

CLINICAL TRAINING MANUAL ST. LOUIS

DOCTORAL PROGRAM IN CLINICAL PSYCHOLOGY (PSYD)

Revised July 2025



PHSU
PONCE HEALTH SCIENCES UNIVERSITY



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Clinical Training Model

The competencies that students need to develop to become professional psychologists are multiple and complex. PHSU has adopted the practicum competencies recommended by ADPTC, which include:

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, appropriate dress

These competencies are only developed through practical experiences in supervised contexts. Therefore, the clinical practicum component of the Clinical Psychology program of PHSU pays special attention to the processes through which students develop the competencies of the profession. Specifically, our model stipulates that graduates 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 Ponce Health Sciences University (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:

Practicum Coding and Name	Number of Hours
PSY 5810 Introduction to Clinical Practice	
PSY 5820 Fundamentals of Clinical Interventions and Emergency Psychology	250
PSY 6850 Conceptualization and Intervention Planning	250
PSY 6830 Psychotherapeutic Techniques	250
PSY 7860 General Clinical Practice: Integration I	250
PSY 7870 General Clinical Practice: Integration II	250
PSY 7810 General Clinical Practicum (optional)	
PSY 8810 Advanced Clinical Practicum (optional)	
PSY 8820 Advanced Clinical Practicum II (optional)	
PSY 8830 Advanced Clinical Practicum III (optional)	
PSY 8840 Advanced Clinical Practicum IV (optional)	

During each of the required practicum courses students will attend an associated practicum seminar which will assist with the development of clinical skills, in addition to the time spent at the practicum site.

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. (See Appendix G for more information)

Students will complete a minimum of 1,100 hours of practica before entering the doctoral internship. For each practicum experience, students should complete a minimum of 100 face-to-face contact hours for a minimum of 500 face-to-face hours for all practicum experiences. These face-to-face hours include clinical intake, crisis intervention, 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. Given the importance of direct hours for internship application, students are encouraged to complete a greater number of direct hours if possible. If the student cannot complete the expected hours for the semester, an agreement will be developed, 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.

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 DCT 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 practicum site evaluation by students is found in Appendix D.

Students enrolled in clinical practica are responsible for obtaining and submitting the evaluations and other requirements of the practicum to the DCT in a timely manner. No grades will be posted in a student's transcript until all evaluation forms are turned in. In addition to the evaluations from the student's clinical supervisor, the student's class participation and case presentations during the practicum course impact the student's grade in the course.

Grading of Clinical Practice Seminars

The practicum hours are credited by the office of the DCT, based upon the practicum log in Time2Track. The student's clinical supervisor signs this log, and the student must submit it to the Time2Track system each month. By the end of the semester, the DCT 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 DCT will certify the student's approval of the practice and of the seminar by using the designation "Pass" (P). A satisfactory evaluation is at least an average score of 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. If a student's performance is evaluated as unsatisfactory by the practicum supervisor and the number of hours logged for the semester is unacceptable, the student will receive a "No Pass" (NP) for practicum.

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 (Mean 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 DCT in consultation with the student's practicum supervisor and academic advisor. The student receives a letter from the DCT 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 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:

If a student experiences a head injury, they must contact the DCT within one week to plan accordingly.

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 DCT 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.

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 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 DCT, and your academic advisor.

Clinical Practicum Sites

Affiliation

Each practicum site has an affiliation contract with PHSU. The Director of Clinical Training (DCT) 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' practica. Any situation related to students in practicum or to their practicum sites will be reported to and handled by the DCT.

Criteria for Certification of Practicum Sites

To assure the availability of adequate training sites, PHSU engages 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.
- Administration and staff supervision must be conducted by licensed health professionals.
- 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.

In order to provide diverse experiences, students are usually not allowed to remain in the same practicum site for more than one year. Nonetheless, under special circumstances, this requirement may be waived. The training experiences will typically last the length of the academic year. However, at times, sites and students may negotiate a different training period, with permission of the DCT. Training sites do not necessarily follow PHSU holidays, and students may be expected to work over academic breaks.

(Please see Appendix F for a list of Practicum Sites for the 2025-2026 Academic year).

Students cannot practice at any site without previous authorization from the DCT and/or the Program Director.

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 health service psychology.
- ❑ Complete, with the student, the Practicum Learning Contract (Appendix A) and provide the expected amount of weekly individual supervision of at least 1 hour. Sites may provide additional supervision to the student as desired.
- ❑ 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 DCT, 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 the presence of dangerousness to self or others in the clients served. Likewise, situations of child or elder 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. It is the student's responsibility to promptly inform the supervisor when crisis situations occur.

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, blue jeans, 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.

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 DCT and the Associate Dean of Academic Affairs serve as system administrators for students' accounts and provide guidance and assistance in the use of the system.

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. All supervisory session will be documented and countersigned by the supervisor. Students must receive at least one direct observation by their supervisor per semester.

Evaluation Forms

Besides the monthly log, students in practica have the responsibility of obtaining and submitting on time to the office of the DCT:

- Practicum Learning Contract: at the beginning of every year (Appendix A 1)
- Letter of Understanding: at the beginning of every new practicum experience (Appendix A 2)
- Site and Supervision Evaluation by Student: at the end of each practicum experience (Appendix D)

All practicum students will be evaluated by their supervisors as described above. The DCT will make a request for evaluation to students' supervisors via the Time2Track system. The DCT will receive the completed evaluations, already reviewed and discussed with the student, via Time2Track. 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: at least once per 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, the students should follow site policies regarding back-up supervision. It is expected that sites will have supervisors available and accessible in the case of emergencies. If a student is unable to reach a site supervisor and the situation is urgent, then the student should contact the DCT (Dr. Glover-Orr at 314-359-1332). If Dr. Glover-Orr is unavailable, the student should reach out to Dr. Elwood at 479-283-9115.

Appendix A 1.

PRACTICUM LEARNING CONTRACT

The following is a suggested template for codifying and addressing student training needs and practicum program training agendas. This form should be used to help structure the training experiences for the student, as well as guide evaluation of student progress on identified goals. Completed forms should be turned in to seminar instructors in the first month of the semester.

(Sites are encouraged to attach additional pages in order to clarify the training experience.)

Student name: _____

Practicum site name: _____

Practicum supervisor name: _____

Learning Goals Goals as agreed upon by student and site. Goals should indicate what skills and competencies students will gain.	Learning Activities Specific activities in which students engage that help accomplish learning goals. Please provide estimated hours per week and when activities will take place over the course of the year.

Comments:

Practicum Student Signature Date

Seminar Instructor Signature Date

Practicum Supervisor Signature Date

Director of Clinical Training Signature Date

Appendix A 2.
Letter of Understanding Between the Student and Site

Student Name: _____ AND Site Name: _____

The purpose of this agreement is to establish the parameters of the practicum relationship between the student and the site (i.e., Facility), and in particular, whether the practicum is a paid or non-paid practicum and the mechanism for the payment of any stipend for the practicum experience. Beginning and ending dates should be listed on this agreement. The Facility and the Student agree as follows:

1. to explicitly establish and state any remuneration paid to the student from the facility as part of the clinical education experience, the commitments involved, and mechanism for supervision, and
2. to act in a non-discriminatory fashion with respect to race, color, creed, national origin, gender, sexual orientation, class, age, disability, and marital status, and
3. to maintain confidentiality of Student records and performance and patient information, and
4. and to provide and maintain a work environment that is free from harassment, discrimination, and violence

Complete the following four questions and sign the bottom of the form.

1. The practicum will be designated as paid or unpaid as follows:
 - A. ☐ The practicum is a NON-PAID practicum experience, or
 - B. ☐ The practicum is a PAID practicum experience. The student will receive a stipend of \$ _____ per [CIRCLE ONE: hour, week, or month}. This stipend is to be paid on the _____ of every week/month and will be paid directly to the student from the facility.
2. The student will be on site at least _____ hours per week (Note: minimum of 20-25 hours per week) **CAP RULE - Exceptional circumstances only, perhaps once per semester, the student may have more practicum hours, with maximums of more than 25 hours per week.** If a student would like to be onsite for more than 25 hours per week on a regular basis, the student must complete the General Clinical Petition to get program approval to work additional hours.
3. The supervisor will provide at least _____ hour(s) of direct supervision per week (MINIMUM requirement: one hour per week).

Methods of Feedback/Evaluation: Students are required to have a minimum of one hour of direct supervision/observation per semester. This observation can be direct-in vivo, or through the use of audio or videotapes, one-way mirror, or electronic methods, such as Zoom.

The supervisor will provide at least _____ observations per semester.

If the primary supervisor is not onsite, a back-up supervisor will be identified to oversee the student's work. Students and supervisors understand that students cannot provide services when a supervisor is not onsite.

Student and Supervisor, please initial: _____

Secondary Supervisor's name: _____

4. The student will begin practicum ____/____/____.
The practicum experience will end on ____/____/____.

Student and supervisor have discussed plans for vacation and academic breaks. A brief description of the plan for the major breaks (winter holiday, spring break, internship, or other major events) follows (list in space below):

By signing below, I indicate that I have received and reviewed the PHSU Clinical Training Manual and agree to follow the policies and procedures described therein

Supervisor's Signature: _____ Date: _____

Supervisor's Printed Name: _____

Student's Signature: _____ Date: _____

Student's Printed Name: _____

Seminar Instructor's Printed Name: _____ Date: _____

Seminar Instructor's Signature: _____ Date: _____

I certify that I have received a *signed* copy of this document.

Ellen Glover-Orr, Ph.D. _____ Date
Director of Clinical Training
PHSU Program in Clinical Psychology

Appendix B

PONCE HEALTH SCIENCES UNIVERSITY CLINICAL PSYCHOLOGY PROGRAM

Evaluation of Student/Trainee by Supervisor

Trainee _____ Supervisor _____

Date _____ Site _____ Midterm _____ Final _____

1 = poor 2 = needs improvement 3 = adequate	4 = above average 5 = outstanding N = no info. on which to rate
---	--

1. Interpersonal Relations & Personal Qualities

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

2. Supervision

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

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
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	2	4	5	N
5.	Team Meetings/Case Conferences						
A.	Is an active participant & contributor	1	2	3	4	5	N
B.	Is organized and presents well	1	2	3	4	5	N
C.	Is on time and prepared	1	2	3	4	5	N
D.	Demonstrates positive attitude towards teamwork	1	2	3	4	5	N
6.	Writing Skills						
A.	Exhibits skills in writing clinical notes	1	2	3	4	5	N
B.	Progress Notes are clear and concise	1	2	3	4	5	N
C.	Progress notes are on time	1	2	3	4	5	N
7.	Diversity						
A.	Demonstrates awareness and respect for Diversity	1	2	3	4	5	N
B.	Considers issues of diversity in the development and implementation of intervention plan	1	2	3	4	5	N
8.	Other (please specify)						
	_____	1	2	3	4	5	N
	_____	1	2	3	4	5	N
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 as a psychologist 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

PONCE HEALTH SCIENCES UNIVERSITY Clinical Psychology Program¹² 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
<u>Very Poor</u>	<u>Below Average</u>	<u>Adequate</u>	<u>Above Average</u>	<u>Outstanding</u>
<u>Performance</u>	<u>Performance</u>	<u>Performance</u>	<u>Performance</u>	<u>Performance</u>
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		

^{2 1} Distributed by NCSPP, as submitted by Department of Professional Psychology-Chestnut Hill College

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

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. 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 to increase your experience?

Yes_____ No _____ Explain:

5. Did you gain sufficient knowledge and ability in administering, scoring, interpreting psychological tests and conceptualizing cases?

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?

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 submit a copy of the report signed by their supervisor.

Students are expected to obtain a variety of training sites, including both assessment and intervention experiences.

Appendix F
PONCE HEALTH SCIENCES UNIVERSITY
CLINICAL PSYCHOLOGY PROGRAM
Practicum Sites

Practicum sites change on an ongoing basis. Below are some sites that are planning on partnering with us in the 2025-2026 academic year:

- Healing Spaces
- Kaleidoscope Center for Autism and Neurodevelopment
- Gateway Behavioral Health Consultants
- Emergence Psychological Services
- St. Louis Forensic Treatment Centers: North and South
- The Schiele Clinic at the St. Louis Psychoanalytic Institute
- Amethyst Neuropsychology
- Partners-in-Kind

Appendix G

Ponce Health Sciences Elective Practice Sequence

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.

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

PSY 8810 Advanced Clinical Practicum I

PSY 8820 Advanced Clinical Practicum II

PSY 8830 Advanced Clinical Practicum III

PSY 8840 Advanced Clinical Practicum IV

PSY 8850 Advanced Clinical Practicum V

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