

# 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 (rev 8.18.2005)

<b>I. AGENCY INFORMATION</b>	<b>New Directions Adolescent Services, Inc.</b>
Date Completed:	9/27/2005
Address:	PO Box 1819
City, State, Zip:	Rohnert Park, CA 94928
Phone:	707-585-3700
Fax :	707-585-3883
Agency Website address:	<a href="http://www.newdirections.tv">www.newdirections.tv</a>
List multiple agency programs/sites:	
Director of Training:	<b>Michael Barclay, Ph.D.</b>
Director Degree and CA License #:	PSY 13136
Director Phone:	707-585-3700 X207
Director email:	<a href="mailto:NEWDIR@SONIC.NET">NEWDIR@SONIC.NET</a>
Other contact person information:	

<b>II. PRACTICUM TRAINING PROGRAM BASICS</b>	
<b>A. <u>Year Level Openings</u></b>	<b>Estimated</b>
2 <sup>nd</sup> Year (Grad School) Practicum Openings	2
3 <sup>rd</sup> Year (Grad School) Practicum Openings	2
<b>-Total Practicum Openings</b>	<b>4</b>
<b>-Total Pre-Doc Internship Level Openings</b>	<b>3</b>
<b>B. <u>Students at Agency</u></b>	
Number of Practicum Applicants last year	15
Number of Current Argosy Practicum Students	1
Number of All Current Practicum Students	3
Number of Current Argosy Pre-Doc Interns	1
Number of All Current Pre-Doc Intern Students	1
<b>C. <u>Practicum Dates and Times</u></b>	
Beginning Date	9/1
Ending Date	8/18 approx
Number of weeks for practicum	48
Hours per week for practicum	20-24
<b>Required days and times at agency</b>	<b>Tues 1:30-4:30</b>
<b>D. <u>Stipend</u>: Is there Stipend? If yes, amount per year?</b>	

**\*Note:** 2<sup>nd</sup> year practicum is 16 hours and 3<sup>rd</sup> 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.**

New Directions is located in Santa Rosa and is a private nonprofit corporation which contracts with Sonoma County Mental Health Services to provide one of the county's few adolescent day treatment programs. We serve teens and their families with individual, group, and family therapy. We also provide all education needs in our non-public school.

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

<b>%</b>	<b><u>Gender</u></b>	<b>%</b>	<b><u>Life Cycle</u></b>
40	Male	0	Infants (0-4)
60	Female	0	Children (ages 5-12)
0	Transgender:	95	Adolescents (ages 13-17)
100%	<i>Total</i>	5	Adults (18-64)
		0	Seniors (ages 65+)
	<b><u>Ethnic/Cultural Identity</u></b>	100%	<i>Total</i>
0	African American		
0	Asian American		<b><u>Other Identified Groups</u></b>
80	Euro-American		Gay/Lesbian:
20	Hispanic/Latin American	100	Disabled Population:
0	Native American		International:
	<i>Other:</i>		Other:
100%	<i>Total</i>		(Note, above will not total 100%)
	<b><u>Populations Treated</u></b>		
40	Individual		<b><u>Functioning Level of Clients</u></b>
	Couples		Severe Dysfunction (i.e., psychotic, severe personality or substance abuse dx)
20	Families	50	Moderate Dysfunction (i.e., moderate personality dx, anxiety, depression)
40	Groups	50	Mild Dysfunction (i.e., adjustment dx, transitions, growth)
100%	<i>Total</i>	100%	<i>Total</i>

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

<b>IV. PRACTICUM TRAINEE RESPONSIBILITIES AND FUNCTIONS</b>			
<b>A. Treatment Modalities performed by student: (Mark X in all that apply.)</b>			
X	Individual Therapy	X	Crisis Intervention
	Couples Therapy	X	Brief Therapy
X	Family Therapy	X	Long Term Therapy
X	Group Therapy	X	Psychological Assessment
X	Community Intervention		Neuropsychological Assessment
X	Consultation/Liaison	X	Case Management
	Others (specify):		
<p>► <b>Describe practicum trainee duties and responsibilities:</b> Function equivalently on a reduced scale as staff members: attend all clinical staff meetings and all didactic training; co-facilitate groups; family sessions; individual cases.</p>			

<b>V. ASSESSMENT and PSYCHOLOGICAL TESTING</b>	
<b>A. Assessment Overview</b>	
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:	as needed
Estimate of average # of Test Batteries completed per year:	2

<b>B. Assessment Modalities performed by student: (Mark X next to all that apply.)</b>			
X	Projective		Intelligence
X	Personality		Neuropsychological
	Academic		Vocational
	Other:		
<p>► <b>Describe the Assessment Program:</b> As needed psychological assessment.</p>			

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

The primary objective of the internship is to provide psychotherapeutic supervision and behavioral management skills for the trainee/intern in exchange for hours accumulated towards licensure. The responsibilities include: group, individual and in some cases family therapy session; medical records and chart keeping; report and note writing; case and therapeutic goals planning; clinical case presentations; wrap around interventions; and interface with other treating clinicians. Milieu management (behavioral interventions) are a significant part of the treatment.

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

2	*Licensed Psychologists (PsyD/PhD/EdD)	3	MFT
1	*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.

<b>C. Supervision and Training</b>	<b>Hours per week</b>
Individual Supervision	1-2
Group Case Consultation	4-5
Didactic Training	1
Other:	
<b>Total hours Training/Supervision</b>	<b>6-8</b>

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

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

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

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

► **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.

	Community/Multicultural	X	Cognitive Behavioral
	Health Psychology		Assessment
	Forensic Psychology		Geriatric
X	Family/Child		Gender
X	Psychodynamic		Not Applicable
X	Others (specify): Semiotic psychotherapy		
▶ Please add specific information regarding all Emphasis Area(s) you checked:			

**VII. PRACTICUM APPLICATION PROCESS FOR STUDENTS**

Application Deadline:	4/1/2006
Selection Date Estimate:	4/15/2006
Standard required materials	<b>Vita, Letter of Intent, 3 Letters of Recommendation</b>
Agency specific materials:	
Preferred Experience:	1 year experience with teens
Preferred Coursework:	Psychopathology; therapy methods
Interview Process: (keep those that apply, erase rest)	Individual Interview, Group Interview
Other application/interview information:	

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

Date:	9/27/05
Directors Name:	Michael Barclay, Ph.D.
*Directors Signature:	MB

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