

PSYCHOLOGY TRAINEE COMPETENCY ASSESSMENT FORM

Trainee: _____

Supervisor: _____

Practicum: 1 2 3

Evaluation: Mid-semester End of Semester

Training Experience _____

Date: _____

ASSESSMENT METHOD(S) FOR COMPETENCIES

_____ Direct Observation
_____ Videotape
_____ Audiotape
_____ Case Presentation

_____ Review of Written Work
_____ Review of Raw Test Data
_____ Discussion of Clinical Interaction
_____ Comments from Other Staff

FOR MOST ITEMS, THE EXPECTED RATING FOR STUDENTS IN THEIR INITIAL PRACTICA IS A 2.

- NA Not applicable for this training experience/Not assessed during training experience
- 5 Advanced/Skills comparable to autonomous practice at the licensure level.
- 4 High Intermediate/Occasional supervision needed.
- 3 Intermediate/Should remain a focus of supervision
- 2 Entry level/Continued intensive supervision is needed
- 1 Needs remedial work

GOAL 1: COMPETENCE IN PROFESSIONAL CONDUCT, ETHICS AND LEGAL MATTERS

NA OBJECTIVE 1.1: PROFESSIONAL INTERPERSONAL BEHAVIOR

Professional and appropriate interactions with colleagues in the practicum setting such as, treatment teams, peers, and supervisors; seeks peer support as needed.

- 5 Smooth working relationships, handles differences openly, tactfully and effectively.
- 4 Actively participates in team meetings and works effectively with colleagues. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.
- 3 Progressing well on developing effective working relationships and providing input in a team setting. Effectively seeks assistance to cope with interpersonal concerns with colleagues.
- 2 Ability to participate in team model is limited, relates well to peers and supervisors.
- 1 May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues.

OBJECTIVE 1.2: SEEKS CONSULTATION/SUPERVISION

Seeks consultation or supervision as needed and uses it productively.

- 5 Actively seeks consultation when treating complex cases and working with unfamiliar symptoms.
- 4 Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain, occasionally over or under-estimates need for supervision
- 3 Generally accepts supervision well, but occasionally defensive. Needs supervisory input for determination of readiness to try new skills.
- 2 Needs intensive supervision and guidance, difficulty assessing own strengths and limitations.
- 1 Frequently defensive and inflexible, resists important and necessary feedback.

NA OBJECTIVE 1.3: USES POSITIVE COPING STRATEGIES

Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality client care.

- 5 Good awareness of personal and professional problems. Stressors have only mild impact on professional practice.
- 4 Developing insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact. Actively seeks supervision and/or personal therapy to resolve issues.
- 3 Intermittently able to identify impact of stress on professional functioning. Increased comfort discussing problems and accepting reassurance from supervisor well.
- 2 Personal problems can significantly disrupt professional functioning. Limited awareness of impact. Needs significant supervision time to minimize the effect of stressors on professional functioning.
- 1 Denies problems or otherwise does not allow them to be addressed effectively.

NA OBJECTIVE 1.4: PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION

Responsible for key client care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All client contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.

- 5 Maintains complete records of all client contacts and pertinent information. Notes are clear, concise and timely. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.
- 4 Maintains timely and appropriate records; may forget some minor details or brief contacts (e.g. phone calls from client), but recognizes these oversights and retroactively documents appropriately. Records always include crucial information.
- 3 Uses supervisory feedback well to improve documentation. Needs regular feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information. Most documentation is timely.
- 2 Needs considerable direction from supervisor. May leave out crucial information or be excessively detailed.
- 1 May seem unconcerned about documentation. May neglect to document client contacts. Documentation may be disorganized, unclear or excessively late.

NA OBJECTIVE 1.5: EFFICIENCY AND TIME MANAGEMENT

Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.

- 5 Efficient in accomplishing tasks without prompting, deadlines or reminders. Excellent time management skills regarding appointments, meetings and leave.
- 4 Typically completes clinical work/client care within scheduled hours. Generally on time. Accomplishes tasks in a timely manner, but needs occasional deadlines or reminders.
- 3 Completes work effectively and promptly by using supervision time for guidance. Regularly needs deadlines or reminders.
- 2 Highly dependent on reminders or deadlines.
- 1 Frequently has difficulty with timeliness fashion. Or tardiness or unaccounted absences are a problem.

GOAL 2: COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

NA OBJECTIVE 2.1: CLIENT RAPPORT

Consistently achieves a good rapport with clients.

- 5 Establishes quality relationships with almost all clients, reliably identifies potentially challenging clients and seeks supervision.
- 4 Generally comfortable and relaxed with clients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.
- 3 Actively developing skills with new populations. Relates well when has prior experience with the population.
- 2 Has difficulty establishing rapport.
- 1 Alienates clients or shows little ability to recognize problems.

NA OBJECTIVE 2.2: SENSITIVITY TO CLIENT DIVERSITY

Sensitive to the cultural and individual diversity of clients. Committed to providing culturally sensitive services.

- 5 Discusses individual differences with clients when appropriate. Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding client differences and seeks out information autonomously. Aware of own limits to expertise.
- 4 In supervision, recognizes and openly discusses limits to competence with diverse clients.
- 3 Has significant lack of knowledge regarding some client groups, but resolves such issues effectively through supervision. Open to feedback regarding limits of competence.
- 2 Is beginning to learn to recognize beliefs which limit effectiveness with client populations.
- 1 Has been unable or unwilling to surmount own belief system to deal effectively with diverse clients.

NA OBJECTIVE 2.3: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND

Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.

- 5 Accurately self-monitors own responses to differences, and differentiates these from client responses. Aware of personal impact on clients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain.
- 4 Aware of own cultural background. Uses supervision well to examine this in psychological work. Readily acknowledges own culturally-based assumptions when these are identified in supervision.
- 3 Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and clients and working well on others. May occasionally deny discomfort with clients to avoid discussing relevant personal and client identity issues.
- 2 Growing awareness of own cultural background and how this affects psychological work. Can make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision.
- 1 Has little insight into own cultural beliefs even after supervision.

GOAL 3: COMPETENCE IN THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION

NA OBJECTIVE 3.1: CLIENT RISK MANAGEMENT AND CONFIDENTIALITY

Effectively evaluates, manages and documents client risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with clients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with clients.

- 5 Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage client risk situations are initiated immediately (e.g. suicide risk assessment), then consultation and confirmation of supervisor is sought (prior to allowing client to leave). Establishes appropriate short-term crisis plans with clients.
- 4 Aware of how to cope with safety issues, continues to need occasional reassurance in supervision. Asks for input regarding documentation of risk as needed. Sometimes can initiate appropriate actions to manage client risk, sometimes needs input of supervisor first. May occasionally forget to discuss confidentiality issues promptly.
- 3 Recognizes potentially problematic cases, but needs guidance regarding evaluation of client risk. Supervision is needed to cope with safety issues; afterwards trainee handles them well. Can be trusted to seek consultation immediately if needed, while client is still on site. Needs to refine crisis plans in collaboration with supervisor. Needs input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with client. Appropriately documents risk prior to leaving site.
- 2 Delays or forgets to ask about important safety issues. Does not document risk appropriately. But does not let client leave site without seeking "spot" supervision for the crisis. Does not remember to address confidentiality issues, needs frequent prompting. Fear may overwhelm abilities in client crises.
- 1 Makes inadequate assessment or plan, then lets client leave site before consulting supervisor.

NA OBJECTIVE 3.2: DIAGNOSTIC SKILL

Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM multiaxial classification. Utilizes historical, interview and psychometric data to diagnose accurately.

- 5 Demonstrates a thorough knowledge of psychiatric classification, including multiaxial diagnoses and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously.
- 4 Has a good working knowledge of psychiatric diagnoses. Is thorough in consideration of relevant client data, and diagnostic accuracy is typically good. Uses supervision well in more complicated cases involving multiple or more unusual diagnoses.
- 3 Understands basic diagnostic nomenclature and is able to accurately diagnosis many psychiatric problems. May miss relevant client data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making.
- 2/1 Has significant deficits in understanding of the psychiatric classification system and/or ability to use DSM-IV criteria to develop a diagnostic conceptualization.

NA OBJECTIVE 3.3: CASE CONCEPTUALIZATION AND TREATMENT GOALS

Formulates a useful case conceptualization that draws on theoretical and research knowledge. If applicable, collaborates with client to form appropriate treatment goals.

- 5 Independently produces good case conceptualizations within own preferred theoretical orientation, can also draw some insights into case from other orientations. Consistently sets realistic goals with clients.
- 4 Reaches case conceptualization on own, recognizes improvements when pointed out by supervisor. Readily identifies emotional issues but sometimes needs supervision for clarification. Sets appropriate goals with occasional prompting from supervisor, distinguishes realistic and unrealistic goals.
- 3 Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the client, needs supervision for development of awareness of underlying issues. Requires ongoing supervision to set therapeutic goals aside from those presented by client.
- 2/1 Responses to clients indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues. Unable to set appropriate treatment goals with client.

NA OBJECTIVE 3.4: THERAPEUTIC INTERVENTIONS

Interventions are well-timed, effective and consistent with empirically supported treatments.

- 5 Interventions and interpretations facilitate client acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.
- 4 Most interventions and interpretations facilitate client acceptance and change. Supervisory assistance needed for timing and delivery of more difficult interventions.
- 3 Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.
- 2/1 Most interventions and interpretations are rejected by client. Has frequent difficulty targeting interventions to clients' level of understanding and motivation.

NA OBJECTIVE 3.5: GROUP THERAPY SKILLS AND PREPARATION

Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session's goals and tasks.

- 5 Elicits participation and cooperation from all members, confronts group problems appropriately and independently, and independently prepares for each session with little or no prompting. Can manage group alone in absence of cotherapist/supervisor with follow-up supervision later.
- 4 Seeks input on group process issues as needed, then works to apply new knowledge and skills. Needs occasional feedback concerning strengths and weaknesses. Generally prepared for group sessions.
- 3 Welcomes ongoing supervision to identify key issues and initiate group interaction. Actively working on identifying own strengths and weaknesses as a group leader. Identifies problematic issues in group process but requires assistance to handle them. May require assistance organizing group materials.
- 2 Has significant inadequacies in understanding and implementation of group process. Unable to maintain control in group sufficient to cover content areas. Preparation is sometimes disorganized.
- 1 Defensive or lacks insight when discussing strengths and weaknesses. Frequently unprepared for content or with materials.

GOAL 4: COMPETENCE IN SCHOLARLY INQUIRY AND APPLICATION OF CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE

OBJECTIVE 4.1: SEEKS CURRENT SCIENTIFIC KNOWLEDGE

Displays necessary self-direction in gathering clinical and research information practice independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.

- 5 Fully dedicated to expanding knowledge and skills, independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions, and other resources.
- 4 Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor's suggestions of additional informational resources, and pursues those suggestions.
- 3/2 Open to learning, but waits for supervisor to provide guidance. When provided with appropriate resources, willingly uses the information provided and uses supervisor's knowledge to enhance own understanding.
- 1 Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.

GOAL 5: COMPETENCE IN PSYCHOLOGICAL ASSESSMENT AND REPORT WRITING

Note: This section may not be applicable to all practicum placements. If not applicable, please check this box and go on to last page.

- NA Objective 5.1: Psychological Test Selection and Administration**
Promptly and proficiently administers commonly used tests in his/her area of practice. If applicable, appropriately chooses the tests to be administered. Demonstrates competence in administering intelligence and personality tests.
- 5 Proficiently administers all tests. Completes all testing efficiently. Autonomously chooses appropriate tests to answer referral question.
- 4 Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.
- 3 Needs continued supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer.
- 2/1 Test administration is irregular, slow. Or often needs to recall client to further testing sessions due to poor choice of tests administered.
- NA Objective 5.2: Psychological Test Interpretation**
Interprets the results of psychological tests used in his/her area of practice. Demonstrates competence interpreting cognitive and personality tests.
- 5 Skillfully and efficiently interprets tests autonomously. Makes accurate independent diagnostic formulations on a variety of syndromes. Accurately interprets and integrates results prior to supervision session.
- 4 Demonstrates knowledge of scoring methods, reaches appropriate conclusions with some support from supervision.
- 3 Completes assessments on typical clients with some supervisory input, occasionally uncertain how to handle difficult clients or unusual findings. Understands basic use of tests, may occasionally reach inaccurate conclusions or take computer interpretation packages too literally.
- 2/1 Significant deficits in understanding of psychological testing, over-reliance on computer interpretation packages for interpretation. Repeatedly omits significant issues from assessments, reaches inaccurate or insupportable conclusions.
- NA Objective 5.3: Assessment Writing Skills**
Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.
- 5 Report is clear and thorough, follows a coherent outline, is an effective summary of major relevant issues. Relevant test results are woven into the report as supportive evidence. Recommendations are related to referral questions.
- 4 Report covers essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant recommendations.
- 3 Uses supervision effectively for assistance in determining important points to highlight.
- 2/1 Inaccurate conclusions or grammar interfere with communication. Or reports are poorly organized and require major rewrites.
- NA Objective 5.4: Feedback Regarding Assessment**
Plans and carries out a feedback interview. Explains the test results in terms the client and/or caregiver can understand, provides suitable recommendations and responds to issues raised by client or caregiver.
- 5 Plans and implements the feedback session appropriately. Foresees areas of difficulty in the session and responds empathically to client or caregiver concerns. Adjusts personal style and complexity of language and feedback details to accommodate client or caregiver needs.
- 4 With input from supervisor, develops and implements a plan for the feedback session. May need some assistance to identify issues which may become problematic in the feedback session. May need intervention from supervisor to accommodate specific needs of client or family.
- 3 Develops plan for feedback session with the supervisor. Presents basic assessment results and supervisor addresses more complex issues. Continues to benefit from feedback on strengths and areas for improvement.
- 2 Supervisor frequently needs to assume leadership in feedback sessions to ensure correct feedback is given or to address emotional issues of client or caregiver.
- 1 Does not modify interpersonal style in response to feedback.

SUPERVISOR COMMENTS

SUMMARY OF STRENGTHS

AREAS OF ADDITIONAL DEVELOPMENT OR REMEDIATION, INCLUDING RECOMMENDATIONS

CONCLUSIONS

REMEDIAL WORK INSTRUCTIONS

In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the director of training. In order to allow the trainee to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly.

GOAL FOR PRACTICUM EVALUATIONS

All competency areas will be rated at a level of 2 or higher. No competency areas will be rated as 1.

_____ The trainee HAS successfully completed the above goal. We have reviewed this evaluation together.

_____ The trainee HAS NOT successfully completed the above goal. We have made a joint written remedial plan as attached, with specific dates indicated for completion. Once completed, the rotation will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink. We have reviewed this evaluation together.

Supervisor _____

Date _____

TRAINEE COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee _____

Date _____