in forming diagnostic impressions	1	2	3	4	5	N
I.	Demonstrates capacities in providing therapeutic recommendations.	1	2	3	4	5	N

Total Score \_\_\_\_/

Comment \_\_\_\_\_

### 4. Assessment Skills

A.	Administration & interpretation of cognitive procedures	1	2	3	4	5	N
B.	Administration & interpretation of projective techniques	1	2	3	4	5	N
C.	Administration & interpretation of objective personality tests	1	2	3	4	5	N
D.	Behavioral assessment	1	2	3	4	5	N
E.	Others (specify) _____	1	2	3	4	5	N
F.	Demonstrates capacity in forming impressions, recommendations, and diagnostic conclusions	1	2	3	4	5	N
G.	Quality of written reports	1	2	3	4	5	N

Total Score \_\_\_\_/

Comment \_\_\_\_\_

1	2	3	4	5	N
Very Poor Performance	Below Average Performance	Adequate Performance	Above Average Performance	Outstanding Performance	Not Applicable
Performance well below expectations	Below expectations for a trainee at this level.	Comparable to others at this level of training, trainee's demonstration of skill is solid/adequate	Above expectations for a trainee at this level	Exceeding expectations for a trainee at this level.	This specific item was not observed in this practicum site

### 5. Team Meetings/Case Conferences

A.	Is an active participant & contributor	1	2	3	4	5
B.	Is organized and presents well	1	2	3	4	5
C.	Is on time and prepared	1	2	3	4	5
D.	Demonstrates positive attitude towards teamwork	1	2	3	4	5

Total Score \_\_\_\_/

Comment \_\_\_\_\_

### 6. Writing Skills

A.	Exhibits skills in writing clinical notes	1	2	3	4	5
B.	Progress Notes are clear and concise	1	2	3	4	5
C.	Progress notes are on time	1	2	3	4	5

Total Score \_\_\_\_/

Comment \_\_\_\_\_

### 7. Diversity

A.	Demonstrates awareness and respect for Diversity	1	2	3	4	5
B.	Considers issues of diversity in the development and implementation of intervention plan	1	2	3	4	5

Total Score \_\_\_\_/

Comment \_\_\_\_\_

### 8. Other (please specify)

_____	1	2	3	4	5
_____	1	2	3	4	5

### 9. Direct Supervision: Date \_\_\_\_\_

- ( ) Use of audio tapes
- ( ) Use of video tapes
- ( ) Electronic methods (Example: Skype, Zoom)
- ( ) One way mirror
- ( ) Direct-in vivo

**10. Methods of Feedback/Evaluation:**

- ( ) Participation in weekly supervision meetings
- ( ) Revision of records
- ( ) Case discussions
- ( ) Revision of psychological reports
- ( ) Discussion of midterm and end of semester evaluation
- ( ) Participation in case conferences and training
- ( ) Use of case narratives
- ( ) Use of audio tapes
- ( ) Use of video tapes
- ( ) Electronic methods (Example: Skype, Zoom)
- ( ) One way mirror
- ( ) Direct-in vivo supervision
- ( ) Other: \_\_\_\_\_

Narrative Evaluation: (Please provide a narrative evaluation of the student. **Be sure to address any ratings below 3 in the above evaluation by specifying the problem and a suggested course of correction.** Otherwise provide a general overview of the student's skills and any areas of needed growth or development. The data are to be used as feedback to enhance the student's overall training and preparation.

THE ABOVE RATINGS AND THE NARRATIVE EVALUATION HAVE BEEN DISCUSSED.

Trainee's signature \_\_\_\_\_

Supervisor's signature \_\_\_\_\_

Date \_\_\_\_\_

## **Appendix C**

### **Evaluation of Students Professional Competencies**

To: Clinical Supervisors  
Ponce Health Sciences University  
Clinical Psychology Program

From: Stephanie Vega, Psy.D.  
Coordinator of Clinical Practice

Re: Evaluation of Students Professional Competencies

We are including a list of those skills involved in the competency of *Professional Behavior*. We are also asking you to evaluate this competency from your supervisee using the format presented below. Please discuss the evaluation with the student and send a copy to our clinical practice coordinator no later than the month of October and March each semester.

According to ADPTC<sup>1</sup>, the novice student should possess and demonstrate a set of personal characteristics, intellectual and personal Skills:

Interpersonal skills: ability to listen and be empathic with others; respect for/interest in others' cultures, experiences, values, points of view, goals and desires, fears, etc. These skills include verbal as well as non-verbal domains. An interpersonal skill of special relevance is the ability to be open to feedback.

Cognitive skills: problem-solving ability, critical thinking, organized reasoning, intellectual curiosity

Affective skills: affect tolerance; tolerance/understanding of interpersonal conflict; tolerance of ambiguity and uncertainty.

Personality/Attitudes: desire to help others; openness to new ideas; honesty/integrity/valuing of ethical behavior; personal courage.

Expressive skills: ability to communicate one's ideas, feelings and information in verbal, non-verbal and written forms.

Reflective skills: ability to examine and consider one's own motives, attitudes, behaviors and one's effect on others.

Personal skills: personal organization, personal hygiene, and appropriate dress.

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<sup>1</sup> May 2004 Report from The Association of Directors of Psychology Training Clinics (ADPTC) Practicum Competencies Workgroup

**PONCE HEALTH SCIENCES UNIVERSITY**  
**Clinical Psychology Program<sup>2</sup>**  
**Evaluation of Students Professional Competencies**

Student Name: \_\_\_\_\_

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

Practicum Site \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Direct Observation \_\_\_\_ Yes \_\_\_\_ No

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

Each student is evaluated on the following dimensions at the conclusion of each practicum with a 5-point scale as indicated below.

1	2	3	4	5
<b>Very Poor Performance</b>	<b>Below Average Performance</b>	<b>Adequate Performance</b>	<b>Above Average Performance</b>	<b>Outstanding Performance</b>
Performance well below expectations	Below expectations for a trainee at this level.	Comparable to others at this level of training, trainee's demonstration of skill is solid/adequate	Above expectations for a trainee at this level	Exceeding expectations for a trainee at this level.

Dimension	Rating	Comments Please explain any score of '1' or '2'
1. Respectful interpersonal behavior towards supervisors & peers		
2. Punctuality/Attendance		
3. Level of participation/Preparedness		
4. Use/Integration of theory with practice		
5. Concern for the welfare of others		
6. Cultural sensitivity and awareness		
7. Insight and use of self		
8. Appropriate affect modulation		
9. Organizational and systems awareness		
10. Openness to feedback		
11. Oral and written communication skills/Use of professional language		
12. Conduct self in an ethical manner in all professional activities		
13. Commitment to values and attitudes consistent with professional standards		

Student has read this form and is aware that it will be used to evaluate his/her performance as part of the assessment of their professional competence. Ratings below 3 in any dimension by the end of the year, will be addressed by the site supervisor and by the program.

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

\_\_\_\_\_  
Date

<sup>2 1</sup> Distributed by NCSPP, as submitted by Department of Professional Psychology-Chestnut Hill College

## Appendix D

### PONCE HEALTH SCIENCES UNIVERSITY Clinical Psychology Program

#### Practicum Site Evaluation by Students

Training Year: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name \_\_\_\_\_

Practicum Site \_\_\_\_\_

Please answer below, explain, elaborate and give suggestions when appropriate.

#### I. Supervision:

Supervisor's Name: \_\_\_\_\_

1. Was an assessment of your levels of clinical development performed by your supervisor at the beginning of this placement?  
Yes\_\_\_\_\_ No \_\_\_\_\_ Explain:
2. Was the amount of supervision adequate? (at least an hour of individual supervision per week)  
Yes\_\_\_\_\_ No \_\_\_\_\_ Explain:
3. Was supervision readily available?  
Yes\_\_\_\_\_ No \_\_\_\_\_ Explain:
4. Was the supervision challenging and of sufficient complexity for your levels of clinical development?  
Yes\_\_\_\_\_ No \_\_\_\_\_ Explain:
5. Was the feedback provided and the evaluation done on your work helpful?  
Yes\_\_\_\_\_ No \_\_\_\_\_ Explain:
6. Were there training needs not met through this placement?  
Yes\_\_\_\_\_ No \_\_\_\_\_ Explain:
7. <sup>[1]</sup><sub>SEP</sub>How did this supervision compare with the one you received in other placements?  
Much Better\_\_\_\_\_ Better \_\_\_\_\_ About the Same \_\_\_\_\_ Worst\_\_\_\_\_

Overall rating: (1= lowest; 10= highest) \_\_\_\_\_ Comments:

## **II. General Characteristics of the Agency:**

1. Were the facilities adequate for carrying out your work? (i.e., space, equipment, support staff, etc.)  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
2. Was the Agency supportive of your development as a professional?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
3. Was there freedom and flexibility to learn and gain new experiences?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
4. Were you able to interact with other disciplines in ways that added to your understanding of their unique contributions and facilitated cooperation and mutual respect?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
5. Was your caseload audited during the past year?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
6. Did you receive feedback on the audit performed on your caseload?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
7. Was this feedback a learning experience?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:

Overall rating (1 - 10): \_\_\_\_\_ Comments:

## **III: Diagnostic Experience:**

1. Did you gain adequate experience in formulating diagnoses, doing mental status exams, and treatment planning?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
2. Were you exposed to a variety of diagnostic categories?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
3. Did you have an adequate mix of age, gender, and cultural cases?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:



Overall rating (1 -10): \_\_\_\_\_ Comments:

#### **IV. Psychotherapy Experience:**

1. Did you have a sufficient number of cases?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
2. Was there an adequate variety of clinical cases?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
3. Did you experience the case assignments as sequenced and graded in complexity as you developed in experience throughout your practicum?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
4. Did your supervisors provided encouragement and help in conceptualizing cases?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
5. Did you gain adequate knowledge about case management, managed care, and practical aspects of treatment?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
6. Did supervision help you gain an understanding of your influence in the therapeutic process?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
7. Were diversity issues (gender, religious or affectional orientation, socioeconomic), encountered through your therapy sessions.  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:

Overall rating (1 -10): \_\_\_\_\_ Comments:

#### **V. Psychological Assessment:**

1. Did you get an adequate number of referrals for assessment?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
2. Were the assessment cases sufficiently varied?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
3. Were you given adequate experience with the major testing instruments?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
4. Were there other test instruments that you would have liked to learn or increase your

experience using?

Yes\_\_\_\_\_ No \_\_\_\_\_ Explain:

5. Did you gain sufficient knowledge and ability in administering, scoring, interpreting psychological test and conceptualizing cases based upon such conceptualizations?

Yes\_\_\_\_\_ No \_\_\_\_\_ Explain:

6. Did you attain adequate ability to write meaningful and accurate test reports in a timely manner?

Yes\_\_\_\_\_ No \_\_\_\_\_ Explain:

7. Was the testing supervision adequate?

8. Yes\_\_\_\_\_ No \_\_\_\_\_ Explain:

Overall rating (1 - 10): \_\_\_\_\_ Comments:

#### **VI. Other Clinical Training Issues:**

1. Did you gain skills and understanding in dealing with professional, ethical, and legal issues?

Yes\_\_\_\_\_ No \_\_\_\_\_ Explain:

2. Did this practicum further your appreciation for cultural, ethnic, and socioeconomic diversity?

Yes\_\_\_\_\_ No \_\_\_\_\_ Explain:

3. Did you have adequate opportunity for consultation and supervision?

Yes\_\_\_\_\_ No \_\_\_\_\_ Explain:

Overall rating (1 - 10): \_\_\_\_\_ Comments:

**Appendix E**  
**Psychological Testing Policy**

**PONCE HEALTH SCIENCES UNIVERSITY**  
**CLINICAL PSYCHOLOGY PROGRAM**

**STUDENT PRACTICE OF PSYCHOLOGICAL TESTING POLICY**

All third-year students will provide evidence of the completion of at least 4 batteries of psychological tests including its corresponding psychological reports. The reports written for the required testing courses will not satisfy this requirement. To evidence this policy, the student must hand a copy of the report signed by their supervisor.

In the case that the practicum setting to which the student is assigned does not provide the opportunity for psychological assessment, the student will be assigned to a special rotation with supervision at the Center for Psychological Services or other center that provides this experience. The coordinator of practice and the director of CPS will be in charge of assigning cases and supervisors to these students. Those students with documented deficiencies in the testing area will be required to satisfy a remedial plan<sup>2</sup>. Students should complete this requirement before applying for internship.

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<sup>2</sup> The remedial plan may be completed during the fourth year.

## **Appendix F**

### **PONCE HEALTH SCIENCES UNIVERSITY CLINICAL PSYCHOLOGY PROGRAM**

#### **Elective Practice Sequence**

Clinical Psychology students have the option to take advantage of the program's sequence of Advanced Clinical Practice to increase their competencies in general clinical practice, in specific settings, or with populations of their interest. These clinical practice experiences are electives to be taken on voluntarily basis.

The program includes clinical activities in which third- and fourth-year students may register. These are:

PSY 8880 Advanced Clinical Practicum: Clinical Health Psychology (250 hrs.)

PSY 7890 Advanced Clinical Practicum: Child and School Psychology (250 hrs.)

In addition to these didactic activities, students have the option to voluntarily register in one or all of the sequence of general elective clinical experiences by utilizing the following registration codes, starting with the summer of their second year in the program:

PSY 7810 General Clinical Practicum. Second Year– Summer (200 hours)

(PSY 7810 may be taken before PSY 786 General Clinical Practice: Integration I and PSY 7870

General Clinical Practice: Integration II)

PSY 8810 Advanced Clinical Practicum I Third Year – Summer (200 hours)

PSY 8820 Advanced Clinical Practicum II Fourth Year (200 hours)

PSY 8830 Advanced Clinical Practicum III Fourth Year (200 hours)

PSY 8840 Advanced Clinical Practicum IV Fifth Year (200 hours)

PSY 8850 Advanced Clinical Practicum V Fifth Year (200 hours)

These elective clinical experiences may be used by students to enhance their internship application. This Clinical Practicums are 0 credits and equivalent to 2 credit cost each.

## Appendix G

### EVALUATION OF SUPERVISOR BY STUDENT/TRAINEE

Trainee \_\_\_\_\_ Supervisor \_\_\_\_\_

Date \_\_\_\_\_ Site \_\_\_\_\_ Midterm \_\_\_\_\_ Final \_\_\_\_\_

#### Instructions:

The purpose of the evaluation of supervisor form is to assess the effectiveness of the supervisory relationship, identifying areas of improvement, and ensuring the alignment of supervision with professional standards and guidelines. It is important to provide honest and constructive feedback. All feedback should be respectful and professional. Your feedback is important to continue shaping the supervisory experience.

Read each of the following statements carefully and indicate how much you agree with them. Mark your answers by circling the number that approximately reflects your level of agreement with the content of each statement on the numerical continuum provided to the right of each statement. Try to answer all statements without omitting any. Remember that there are no right or wrong answers, so answer each statement honestly. A rating of 1 indicates low agreement, while a rating of 5 indicates high agreement.

---

1	2	3	4	5	N
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A

---

**1. Supervisor Competence**

- |    |  |   |   |   |   |   |   |
|----|--|---|---|---|---|---|---|
| A. | Supervisor provides a comprehensive orientation to the supervision process, including clarifying the expectations, goals, and roles of both the supervisor and me. | 1 | 2 | 3 | 4 | 5 | N |
| B. | Supervisor ensures that I have a clear understanding of the supervision model being used, its purpose, and the process for feedback and evaluation.                | 1 | 2 | 3 | 4 | 5 | N |
| C. | Supervisor encourages me to set professional goals and provide constructive feedback and resources to help me achieve those goals.                                 | 1 | 2 | 3 | 4 | 5 | N |

---

1	2	3	4	5	N
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A

---

- |    |   |   |   |   |   |   |   |
|----|---|---|---|---|---|---|---|
| D. | Supervisor facilitates my exploration of my own biases, assumptions, and areas for personal and professional development.                                       | 1 | 2 | 3 | 4 | 5 | N |
| E. | Supervisor provides up to date knowledge and skills regarding the areas being supervised including psychotherapy, research, assessment, psychological theories. | 1 | 2 | 3 | 4 | 5 | N |
| F. | Supervisor ensures that the use of technology in the supervision process complies with ethical and legal standards, and protects confidentiality and privacy.   | 1 | 2 | 3 | 4 | 5 | N |
| G. | Supervisor provides timely and constructive feedback, highlighting my strengths and areas for improvement in a respectful and supportive manner.                | 1 | 2 | 3 | 4 | 5 | N |

**Total Score** \_\_\_\_/

**Comment**\_\_\_\_\_

**2. Diversity**

- |    |   |   |   |   |   |   |   |
|----|---|---|---|---|---|---|---|
| A. | Supervisor incorporates cultural considerations into the supervision process.   | 1 | 2 | 3 | 4 | 5 | N |
| B. | Supervisor promotes the development of diversity competence in me as a supervisee, including providing education and training on cultural issues. | 1 | 2 | 3 | 4 | 5 | N |

C.	Supervisor encourages self-reflection on personal biases and attitudes related to diversity, encouraging supervisees to explore their own cultural identities and biases.	1	2	3	4	5	N
D.	Supervisor guides me in addressing systemic barriers and inequalities that impact clients' access to mental health services and support my involvement in advocacy initiatives.	1	2	3	4	5	N
E.	Supervisor recognizes and addresses the intersectionality of my multiple social identities (e.g., race, ethnicity, gender, sexual orientation, socioeconomic status) in the context of supervision and clinical practice.	1	2	3	4	5	N

Total Score \_\_\_\_/  
Comment \_\_\_\_\_

1	2	3	4	5	N
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A

### 3. Supervisory Relationship

A.	The supervisory relationship has consistently demonstrated a positive and effective dynamic, characterized by open communication, mutual respect, and a strong working alliance.	1	2	3	4	5	N
B.	Supervisor encourages me to engage in reflective practice, promoting critical thinking, self-awareness, and the integration of theory and clinical experience.	1	2	3	4	5	N
C.	Supervisor fosters my autonomy and independence, allowing me to make clinical decisions within my scope competence and providing guidance when needed.	1	2	3	4	5	N
D.	Supervisor provides me with ongoing support and guidance, assisting me in navigating challenges, professional dilemmas, and self-care strategies.	1	2	3	4	5	N
E.	I feel that I can speak openly during supervision about my experiences with patients and the difficulties I face in my clinical work.	1	2	3	4	5	N
F.	The supervisor clarifies expectations for supervision, determines goals and discusses the supervision contract.	1	2	3	4	5	N
H.	Supervisor actively seeks feedback from me, creating opportunities for collaborative decision-making and mutual learning.	1	2	3	4	5	N

I.	Supervisor provides periodic evaluation of my progress.	1	2	3	4	5	N
J.	Supervisor establishes and maintains appropriate professional boundaries with me, ensuring clarity and professionalism in our interactions.	1	2	3	4	5	N

**Total Score \_\_\_\_/**

**Comment**\_\_\_\_\_

1	2	3	4	5	N
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A

**4. Professionalism**

A.	Supervisor models professional behavior, including ethical practice, punctuality, and appropriate boundaries.	1	2	3	4	5	N
B.	Supervisor supports my professional development by providing constructive feedback, guidance, and opportunities for learning.	1	2	3	4	5	N

**Total Score \_\_\_\_/**

**Comment**\_\_\_\_\_

**5. Assessment/ Evaluation/ Feedback**

A.	Supervisor provides feedback that is direct, clear, and highlights strengths and areas for improvement in a supportive and actionable manner.	1	2	3	4	5	N
B.	Supervisor provided me with regular and consistent supervision sessions at least once a week, providing adequate time for discussion, feedback, and reflection.	1	2	3	4	5	N
C.	Supervisor consistently filled out and discussed my student evaluations in a timely manner.	1	2	3	4	5	N
D.	Supervisor corrected and signed my progress	1	2	3	4	5	N



notes in a reasonable amount of time.

**Total Score** \_\_\_\_/

**Comment** \_\_\_\_\_

**6. Ethical, Legal, and Regulatory Considerations**

A.	Supervisor models ethical practice and conducts themselves in accordance with the APA Ethical Principles of Psychologists and Code of Conduct.	1	2	3	4	5	N
B.	Supervisor ensures that I understand and adhere to strict confidentiality and privacy standards when working with clients or handling sensitive information.	1	2	3	4	5	N
		1	2	3	4	5	N
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
C.	Supervisor guides me in navigating legal and regulatory issues and ensures I have a clear understanding of my professional responsibilities.	1	2	3	4	5	N
D.	Supervisor encourages me to act responsibly, maintain appropriate professional boundaries, and avoid conflicts of interest.	1	2	3	4	5	N
E.	Supervisor promotes my awareness of current ethical issues and challenges in the field of psychology.	1	2	3	4	5	N
F.	Supervisor ensures I understand the importance of clear and concise documentation and the potential legal and ethical implications associated with record keeping.	1	2	3	4	5	N

**Total Score** \_\_\_\_/

**Comment** \_\_\_\_\_

**Number of active cases:** \_\_\_\_\_

**Methods of Feedback/Evaluation:**

- ( ) Participation in weekly supervision meetings
- ( ) Revision of records
- ( ) Case discussions
- ( ) Revision of psychological reports
- ( ) Discussion of midterm and end of semester evaluation
- ( ) Participation in case conferences and training
- ( ) Use of case narratives

- ( ) Use of audio tapes
- ( ) Use of video tapes
- ( ) Electronic methods (Example: Skype, Zoom)
- ( ) One way mirror
- ( ) Direct-in vivo supervision
- ( ) Other: \_\_\_\_\_

**Types of Intervention:**

- ( ) Individual Therapy
- ( ) Group Therapy
- ( ) Couples Therapy
- ( ) Family Therapy

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE ABOVE RATINGS AND THE NARRATIVE EVALUATION HAVE BEEN DISCUSSED.

Trainee's signature \_\_\_\_\_

Date \_\_\_\_\_

Appendix H  
**Practicum Sites**



**CLINICAL PSYCHOLOGY PRACTICUM SITES**

- ASSMCA Drug Court
- Canas Medical Center
- Casa Belén- Madre Dominga Center
- Centro de Adiestramiento, terapia y desarrollo educativo profesional (CADEP)
- Centro de Ayuda Psicológica y Servicios Integrales (CAPSI)

- Centro de Ayuda Víctimas de Violación (CAVV) (diferentes pueblos de PR: Ponce, Caguas, Arecibo, Fajardo y Mayagüez)
- Centro de enfermedades inflamatorias del intestino en RCM
- Centro de Recuperación del Caribe en Villalba
- Centro de Salud Deportiva y Ciencias del Ejercicio (SADCE) Albergue Olímpico
- Centro de Salud Mental del Oeste
- Centro de Servicios Psicológicos Raigambre en Guaynabo
- Centro Médico en Salinas
- Centro Ponceño de Autismo (CEPA)
- Centro Psicológico de Salud Integral
- Centro Psicoterapéutico Multidisciplinario Inc.
- Centro Terapia Amor
- CETMA
- Clínica de la Familia
- Clínica de Servicios Psicológicos, PHSU
- Clínica Yagüez
- Coalición de Coaliciones para Personas sin Hogar de PR
- Concra
- Consultorio Psicológico Degetau
- Cristo Pobre
- Descubriendo Caminos-Centros Sor Isolina Ferré
- Faro de Esperanza
- Fundación Stefano

- Fundación de Esclerosis Múltiple
- Forensic Psychological Group
- Grupo de Servicios en Salud Mental
- Head Start & Early Head Start
- Health Assessment and Psychological Innovation Gogol Pediatric Institute
- Hogar Palacio en Yauco
- Hogar Norte Verdadero
- Hope Center
- Hospital La Concepción
- Hospicio La Guadalupe
- Hospital Auxilio Mutuo
- Hospital De la Montaña en Arecibo
- Hospital Damas
- Hospital el Maestro
- Hospital Menonita en Aibonito
- Hospital Panamericano
- Hospital Pavia
- Hospital Psiquiátrico en Aibonito (CIMA)
- Hospital San Lucas
- Instituto de Medicina de Familia del Sur
- Instituto Sexológico Educativo Psicológico (ISEP)
- InterCede, Ponce
- Interamericana en Guayama

- Jeshua Community Mental Health Center, Cidra
- Love Lines
- Metacognitiva
- Mente Activa
- National University College
- Organización en Pro de la Atención a la Persona con Alzheimer (OPAPA)
- Ponce Hematology Oncology/Salud Holística para la Mente (PAPSI)
- Portal de Amor en San German
- Procuradora de la Mujer en Caguas
- Programa de Adultos con Discapacidad Intelectual (DSPDI)
- Programa de Reeducción y Orientación a Personas Agresoras (PROPA)
- Programa de Recuperación, ASSMCA (diferentes pueblos de PR: Ponce, Mayagüez, Cayey, Trujillo Alto, San Patricio y Moca)
- Programa Psicología Cuidado Primario Clínica de Inmunología- Ryan White
- Psicomédica del Oeste
- Puedo Health Transitions
- Renacer
- RESET Wellness
- Respeto y Dignidad
- Restaurando Portillo
- Resurgir
- Servicios Psicológicos Raigambre
- Universidad Interamericana Guayama

- UPR Ponce
- UPR Río Piedras, Recinto de Ciencias Médica (RCM)
- UPR Cayey
- Wellness Center, PHSU