

PRACTICUM AGENCY INFORMATION SHEET

(Please return along with any other application materials)

2015-2016 Academic Year

Agency Site Name Child and Family Guidance Center - Balboa - Testing Clerkship

Contact Person Joy Malik-Hasbrook, PsyD Licensed Psychologist
PSY22923

Contact's Email Address jmalik@childguidance.org

Contact's Phone Number 818-830-0200 ext 5644

Director of Clinical Training Testing and Assessment - see above

Agency Phone Number 818-830-0200

Agency Fax Number _____

Agency Address 8550 Balboa Blvd Suite 150
Northridge, CA 91325

Student Requirements

How many positions will you have for the fall? 2

Beginning and ending dates of the practicum: 9/1/16 To 8/31/17

Specific days and times you prefer students to be available (also indicate hours that are available for students to provide services):

Monday _____
Tuesday _____
Wednesday Student can schedule their time on Mondays,
Thursday Wednesdays, or Fridays
Friday _____
Saturday _____

Specific days and times that it is **mandatory** that students be available for staff meetings, training seminars, supervision, etc.

Monday	<u>Testing seminar/Group supervision Mondays</u>
Tuesday	<u>2:00pm-3:00pm</u>
Wednesday	
Thursday	<u>(please note this time may change)</u>
Friday	
Saturday	
Total hours expected to be worked per week:	<u>15-17</u>
Number of direct client hours per week:	<u>13-15</u>
How many clients would the practicum student have at one time?	<u>3-4 Testing cases at a time</u>
What cultural groups typically receive services at your site?	<u>Primarily Latino Population</u>
Please describe seasonal variations or vacation opportunities, if applicable:	<u>30 hours Vacation and 15 hours sick time, plus Holidays</u>
What is the timeline that you expect a practicum student to commit to (e.g. a full year including holidays; academic year; semester)? Given this timeline, what exceptions will be allowable?	<u>Typically it is the full training year, however their is flexibility to end earlier</u>

Description of Site

Type of Setting (please circle all that apply):

Community Mental Health Center ✓	Private Psychiatric Hospital
Health Maintenance Organization	State/County Hospital
Medical Center	Correctional Facility
Military Medical Center	School District/System
Private General Hospital	University Counseling Center
General Hospital	Independent Practice
Veteran Affairs Medical Center	Other (please specify):

Students will provide services for (please circle all that apply):

Individuals Children ✓ Community outreach activities Consultation/Liaison
Couples Adolescents ✓ Psychoeducational groups (Example: Parenting groups)
Families ✓ Adults Groups Seniors/Elderly
Court Referred Probation Referred

Students will provide (please circle all that apply):

Brief therapy General Psychological testing ✓ Art therapy
Long-term therapy Neuro-psychological testing
Educational therapy Academic/Education/Cognitive testing

What is the ratio of services students are expected to provide between assessment and treatment?

Psychological testing
percentage 100% %

Treatment percentage _____ %

What are the most frequent diagnostic categories of your client population?

PTSD, Depressive and Anxiety Disorders, ADHD, and Learning Disabilities

What specific (perhaps unique) training opportunities do students have as a practicum student at your agency?

We offer training on Therapeutic Collaborative Assessment in addition to

Comprehensive Psychological Assessment

What theoretical orientations or specific treatment modalities will students be exposed to at this site?

Psychodynamic, Trauma, Developmental, Attachment and Cognitive-Behavioral Theories

Do students have the opportunity to work in a multidisciplinary team environment? If so, please list the non-psychology professionals/paraprofessionals who work as a part of your staff.

Yes, students will collaborate with therapists, psychologists, psychiatrists, school

professionals and case managers

List locations where students will be providing services.

Clinic/Office - 8550 Balboa Blvd #150, Northridge, CA 91325

Community and home based services are also possible

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes?

Yes [☒] **No** [☐]

If yes, what procedure must students follow in order to do this?

The students needs to complete specific paperwork and de-identify data etc.

Supervision

What types of supervision will you provide for the students and what is the expected licensure and discipline status of the supervisor? Please specify.

Type	Hours Per Week	Supervisor Degree	Supervisor License #
Individual	1	PsyD	PSY22923
Group	1	PsyD	PSY22923

If providing group supervision, what is the maximum number of students in group supervision?

5

Do you have one or more psychologists on staff (Contracted Site Affiliates or FT Site Employees), at least one of whom is licensed/certified by the State Board of Psychology?

Yes [x] No []

Do you have a staff psychologist who is designated as the coordinator of training and is responsible for the training experiences of students?

Yes [x] No []

Does your agency provide the student with the following minimum training experiences?

a. At least one hour of direct individual experience with an on-site licensed psychologist per ten hours of direct service?

Yes [x] No []

If yes, please specify: weekly individual supervision
Indicate days/times: TBD

b. In-service training experiences, e.g. reading, didactic training seminars, professional presentations and case conferences?

Yes [x] No []

If yes, please specify: Weekly Group supervision
Indicate days/times: Mondays 2-3pm (time may change)

Students will be evaluated through (please check all that apply):

Review of student's written clinical notes/assessments [x]

Report of clinical work in supervision [x]

Co-facilitation of groups/sessions with clinical staff [x]

Review of audio or video recording of student's sessions []

Direct observation by clinical staff of student's clinical work []

Selection of Students

Method for selection of students:

After Director of Clinical Training approval, are all students free to submit their application materials to you?

Yes [☒] No [☐]

Do you require that the school's Director of Clinical Training select the candidate(s) your site will interview from our student body?

Yes [☐] No [☒]

Do you require the school's Director of Clinical Training to select a designated number of practicum students for your agency from among our clinical program's student body?

Yes [☐] No [☒]

Does your agency prefer the student to work from a particular theoretical orientation?

Yes [☐] No [☒] If yes, please specify: _____

Does your agency require a particular range of previous experience or specific prerequisite coursework? If so please explain.

Yes, students must have completed coursework in psychological testing.

Agency Application Process

Does your agency have any formal application process required of practicum students beyond what is listed above?

Yes [☒]

No [☐]

If yes, please specify:

~~Please email the following directly to Joy Malik-Hasbrook, PsyD: Letter of Intent, Curriculum Vitae, a copy of a de-identified testing report (class assignments are acceptable) and two letters of recommendation. Please send above information by January 29, 2016.~~

jmalik@childguidance.org

Does your agency have a formalized arrangement with this program to provide services for a particular number of their students (this is what is known as a captive relationship between program and site)?

Yes [☐]

No [☒]

If yes, please specify:

If 'No', the site and program must abide by the procedures and dates of acceptance which have been determined by the *Southern California Association of Psychology Training Programs* (SCAPTP) available here: <http://www.scaptp.org/#!documents/cgoz>

For any of the questions on this form for which you wish to expand upon your response, please provide your comments:
