## Argosy University: San Francisco Bay

#### American School of Professional Psychology Clinical Training Office

999-A Canal Blvd. Point Richmond, CA 94804 Ph: 510-215-0277 Fax: 510-215-0299

# Practicum Information Form (form ver 9/21/2006)

I. AGENCY NAME	DISCOVERY Counseling CENTER
Date Completed:	1/5/2007
Address:	115A Town & Country Drive
City, State, Zip:	Danville, CA 94526
Phone:	925-837-0505
Fax:	925-837-0568
Agency Website address:	www.Discoverycenteronline.com
List multiple agency programs/sites:	SCIP (school-based counseling), Discovery Center clinic
Director of Training Name:	Kathy Kane
Director Degree and CA License #:	LCSW lcs13083
Director Phone:	925-837-0505
Director email:	kathyk@discoverycenteronline.com
Other contact person information:	

II. PRACTICUM TRAINING PROGRAM BASICS	
A. Year Level Openings	Estimated
2 <sup>nd</sup> Year (Grad School) Practicum Openings	4
3 <sup>rd</sup> Year (Grad School) Practicum Openings	3
-Total Practicum Openings (doctoral level)	7
-Total Pre-Doc Internship Level Openings	1
B. Student Data	
Number of Total Practicum Applicants Last Year	50
Number of All Current Practicum Students at Agency	25
Number of Current Argosy Practicum Students at Agency	3
Number of All Current Pre-Doc Intern Students	1
Number of Current Argosy Pre-Doc Interns	0
C. Practicum Dates and Times	
Beginning Date	8/30/07 approx.
Ending Date	6/15/08 (SCIP)
	8/1/08 (clinic)
Number of weeks for practicum	
Hours per week for practicum	16-20
Required days and times at agency	Wed. 3:30-5:30
	Mon. or
	Thurs 3:30-5:30
	or Wed. 1-3
<b>D. Stipend:</b> Is there Stipend? If yes, amount per year?	

#### III. AGENCY DESCRIPTION: Please describe below.

Community based, nonprofit counseling center with both clinic and school-based therapy services. Agency has longstanding relationship with the school district and local community. Clinic offers fee assistance for needy clients. DCC has offered training for masters and doctoral students for 15+ years.

<b>%</b>	<u>Gender</u>	<b>%</b>	<u>Life Cycle</u>	
45	Male	0	Infants (0-4)	
55	Female	44	Children (ages 5-12)	
0	Transgender:	30	Adolescents (ages 13-17)	
100%	Total	25	Adults (18-64)	
		1	Seniors (ages 65+)	
	Ethnic/Cultural Identity	100%	Total	
10	African American	1		
15	Asian American		Other Identified Groups	
60	Euro-American	5	Gay/Lesbian:	
5	Hispanic/Latino American	1	Disabled Population:	
0	Native American	0	International:	
	Other:		Other:	
100%	Total		(Note, above will not total 100%)	
	Populations Treated			
75	Individual		<b>Functioning Level of Clients</b>	
5	Couples	1	Severe Dysfunction (i.e., psychotic, severe personality or substance abuse dx)	
10	Families	50	Moderate Dysfunction (i.e., moderate personality dx, anxiety, depression)	
10	Groups	49	Mild Dysfunction (i.e., adjustment dx, transitions, growth)	
100%	Total	100%	Total	

#### **▶** Others notes about populations:

В.	<b>B. Specialty Areas:</b> Mark an X next to all specialties that apply at agency.				
	Behavioral Medicine Hospital		Hospital	Disabilities	
	Health Psychology		Community Mental Health Clinic	Multicultural Therapy	
	Psychopharmacology Forensics		Forensics	Spirituality/Psychology Integration	
X	x Pediatrics Mana		Management/Administration	Gay/Lesbian/Transgender	
	Infant/Parent		Program Evaluation	Death/Dying/Bereavement	
X	X Family		Vocational/Career Development	Domestic Violence	
	Geropsychology		Psychological Assessment	PTSD/Trauma	
X	School Based		Neuropsychological Assessment	Serious Mental Illness	
	College Based		Psychology of Men	Substance Abuse/Recovery	
	Bilingual in treatment	X	Psychology of Women	Others (specify):	

IV. I	IV. PRACTICUM TRAINEE RESPONSIBLITIES AND FUNCTIONS				
A. Treatment Modalities performed by student: (Mark X in all that apply.)					
X	Individual Therapy		Crisis Intervention		
X	Couples Therapy (clinic only)	X	Brief Therapy		
X	Family Therapy	X	Long Term Therapy		
X	Group Therapy	X	Psychological Assessment (possible 3 <sup>rd</sup> year)		
	Community Intervention		Neuropsychological Assessment		
X	Consultation/Liaison (schools)		Case Management		
	Others (specify):				

▶ *Describe practicum trainee duties and responsibilities*: SCHOOL-BASED: individual and group therapy for children or adolescents on site; consultation with school personnel and parents; case notes; individual and group supervision; training

CLINIC: individual, couple, family therapy; case notes; individual and group supervision; training

V. ASSESSMENT and PSYCHOLOGICAL TESTING				
A. Assessment Overview				
Will trainee have opportunity for assessment/testing experiences?	Small possibility/clinic only			
Is there additional supervision/training for assessment/testing?	supervision			
Percentage of practicum time allotted for providing assessment services:	5			
Estimate of average # of Test Batteries completed per year:	2			

<b>B.</b> A	<b>B.</b> Assessment Modalities performed by student: (Mark X next to all that apply.)				
X	Projective	X	Intelligence		
X	Personality		Neuropsychological		
	Academic Vocational				
	Others (specify):				
- T					

#### **▶** Describe the Assessment Program:

Limited assessment offered by agency – performed by experienced students and post-doctoral intern

VI. TRAINING/SUPERVISION PHILOSOPHY and OBJECTIVES: A. Please describe below.					
B. Sup	<b>pervisor Licenses:</b> Please note the number of	supervi	isors with the following licenses.		
3	*Licensed Psychologists (PsyD/PhD/EdD)	4	MFT		
	*Psychiatrists	1	LCSW		
	Other (specify):				
*Note:	Primary Supervisor must be a licensed provider a	t the doc	toral level of training. Primary Supervisor		

\*Note: Primary Supervisor must be a licensed provider at the doctoral level of training. Primary Supervisor may be individual or group supervisor & must sign or co-sign evaluation and contract forms for students.

C. Supervision and Training	Hours per week
Individual Supervision	1
Group Case Consultation	2
Didactic Training	2
Other (specify):	
Total hours Training/Supervision	5

Live Observation		Process Notes
Two Way Mirror	X	Case Reviews and Discussion
Videotapes Review	X	Audiotape Review

	Biopsychosocial		Narrative
X	Cognitive Behavioral		Psychosocial Rehabilitation
X	Family Systems	X	Psychodynamic/analytic:
	Feminist	X	Solution Focused
	Humanistic/Existential		Transpersonal
X	Integrative		Recovery Based Model
X	Others (specify):		Recovery Based Model

#### ► Comments on theoretical orientation:

Each supervisor has own orientation – most are eclectic with systemic and dynamic basis.

**F. Training Emphasis Areas:** Please fill out the following classifications below to assist us in differentiating practicum placements. Indicate with "X" areas where *substantial* training program and experience exists such that it would qualify for graduate program training emphasis areas.

and c		or graduate program training emphasis areas.
	Community/Multicultural	Cognitive Behavioral
	Health Psychology	Assessment
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	Forensic Psychology	Geriatric
X	Family/Child	Gender
	Psychodynamic	Not Applicable
	Others (specify):	1

### ▶ Please add specific information regarding all Emphasis Areas you checked:

Primarily school-based child/adolescent training program. Advanced students may work in the clinic.

G. Multicultural Training	yes	no
Agency provides formal multi-cultural didactic training for students.		X
Agency integrates multi-cultural training into supervision.	X	
Agency makes multicultural issues an important part of case conferences.	X	
► Please describe or add information about your multicultural training?		

VII. PRACTICUM APPLICATION PROCESS FOR STUDENTS		
Application Deadline:	Feb 30	
Selection Date Estimate:	On-going On-going	
Standard required materials	Vita, Letter of Intent, 3 Letters of Recommendation	
Agency specific materials:		
Preferred Experience:	Work with children	
Preferred Coursework:	Child psychopathology and treatment, law and ethics, child	
	abuse – clinic applicants need adult pathology and treatment	
Interview Process: (keep	Individual Interview, Case Presentation, Vignettes	
those that apply, erase rest)		
Other application/interview		
information:		

<b>VIII. Verifying Information:</b> I verify that the above information is current and accurate.		
Date:	1/1/07	
Directors Name:	Kathy Kane	
*Directors Signature:	KK	

<sup>\*</sup>You may copy and paste signature or just add your initials in above space.