# Clinical Activity – Log Report - Practicum, 2016-17

<table>
<thead>
<tr>
<th>Activity</th>
<th>Required</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Face-to-Face Hours</strong></td>
<td>80</td>
<td>93.92</td>
</tr>
<tr>
<td><strong>Triadic Supervision</strong></td>
<td>46.5</td>
<td>47.57</td>
</tr>
<tr>
<td><strong>Preceptor</strong></td>
<td>66.0</td>
<td>63.18</td>
</tr>
<tr>
<td><strong>Record Keeping/Training/Personal Growth</strong></td>
<td>100</td>
<td>149.65</td>
</tr>
</tbody>
</table>

Record Keeping/ Training= 107.76  
Personal Growth=41.88

# Clinical Activity – Log Report - Internship, 2016-17

<table>
<thead>
<tr>
<th>Activity</th>
<th>Required</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Face-to-Face Hours</strong></td>
<td>240</td>
<td>298.63</td>
</tr>
<tr>
<td><strong>Individual Supervision</strong></td>
<td>35</td>
<td>38.70</td>
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<tr>
<td><strong>Group Supervision</strong></td>
<td>49.5</td>
<td>69.96</td>
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<tr>
<td><strong>Record Keeping/Training/Personal Growth</strong></td>
<td>275.5</td>
<td>305.70</td>
</tr>
<tr>
<td><strong>Total Internship Hours</strong></td>
<td>600</td>
<td>1009.59</td>
</tr>
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</table>
Supervisor Evaluations of Students – Summary of Findings: 2016-17

1) Instruments used included the Fall (F), Winter (W) and Spring (Sp) quarter Evaluations entitled, “Counseling Program Practicum and Internship Student Evaluation.” Supervisors evaluate students in 4 broad categories:
   a. Professional Skills (13 items)
   b. Approaches to Learning (3 items)
   c. Professional Demeanor (7 items)
   d. Cultural Competencies (5 items)

Supervisors rate students using the following scale, from 1 to 5:
5 = Excellent Work
4.5= Clear Strength
4.0 = Satisfactory work
3.5 = Student experiences difficulty in this area and is making satisfactory progress
3.0= Student experiences difficulty in this area and is making slow progress
2.5= Student experiences difficulty in this area and is making questionable progress
2 = represents an area of difficulty where progress has not yet been demonstrated.
1 = a key problem area which threatens to interfere with clinical effectiveness; consultation should be initiated
DNA – not able to evaluate at the present time or does not apply

Supervisors complete these evaluations on a quarterly basis and also write a narrative with additional comments. The supervisor discusses the evaluation with the student, signs the form and sends it to the Director of Clinical Training.

2) Summary of Findings

Aggregate numbers (using mean scores) show PRACTICUM students move from satisfactory work toward excellent work within 3 of the 4 categories as they move through Fall, Winter and Spring Quarters. The only exception is the Cultural Competency category, which begins much lower (3.4) in the Fall and moves toward clear strength by Spring.

- Prof Skills 4.1 (F), 4.4 (W), 4.6 (Sp)
- Approach to Learning 4.2 (F), 4.6 (W), 4.7 (Sp)
- Prof Demeanor 4.3(F), 4.6 (W), 4.7 (Sp)
- Cultural Competency 3.4(F), 4.2 (W), 4.3 (Sp)

Aggregate numbers show that INTERNS move from satisfactory or clear strength to excellent work within each category as they move through Fall, Winter and Spring Quarters. NOTE: they also start Fall quarter with higher scores than practicum students:

- Prof Skills 4.5 (F), 4.5 (W), 4.7 (Sp)
- Approach to Learning 4.7 (F), 4.7(W), 4.9 (Sp)
- Prof Demeanor 4.7(F), 4.9 (W), 4.9 (Sp)
- Cultural Competency 4.2 (F), 4.6 (W), 4.8 (Sp)
Student Evaluation of Sites and Supervisor, 2016-17
September 7, 2017
Prepared by: Ava Carn-Watkins, Ph.D., LCPC

Student Evaluations of Supervisors and Field Sites – Summary of Findings

1) Instruments used: All students complete a form entitled, “Student Field Site Evaluation” which is sent to them by the Director of Clinical Training. They are asked to comment as thoroughly and as candidly as possible on following issues:
   - Nature of client population with whom you worked
   - Major responsibilities and activities
   - Nature, quality effectiveness and impact of supervision and supervisory relationship
   - Opportunity for skill acquisition and development
   - Participation in professional organizational activities
   - Major strengths, advantages, and benefits of this setting
   - Comments about supervisors and/or training staff
   - Major problems, weaknesses, disadvantages or possible disadvantages or concerns related to this setting.
   - Overall assessment of the fieldwork experience
   - Anecdotes, off-the-cuff thoughts, ideas, impressions, reflections, etc...

These comments are reviewed very carefully and seriously by the Director of Clinical Training. This feedback serves to help us improve and strengthen sites/supervisors or remove sites, if this is indicated. It serves as a basis for evaluation and feedback.

Summary of Findings:

Practicum: The Family Institute Clinic

1. Quality and Effectiveness of Supervision

   Strengths:

   Quality and experience of supervisors-
   Feedback from students was overwhelmingly positive with respect to the quality and effectiveness of triadic supervision provided in the practicum year. Supervisors were described as esteemed role models whose input and professionalism was central to their professional development and functioning. Supervision was reported to be a highlight of their practicum training and a place where they learned how to hone and apply their skills, conceptualize clinical material, assess functioning, consider ethical issues, work with a wide range of clients and cultural issues, develop treatment plans and learn to manage and reflect on clinical relationships and cultivate the therapeutic alliance.

   Strengths included the ability to learn from seasoned, master therapists and counselors who provided knowledge, feedback, basic and specialized skills and understandings, and created a safe and supportive
environment for them to learn how to apply skills and professional behaviors. They also learned how to think about and embrace the role of a clinical mental health counselor. Students felt their supervisors cultivated a high level of trust in the triads which enabled them to take risks, expose fears and insecurities, make mistakes, grow, struggle, and ultimately build confidence as beginning counselors. They appreciated the opportunity to learn how to conceptualize clinical material from a psychodynamic lens, reflect on clinical interactions and develop basic professional skills. They learned how to create and cultivate a meaningful therapeutic alliance.

Students reported that basic skills learned in the Methods course were applied and fine-tuned in the context of the supervisory relationship and the particulars of the case at hand. They also learned about many aspects of professional functioning, including maintaining boundaries, presentation of self, risk management issues, and the application of ethics and cultural sensitivity.

Another strength mentioned in several of the supervisory groups was the use of video taped material as a teaching tool and supervisory attention to clinical notes and clinical writing. This level of critique from their supervisors, while anxiety provoking, was reported to be highly valued as a form of learning how to be effective as a counselor.

Students felt they received a balance of support and challenge in the supervisory relationship which helped them manage clinical complexity as well as institutional issues and frustrations (e.g. “I was pushed to the edge, but never felt overwhelmed”). They appreciated the clarity and insights offered by the supervisors and benefitted from the individual attention, care and feedback they received. They learned to develop comfort in the identity and role of a counselor and found their supervisors to be “inspiring” in their expertise, security, humility and passion for the work.

They felt better able to understand their clients and integrate complex psychodynamic concepts through immersion in clinical work and ongoing processing with their supervisor and in the triad. Students felt the personalized attention enabled them to grow in their self-awareness and self-reflective abilities. They appreciated that their supervisors were well grounded in psychodynamic theory, but were flexible and knowledgable, helping them to draw from other orientations when applicable.

They appreciated how supervisors made themselves available, even outside of the supervisory hours when necessary (through phone and email), which was a source of comfort. Supervisors helped them navigate difficult and complex cases and ensured that cases were appropriate for their level of training and protected them from taking on too much too soon.

**Struggles:**

Most students found triadic supervision to have many advantages and felt their learning was enhanced through the interactions in the triad. They appreciated triadic model for helping them learn effective and thoughtful ways to approach cases and learned from hearing how others processed and applied clinical perspectives. The additional feedback allowed them access to different perspectives and they learned to both listen critically and provide relevant thoughtful feedback. They enjoyed the opportunity to talk about their clinical work and to learn how to give feedback in a constructive and supportive way.

Many students, however, expressed a wish for one on one supervision, finding it difficult to share time and wanting more input directly from the supervisor. In terms of the timekeeping aspect of triadic supervision, some students felt that the model did not afford them sufficient time to present their cases, particularly when they had many different cases, due to the priority put on getting feedback from the
supervisor and co-supervisee. Time was the issue – all the students wanted and wished for more. Several struggled with difficulties with their triadic partner or felt competitive or insecure when they perceived difference in their respective levels of skill or in their relationship to the supervisor.

Evaluation and Grading was another theme that emerged as a struggle. Many felt the grading issue was at times a barrier to their ability to fully open up to the process. There was also a perception of variability across supervisors when it came to grades and the evaluation component.

2. Opportunities for Skill Acquisition and Development

Strengths:

The primary strength that emerged with respect to skill acquisition and development was the *variety, range and diversity of the client caseload at the Family Institute clinic*, which provided an abundance of rich learning and opportunities to use their newly developing clinical skills and psychological understandings. They also appreciated the ability to provide low cost therapy to relatively high functioning clients who were able to engage in the therapeutic process. They were especially enthusiastic about the ability to work with *Project Strengthen* cases. Here there were rich opportunities to work with other clinical faculty and see them in action. They also learned from hearing how experienced clinicians processed and talked about and thought about their work. They appreciated being given complex cases which were closely supervised. Several students appreciated the ability to use their language skills with clients (e.g. Spanish).

Another theme was the value of *video recordings* which enhanced their ability to learn about many aspects of the counseling relationship, along with appreciating the more subtle non-verbal aspects including body language of what goes on in the room, as well as the verbal aspects of counseling.

Their skills and exposure to more specialized populations were enhanced by the range of *supplemental unique training experiences offered*, such as Rainbows, MHHR clinic, child anxiety clinic, Children and Teens Speak and social skills groups. They enjoyed the ability to participate in many different trainings offered through the clinic, especially *Grand Rounds*, which added to their training and skill acquisition.

They also reported development in learning how to write detailed and thoughtful case notes.

Struggles:

*Building caseloads and acquiring cases* from intake was noted as an initial struggle – with this getting easier and less stressful as the year moved on. Initial anxiety centered around their fears around obtaining their 80 hours – again, this tapered off as the training year progressed.

Many students also struggled and were stressed by TIER - there was a collective wish for more formal training and clear direction on writing case notes and using other aspects of the electronic record. Many also noted technical, logistical and billing problems (frequent problems with TIER, issues with video recordings, billing inconsistencies, difficulty obtaining or securing rooms, etc). Struggles around space issues in the building (locating available offices) contributed to stress. They felt the clinic needs to be more organized with respect to these issues.
Many students expressed a wish for more opportunities to interact with and learn from other trainees at the clinic, some of whom were from the MFT program and at more advanced levels of training as well as having opportunities to learn from seasoned clinical staff and faculty from TFI. Another issue noted by several students was variability in the way video tapes were incorporated into triadic sessions – some supervisors utilized the videos more than others.

3. Overall Assessment of the Fieldwork experience

Overwhelmingly positive: “an excellent and transformative experience” “challenging and rewarding” “loved being able to see clients right away!” - incredibly valuable – I learned so much – every client was a reminder as to why I chose this field”, “an extraordinarily valuable experience and it will be indelible in my life, both personally and professionally”, “I’m extremely grateful for this experience and for the outstanding supervision. I’ve learned how to be a counselor – flexible, mindful, empathic, process-oriented and relational” “I can say with confidence that I was able to establish meaningful therapeutic relationships with my clients and I am making a difference.” “I am overwhelmingly grateful for this training year” “The learning I acquired professionally, personally and clinically exceeded my expectations.” “It was an excellent experience and I learned an invaluable amount about human nature and the process of therapy.” “I feel prepared to enter my internship because I got a great foundation and base of skills that I will continue to build on as I grow further in my training.” “I have grown as a professional and will continue to grow due to the tremendous role model I had as a supervisor.” “I developed a passion for psychodynamic therapy.”

Internship: These take place at many different clinics, group practices, CMHC’s, college wellness and counseling centers, agencies and hospitals around the city of Chicago and the greater Chicagoland area.

1. Quality and Effectiveness of Supervision

Strengths:
The Quality of the supervisory relationship was again the key ingredient here and while variability among internship sites was noted, the majority of students felt supported by their supervisors and experienced their investment. The descriptors most often cited about their supervisors were “experienced, professional and extremely skilled.” Many described their supervisors as role models and mentors who were practicing in areas and settings that resembled what they aspire to professionally. They also reported many opportunities to learn from other professionals at their settings, receive consultation from members of the staff and through their work on multidisciplinary teams or specialized treatment teams. The interns worked in settings with highly challenging cases and specialized populations, many being part of comprehensive treatment teams of professionals who provided input, expertise and support (e.g., PHP, IOP, etc). They learned and developed their cultural competence as it played out in the therapy space and grew in multicultural awareness and competence. They were exposed to a range of supervisory and clinical styles at their settings, which was a positive experience. Many students built meaningful connections and professional relationships with supervisors, who ultimately offered them jobs and/or provided to be invaluable in assisting them in the job search. Some also enjoyed the opportunity to work
closely with highly respected professionals in leadership positions in the mental health arena in the Chicago area.

Another theme that emerged was the growth they experienced throughout the training year and “shifts” in themselves and in their professional identity. Felt they gained mastery of a specialized population and felt prepared to move into the professional community. Students felt they improved in their ability to present their work in case consultation settings and learned to make optimal use of their supervisory time and relationship.

Other comments involved feeling they gained a greater understanding of the state budget on mental health issues, the need for advocacy efforts, a greater appreciation of social justice issues which impacted their clients and agencies (e.g. budget cut-backs). They were also exposed to complex clinical phenomena in their internships and gained a first-hand understanding of the need for ongoing self-care and boundary management when doing therapeutic work in high stress, fast paced environments with challenging populations.

**Struggles:**

Students didn’t feel as protected by their supervisors as they did in their practicum year – many trained at highly utilized settings where expectations for interns were more aligned with expectations of members of the staff – a very different experience from their practicum year. There were high administrative and clinical demands placed on their supervisors which sometimes cut into their allotted supervision time. Many felt the staff were stretched thin. Supervisors all made time and provisions for high risk or crisis cases and staff were readily available to the interns in these situations. Self-care and work/life balance seemed like a struggle for some of the practicing supervisors, which was discouraging. Also, many of the clients and client populations were extremely challenging, presenting interns with exceedingly complex cases – this was viewed as a struggle, but also as a strength as students grew immensely, learned a great deal in the process and ultimately felt empowered by those challenges.

**2. Opportunities for Skill Acquisition and Development:**

**Strengths:**

Interns described large client bases from which to draw and there were no problems meeting required clinical hours at any of the sites utilized this year. Student reported increased competence and skill development within their respective agencies and received intensive training with their respective specialized populations. All of them felt they gained advanced skill and competency in working with diverse populations as a result of their internship sites (e.g. age, gender, race, ethnicity, sexual orientation, socio-economic background and diagnostic diversity). Felt they grew as multi-cultural counselors and gained greater understanding of the mental health field and systems, learned about community mental health and the provision of services as well as being exposed to advocacy and outreach work in the professional field. Many of them were encouraged to facilitate or participate in developing workshops or treatment groups at their sites.

Students felt integrated into their settings and treated like a member of the team and were able to spearhead special projects (e.g. write blogs, develop websites, participate on treatment teams) and they were able to build large and diverse caseloads. Students felt they learned about the day to day experience of clinical work in specialized settings and about the professionals experience in the type of
settings they intend to work in upon graduation. Several referenced the ability to acquire facility with the DSM-5 which helped them with the NCE.

Interns reported greater and more in-depth exposure to a range of theoretical orientations and therapeutic modalities: psychodynamic/ CBT/ Trauma/ DBT/ Mindfulness/ ACT/ motivational interviewing/EFT/IFS, Eating Disorder Programs/ Addictions Programs/ Sex Offenders, and other counseling modalities and techniques. They also gained advanced skills and state of the art training in areas such as crisis intervention, assessment, treatment planning and paperwork at their sites.

Students gained confidence by training in fast-paced professional environments and being an integral part of interdisciplinary teams. They were given more autonomy at their sites as interns and were encouraged to collaborate with other professionals on the staff and in different parts of the hospital/agency/practice. They learned to coordinate care with other professionals both within the agency at with outside agencies and systems (DCFS, Medicare, Courts, etc). Students learned about resources available throughout the city and often gained case-management skills, and many of the interns learned how to administer specialized. They also were exposed to issues related to billing and payment for clinical services rendered and were exposed to the issues of mental health billing by participating in staff/agency meetings.

There was a range reported with respect to opportunities to engage in professional organizational activities, networking and professional development events, from none to limited to agencies who actually financed students to attend/present at professional conferences.

Another strength reported was a greater ability to expand, clarify and elaborate their own clinical style as a clinical mental health counselor- a direct result of their internship training. They felt they grew as counselors and became more marketable as job applicants due to the skills, experience and training they obtained as interns. In terms of professional development, they were able to network and learn from psychiatrists and social workers

**Struggles:**
Struggles included high levels of stress related to working in fast paced clinical environments with high productivity requirements, direct service demands, long hours and long amounts of time expected to be at sites (e.g. late nights/ weekends) which felt exhausting at times. Student often didn’t have the freedom to set their own hours; some were unable to attend professional development activities at their sites due to conflicts with class time. They were held to high standards in terms of time requirements, and struggled with requests from supervisors to re-write reports and edit paperwork. Also, they reported overwhelming stress and dissatisfaction related to the amount of paperwork required to meet Medicare/Medicaid and internal requirements. Some noted disorganization in administrative systems and at times lack of unity among staff – each of which they experienced to be, at times, discouraging and emotionally taxing. Also, they became more sensitized to the financial struggles facing their agencies, the politics involved at the state and national level and severe budget cuts which had a direct impact on their agencies and which they experienced as disillusioning.

3. **Overall Assessment of the Internship experience**
“Amazing exposure to a variety of mental health issues” “The internship matched exactly what I wanted to learn and I was able to work with predominately underserved populations and individuals suffering from chronic mental illness.” “This was an wonderful, excellent field site, with top notch training. It was
an honor to train here and I am hoping to be hired upon graduation.” “My training here was overwhelmingly positive”. “The internship was arduous and rewarding.” “My overall assessment – A+!”.
“I learned how to be more effective as a counselor with clients of clinically and culturally diverse backgrounds.” “(From a student working with a refugee population): “Incredibly meaningful and challenging work – the grace, kindness and resiliency my clients demonstrated in the most severe of circumstances has never failed to astonish me.” “I loved my Internship experience. I am beyond grateful to have been given the opportunity to work and grow as a clinician.” “I felt like I went through an additional counseling program! Very rich and intensive internship experience.” “I notice I have become more confident in myself, more confident as a clinician, and a more assertive person overall – something which I struggled with before.” “I loved working with this population and being part of such a supportive and close team.” “The environment was wonderful. I received all the help I needed in terms of supervision, but was also given room to find my own way as a counselor.” “It has been incredible and I will continue to work there after the internship officially ends.”