

**Clinical Residency Program**

Care and Counseling’s Clinical Residency is a post-graduate training program focused on psychodynamic, family systems, and spiritually integrated therapy.  There are many aspects to the program, a summary of which is below.  The resident therapist is a paid position, though there are fees associated with the coursework and supervision.  All other aspects of training are funded by Care and Counseling.

The residency program offers two certificates: 1) Certificate of Study in Psychodynamic and Systems Counseling, and 2) Certificate of Supervised Experience in Clinical Practice of Psychodynamic and Systems Counseling. The duration of the residency is dependent upon which certificates the resident pursues, as well as ongoing evaluation by the individual supervisor, group supervisor, faculty, and the Training Director.

**Psychotherapy Enrichment Program**

This aspect of the program is didactic course work, and it is completed in the first year of the residency.  The courses run on the academic calendar of September through April.  Courses include: Nuts and Bolts of Being a Therapist; Psychodynamic Theory: Drive, Ego, Self, and Object Relations; Attachment Focused Family Therapy; Interpersonal Theory; Psychodynamic Psychopathology; Family and Faith of Origin and the Helping Professional; Therapist and Client Relationship; Integration of Spirituality and Psychotherapy.  Resident therapists are provided a 50% discount on tuition for PEP classes.  This amounts to $825 after the tuition discount (full tuition is $1650).

**Clinical Work**

Upon registering supervision with the state and receiving the provisional license, the resident therapist begins to provide psychotherapy to patients.  Care and Counseling has a strong referral network, thus there are many opportunities for developing a practice.  Resident therapists see patients through our Client Assistance Fund.  This is a fund that allows us to provide psychotherapy to patients who may be uninsured, underinsured, or lacking financial resources for treatment.  Also, resident therapists are encouraged to build their own referral networks and accept patients through these direct referrals.  Resident therapists are paid 50% of fees collected for billed client sessions.

**Individual Supervision**

The individual supervisor guides the resident in the learning process at Care and Counseling, as well as provides the clinical supervision required for licensure.  Individual supervision occurs 1 hour per week for 46 weeks of the calendar year.  If a resident is seeking licensure, the individual supervision occurs 1 hour per week for all weeks of the calendar year, except for vacations.  The purpose of supervision is to attend to the development and progress of the resident, both in course work and clinical work.  Upon initiation of supervision and at the beginning of each semester the supervisor and resident work together to develop learning goals for each semester of training, which are submitted to the Clinical Director.  The sessions focus on the following aspects of clinical work: intake process; assessment and diagnosis; conceptualizing therapy in the opening, middle, and termination phases of therapy; working with transference and countertransference, projective identification, and other psychodynamic constructs; integrating spiritual and faith issues into the therapy; developing strategies and interpretations for responding therapeutically to the patient.  At the discretion of the supervisor, residents are asked to record sessions with patients, provided the patient agrees and signs a consent, and / or writes process notes of sessions with patients.  The supervisor also assists the resident the development and writing of psychodynamic formulations and case presentations.  The resident therapist pays $40 / session as a first year resident therapist and $60 / session as a second or third year resident therapist for individual supervision.

**Group Supervision**

Group supervision occurs four times per month during the academic year.  The sessions are facilitated by the Clinical Director, and focus on the following aspects of clinical work: intake process; assessment and diagnosis; conceptualizing therapy in the opening, middle, and termination phases of therapy; working with transference and countertransference, projective identification, and other psychodynamic constructs; integrating spiritual and faith issues into the therapy; developing strategies and interpretations for responding therapeutically to the patient.  Resident therapists rotate opportunities to present clinical work in the group supervision.  The general format includes a genogram, presenting issues / symptoms, description of relevant history, initial understanding of underlying meaning of symptoms and / or psychological conflicts, DSM diagnostic possibilities, psychodynamic diagnostic possibilities, and process notes.  Also, the resident brings to the group some points of discussion related to the case.  The resident therapist pays $40 / month for group supervision.  Group supervision occurs September through May.

**Seminars**

During the academic year, Care and Counseling hosts a series of seminars, which are educational events open to the staff and the community.  The seminars occur on the 2nd and 4th Wednesday of the month, 10:30am until 11:45am.  The speakers present on a variety of topics related to psychodynamic theory, spiritually integrated psychotherapy, marriage and family systems theory, and cultural diversity.   The seminar speakers, content, evaluation, and documentation meet the standards established by the National Board for Certified Counselors to provide continuing education units as an Accredited Continuing Education Provider (ACEP #5706).

**Case Conference**

The clinical staff of Care and Counseling gather on the 3rd Wednesday of the month, 10:30am until 11:45am, for Case Conference.  This educational event is an opportunity for a comprehensive and depth-oriented review of a patient’s treatment.  Through a presentation that includes presenting problem, psychosocial history, family genogram, and process notes, there is an opportunity for considerations of clinical applications of theoretical frames (i.e. psychodynamic, family systems), analysis of the dynamics in the therapist / patient relationship, review of the treatment plan, and opportunity for consultation regarding impasses in the treatment.  The Case Conference speakers, content, evaluation, and documentation meet the standards established by the National Board for Certified Counselors to provide continuing education units as an Accredited Continuing Education Provider (ACEP #5706).

**Resident Book Study: Working with Parents Makes Therapy Work**

An exciting addition to our training program this year is a Resident Book Study.  Each year we will select a book to study with the intention of deepening our knowledge and clinical applications of an area outside of the main focus of the PEP courses. This year we will focus on the work on the Novick’s by reading Working with Parents Makes Therapy Work.  The Resident Book Study will occur on the 3rd Wednesday of each month, 12:00pm until 1:00pm, September through April.  The schedule for reading is listed on the training schedule, and there will also be time for case presentations. Staff therapists are also invited to participate in this training opportunity.  However, I do ask that you commit to attending the entire program (of course, excluding vacations) so that we have a cohesive group.

**Group Consultation with Psychiatrist**

Care and Counseling is affiliated with a psychiatrist that provides consultation services for the clinical staff.  This sometimes occurs in the context of individual consultation, but is regularly scheduled on the 2nd and 4th Wednesday of the month, 12:00pm until 1:00pm.  The meeting provides an opportunity to discuss psychiatric issues, assessment and diagnostic clarification, psychiatric medication questions, and other issues related to the care provided to our patients.

**Staff Meetings**

On the 1st Wednesday of the month, 10:30am – 11:45am, all leadership, administrative, and clinical staff members of Care and Counseling attend a Staff Meeting.  This meeting starts with a reflection by the Executive Director, and includes an update from the administrative department, clinical department, and marketing department.  Additionally, it is standard to provide an educational piece on HIPAA and reminder about upcoming seminars and continuing education events.

**Individual Therapy**

Part of the training program is engaging in your personal work with a psychodynamic therapist while you are learning the theory and working with patients.  This is essential in a psychodynamic process, as you will develop insight into your own inner world and have greater awareness as to how that impacts the therapist / patient relationship.  Within the first month of the program we will just need a letter stating that you are in an ongoing treatment.

The application for this program is accessible through our website: <https://careandcounseling.org/about-us/career-opportunities/careers-resident/>.



**Clinical Residency:**

**A Psychodynamic and Systems Training Program for Mental Health Professionals**

**Resident Handbook**

**2018-2019**

**Care and Counseling, Inc.**

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**About Care and Counseling**

Care and Counseling was founded in 1968 as a pastoral counseling center, and the training program was developed the following year. Since that time, residents who graduated from the training program have been known for excellence and leadership in their professions. The training program is consistently evaluated and revised in order to offer opportunities for professional formation and development that maintain a high standard of integrity and quality, while remaining current and affordable.

The treatment and training provided at Care and Counseling has a rich heritage of psychodynamic and systems theory. In all our efforts, we strive to integrate psychology and spirituality. With a combined service and training center, residents learn from multidisciplinary community of clinicians and support staff. Typically, residents are persons with graduate degrees in counseling, psychology, marriage and family therapy, or social work, and seeking licensure as psychologists, professional counselors, clinical social workers, or marriage and family therapists.

Care and Counseling is accredited by Samaritan Institute, a nationwide network of counseling centers.

**Mission Statement**

Care and Counseling enhances emotional, relational and spiritual well-being through quality and affordable counseling, professional training and community education.

**Continuing Education Units Certification**

Care and Counseling is an Approved Continuing Education Provider (ACEP #5706) by the National Board for Certified Counselors. Continuing education hours are awarded for classes in the Psychotherapy Enrichment Program (PEP), Seminars, and Case Conferences. Eligibility involves attendance, completion of a program evaluation, and application for certificate of attendance.

**Faculty and Supervisors**

**Bertschausen, Amy, MDiv, BA, CPE**

Executive Director; Faculty Member

**Caine, Jean, MSW, LCSW**

External Supervisor

**Gabriel, Karen, MA, LPC**

Staff Counselor; Faculty Member

**Justis, Brooke, MSW, LCSW**

Staff Clinical Social Worker; Supervisor and Faculty Member

**Kuhn, Dale, MA, STM, LCSW, AAPC Diplomate, AAMFT Clinical Member**

Staff Clinical Social Worker; Faculty Member

**Myre, Carol, M.Ed., LPC**

Staff Counselor; Supervisor

**Pearl, Debra, MSW, LCSW, BCD**

Staff Clinical Social Worker; Supervisor

**Pettinelli, Doug, PhD, Licensed Psychologist**

Faculty Member

**Scolaro, Melissa, MSW, LCSW**

Faculty Member

**Scott, Ron, PhD, Licensed Psychologist, AAMFT Approved Supervisor**

Consultant; Faculty Member

**Whitney, Stephanie, MA, LPC, ATR-BC**

Clinical Director; Supervisor and Faculty Member

**Training Programs**

The training program at Care and Counseling focuses on psychodynamic and systems theory, with attention to the integration of spirituality. There are two certificates in the training program: 1) Certificate of Study in Psychodynamic and Systems Counseling, and 2) Certificate of Supervised Experience in Clinical Practice of Psychodynamic and Systems Counseling. The first certificate recognizes completion of academic study through the PEP courses, while the second certificate recognizes completion of supervised clinical work. The supervised clinical work typically requires two years to complete, but may be extended if needed.

The complete course of study for the two certificates encompasses the following components: PEP courses, individual supervision, group supervision, seminars, case conferences, consultation group with psychiatrist, personal psychodynamic psychotherapy, and participation in the activities of Care and Counseling.

**Certificate of Study in Psychodynamic and Systems Counseling**

PEP courses occur Wednesday mornings, 8:00am to 10:15am. The curriculum may be found on the website or in Appendix B. In general, courses need to be completed in the specified sequence. Variations from this require the permission of the Clinical Director and the course instructor.

Attendance is required for the PEP courses, and students are expected to arrive on time. Excused absences may be granted in some circumstances, and needs to be discussed with the Clinical Director and the course instructor. The student will check with the course instructor regarding any work to make-up for the class, but generally will involve a written summary and reflection of the readings for the missed class.

At the conclusion of each course, students complete an evaluation of the instructor (Appendix G), and instructors complete an evaluation of each student (Appendix H).

**Certificate of Supervised Experience in Clinical Practice of Psychodynamic and Systems Counseling**

This certificate is achieved through completion of the following: 1) 375 hours of supervised clinical work, 2) 1 hour per week of individual supervision for 46 weeks per calendar year (or the requirements set by the state for supervision, whichever is more stringent), 3) 1 hour per week of group supervision during the academic year of September through May.

Care and Counseling will assign patients to residents, typically through the Client Assistance Fund. We make efforts to match clients with residents based on a variety of factors, including location and schedule. Also, we try to use a rotation for distribution of patients. Additionally, residents are expected to generate their own referral sources. Referral development assistance and training is available through Care and Counseling. Residents start this process by using the Referral Development Guide (Appendix M).

Please remember that the residency program is primarily a training program. Thus, residents should not expect to support themselves by money generated in the training program.

**Components of the Program**

**Supervision: Individual and Group**

Each resident will have an individual supervisor and a group supervisor. An agreement for supervision is completed between parties, and filed in the resident’s file (Appendix F).

The individual supervisor guides the resident in the learning process at Care and Counseling, as well as provides the clinical supervision required for licensure. Individual supervision occurs 1 hour per week for 46 weeks of the calendar year. If a resident is seeking licensure, the individual supervision occurs 1 hour per week for all weeks of the calendar year, except for vacations. The purpose of supervision is to attend to the development and progress of the resident, both in course work and clinical work.

Upon initiation of supervision and at the beginning of each semester the supervisor and resident will work together to develop learning goals for each semester of training (Appendix D). These goals will be submitted to the Clinical Director. The sessions focus on the following aspects of clinical work: intake process; assessment and diagnosis; conceptualizing therapy in the opening, middle, and termination phases of therapy; working with transference and countertransference, projective identification, and other psychodynamic constructs; integrating spiritual and faith issues into the therapy; developing strategies and interpretations for responding therapeutically to the patient. At the discretion of the supervisor, residents may be asked to record sessions with patients, provided the patient agrees and signs a consent, and / or to write process notes of sessions with patients. The supervisor will also assist the resident the development and writing of psychodynamic formulations and case presentations.

Group supervision occurs four times per month during the academic year. The sessions focus on the following aspects of clinical work: intake process; assessment and diagnosis; conceptualizing therapy in the opening, middle, and termination phases of therapy; working with transference and countertransference, projective identification, and other psychodynamic constructs; integrating spiritual and faith issues into the therapy; developing strategies and interpretations for responding therapeutically to the patient. Residents rotate opportunities to present clinical work in the group supervision. The general format includes a genogram, presenting issues / symptoms, description of relevant history, initial understanding of underlying meaning of symptoms and / or psychological conflicts, and process notes. Also, the resident should bring to the group some points of discussion related to the case.

**Seminars**

During the academic year, Care and Counseling hosts a series of seminars, which are educational events open to the staff and the community. The seminars occur on the 2nd and 4th Wednesday of the month, 10:30am until 11:45am. The speakers present on a variety of topics related to psychodynamic theory, spiritually integrated psychotherapy, marriage and family systems theory, and cultural diversity. The seminar speakers, content, evaluation, and documentation meet the standards established by the National Board for Certified Counselors to provide continuing education units as an Accredited Continuing Education Provider (ACEP #5706).

**Case Conference**

The clinical staff of Care and Counseling gather on the 3rd Wednesday of the month, 10:30am until 11:45am, for Case Conference. This educational event is an opportunity for a comprehensive and depth-oriented review of a patient’s treatment. Through a presentation that includes presenting problem, psychosocial history, family genogram, and process notes, there is an opportunity for considerations of clinical applications of theoretical frames (i.e. psychodynamic, family systems), analysis of the dynamics in the therapist / patient relationship, review of the treatment plan, and opportunity for consultation regarding impasses in the treatment. The Case Conference speakers, content, evaluation, and documentation meet the standards established by the National Board for Certified Counselors to provide continuing education units as an Accredited Continuing Education Provider (ACEP #5706).

**Group Consultation with Dr. Patel**

Care and Counseling is affiliated with a psychiatrist that provides consultation services for the clinical staff. This sometimes occurs in the context of individual consultation, but is regularly scheduled on the 2nd and 4th Wednesday of the month, 12:00pm until 1:00pm. The meeting provides an opportunity to discuss psychiatric issues, assessment and diagnostic clarification, psychiatric medication questions, and other issues related to the care provided to our patients. Residents are required to attend this meeting year-round.

**Resident Meeting & Presentations**

Resident Meeting occurs the 1st Wednesday of the month, 12p-1p, during the academic year of September through April.  This includes a curriculum for learning about aspects of therapy that are not necessarily covered in theory / technique courses, and likely not covered enough in individual supervision due to time constraints.  Even seasoned therapists need to seek autonomous learning about some aspects of therapy when confronted with a new or challenging clinical situation.  This occurs through finding reading sources, seeking additional supervision or consultation, etc.  Each month, a resident will present on a topic of his / her choice that relates to therapy.

**Resident Meeting with Dr. Pickens**

Resident Meeting with Dr. Pickens occurs the 3rd Wednesday of the month, 12p-1p, during the academic year of September through April. Dr. Pickens utilizes the time to focus on topics related to the patient / therapist relationship, but also to really be responsive to the needs of the resident group.

**Staff Meetings**

On the 1st Wednesday of the month, 10:30am – 11:45am, all leadership, administrative, and clinical staff members of Care and Counseling attend a Staff Meeting. This meeting starts with a reflection by the Executive Director, and includes an update from the administrative department, clinical department, and marketing department. Additionally, it is standard to provide an educational piece on HIPAA and reminder about upcoming seminars and continuing education events.

**Evaluations**

Twice yearly, an evaluation conference occurs to reflect on the resident’s progress in course work, clinical competencies, and professional development. Conference attendees include the resident, the individual supervisor, the group supervisor, and the Clinical Director. The resident completes a self-evaluation (Appendix K) and an evaluation of the supervisor (Appendix I). The individual supervisor and the group supervisor complete an evaluation of the resident (Appendix J). Prior to the conference, the resident and individual supervisor review, discuss, and sign these evaluations. Additionally, the resident and individual supervisor review the progress towards the goals and objectives of the residency (Appendix E). Please note, it is the responsibility of the resident to coordinate this conference and ensure all written materials are submitted to the Clinical Director one week prior to the scheduled meeting.

**Personal Psychodynamic Psychotherapy**

Part of the training program is engaging in your personal work with a psychodynamic therapist while you are learning the theory and working with patients.  This is essential in a psychodynamic process, as you will develop insight into your own inner world and have greater awareness as to how that impacts the therapist / patient relationship.  Within the first month of the program we will need a letter stating that you are in an weekly, ongoing treatment.

**Clinical Competencies: Goals and Objectives**

The following goals and objectives are used for assessing the clinical competency of the resident. To complete the Certificate of Supervised Experience in Clinical Practice of Psychodynamic and Systems Counseling, the resident must demonstrate satisfactory completion of these goals and objectives. The resident and the individual supervisor will use the Goals and Objectives Worksheet for tracking progress (Appendix E).

Goals: Residents will be able to…

Objectives: Residents will… (steps to accomplish the goal)

Assessment and Diagnosis

1. To articulate psychodynamic theory and demonstrate how it works in a clinical setting.
	1. Prepare a thorough psychodynamic formulation for at least one client, writing the formulation from a drive, ego, object relations, systems, or self psychological perspective.
2. To articulate systems theory and demonstrate how it works in a clinical setting.
	1. Prepare an evaluation for at least one couple and/or family.
	2. Do marital/family counseling with one to three couples and/or families.
3. To diagnose a client using the DSM-5.
	1. Prepare written diagnoses, using the DSM-5 format, for clients with a variety of presenting problems and diagnoses.
	2. Participate in consultation groups being attentive to cases presented by all members of the consultation group to which you are assigned.
	3. Attend to the clients being presented and be clear about the criteria for diagnosis.

Treatment

1. To develop the ability to form a therapeutic alliance.
	1. Demonstrate this ability by forming a therapeutic alliance with a minimum of three clients.
2. To develop a treatment plan.
	1. Prepare a treatment plan for a minimum of 5 cases with a mix of crises, short term or brief, and long term or insight oriented counseling.
	2. Present treatment plans when consulting on each case, being open to suggestions from the consultation group.
	3. Discuss treatment goals/plan with clients.
3. To work with clients integrating psychology and spirituality.
	1. Prepare to address the spiritual aspects/needs of a minimum of 1-2 clients.
	2. Articulate one’s own conceptualization of the psychological and spiritual elements of persons.
4. To work with clients in on-going counseling.
	1. Demonstrate the ability to do mid-phase counseling, working through clients’ conflicts/issues.
5. To demonstrate an understanding of the termination process.
	1. Demonstrate the ability to complete treatment, as appropriate, with clients.
	2. Articulate the course of treatment in a written termination, demonstrating how goals of treatment were achieved or changed in the course of treatment, how conflicts were resolved, etc.
	3. Demonstrate understanding of premature termination.

Self-Development

1. To work in one’s own personal counseling.
	1. Participate in one’s own personal counseling, focusing on areas of personal problems or that may intersect with the resident’s counseling experiences, throughout the training process. A letter from the psychodynamic therapist stating the resident is in an ongoing treatment will be submitted to the Clinical Director.
2. To articulate an understanding of one’s self as a counselor (including one’s therapeutic style and professional identity) who has the ability to integrate psychological principles and faith experience.

Programmatic

1. To complete the minimum number of required clinical and supervision hours.
	1. Complete all the required forms indicating the number of clinical hours and supervision of those hours.
2. To keep current with administrative details of clinical work.
	1. Complete clinical consultation reports, case notes, and required reports within recommended time frames.
	2. Complete all bookkeeping materials correctly and in a timely fashion.
	3. All administrative requirements must be completed prior to graduation.
3. To complete the required coursework.
4. To present a clinical case and discuss that case with a group of clinicians.
	1. Prepare and present a written case, complete with formulation, to a group of colleagues. Guidelines for this presentation are in Appendix L.

**Clinical Policies**

Care and Counseling clinical policies and procedures must be followed for all work occurring at Care and Counseling. These policies and procedures are in the Clinical Procedures Manual, and will be reviewed during your individual supervision. Please do not hesitate to contact your supervisors or the Clinical Director with any questions or concerns.

**Administrative Procedures**

Applicants to the program are reviewed in the Spring with an anticipated start date of the following academic year. Applications may be obtained from the website. Once an application is submitted, the Clinical Director and Executive Director facilitate an interview process for determining applicants that will be accepted into the training program. Many factors are used in making this determination, including the application, the personal statement, the interviews, and supervisor availability.

Fees for tuition and supervision are reviewed and established yearly by the Clinical Director and the Executive Director. The resident is invoiced monthly for tuition and supervision, and fees are due at the time of receiving the invoice. Tuition fees are due at the beginning of each course, unless other arrangements are made. As of the 2017 – 2018 academic year, the resident therapist pays $40 / session as a first year resident therapist and $60 / session as a second or third year resident therapist for individual supervision.

Residents are paid 50% of fees collected for billed patient sessions. Resident therapists, who provide services for subsidized clients, are paid their percentage of the collected fee plus subsidy—the total of which is not more than $50 collected for the session. Paychecks are distributed monthly on the 21st of the month (or the last business day before the 21st) via direct deposit.

**Graduation**

A graduation and staff acknowledgment ceremony occurs yearly, and residents who complete the requirements for either of the certificates will be honored at this ceremony. Residents who anticipate completion of the clinical hours necessary for the certificate by the end of August will also be honored at this ceremony. The ceremony will be in the spirit of Care and Counseling, and a luncheon will be catered for staff, supervisors, residents, and families of the graduates.

**Advanced Residents**

Residents who completed both the Certificate of Study in Psychodynamic and Systems Counseling, and the Certificate of Supervised Experience in Clinical Practice of Psychodynamic and Systems Counseling, but still need hours towards licensure may seek approval to continue as an Advanced Resident at Care and Counseling. This decision will be made by the Clinical Director and the Executive Director. Residents eligible for this standing will demonstrate the following criteria: 1) completion of both the Certificate of Study in Psychodynamic and Systems Counseling, and the Certificate of Supervised Experience in Clinical Practice of Psychodynamic and Systems Counseling, 2) demonstrated excellence in academic and clinical work, and 3) demonstrated excellence in professional development and involvement in the activities of Care and Counseling.

Residents granted this standing will continue to meet the requirements of the training program, including resident meetings, consultation meetings with the psychiatrist, seminars, case conferences, individual supervision, group supervision, staff meetings, establishment of learning goals, and evaluations.

**Staff Therapists**

Upon completion of the training program and achievement of licensure, residents may apply for a Staff Therapist position at Care and Counseling. Please note, there should not be an expectation that completion of the residency program results in a position as a Staff Therapist. There is not a guarantee that a position will be available, or that the resident will be selected for a position if a position is available. This decision will be made based on the needs of Care and Counseling at the time, and an associated interview process.

**Grievance Procedure**

Residents may, at times, have difficulty with peers, instructors, supervisors, office personnel, or administration. It is the policy of Care and Counseling that every attempt be made to resolve conflicts or grievances directly between the participants. It would be helpful for the resident to discuss the situation with his or her supervisor or the Clinical Director for guidance on how to deal with the situation.

If direct attempts to resolve the situation fail, the resident will put in writing a description of the conflict and his or her attempts to solve the conflict. This written material will be submitted to the Clinical Director within thirty days of the actual occurrence. The Clinical Director is responsible for resolving the issue within sixty days. The Clinical Director may consult with faculty and supervisors. If a mutually satisfying understanding is not reached through this process, the resident and/or Clinical Director will submit the written description of the conflict and attempts at resolutions to the Executive Director. The Executive Director will attempt to resolve the issue within sixty days. If the issue cannot be resolved by the Executive Director, the resident will submit the written description of the conflict/grievance to the Chair of the Clinical Services and Training Committee and request a meeting with the Chairperson. It is the responsibility of the Chairperson, in consultation with the Clinical Services and Training Committee, to render a final decision within sixty (60) days. The decision of the Training Committee is final.

If the initial conflict is between a resident and the Clinical Director, the written materials are to be submitted to the Executive Director within thirty days of the occurrence, who will follow the above process.

**Sexual Harassment**

It is the policy of Care and Counseling to maintain an environment free from unprofessional and/or unethical behavior to include, but not limited to, sexual harassment. Sexual harassment of any staff by any other employee, staff, consultant, contractor, visitor, or supervisor will not be tolerated.

Sexual harassment is behavior that is not welcomed, that is personally offensive or that fails to respect the rights of others. Sexual harassment may be overt or subtle, but whatever form it takes, it will not be tolerated in the work place and will not be tolerated on the part of any employee, staff, consultant, contractor, visitor, or supervisor of Care and Counseling, or any other non-employee using the Care and Counseling facilities.

No staff, regardless of gender, may sexually harass another staff by:

1. Making unwelcome sexual advances or requesting sexual favors; or
2. Engaging in verbal or physical conduct of a sexual nature; or making conduct of a sexual nature a condition of an employee’s employment; or
3. Making submission to or rejection of such conduct the basis of employment decisions affecting the employee; or
4. Creating an intimidating, hostile, or offensive working environment by such conduct.

All staff are expected to comply with this guideline and take appropriate measures to ensure such conduct does not occur. Any staff member who violates this guideline will be subject to disciplinary action up to and including discharge from employment without prior warning.

Any staff member who believes that this guideline has been violated should:

1. Immediately bring the matter to the attention of the Clinical Director; or
2. If the complaint is against the Clinical Director, bring it to the attention of the Executive Director; or
3. If the complaint is against the Executive Director, bring it to the attention of the Chair of the Board of Directors.

The responsible party (Clinical Director, Executive Director, or Chair of the Board of Directors) will promptly and thoroughly investigate the complaint.

If, after thorough investigation, the complaint appears justified, disciplinary action will be taken against the offending party up to and including discharge.

**Appendix A: Agreements for Training**

Agreement for Training – Certificate of Study in Psychodynamic and Systems Counseling

Post-graduate counseling training is conducted at Care and Counseling, Inc. Care and Counseling is an accredited, interfaith, non-profit mental health service and training center. Care and Counseling is committed to understanding the psychological and spiritual dimensions of individual and family problems and to the integration of personal identity and professional role in making healing relevant to individual and family needs in a counseling, clinical social work, or marriage and family therapy relationship.

In the course of study disguised client material is sometimes used by the instructors and by students for their learning. Confidentiality is basic to professionalism. Any communication regarding any of the client material outside of the training program is prohibited except as required by law for safety of patients, families, or others. Breech of this standard of professional confidentiality, if determined by Care and Counseling, may result in termination from study at Care and Counseling.

The tuition for each course is to be paid at the time of registration for each course. Fees and are studied annually at budgeting time. Some adjustments may be made yearly.

You agree to function professionally, and within the Code of Ethics of your discipline, which you are responsible for reviewing, in all activities during your study.

Full participation in all responsibilities is expected.

Student evaluations are done after each course. We reserve the right to evaluate the appropriateness of the student continuing in the program, and to determine the appropriate course of action.

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Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Director Signature Date

Agreement for Training – Certificate of Supervised Experience in Clinical Practice of Psychodynamic and Systems Counseling

Post-graduate counseling training is conducted at Care and Counseling, Inc. Care and Counseling is an accredited, interfaith, non-profit mental health service and training center. Care and Counseling is committed to understanding the psychological and spiritual dimensions of individual and family problems, and to the integration of personal identity and professional role in making healing relevant to individual and family needs in a counseling, clinical social work, or marriage and family therapy relationship.

This document and acceptance into the program authorizes you as a resident to conduct evaluations and on-going sessions with clients as prescribed in the legislation and Code of Ethics of your particular discipline. As a resident, you are under the direct supervision of an approved supervisor; and you are to work in accordance with the goals and objectives of the Care and Counseling training program.

Confidentiality is basic to professionalism. Any communication regarding patients outside professional treatment or training circles is prohibited except as required by law for safety of patients, families, or others. Breech of this standard of professional confidentiality, if determined by Care and Counseling, may result in termination from Care and Counseling. Your clinical/supervisory materials may, however, be used by your supervisor and other professionals from whom he/she may seek consultation as a part of his/her development.

Supervision fees are to be paid at the time of supervision, unless other arrangements are made with your supervisor. A stipend is paid to the counselor for each paid clinical hour according to the training guidelines. This stipend does not apply to Community Service clients for which no remuneration is given. Community Service hours do apply to the number of clinical hours to complete the training program, and may contribute to licensure requirements. Fees and stipends are studied annually at budgeting time. Some adjustments in fees and stipends may be made yearly.

You agree to function professionally and within the Code of Ethics of your discipline, which you are responsible for reviewing, in all activities during your residency.

Full participation in all responsibilities is expected.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Director Signature Date

The original signed document is to be kept in the permanent file. A copy of this document is to be kept by the Resident.

**Appendix B: Curriculum**

**Nuts and Bolts of Being a Therapist** – 8 contact hours

This course will focus on what it is like to be a therapist. We will discuss the fundamentals and framework of working with a client in psychotherapy: supportive vs. insight approaches; assessment, diagnosis and treatment goals; stages of therapy; interpretations, transference and countertransference; and written documentation.

**Psychodynamic Theory: Drive, Ego, Self and Object Relations** – 8 contact hours

Grounding one’s psychotherapeutic work in psychodynamic theory provides a base for understanding one’s clients. The main emphasis in this class will be on object relations and self-psychology.

**Attachment Focused Family Therapy** – 10 contact hours

This course will focus on attachment theory, object relations and family systems theory in the practice of individual, couple, and family therapy. Readings, discussion, and clinical examples will be used to explore and apply these concepts in work with children, adolescents, and adults.

**Interpersonal Theory** – 6 contact hours

We will introduce some recent developmental research and theory which is helping to propel the movement from one-person to two-person psychoanalytic theory and practice. The focus of treatment becomes one of process rather than product and involves the therapist developing and drawing the patient into a collaborative inquiry between self and other.

**Therapist and Client Relationship** - 8 contact hours

Explore the complex dynamics of the therapist and client relationship and its impact both on the client and the therapist.  Class focus: the use of self in therapy, the alliance, transference/countertransference, the initial and ongoing relationship in psychotherapy.

**Family and Faith of Origin and the Helping Professional** - 8 contact hours

An exploration of the dynamics and history of family and faith patterns will help the professional helper respond more effectively to clients, congregants and others seeking our help. Theorists Bowen and Friedman used in readings and discussion. Sessions explore family of origin themes and impact on self and other perceptions and impact on professional work.

**Psychodynamic Psychopathology** – 10 contact hours

Sessions focus on personality structure and development, making a distinction between the medical model of descriptive diagnosis and the characterological approach found within psychodynamic theory. Readings, case examples, and class discussions will emphasize levels of character organization, defense processes, selected personalities, as well as a psychodynamic view of addiction.

**Integration of Spirituality and Psychotherapy** – 8 contact hours

The interface between psychotherapy and spirituality will be the focus. Suitable to the experienced and new therapist, we will consider current writing in the field of pastoral counseling, spirituality and psychology together with illustrative case material. Areas to be addressed:

* How religious practice helps and hurts
* Working with spiritual resources that are natural to the client
* The spiritual life of the therapist
* Conducting a spiritual assessment
* Integrating spiritual resources with sound therapeutic practice

**Appendix C: Calendar**

**2018 – 2019 Training Program Calendar**

|  |  |  |
| --- | --- | --- |
| 09.05.18 | 8:00am10:30am12:00pm1:00pm | Nuts and Bolts of Being a Therapist – Ronald Scott, PhDOpening Day CeremonyResident Meeting: Referral Development – Gina Fromme & Kristen RaticanGroup Supervision |
| 09.12.18 | 8:00am10:30am12:00pm1:00pm | Nuts and Bolts of Being a Therapist – Ronald Scott, PhDSeminar: How Insights from Interpersonal Neurobiology Inform Clinical Practice, Part 1 – Clay Coffee, PhD, LPC, LMFTConsultation with Dr. PatelGroup Supervision |
| 09.19.18 | 8:00am10:30am12:00pm1:00pm | Nuts and Bolts of Being a Therapist – Ronald Scott, PhDCase Conference – Jean Harmon, MEd, LPCResident Meeting with Dr. PickensGroup Supervision |
| 09.26.18 | 8:00am10:30am12:00pm1:00pm | Nuts and Bolts of Being a Therapist – Ronald Scott, PhDSeminar: How Insights from Interpersonal Neurobiology Inform Clinical Practice, Part 2 – Clay Coffee, PhD, LPC, LMFTConsultation with Dr. PatelGroup Supervision |
| 10.03.18 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Theory: Drive, Ego, Self, and Object Relations – Melissa Scolaro, MA, MSW, LCSWStaff MeetingResident Meeting, 1st Year: Spiritually Integrated Care – Amy Bertschausen, MDiv Resident Meeting, 2nd / 3rd Year: Assessments with Couples – Clay Coffee, PhD, LPC, LMFTGroup Supervision |
| 10.10.18 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Theory: Drive, Ego, Self, and Object Relations – Melissa Scolaro, MA, MSW, LCSWSeminar: Trauma and the Capacity for Intimacy, Part 1 – Jim Gerber, PhD, ATR, LPCConsultation with Dr. PatelGroup Supervision |
| 10.17.18 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Theory: Drive, Ego, Self, and Object Relations – Melissa Scolaro, MA, MSW, LCSWCase Conference: Carole Myre, MEd, LPCResident Meeting with Dr. PickensGroup Supervision |
| 10.24.18 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Theory: Drive, Ego, Self, and Object Relations – Melissa Scolaro, MA, MSW, LCSWSeminar: Trauma and the Capacity for Intimacy, Part 2 – Jim Gerber, PhD, ATR, LPCConsultation with Dr. PatelGroup Supervision |
| 10.31.18 | *\*Time Changes\**9:30am10:30am1:00pm | Group SupervisionAttachment Focused Family Therapy – Doug Pettinelli, PhD |
| 11.07.18 | *\*Time Changes\**9:30am10:30am12:00pm1:00pm | Group SupervisionStaff MeetingResident Meeting: Initial Assessment of the Child – Shayna Warner, MSW, LMSW Attachment Focused Family Therapy – Doug Pettinelli, PhD  |
| 11.14.18 | *\*Time Changes\**9:30am10:30am12:00pm1:00pm | Group SupervisionSeminar: The Initial Patient Evaluation: A Structured Approach with Focus on the Therapeutic Relationship – Andrew Pickens, MDConsultation with Dr. Patel Attachment Focused Family Therapy – Doug Pettinelli, PhD |
| 11.21.18 |  | Holiday Break  |
| 11.28.18 | *\*Time Changes\**9:30am10:30am12:00pm1:00pm | Group Supervision Seminar: Approaching Clergy Health: Stress, Burnout, and Personality Characteristics – Dale Kuhn, MA, MDiv, STM, LCSWConsultation with Dr. Patel Attachment Focused Family Therapy – Doug Pettinelli, PhD |
| 12.05.18 | *\*Time Changes\** 9:30am10:30am12:00pm1:00pm | Group Supervision Staff Meeting Resident Meeting: Consent Issues in Cases of Divorce and Guardianship – Amy Stark, MSW, MDiv, LMSW Attachment Focused Family Therapy – Doug Pettinelli, PhD  |
| 12.12.18 | 8:00am10:30am12:00pm1:00pm | Interpersonal Theory – Karen Gabriel, MA, LPCSeminar: Digital Immigrants / Digital Natives: Professional Ethics and Technology – Peggy Keilholz, ACSW, LCSWConsultation with Dr. PatelGroup Supervision |
| 12.19.18 | 8:00am10:30am12:00pm1:00pm | Interpersonal Theory – Karen Gabriel, MA, LPC Case Conference – Debbie Pearl, MSW, LCSW, BCDResident Meeting with Dr. PickensGroup Supervision |
| 12.26.18 |  | Holiday Break  |
| 01.02.19 | 8:00am10:30am12:00pm1:00pm | Interpersonal Theory – Karen Gabriel, MA, LPC Staff MeetingResident Meeting: Clinical Considerations of Domestic Abuse – Julie Friedman, MSW, LMSWGroup Supervision |
| 01.09.19 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Psychopathology – Stephanie Whitney, MA, LPC, ATR-BCSeminar: Title TBD – Speaker TBDConsultation with Dr. PatelGroup Supervision |
| 01.16.19 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Psychopathology – Stephanie Whitney, MA, LPC, ATR-BCCase Conference – Deidra O’Loughlin, MSW, LCSWResident Meeting with Dr. PickensGroup Supervision |
| 01.23.19 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Psychopathology – Stephanie Whitney, MA, LPC, ATR-BCSeminar: Title TBD – Michael Deal, MA, LPCConsultation with Dr. PatelGroup Supervision |
| 01.30.19 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Psychopathology – Stephanie Whitney, MA, LPC, ATR-BCGroup Supervision |
| 02.06.19 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Psychopathology – Stephanie Whitney, MA, LPC, ATR-BCStaff MeetingResident Meeting: Mandated Reporting – Jessica Schenk, MSW, LMSWGroup Supervision |
| 02.13.19 | 8:00am10:30am12:00pm1:00pm | Family and Faith of Origin and the Helping Professional – Dale Kuhn, MA, MDiv, STM, LCSWSeminar: Title TBD – Speaker TBDConsultation with Dr. PatelGroup Supervision |
| 02.20.19 | 8:00am10:30am12:00pm1:00pm | Family and Faith of Origin and the Helping Professional – Dale Kuhn, MA, MDiv, STM, LCSWCase Conference – Brooke Justis, MSW, LCSWResident Meeting with Dr. PickensGroup Supervision |
| 02.27.19 | 8:00am10:30am12:00pm1:00pm | Family and Faith of Origin and the Helping Professional – Dale Kuhn, MA, MDiv, STM, LCSWSeminar: Title TBD – Speaker TBDConsultation with Dr. PatelGroup Supervision |
| 03.06.19 | 8:00am10:30am12:00pm1:00pm | Family and Faith of Origin and the Helping Professional – Dale Kuhn, MA, MDiv, STM, LCSWStaff MeetingResident Meeting: Annual PotluckGroup Supervision |
| 03.13.19 | 8:00am10:30am12:00pm1:00pm | Therapist and Client Relationship – Karen Gabriel, MA, LPCSeminar: Title TBD – Speaker TBDConsultation with Dr. PatelGroup Supervision |
| 03.20.19 | 8:00am10:30am12:00pm1:00pm | Therapist and Client Relationship – Karen Gabriel, MA, LPCCase Conference – Nanci Miller, MSW, LCSWResident Meeting with Dr. PickensGroup Supervision |
| 03.27.19 | 8:00am10:30am12:00pm1:00pm | Therapist and Client Relationship – Karen Gabriel, MA, LPCSeminar: Title TBD – Speaker TBDConsultation with Dr. PatelGroup Supervision |
| 04.03.19 | 8:00am10:30am12:00pm1:00pm | Therapist and Client Relationship – Karen Gabriel, MA, LPCStaff MeetingResident Meeting: Mindfulness as a Resource for Therapists and Patients – Kate Stewart, MA, PLPC, RYTGroup Supervision |
| 04.10.19 | 8:00am10:30am12:00pm1:00pm | Integration of Spirituality and Psychotherapy – Dale Kuhn, MA, MDiv, STM, LCSW & Amy Bertschausen, MDivSeminar: Title TBD – Speaker TBDConsultation with Dr. PatelGroup Supervision |
| 04.17.19 | 8:00am10:30am12:00pm1:00pm | Integration of Spirituality and Psychotherapy – Dale Kuhn, MA, MDiv, STM, LCSW & Amy Bertschausen, MDivCase Conference – Clay Coffee, PhD, MDiv, LPC, LMFTResident Meeting with Dr. PickensGroup Supervision |
| 04.24.19 | 8:00am10:30am12:00pm1:00pm | Integration of Spirituality and Psychotherapy – Dale Kuhn, MA, MDiv, STM, LCSW & Amy Bertschausen, MDivSeminar: Title TBD – Speaker TBDConsultation with Dr. PatelGroup Supervision |
| 05.01.19 | 8:00am10:30am12:00pm1:00pm | Integration of Spirituality and Psychotherapy – Dale Kuhn, MA, MDiv, STM, LCSW & Amy Bertschausen, MDivStaff MeetingResident Meeting: Ethical Standards in Counseling and Social Work – Jacque Blossfield, MA, PLPCGroup Supervision |
| 05.08.19 | 10:30am12:00pm | Graduation & Staff RecognitionConsultation with Dr. Patel |

**Appendix D: Learning Contract Outline**

Learning Contract

List four specific learning goals which you wish to achieve in your clinical supervision with your supervisor. Discuss them with your supervisor and be sure you both sign the bottom of this form. Your goals need to be as specific and measurable as possible.

Goal 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal 2.

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Goal 3.

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Goal 4.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Signature Date

Supervisor's Signature Date

**Appendix E: Goals and Objectives for Clinical Competencies Worksheet**

Goals and Objectives for Clinical Competencies Worksheet

The following goals and objectives are used for assessing the clinical competency of the resident. To complete the Certificate of Supervised Experience in Clinical Practice of Psychodynamic and Systems Counseling, the resident must demonstrate satisfactory completion of these goals and objectives. The resident and the individual supervisor will use this worksheet for tracking progress. Residents are responsible to get the necessary verification from the appropriate faculty member or supervisor. Supervisors will indicate completion of specific objectives by their signature and date. A copy of the completed verification form must be given to the Clinical Director two weeks prior to graduation.

Goals: Residents will be able to…

Objectives: Residents will… (steps to accomplish the goal)

Assessment and Diagnosis

1. To articulate psychodynamic theory and demonstrate how it works in a clinical setting.
	1. Prepare a thorough psychodynamic formulation for at least one client, writing the formulation from a drive, ego, object relations, systems, or self-psychological perspective.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To articulate systems theory and demonstrate how it works in a clinical setting.
	1. Prepare an evaluation for at least one couple and/or family.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Do marital/family counseling with one to three couples and/or families.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To diagnose a client using the DSM-5.
	1. Prepare written diagnosis, using the DSM-5 format, for clients with a variety of presenting problems and diagnoses.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Participate in consultation groups being attentive to cases presented by all members of the consultation group to which you are assigned.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Attend to the clients being presented and be clear about the criteria for diagnosis.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment

1. To develop the ability to form a therapeutic alliance.
	1. Demonstrate this ability by forming a therapeutic alliance with a minimum of three clients.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To develop a treatment plan.
	1. Prepare a treatment plan for a minimum of 5 cases with a mix of crises, short term or brief, and long term or insight oriented counseling.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Present treatment plan when consulting on each case, being open to suggestions from the consultation group.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Discuss treatment goals/plan with clients.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To work with clients integrating psychology and spirituality.
	1. Prepare to address the spiritual aspects/needs of a minimum of 1-2 clients.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Articulate one’s own conceptualization of the psychological and spiritual elements of persons.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To work with clients in on-going counseling.
	1. Demonstrate the ability to do mid-phase counseling, working through clients’ conflicts/issues.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To demonstrate an understanding of the termination process.
	1. Demonstrate the ability to complete treatment, as appropriate, with clients.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Articulate the course of treatment in a written termination, demonstrating how goals of treatment were achieved or changed in the course of treatment, how conflicts were resolved, etc.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Demonstrate understanding of premature termination.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self-Development

1. To work in one’s own personal counseling.
	1. Participate in one’s own personal counseling, focusing on areas of personal problems or that may intersect with the resident’s counseling experiences, throughout the training process. A letter from the psychodynamic therapist stating the resident is in an ongoing treatment will be submitted to the Clinical Director.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To articulate an understanding of one’s self as a counselor (including one’s therapeutic style and professional identity) who has the ability to integrate psychological principles and faith experience.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Programmatic

1. To complete the minimum number of required clinical and supervision hours.
	1. Complete all the required forms indicating the number of clinical hours and supervision of those hours.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To keep current with administrative details of clinical work.
	1. Complete clinical consultation reports, case notes, and required reports within recommended time frames.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Complete all bookkeeping materials correctly and in a timely fashion.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. All administrative requirements must be completed prior to graduation.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To complete the required coursework.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To present a clinical case and discuss that case with a group of clinicians.
	1. Prepare and present a written case, complete with formulation, to a group of colleagues. Guidelines for this case write up and presentation are in Appendix L.

Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix F: Agreement for Supervision**

Agreement for Supervision

Resident supervision is an educational process involving the professional review and evaluation of services rendered by a Resident to clients. Supervision is a central part of the complex process of acquiring knowledge, skill and vocational identity needed for the development of a resident. This supervision has two primary concerns: the welfare of clients and the professional education of residents.

The supervisor and supervisee will meet weekly for

60 minutes for 46 weeks per year for individual supervision (or state licensing board standards), and

60 minutes for 4 sessions per month, during the academic year, for group supervision.

Supervision fees are paid to the agency as in the resident’s Agreement for Training.

Supervisory sessions will be held in the supervisors office for individual supervision, and in the assigned space for group supervision.

Supervision and clinical practice will conform to the Allied Professions Codes of Ethics.

Supervisory activities will be guided by professional standards of confidentiality as prescribed by law, the codes of ethics of the relevant professional organization and agency policies.

Supervisor and supervisee will maintain current professional liability insurance.

Early termination of this agreement may be initiated by either party, after provision is made to protect the welfare of the resident and his or her clients being supervised.

In the event of an interpersonal conflict between supervisor and supervisee, each party will attempt to resolve it by following the Grievance Procedure in the Residents Handbook.

Learning goals for this supervisory period will be mutually identified and defined by October 1 of each training year, with a copy appended to this agreement. A copy of this agreement and the learning goals will be given to the Clinical Director by October 1. Learning goals will be evaluated at the first evaluation following the fall semester.

Specific responsibilities of the supervisee:

In the event of a clinical emergency the supervisee will seek consultation from the supervisor and/or the Training Coordinator or Clinical Director in a timely manner.

The supervisee will disclose to clients the name and credentials of his/her supervisor as required by professional standards.

The supervisee will secure written releases for audio or video tapes of counseling sessions.

The supervisee will provide a written clinical summary after the first session of every new case; more frequent reporting may be required in specific circumstances.

Termination summaries will be provided at the next supervisory session after termination or within one week of termination.

The supervisee will be open to exploring the impact of their own personal and interpersonal issues on the therapeutic and supervisory process. When, in the judgment of the supervisor these issues impair the therapeutic or supervisory process, addressing the issues in personal counseling will be recommended or required.

The supervisee will present a written self-evaluation at the end of each semester, and will participate in the evaluation conference.

The supervisee will exercise critical clinical judgment by presenting all cases where troublesome or difficult issues exist with the client or with the transference and countertransference relationship.

The supervisee will follow or renegotiate specific clinical guidance from the supervisor.

Specific responsibilities of the supervisor:

The supervisor will keep current written records of the supervisory process.

The supervisor will attend monthly supervision of supervision meetings.

The supervisor will provide written evaluation of the supervisee at the end of each semester, and will participate in the evaluation conference.

When evaluations for credentialing or employment are requested, the supervisor will respond in a timely basis.

If the supervisor finds that the appropriate standards of practice are not met by the supervisee, he/she will report their concerns to the Training Coordinator and/or the Clinical Director.

The supervisor's intent will be to contribute to the spiritual, emotional and relational life of the supervisee, so he/she may be enriched and become therapeutically available to the clients.

Resident / Supervisee Signature Date

Supervisor Signature Date

**Appendix G: Student Evaluation of Instructor**

Care and Counseling Training Program

**Course Evaluation**

**Course:**

**Instructor:**

**Dates:**

**1. How helpful/valuable was the content of this course?**

5 4 3 2 1

most helpful/valuable least helpful/valuable

**2. How would you rate the instructor?**

Preparation: 5 4 3 2 1

 well prepared unprepared

Teaching style: 5 4 3 2 1

engaging unengaging

Responsiveness to

Students: 5 4 3 2 1

very responsive unresponsive

Knowledge of

Material: 5 4 3 2 1

very knowledgeable unknowledgeable

**3. Overall, how do you rate this course?**  Use back side of paper for additional comments.

5 4 3 2 1

very high very low

**Comments & Suggestions:** (Regarding this seminar or future presentations)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature (optional)

Please complete this form and return to the Clinical Director. Thank You.

**Appendix H: Instructor Evaluation of Student**

Instructor’s Evaluation of Student

Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pass/Fail: \_\_\_\_\_\_

Instructor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never 1 |  2 |  3 |  4 | Always 5 |  Can't say |
| 1. Comes to class, shows up on time. |  |  |  |  |  |  |
| 2. Keeps up with reading and class assignments. |  |  |  |  |  |  |
| 3. Demonstrates an understanding of subject in class discussion. |  |  |  |  |  |  |
| 4. Actively participates in learning process by demonstrating openness and willingness to share ideas and clinical work. |  |  |  |  |  |  |
| 5. Comments are appropriate and relevant. |  |  |  |  |  |  |
| 6. Responds to other members' comments and to different points of view with respect. |  |  |  |  |  |  |
| 7. Student is able to integrate concepts with clinical material. |  |  |  |  |  |  |

Additional comments about noteworthy strengths or weaknesses:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor's signature Date

**Appendix I: Resident Evaluation of Supervisor**

Resident Evaluation of Supervisor

Name of resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year/level: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Time period of evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle appropriate number.

1. Ability of supervisor to assist in focusing areas for learning.

1 2 3 4 5 6 7 8 9

very ineffective highly effective

Comments:

2. Ability of supervisor to provide appropriate structures for learning.

1 2 3 4 5 6 7 8 9

very ineffective highly effective

Comments:

3. Ability of supervisor to provide an atmosphere conducive to learning.

1 2 3 4 5 6 7 8 9

very ineffective highly effective

Comments:

4. Effectiveness of supervisor in providing conceptual framework to understand client's problems.

1 2 3 4 5 6 7 8 9

very ineffective highly effective

Comments:

5. Effectiveness of supervisor in helping you translate conceptual understanding into specific interventions.

1 2 3 4 5 6 7 8 9

very ineffective highly effective

Comments:

6. Ability of supervisor to give positive and negative feedback in constructive fashion.

1 2 3 4 5 6 7 8 9

very poor excellent

Comments:

7. Ability of supervisor to help you examine personal issues affecting your work.

1 2 3 4 5 6 7 8 9

very poor excellent

Comments:

8. Ability of supervisor to protect supervisory time from delays and interruptions.

1 2 3 4 5 6 7 8 9

low high

Comment:

9. Extent that your experience with the supervisor has led to personal and professional growth as a clinician.

1 2 3 4 5 6 7 8 9

very little very much

Give two examples:

10. What aspects of this experience did you find most valuable? List and describe.

11. What changes in supervision do you feel would help other residents? Be specific.

Further comments:

Resident / Supervisee Signature Date

Supervisor Signature Date

**Appendix J: Supervisor Evaluation of Resident**

EVALUATION OF RESIDENT BY SUPERVISOR

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This evaluation is to be consistent with the current level of training. Circle the appropriate rating for each item where CNE = Can Not Evaluate; BEG = Beginning; DEV = Developing; and ADV = Advanced.

SKILLS IN COUNSELING RELATIONSHIP

Ability to accept clients in a non-judgmental way CNE BEG DEV ADV

Ability to establish an alliance with client CNE BEG DEV ADV

Ability to attend to the client's internal world of feeling CNE BEG DEV ADV

Ability to educate the client to the process of counseling CNE BEG DEV ADV

Ability to work with transference and countertransference CNE BEG DEV ADV

Ability to deal with resistance CNE BEG DEV ADV

Ability to listen and hear manifest and latent material CNE BEG DEV ADV

Ability to understand and organize material of an interview

 around presenting problem, its history and origin CNE BEG DEV ADV

Ability to assess clients’ manner of engagement, major conflicts

 and their dynamic elements CNE BEG DEV ADV

INTEGRATION OF THERAPEUTIC SKILL AND KNOWLEDGE

Ability to assess one's readiness to deal effectively with the

 client (i.e., knowing when to refer) CNE BEG DEV ADV

Ability to modify working diagnosis and treatment plan as

 new facts or new understandings emerge CNE BEG DEV ADV

Ability to rely on one's inner resources (intuition, flexibility,

 adaptability, empathy) while responding to client’s needs CNE BEG DEV ADV

Ability to differentiate between content and process CNE BEG DEV ADV

Ability to differentiate between manifest and latent content CNE BEG DEV ADV

Ability to use and adapt knowledge and skill to the unique

 situation of each patient CNE BEG DEV ADV

INTEGRATION OF PSYCHOLOGY AND THEOLOGY/ SPIRITUALITY\*

Ability to integrate pastoral/spiritual with psychological issues CNE BEG DEV ADV

Openness to and appreciation of client's faith of origin CNE BEG DEV ADV

Ability to identify, understand and to work with the client's

 spiritual values in the counseling relationship CNE BEG DEV ADV

Openness to assess and work with one's own spiritual values CNE BEG DEV ADV

INTEGRATION OF MARRIAGE AND FAMILY SKILLS AND KNOWLEDGE\*

Ability to understand and respond to the symptom bearer as a

 representative of the system CNE BEG DEV ADV

Ability to respond to the anxiety in a marital or family system CNE BEG DEV ADV

Ability to understand and respond appropriately to triangles in

 the family and therapeutic system CNE BEG DEV ADV

Ability to relate family of origin issues to the presenting problem

 in a system CNE BEG DEV ADV

Ability to identify and respond to interface issues between the

 counselor's family system and the client's family CNE BEG DEV ADV

UTILIZATION OF SUPERVISORY PROCESS

Ability to utilize supervision through attendance, having material

 ready to present, and openly discussing responses to

 recommendations. CNE BEG DEV ADV

Ability to initiate pertinent discussion in supervisory sessions CNE BEG DEV ADV

Ability to offer an objective analysis of one's performance,

 including positive and negative observations CNE BEG DEV ADV

Ability to identify one's own growing edge with respect to specific

 clients and clients in general CNE BEG DEV ADV

Ability to utilize supervisory process to recognize transference

 and countertransference, and to distinguish between

 reactions to transference and true countertransference CNE BEG DEV ADV

Openness to presenting one's work for critiques CNE BEG DEV ADV

Ability to function relatively autonomously of supervision,

 utilizing supervisor as a resource rather than a director

 of the details of treatment CNE BEG DEV ADV

Ability to help supervisor maintain appropriate boundaries

 between supervision and counseling CNE BEG DEV ADV

Openness to revealing one's self as it relates to the learning

 process CNE BEG DEV ADV

Further Comments by Supervisor

Resident’s Strengths:

Areas Needing Work:

Recommendations:

Continuation

Certification

Graduation

Probation

Withdrawal

Supervisor Signature Date

Resident’s Response:

Resident / Supervisee Signature Date

**Appendix K: Self-Evaluation Tool for Residents**

Self-Evaluation Tool for Residents

Areas for Evaluation

Residents do a written self evaluation, using the following areas for evaluation as a guide, at the end of the fall and spring semesters. The written self evaluation is to be given to the Training Coordinator, and the individual and group supervisor, at least one week prior to the group evaluation meeting as scheduled by the training Coordinator.

Learning Contract

Review contract and assess areas of growth, progress and/or difficulty.

Course work

Assess where you are with the theoretical concepts - trouble spots and competency areas.

Assess where you are in integrating theory with your clinical work.

Clinical Work

Assess your clinical work - areas of strengths and weaknesses; areas of concern; use of supervision; ability to understand clients dynamically; where you are regarding evaluations and client load.

Pastoral Dimension

How do you understand or assess the pastoral dimension of your training?

Assess how you work with client's spiritual issues.

Interpersonal

Assess your interactions with colleagues, peers, and supervisors.

Intra-psychic

Assess the effect of the program on your own dynamics.

Overall
Assess the effect of the program in your personal, work, and family life.

**Appendix L: Case Presentation**

Case Presentation Guidelines

One of the goals for the second year resident is to present a clinical case to a small group of colleagues. Following are the guidelines for this case presentation.

Choose a case you feel good about and have seen for a sufficient period of time to have established an alliance and have engaged treatment (at least 15 sessions).

Prepare a detailed write up covering the following points:

a. Identifying data

b. Presenting problem and its history

c. Client's manner of engagement; counselor's reaction to client

d. Significant genetic material

e. Diagnostic Summary

f. Goals of counseling

g. Treatment process to date with theoretical rationale

h. Process notes of one session

i. What you have learned from case and/or theological perspectives

Copies of these materials are to be given to your Supervisor, the Training Coordinator, and the Clinical Director at least one week prior to your case presentation. If these individuals do not have the materials a week in advance, so that they have time to prepare, they may choose to postpone the conference and it will be the resident’s responsibility to reschedule the presentation.

The resident is to coordinate with the Training Coordinator as to the date, time, and place of the case presentation by completing the form (Case Presentation page 2) at least two weeks prior to the date of your presentation and giving it to the Training Coordinator. The Clinical Director will give the attending staff a copy of the evaluation form.

The presentation will involve your introduction

EVALUATION FORM FOR RESIDENT CASE PRESENTATION

Attached are the guidelines the resident will use for his/her presentation. Each participant should have a copy of the material one week prior to the presentation. This is meant to be an experience of professional colleagueship, peers engaging in a process of mutual critical reflection for growth, challenge, and affirmation. Please take 10 minutes at the end to reflect on the process. After the presentation, fill out the following and return to the Clinical Director.

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you able to engage in a positive exchange?

Did you feel able to give/receive positive and negative input and reactions?

What did you receive from the experience?

What did you contribute to it?

What is your assessment of the presenting resident's organization and presentation of material?

What is your assessment of the presenting resident's content of his or her case presentation? Note the quality of both written and verbal content, completeness, ability to think theoretically about the case, ability to explain and discuss the process notes.

How would you assess your participation in group and the group process?

**Appendix M: Referral Development Guide**

Residents’ Guide to Referral Development

Purpose: This guide presents ideas, thoughts, and past helpful hints that have led to referral development. By no means is this meant to be an all-inclusive step-by-step structure to developing clients. However, it can serve as a starting place and a roadmap for future endeavors. Each resident is encouraged to add their own point of view, knowledge, and experience to the process.

This process may be an uncomfortable and force you out of your comfort zone. However, the purpose of these suggestions is to help ease that discomfort, and to shed some light on this process.

What is referral development?

 For the purposes of this guide, referral development is defined as “strategies to increase resident presence, as well as reach more individuals to serve.” It is not merely ways to increase client caseload.

Where do I start?

 In thinking about referral development, 3 categories come to mind: Reflection, Materials, and Outreach. Most of what will be presented in this guide will fall into one of those three categories. Let’s begin by looking at an example timeline that highlights all 3 components.

Timeline

\* This is an example. Not everything needs to happen in this exact order or will apply to every resident. This is a suggested timeline. Personal ideas and creativity should be added and are encouraged.

Within the first 2 weeks

Reflection on professional identity. Some questions to ask: What type of counseling do you want to do? What type of clientele, specialty, or problems/issues, do you want to work with? (Or not work with?) How do I reach them? What kinds of organizations are they linked to?

Develop a biography of yourself to be placed on the website and submit to Marketing Director. (Suggestions of what to include: credentials, areas of interests, specialties, photo, and locations served. Remember this should only be about a paragraph long. (See “Website Bio” on Example Page)

Ask Marketing Director to create business cards for you

Obtain Care and Counseling marketing materials (brochures, flyers, etc.)

Create a personalized insert, similar to the website biography, to give out with marketing materials. This gives a personal touch and connects the materials to you. (See “Insert” on Examples page)

Consider creating a Psychology Today profile. This is free for NBCC-certified counselors within the first 90 days of membership. This listing makes you searchable by specialty, name, location, etc. There is a fee applied otherwise.

Within first 30 days

Start compiling list of potential contacts/resources in the area you plan to work based on the answers of your reflection. This can be done by doing an online search of the examples given below. (Some examples are given in “examples” section) However, common areas or suggestions have included:

Doctors’ offices

Hospital social workers

Chaplains

Pastors/Churches

Ministerial Alliance Association

Schools

Veterans’ Associations

PTAs

Local social service organizations/agencies

Mom’s groups

Other professionals

Utilize your own personal network. You will be surprised how many people you know from professional work and/or your personal life. Tell people what you are doing. People like to refer to people they know. Think about how often you have needed a service and used someone that someone else suggested.

Acquire Care and Counseling list of contacts for your geographical location from Marketing Director.

Start making contact with contacts on compiled list. This can come in the form of personal contact, making phone calls, sending letters, etc. All are viable options and dependent on time constraints, etc. However, personal experience has shown the more personal contact made the more fruitful the results. It is also important to note that you may want to set up some sort of tracking sheet so you know who you contacted and when. Such examples, (and probably the easiest) would be an Excel spreadsheet.

In the next 30 days and onward:

Consider preparing for and/or doing presentations. Presentation can be an effective way of getting your name out. Many volunteer organizations are also looking for presenters. Examples include: Girl/Boy Scouts, PTAs, and churches, Women’s /Men’s Clubs, Rainbow, local social service agencies, etc.

Practice presentations at Care and Counseling. This is a good way to get timing down, as well as feedback from peers before going out into the community.

Continue to make contacts and develop referral list.

Other suggestions to consider:

Develop a website/blog.

Create video commercial

Run ads in local church bulletins, etc.

Post on community boards

Use social media such as Linkedin, Facebook, etc.\*

Post on Buy, Sell, Trade sites (dependent on parameters)

Local newspaper ads

Yellow page listing

When considering any referral development strategy, one must do what makes sense for him or her. For example, some strategies incur a cost, but others are free. Some require more time and effort. You must weigh the costs and benefit. One example is social media.

\*There are lots of potential and pitfalls with social media use. This should only be considered after careful consideration and discussion of these issues.

Additional Info

Sometimes it can be hard to know what to say when initially begin the referral development process. Included in the Resource section is an example script/talking points when approaching potential contacts. The script is merely a starting point. As a counselor develops relationships and/or put their own style personality into referral development this script will change. However, often this tends to be uncomfortable at first for most, so the example is offered as a guide.

Resources

How Care and Counseling can help:

 -marketing materials (brochures, flyers, business cards, etc.)

 -website capabilities and technology

 -Assigning clients through front desk

 -Advertising of all locations

 -Care and Counseling Website

Personal Examples

Website Bio

Eileen Henry, MS, PLPC

Degree: Masters in Mental Health Counseling-Capella University.

Clients: adolescents, adults, individuals, and couples

Certifications: National Board of Certified Counselors, Trauma-Focused CBT, American Counseling Association member

Specialties: Grief, life transitions, adolescents with self-harm behaviors, adjustment disorders, academic/school difficulties, social skills, stress management, anxiety/depression

Eileen has a strong background working with the elder, veteran and adolescent populations. Working in social services before transitioning to counseling, Eileen is familiar with working with individuals in a variety of transitions and settings.

Eileen enjoys working with individuals to help them through everyday struggles. She realizes that sometimes life can be overwhelming and she wants to help others achieve their fullest potential and become their ideal self. Informed by psychodynamic and Adlerian perspectives, she tailors therapy to meet the individual client’s needs. She considers it a privilege to be able to help others succeed.

Insert

Eileen Henry, MS, PLPC

Clients: adolescents, adults, individuals, and couples

Certifications: NBCC, TF-CBT, ACA/CSI member

Specialties: Grief, life transitions, self-harm, adjustment disorders, autism spectrum, academic difficulties, social skills, stress/anger management, anxiety/depression

Eileen has a strong background working with elder, veteran and adolescent and autistic populations.

Eileen enjoys working with individuals to help them through everyday struggles. She realizes that sometimes life can be overwhelming and she wants to help others achieve their fullest potential and become their ideal self. Eileen tailors therapy to meet the individual client’s needs. She considers it a privilege to be able to help others succeed.

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Eileen enjoys working with individuals to help them through everyday struggles. She realizes that sometimes life can be overwhelming and she wants to help others achieve their fullest potential and become their ideal self. Eileen tailors therapy to meet the individual client’s needs. She considers it a privilege to be able to help others succeed.

Eileen Henry, MS, PLPC

Clients: adolescents, adults, individuals, and couples

Certifications: NBCC, TF-CBT, ACA/CSI member

Specialties: Grief, life transitions, self-harm, adjustment disorders, autism spectrum, academic difficulties, social skills, stress/anger management, anxiety/depression

Eileen has a strong background working with elder, veteran and adolescent and autistic populations.

Eileen enjoys working with individuals to help them through everyday struggles. She realizes that sometimes life can be overwhelming and she wants to help others achieve their fullest potential and become their ideal self. Eileen tailors therapy to meet the individual client’s needs. She considers it a privilege to be able to help others succeed.

Example of Letter to Doctor’s Office:

Date

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

My name is Eileen Henry and I am the newest member of the Care and Counseling family. Care and Counseling is a non-profit counseling organization committed to serving individuals, couples and families with a variety of therapeutic needs. Care and Counseling has many locations including a satellite office serving St. Charles and its surrounding areas.

I enjoy working with individuals who struggle with anxiety/depression, grief, and life transitions, and work/school stress, amongst others. Enclosed is information about myself as well as the organization. Please feel free to share these resources with your patients/clients, as well as contact me with any additional questions, etc.

I look forward to hearing from you and developing a further relationship!

Best regards,

Eileen Henry

Care and Counseling Therapist

314-336-1003 (direct)

314-878-4340

ehenry@careandcounseling.org

Phone/In-person Script Talking Points

Hello! May I speak to [fill in contact]? …….

My name is [name]. I am calling to let you know that I am a new counselor with Care and Counseling. As you work with [fill in clientele], I wanted to make you aware of my services as a resource. I work with [type of client] and am available at the following [office locations}. Please fill free to pass along my information should you have a patient/client in need of services. I can be reached at [give contact info]



**Resident Training Program – Group Supervision Case Presentation Worksheet**

**Patient Description**

There are many ways to approach a description of the patient, so think about this as a summarizing statement of the salient information. Elements of this may include: age, gender, relationship status, genogram, significant life stressors (i.e. unemployed, divorce, loss, trauma, etc.), precipitating events. Also, include the patient’s stated reason for seeking treatment.

**Patient’s Narrative**

The patient’s narrative is his / her story of life experiences. Often, this will include developmental history, seminal life events, and symptom presentation at different times of life. Also, this will include a narrative of current experiences and functioning in life, relationships, etc. This may be where the clinician starts to observe possible threads between past experience and current experience.

**Therapeutic Relationship & Frame**

This includes a reflection of the frame of the therapy and the dynamics present in the therapeutic relationship. How was the fee determined, and how did the patient engage in this conversation? What is the frequency of treatment, how was this determined, and how did the patient engage in this conversation? Is the patient on time, consistent with appointments, etc.? How does the patient relate to you, and has this changed from initial contact to current day? How do you feel towards the patient? What is the general feeling in the treatment room?

**Diagnostic Possibilities**

This will include some working hypotheses of symptom-based diagnosis and psychodynamic diagnosis. Symptom-based diagnosis will follow diagnostic criteria set for by the Diagnostic and Statistical Manual for Psychiatric Disorders. Please refer to the manual when considering diagnosis. *(Copies of the manual are available for reference in the library. Please do not remove from the library, as everyone will need access to this manual.)* Psychodynamic diagnosis will include some working hypotheses of developmental level of personality organization, the defensive style within the developmental level, and / or description of core psychodynamic conflicts. Two useful books for reference include McWilliams (2011) Psychanalytic Diagnosis and Summers & Barber (2010) Psychodynamic Therapy.

**Question for Group Supervision**

Individuals and their inner worlds are quite complex. So, the group could spend hours discussing various elements of a patient and the treatment. Develop a question that will help the group focus on an aspect of the treatment that you hope will help you in providing continued treatment.

**Notes about Confidentiality and Privacy**

Care and Counseling places high value on patient confidentiality and privacy. When presenting patients for group supervision please be mindful of the amount of identifying information shared in the presentation. It is best practice to share the least amount of specific information needed to communicate about the dynamics and treatment of the patient. For example, you may mention the general field in which a patient works, but not name the employer or title of the job.

If you become aware of a possibility that you have a relationship with a patient being presented, please immediately recuse yourself from the group supervision session. You can notify the group supervisor of your conflict after the session.

Finally, if there is a situation in which you and another Care and Counseling colleague are both providing treatment to a patient (i.e. individual vs. family / couple’s therapy), or a situation in which you are transferring the treatment to another Care and Counseling colleague it is best practice that you obtain an Authorization of Release of Information prior to communicating with the colleague. Also, even with an Authorization of Release of Information, clinicians should use careful discretion in determining what information is clinically beneficial for sharing.

**2019 – 2020 Training Program Calendar**

|  |  |  |
| --- | --- | --- |
| 09.04.19 | 8:00am10:30am12:00pm1:00pm | Nuts and Bolts of Being a Therapist – Jim Gerber, PhD, ATR, LPCOpening Day CeremonyResident Meeting: Referral Development – Gina Fromme & Kristen RaticanGroup Supervision |
| 09.11.19 | 8:00am10:30am12:00pm1:00pm | Nuts and Bolts of Being a Therapist – Jim Gerber, PhD, ATR, LPCSeminar: Early Detection of Depression and Anxiety to Lower Suicide Risk – Gary Behrman, LCSWConsultation with Dr. PatelGroup Supervision |
| 09.18.19 | 8:00am10:30am12:00pm1:00pm | Nuts and Bolts of Being a Therapist – Jim Gerber, PhD, ATR, LPCCase Conference – Clay Coffee, PhD, MDiv, LMFT, LPCResident Book Study – Working with Parents Makes Therapy Work, Chapters 1-2Group Supervision |
| 09.25.19 | 8:00am10:30am12:00pm1:00pm | Nuts and Bolts of Being a Therapist – Jim Gerber, PhD, ATR, LPCSeminar: Giving Up the Wish: An Attachment Based Approach to Psychological Conflict – Jim Gerber, PhD, ATR, LPCConsultation with Dr. PatelGroup Supervision |
| 10.02.19 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Theory: Drive, Ego, Self, and Object Relations – Melissa Scolaro, MA, MSW, LCSWStaff MeetingResident Meeting, 1st Year: Spiritually Integrated Care – Amy Bertschausen, MDiv Resident Meeting, 2nd / 3rd Year: Assessments with Couples – Ellen Marting Jayaprabhu, LMFTGroup Supervision |
| 10.09.19 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Theory: Drive, Ego, Self, and Object Relations – Melissa Scolaro, MA, MSW, LCSWSeminar: Psychopharmacology Update – Renuka Patel, MDConsultation with Dr. PatelGroup Supervision |
| 10.16.19 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Theory: Drive, Ego, Self, and Object Relations – Melissa Scolaro, MA, MSW, LCSWCase Conference – Karen Gabriel, MA, LPC, NCCResident Book Study – Working with Parents Makes Therapy Work, Chapters 3-4Group Supervision |
| 10.23.19 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Theory: Drive, Ego, Self, and Object Relations – Melissa Scolaro, MA, MSW, LCSWSeminar: Understanding and Supporting Well-Being for Women in Ministry – Amy Stark, MSW, LCSW and Amy Bertschausen, MDiv, Executive Director of Care and CounselingConsultation with Dr. PatelGroup Supervision |
| 10.30.19 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Psychopathology – Stephanie Whitney, MA, LPC, ATR-BCGroup Supervision |
| 11.06.19 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Psychopathology – Stephanie Whitney, MA, LPC, ATR-BCStaff MeetingResident Meeting: Topic TBD – Julie Friedman, MSW, LMSW Group Supervision |
| 11.13.19 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Psychopathology – Stephanie Whitney, MA, LPC, ATR-BCSeminar: Recognizing and Responding to Problematic Sexual Behaviors in Children – Amy Escott, MS, LPC of Children’s Advocacy Services of Greater St. LouisConsultation with Dr. Patel Group Supervision |
| 11.20.19 | 8:00am10:30am12:00pm1:00pm | Psychodynamic Psychopathology – Stephanie Whitney, MA, LPC, ATR-BCCase Conference: Ellen Marting Jayaprabhu, MA, LMFT, and Stephanie Whitney, MA, ATR-BC, LPCResident Book Study – Working with Parents Makes Therapy Work, Chapter 5Group Supervision  |
| 11.27.19 |  | Holiday Break |
| 12.04.19 | 8:00am10:30am12:00pm1:00pm | Interpersonal Theory – Karen Gabriel, MA, LPC Staff Meeting Resident Meeting: Presentation of Psychodynamic Formulations – Stephanie Whitney, MA, LPC, ATR-BCGroup Supervision  |
| 12.11.19 | 8:00am10:30am12:00pm1:00pm | Interpersonal Theory – Karen Gabriel, MA, LPCSeminar: Innovative Considerations in Working with Disorders of the Self – Jim Gerber, PhD, ATR, LPCConsultation with Dr. PatelGroup Supervision |
| 12.18.19 | 8:00am10:30am12:00pm1:00pm | Interpersonal Theory – Karen Gabriel, MA, LPC Case Conference – Dale Kuhn, MA, MDiv, STM, LCSW, AAPC DiplomateResident Book Study – Working with Parents Makes Therapy Work, Chapter 6Group Supervision |
| 12.25.19 |  | Holiday Break  |
| 01.01.20 |  | Holiday Break |
| 01.08.20 | *\*Time Changes\** 9:30am10:30am12:00pm1:00pm | Group SupervisionSeminar: A Little Law for Mental Health Clinicians – Alan Freed, JDConsultation with Dr. PatelAttachment Focused Family Therapy – Doug Pettinelli, PhD |
| 01.15.20 | *\*Time Changes\** 9:30am10:30am12:00pm1:00pm | Group SupervisionCase Conference – Sarah Goldman, MSW, LCSWResident Book Study – Working with Parents Makes Therapy Work, Chapters 7-8Attachment Focused Family Therapy – Doug Pettinelli, PhD Group Supervision |
| 01.22.20 | *\*Time Changes\** 9:30am10:30am12:00pm1:00pm | Group SupervisionSeminar: (Title TBD – Overview of Neuro Psych Advancements) – Jean Caine, LCSW, LMFTConsultation with Dr. PatelAttachment Focused Family Therapy – Doug Pettinelli, PhD Group Supervision |
| 01.29.20 | *\*Time Changes\** 9:30am10:30am12:00pm1:00pm | Group Supervision Attachment Focused Family Therapy – Doug Pettinelli, PhD Group Supervision |
| 02.05.20 | *\*Time Changes\** 9:30am10:30am12:00pm1:00pm | Group SupervisionStaff MeetingResident Meeting: Topic TBD – Jessica Schenk, MSW, LMSWAttachment Focused Family Therapy – Doug Pettinelli, PhD Group Supervision |
| 02.12.20 | 8:00am10:30am12:00pm1:00pm | Family and Faith of Origin and the Helping Professional – Dale Kuhn, MA, MDiv, STM, LCSWSeminar: (Final Title TBD – Spiritual Wounds of Trauma) – Patrick Fleming and Sue Lauber-FlemingConsultation with Dr. PatelGroup Supervision |
| 02.19.20 | 8:00am10:30am12:00pm1:00pm | Family and Faith of Origin and the Helping Professional – Dale Kuhn, MA, MDiv, STM, LCSWCase Conference – Kavitha Lakshmanan, MSW, LCSW, CTResident Book Study – Working with Parents Makes Therapy Work, Chapters 9-11Group Supervision |
| 02.26.20 | 8:00am10:30am12:00pm1:00pm | Family and Faith of Origin and the Helping Professional – Dale Kuhn, MA, MDiv, STM, LCSWSeminar: Understanding Enabling Behavior: How do Mental Health Clinicians Address It? – Diane Chandler-Riddlespriger, MS, LPC, NCC, CCMHCConsultation with Dr. PatelGroup Supervision |
| 03.04.20 | 8:00am10:30am12:00pm1:00pm | Family and Faith of Origin and the Helping Professional – Dale Kuhn, MA, MDiv, STM, LCSWStaff MeetingResident Meeting: Topic TBD – Shayna Warner, MSW, LMSWGroup Supervision |
| 03.11.20 | 8:00am10:30am12:00pm1:00pm | Therapist and Client Relationship – Karen Gabriel, MA, LPCSeminar: (Final Title TBD – Transgender Issues) – Gary Hirshberg, LCSWConsultation with Dr. PatelGroup Supervision |
| 03.18.20 | 8:00am10:30am12:00pm1:00pm | Therapist and Client Relationship – Karen Gabriel, MA, LPCCase Conference – Karsee Taylor Parr, MA, LPCResident Book Study – Working with Parents Makes Therapy Work, Case PresentationsGroup Supervision |
| 03.25.20 | 8:00am10:30am12:00pm1:00pm | Therapist and Client Relationship – Karen Gabriel, MA, LPCSeminar: (Final Title TBD – Sandtray Therapy) – Shirley Fontenot, DMin, NCPsyAConsultation with Dr. PatelGroup Supervision |
| 04.01.20 | 8:00am10:30am12:00pm1:00pm | Therapist and Client Relationship – Karen Gabriel, MA, LPCStaff MeetingResident Meeting: Kate Stewart, MA, PLPCGroup Supervision |
| 04.08.20 | 8:00am10:30am12:00pm1:00pm | Integration of Spirituality and Psychotherapy – Dale Kuhn, MA, MDiv, STM, LCSW & Amy Bertschausen, MDivSeminar: Hindu Death and Dying Rituals and Their Significance – Kavitha Lakshmanan, LCSWConsultation with Dr. PatelGroup Supervision |
| 04.15.20 | 8:00am10:30am12:00pm1:00pm | Integration of Spirituality and Psychotherapy – Dale Kuhn, MA, MDiv, STM, LCSW & Amy Bertschausen, MDivCase Conference – Amy Stark, MSW, LCSWResident Book Study – Working with Parents Makes Therapy Work, Case PresentationsGroup Supervision |
| 04.22.20 | 8:00am10:30am12:00pm1:00pm | Integration of Spirituality and Psychotherapy – Dale Kuhn, MA, MDiv, STM, LCSW & Amy Bertschausen, MDivSeminar: (Final Title TBD) – Stacie Zellin, MPH, CHES from NCADAConsultation with Dr. PatelGroup Supervision |
| 04.29.20 | 8:00am10:30am12:00pm1:00pm | Integration of Spirituality and Psychotherapy – Dale Kuhn, MA, MDiv, STM, LCSW & Amy Bertschausen, MDivGroup Supervision |
| 05.06.20 | 10:30am | Graduation & Staff Recognition |