

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

I. AGENCY INFORMATION	Community Focus/Citiwide Case Management
Date Completed:	9/12/05
Address:	939 Market St. 4 th Floor
City, State, Zip:	San Francisco, CA 94103
Phone:	415-597-8000
Fax :	415-597-8004
Agency Website address:	
List multiple agency programs/sites:	
Director of Training:	Patrick O'Reilly, Ph.D.
Director Degree and CA License #:	18019
Director Phone:	415-597-8069
Director email:	poei@aol.com
Other contact person information:	Kenneth Chu, MFT 415-597-8068

II. PRACTICUM TRAINING PROGRAM BASICS	
A. <u>Year Level Openings</u>	Estimated
2 nd Year (Grad School) Practicum Openings	1
3 rd Year (Grad School) Practicum Openings	1
-Total Practicum Openings	2
-Total Pre-Doc Internship Level Openings	
B. <u>Students at Agency</u>	
Number of Practicum Applicants last year	20
Number of Current Argosy Practicum Students	2
Number of All Current Practicum Students	2
Number of Current Argosy Pre-Doc Interns	
Number of All Current Pre-Doc Intern Students	
C. <u>Practicum Dates and Times</u>	
Beginning Date	9/8/05
Ending Date	6/30/06
Number of weeks for practicum	
Hours per week for practicum	20
Required days and times at agency	Thur 9-11 am
D. <u>Stipend</u>: Is there Stipend? If yes, amount per year?	Yes. \$850/yr.

***Note:** 2nd year practicum is 16 hours and 3rd year is 16 up to 20 hours per week. Minimum of 38 weeks required with maximum of 52 weeks.

III. AGENCY DESCRIPTION: Please describe below.

The agency is a part of SFGH/USCF psychiatry department program. The program works with chronically mentally ill population. The program provides comprehensive clinical services, individual, couple therapy, assessment plan development, crisis intervention, medication support services, and case management services to assist clients to avoid hospitalization. The program has different projects, including forensic services, intensive case management linkage team and homeless services team.

A. Population: Indicate estimated % of clients in each category.

%	<u>Gender</u>	%	<u>Life Cycle</u>
60	Male		Infants (0-4)
40	Female		Children (ages 5-12)
	Transgender:		Adolescents (ages 13-17)
100%	Total	100	Adults (18-64)
			Seniors (ages 65+)
	<u>Ethnic/Cultural Identity</u>	100%	Total
28	African American		
8	Asian American		<u>Other Identified Groups</u>
48	Euro-American	10	Gay/Lesbian:
11	Hispanic/Latin American	1	Disabled Population:
0	Native American	10	International:
5	Other:		Other:
100%	Total		(Note, above will not total 100%)
	<u>Populations Treated</u>		
100	Individual all pts receive ind tx		<u>Functioning Level of Clients</u>
1	Couples	100	Severe Dysfunction (i.e., psychotic, severe personality or substance abuse dx)
2	Families		Moderate Dysfunction (i.e., moderate personality dx, anxiety, depression)
20	Groups		Mild Dysfunction (i.e., adjustment dx, transitions, growth)
100%	Total	100%	Total

► Others notes about populations:

B. Specialty Areas: Mark an X next to all specialties that apply at agency.

X	Behavioral Medicine		Hospital		Psychology of Women
	Health Psychology	X	Community Mental Health Clinic		Disabilities
X	Psychopharmacology	X	Forensics		Gay/Lesbian
	Pediatrics		Management/Administration	X	Multicultural Therapy
	Infant/Parent		Program Evaluation		Spirituality/Psychology Integration
	Family		Vocational/Career Development		Death/Dying/Bereavement
	Geropsychology	X	Psychological Assessment		Domestic Violence
	School Based		Neuropsychological Assessment		PTSD/Trauma
	College Based		Psychology of Men	X	Serious Mental Illness
X	Bilingual in treatment		Others (specify):		

IV. PRACTICUM TRAINEE RESPONSIBILITIES AND FUNCTIONS**A. Treatment Modalities performed by student: (Mark X in all that apply.)**

X	Individual Therapy	X	Crisis Intervention
	Couples Therapy	X	Brief Therapy
	Family Therapy	X	Long Term Therapy
X	Group Therapy	X	Psychological Assessment
X	Community Intervention		Neuropsychological Assessment
X	Consultation/Liaison	X	Case Management
X	Others (specify): Charting progress		

► **Describe practicum trainee duties and responsibilities:** Each intern will get her or his own clients. The intern will assist the client in maintaining housing, Medi-Cal and SSI benefits and will assist with medication compliance and alcohol and drug recovery, if applicable. Interns will co-facilitate a minimum of two psychotherapy groups per internship and will meet weekly with their clients for 1:1 psychotherapy.

V. ASSESSMENT and PSYCHOLOGICAL TESTING**A. Assessment Overview**

Will trainee have opportunity for assessment/testing experiences?	Yes
Is there additional supervision/training for assessment/testing?	Yes
Percentage of practicum time allotted for providing assessment services:	10
Estimate of average # of Test Batteries completed per year:	2

B. Assessment Modalities performed by student: (Mark X next to all that apply.)

	Projective	X	Intelligence
X	Personality	X	Neuropsychological
	Academic		Vocational
	Other:		

► **Describe the Assessment Program:** The intern and supervisor give each test to a client together (following didactic training on the test). They score the test together. The intern then gives the test to another client independently but while the supervisor is in the building and available for consultation.

VI. TRAINING/SUPERVISION PHILOSOPHY and OBJECTIVES: A. Please describe below.

The training philosophy is to teach the interns to work with severely mentally ill clients using an eclectic psychotherapeutic approach, to teach them the intricacies of the community mental health system and to work collaboratively with clinicians from other disciplines.

B. Supervisor Licenses: Please note the number of supervisors with the following licenses.

1	*Licensed Psychologists (PsyD/PhD/EdD)		MFT
	*Psychiatrists		LCSW
	Other:		

**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 forms for students.

C. Supervision and Training	Hours per week
Individual Supervision	
Group Case Consultation	
Didactic Training	
Other:	
Total hours Training/Supervision	

D. Methods of Supervision: (Mark X next to all that apply.)

X	Live Observation	X	Process Notes
	Two Way Mirror		Case Reviews and Discussion
	Videotapes Review		Audiotape Review
X	Other: Groups and testing are done collaboratively		

E. Theoretical Orientations of the Supervising Staff (check all that apply)

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

► **Comments on theoretical orientation:**

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 practicum in these training emphasis areas.

X	Community/Multicultural	X	Cognitive Behavioral
	Health Psychology		Assessment
	Forensic Psychology		Geriatric
	Family/Child		Gender
	Psychodynamic		Not Applicable
	Others (specify):		

► Please add specific information regarding all Emphasis Area(s) you checked: CBT is used for depression, substance abuse, anger management and anxiety issues. Psycho-education is used for empowering the clients and for helping them monitor and cope with their mental health symptoms.

VII. PRACTICUM APPLICATION PROCESS FOR STUDENTS

Application Deadline:	
Selection Date Estimate:	
Standard required materials	Vita, Letter of Intent, 3 Letters of Recommendation
Agency specific materials:	
Preferred Experience:	
Preferred Coursework:	
Interview Process: (keep those that apply, erase rest)	Individual Interview
Other application/interview information:	

VIII. Verifying Information: I verify that the above information is current and accurate.

Date:	9/12/05
Directors Name:	Kenneth Chu, MFT
*Directors Signature:	KC

*If emailing, you may add signature through copy and paste or just put in your initials.