

**Counseling Psychology Doctoral Program  
Practicum Evaluation Form  
Texas Tech University  
Profession-Wide Competencies**

**Student's Name**

**Year in Program**

**Semester/Year**

**Agency**

**Supervisor**

**APA's new Standards of Accreditation for Health Service Psychology mandates that at least one of your evaluations of the practicum student's performance is based, in part, on director observation (live or video-audio recording) during each evaluation period.**

**Did you provide direct observation of the student during the semester?**

**Types of sessions based on director observation:**

\* We have found that it is important to recognize that competencies are acquired at different rates. Some competencies, such as administrative or supervisory skills, may come slowly and later in professional development. Other more basic competencies, such as timeliness, ability to utilize supervision, etc., may be expected and/or required to be substantially attained very early in training. These differences in the rate of development are reflected in the level of competence expected at the conclusion of practicum training.

We utilize the following categories in describing the level of competence expected at each level of practicum student development.

**0. Pre-novice:** Indicates a level of competence below that of a Novice therapist; used to denote competence below the baseline at which we would expect a beginning practicum student to be.

**\*1. Novice (N):** Novices have limited knowledge and understanding of (a) how to analyze problems and of (b) intervention skills and the processes and techniques of implementing them. They learn general principles or specific techniques to use, but the student's beginning level of experience limits the flexible use of these skills. Novices do not yet recognize patterns, and do not differentiate well between important and unimportant details; they do not have filled-in cognitive maps of how, for example, a given patient may move from where he/she is to a place of better functioning.

**\*2. Intermediate (I):** Psychology students at the intermediate level of competence have coped with enough real situations to recognize some important recurring meaningful situational components, based on prior experience in actual situations. Generalization of diagnostic and intervention skills to new situations and patients is limited, and support is needed to guide performance.

**\*3. Advanced (A).** At this level, the student can see his or her actions in terms of long-range goals or plans of which he or she is consciously aware. For the psychologist at this level of competence, a plan establishes a perspective, and the plan is based on considerable conscious, abstract, analytic contemplation of the problem (including review of scholarly/research literature as needed). The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organization. At this level, the psychologist is less flexible in these areas than the proficient psychologist [the next level of competence]but does have a feeling of mastery and the ability to cope with and manage many contingencies of clinical work. Recognition of overall patterns, of a set of possible diagnoses and/or treatment processes and outcomes for a given case, are taking shape.

**\*4. Proficient.** The proficient psychologist perceives situations as wholes rather than in terms of chopped up parts or aspects. Proficient psychologists understand a situation as a whole because they perceive its meaning in terms of longer-term goals. The proficient psychologist learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The proficient psychologist can recognize when the expected normal picture does not materialize and takes steps to address these situations (including seeking supervision, reviewing research literature). This holistic understanding improves the proficient psychologist's decision making; it becomes less labored because the psychologist now has a perspective on which of the many existing attributes and aspects in the present situation are the important ones – the psychologist has developed a nuanced understanding of the clinical situation.

**\*5. Expert.** The expert no longer relies on an analytic principle (rule, guideline, maxim) to connect her or his understanding of the situation to an appropriate action. The expert psychologist, with an enormous background of experience, now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The expert operates from a deep understanding of the total situation. This is not to say that the expert never uses analytic tools. Highly skilled analytic ability is necessary for those situations with which the psychologist has had no previous experience. Analytic tools are also necessary for those times when the expert gets a wrong grasp of the situation and then finds that events and behaviors are not occurring as expected. When alternative perspectives are not available to the clinician, the only way out of a wrong grasp of the problem is by using analytic problem solving.

It is expected that an upward developmental trajectory of competencies will be demonstrated by the practicum student throughout training. **Thus, only in extremely rare instances would a student be expected to demonstrate competence at the Proficient or Expert level prior to completion of their pre-doctoral internship. Rather, students are expected to be at the Intermediate or Advanced level of competency by the time they begin internship.**

**Please mark each item on this form using the following scale: NA = not applicable in this setting; 0 = Pre-novice; 1 = Novice; 2 = Intermediate; 3 = Advanced; 4 = Proficient; 5 = Expert**

<b>Domain I: RELATIONSHIP/INTERPERSONAL SKILLS W/ COLLEAGUES</b>		<b>Rating</b>
1. Works collegially with fellow professionals (e.g., smooth working relationships; handles differences openly, tactfully and effectively).		
2. Is prompt for meetings, supervision, client appointments.		
3. Dresses appropriately and professionally.		
4. Polite and respectful with office staff.		
5. Polite and respectful with office peers.		
6. Progress and contact notes are legible, complete, in order, signed and charted on time.		
7. Able to plan and make case presentation concisely.		
8. Able to provide helpful feedback to peers and receive feedback non-defensively from peers.		
9. Able to understand and observe agency operating procedures.		
10. Communicates professionally and works collaboratively with community professionals.		
11. Ability to participate fully in team's work.		
Comments:		
<b>Domain II: PROFESSIONAL BEHAVIOR WITH CLIENTS</b>		<b>Rating</b>
1. Takes a respectful, helpful professional approach to patients/clients/families.		
2. Is able to form a working alliance with the client.		
3. Is able to deal with conflict, negotiate differences throughout the course of therapy.		
4. Is able to understand and maintain appropriate professional boundaries.		
Comments:		

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<b>Domain III: EFFECTIVE USE OF SUPERVISION</b>	<b>Rating</b>
1. Works collaboratively with the supervisor.	
2. Is prepared for supervision (e.g., case notes ready for review, tape cued).	
3. Ability/willingness to accept supervisory input, including direction.	
4. Follows through on recommendations.	
5. Is able to negotiate needs for autonomy from and dependency on supervisors.	
6. Is able to self-reflect regarding clinical skills (e.g., examines and considers ones' own motives, attitudes, behaviors and one's effect on others).	
7. Is able to self-evaluate regarding clinical skills (e.g., knowing the extent and the limits of one's own skills).	
8. Uses good judgment as to when supervisory input is necessary.	
9. Can summarize case history and treatment plan in 10 - 15 minutes.	
10. Is polite and respectful with supervisor.	
Comments:	
<b>Domain IV: SKILLS AND APPLICATION OF RESEARCH</b>	<b>Rating</b>
1. Seeks and applies theoretical and research knowledge relevant to practice of psychology in the clinical setting including accessing and applying scientific knowledge bases.	
2. Understands and applies theoretical and research knowledge related to diagnosis/assessment and intervention, diversity, supervision, ethics, etc.	
3. Demonstrates knowledge of empirically supported treatment methods and activities (e.g., CBT, empirically supported relationships).	
4. Demonstrates ability to apply specific empirically supported treatment methods.	
Comments:	
<b>Domain V: INTERVENTION SKILLS</b>	<b>Rating</b>
1. Has knowledge of facilitative skills (warmth, empathy, genuineness).	
2. Applies facilitative skills competently.	
3. Recognizes and values different points of view.	
4. Makes interpretive comments effectively.	
5. Is able to effectively and appropriately act on client issues.	
6. Facilitates client's self-exploration.	
7. Recognizes and responds to client's verbal and nonverbal positive affect.	
8. Recognizes and responds to client's verbal and nonverbal negative affect.	
9. Begins and ends sessions smoothly and on time.	
10. Establishes continuity from session to session.	
11. Addresses problems of continuity and attendance with clients.	

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12. Recognizes implications of case material.	
13. Is aware of client/therapist interaction and its impact on therapy.	
14. Is able to formulate a clinical hypothesis (e.g., can formulate and conceptualize cases).	
15. Demonstrates ability to test and revise a clinical hypothesis.	
16. Is able to articulate a therapeutic orientation or theory of change.	
17. Demonstrates ability to apply theoretical perspective to client issues.	
18. Has effective communication skills with clients (e.g., can communicate ideas feelings and information articulately).	
19. Is able to apply theoretical perspective to treatment plans.	
20. Demonstrates an ability to formulate treatment plans.	
21. Demonstrates ability to implement developmental, preventive and “remedial” interventions (e.g., psycho-education, crisis management, emergency interventions).	
22. Routinely assesses treatment progress and outcomes.	
23. Can link concepts of therapeutic process and change to intervention strategies and tactics.	
24. Demonstrates knowledge of psychotherapy theory, research and practice.	
25. Is able to identify predisposing factors (e.g., developmental, biological, psychological and social vulnerabilities) and perpetuating factors (e.g., substance use) that contribute to the client’s symptom presentation.	
26. Student is able to develop a differential diagnosis derived from the collection and synthesis of assessment and clinical data.	
27. Student makes appropriate referrals to other health care professionals and community resources for individuals and families when needed.	
Comments:	
<b>Domain VI: PROFESSIONAL ETHICS</b>	<b>Rating</b>
1. Demonstrates an awareness of ethical guidelines and concerns in accordance with APA’s <i>Ethical Principles and Code of Conduct</i> .	
2. Demonstrates knowledge of jurisprudence and local regulations.	
3. Demonstrates knowledge of ethical standards for psychological tests and intervention	
4. Recognizes and analyzes ethical and legal issues across the range of professional activities in the practicum setting.	
5. Seeks appropriate information and consultation when faced with ethical issues.	
6. Deals appropriately with ethical dilemmas.	
7. Demonstrates knowledge of factors that may influence the professional relationship (e.g., boundary issues).	
8. Is aware of and deals appropriately with the ethical dimensions/features of own biases and beliefs concerning such issues as gender, race, cultural bias, classism, ageism, and homophobia.	
9. Respects client confidentiality.	
10. Informs the client of agency policies (e.g., training, setting, observations, taping).	
11. Discusses confidentiality and its limits with clients.	

Comments:

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<b>Domain VII: MULTICULTURAL AWARENESS</b>	<b>Rating</b>
1. Is able to discuss cultural similarities and differences with supervisor.	
2. Is able to appropriately discuss cultural similarities and differences with clients.	
3. Considers and integrates clients' cultural values and context as part of case conceptualizations.	
4. Demonstrates knowledge of the values and cultural influences inherent in different theories, interventions, and applications with clients.	
5. Is willing to openly and non-defensively examine and challenge one's attitudes, assumptions, and stereotypes of different clients and client contexts.	
6. Understands influence of one's own cultural values, attitudes, and assumptions related to application of theory and intervention with clients (e.g., impact of client and therapist race, ethnicity, gender, age, etc).	
Comments:	
<b>Domain VIII: Assessment Skills</b>	<b>Rating</b>
1. Is able to utilize systematic approaches to gathering data to inform clinical decision making.	
2. Demonstrates good working knowledge of diagnoses (e.g., is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good).	
3. Demonstrates knowledge of psychometric issues and bases of assessment methods.	
4. Demonstrates knowledge of test interpretation.	
5. Scores test protocols accurately.	
6. Is able to integrate information from multiple data sources.	
7. Written reports are comprehensive, clear, and well written.	
8. Is able to effectively communicate test results to clients and respond to client questions.	
9. Ability to select and implement multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups.	
Comments	

Please list any additional comments you may have for the student.

- 5 – Student performing at the expected level of a fifth-year student or beyond (3-4(+)) years of clinical training)
- 4 – Student performing at the expected level of a fourth-year student (2-3 years of clinical training)
- 3 – Student performing at the expected level of a third-year student (1-2 years of clinical training)
- 2 – Student performing at the expected level of a second-year student (0-1 year of clinical training)
- 1 – Student performing below the expected level of a second-year student (0-1 year of clinical training)

Supervisor Signature:

Date:

Student Signature:

Date:

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This document contains material adopted from the Report of Practicum Competencies by The Association of Directors of Psychology Training Clinics (ADPTC) Practicum Competencies Workgroup Robert L. Hatcher, Ph.D. & Kim Dudley Lassiter, Ph.D. Sections beginning with an asterisk (\*) are verbatim quotes from this source.