Practicum in Infant and Child Mental Health Syllabus

Class Hours: TBD
Class Location: TBD
Course Website TBD
Course Leader Cynthia Loncar, Ph.D.

Course Description

The Practicum takes advantage of clinical services at the Brown Center for Children (BCC) and other hospital-based services which address complex situations that contribute to infants being considered at-risk for mental health disorders. Services at the BCC include out-patient services (Behavior and Development Clinic, Infant Behavior, Cry and Sleep or "Colic Clinic," the Vulnerable Infants Program, and the Autism Spectrum Disorders Clinic) and hospital based services (Neonatal Intensive Care Unit or NICU Occupational Therapy Consult Service, NICU Family Psychosocial/Mental Health Service and the Neurobehavioral Consult Service). Other hospital services include the Neonatal Follow-up Program and the Day Hospital at Women and Infants Hospital, the Primary Care Program, the Pediatric Partial at Bradley Hospital, and the Early Childhood Clinical Research Center at Hasbro Children's Hospital. During the first year students will rotate through each of the clinical services and observe "in vivo" clinical sessions. Each clinic can accommodate 2-3 students per session; the students will spend at least two sessions in each of the 12 clinical services. During the second year, students will receive individual clinical supervision. Students will be paired with faculty and, depending on their level of training and experience, participate with the faculty in clinical sessions. Each student will have the opportunity to be supervised for four weeks in six of the clinics.

Course Objectives

By the end of this course, students will be able to:

- Interpret assessments observed in the infant mental health clinics
- Provide diagnosis and classification of infant mental health disorders
- Develop treatment strategies for infants with mental health disorders and their families
- Demonstrate clinical skills working with infants and their families in the clinics.

Course Requirements and Evaluation

The practicum meets once a week for two hours at the 12 practicum sites described in more detail below. Students will be at the practicum sites during the provision of clinical services. During the first year, students will rotate twice through the 12 clinics, thus they will spend two 2-hour sessions in each clinic. Each clinic can accommodate 2-3 students in any one session, so this will provide an intimate training experience. During each session, the first hour will be observational. The student will observe a clinical session that is occurring at the time. These sessions are not planned or staged for the student; they are active cases that can be at any phase of treatment from initial intake to a family that has been seen multiple times. Sessions will also include demonstrations of assessment instruments used in the clinical services. The

observation will take place with permission from the family either through a one-way mirror or with the student being in the room with the family and the infant mental health faculty providing the clinical service. During the second hour, the faculty member and the 2-3 students discuss the case. Students will participate in report writing and the development of treatment plans based on the cases seen and at the discretion of the faculty supervisor. Every other week, one session will used for the students to get together as a group with Drs. Loncar and Lester to discuss their experiences and issues.

During the second year, the students will receive individual clinical supervision in the clinics. Students will select six of the 12 clinics in which they would like to receive supervision and then spend four weeks in each of the three clinics. Each student will be paired with a faculty member for the four-week supervision period in each clinic. During supervision, students participate with their faculty supervisor in the actual delivery of clinical services. The nature of the participation will be determined by the faculty supervisor who will consider the level of training and experience of the student and the complexity of the cases. Examples of the kinds of service the student could provide include: initial intake, administration of assessments to the infant and/or mother, providing feedback to the mother, counseling and discussing treatment plans. During each 2-hour session, the first hour will be spent with the patient. During the second hour the faculty and student will discuss the case and the faculty will provide feedback to the student regarding his/her performance during the session. The students will participate in report writing and the development of treatment plans based on the cases and at the discretion of the faculty supervisor. Every other week, one session will used for the students to get together as a group with Drs. Loncar and Lester to discuss their experiences and issues.

Students will be graded A, B, C/NC based on the following criteria:

- Practicum Evaluation. Overall Comments and Performance Impression rating of Good or higher (B or higher) on the **Practicum Evaluation for Students** form from each of the twelve clinic rotations. Year 1: six evaluations each semester. Year 2: three evaluations each semester. (60% of grade)

- Written paper. Each semester, students will write an 8-10 page case study based on one of the cases that they observed or were involved in the program during the semester. The paper should provide a background summary of the presenting problem, history, assessment, diagnosis and treatment. The paper should then provide a more in depth interpretation of the case and provide the student the opportunity to demonstrate their interpretive skills and clinical insights. This could include alternative approaches, treatments or interpretations to that which was provided or unresolved issues. The student should also discuss their own feelings about the case, how the case affected them and how they dealt with personal issues around the case. (40 % of grade)

Evaluation of Supervisor. At the end of the semester the student will evaluate the supervisor using the **Evaluation of Supervisor/Mentor** form.

Clinical Practicum Training Sites and Faculty

The Behavior & Development rotation is designed to introduce the student to the diagnosis and treatment planning of psychiatric disorders usually first diagnosed in infancy and early childhood (children 2 – 5 years of age presenting with behavioral, emotional and/or developmental issues). The student will actively participate as a member of this clinical service at the Brown Center. The rotation specializes in diagnosis of early childhood difficulties to include behavioral disorders, developmental delays, communication disorders and autism spectrum disorder. Students will participate in and conduct initial diagnostic intakes, co-conduct psychological testing with lead clinician observation and feedback, and co-conduct family treatment sessions around feedback and diagnostic impressions. Students will also write progress notes and summary of neurodevelopmental testing under the direct supervision of the lead clinician. *Faculty: Cynthia Loncar, Ph.D., Stephen Sheinkopf, Ph.D., Ronnesia Gaskins, Ph.D.*

The Occupational Therapy (OT) Consult Service provides family-based developmental intervention and consultation for high-risk infants in the NICU (Neonatal Intensive Care Unit), Special Care and Newborn Nurseries at Women & Infants Hospital. Inpatient referrals for an OT Consult are made by medical staff of the NICU or newborn nurseries, and require an order by the medical team. Infants and their families may be referred for services for a variety of reasons, including feeding difficulties and the need for developmental support or anticipatory guidance. Occupational therapy services are available during the nursery stay, and during the transition home, to provide developmental, behavioral and feeding assessment, consultation and intervention. An additional focus of the program is on facilitating parent–infant relationships and parental coping and adjustment. Thus, the occupational therapist may work closely with other team members, including mental health clinicians, when appropriate. *Faculty: Rosemarie Bigsby, Sc.D., OTR/L, FAOTA.*

The Infant Follow-Up Clinic has been providing supplemental care to infants and children who are cared for in the Neonatal Intensive Care Unit since 1974. The mission of the Follow-up Program is to provide a continuum of care for graduates of the Neonatal Intensive Care Unit and to conduct prospective, longitudinal outcome studies including descriptive studies, intervention studies, clinical trials and multicenter clinical trials. The Follow-up clinic provides medical and neurodevelopmental management for graduates of the NICU, maintains a data base of outcomes, and is heavily committed to teaching students and residents. Referrals come from the NICU discharge planner, private practitioners, clinics, Early Intervention, VNA, and parents. Informed consent is obtained when indicated. Medical Management includes the following: Infants with medical problems such as apnea of prematurity, obstructive apnea, bronchopulmonary dysplasia, reflux and failure to thrive, are managed longitudinally until such time that the problem is resolved. *Faculty: Betty Vohr, MD.*

The Postpartum Depression Day Hospital rotation is designed to introduce the resident to the recognition and treatment of perinatal psychiatric disorders. To this end, the resident will function as a member of a multi-disciplinary treatment team within a partial hospital setting. The mission of this specialized partial hospital program is to provide timely, comprehensive and cost-effective treatment to women suffering from psychiatric disorders during both pregnancy and the postpartum period. The program is also designed to keep mothers and their infants together

during treatment so that 1) the critical bonding period between mother and baby is not disrupted, 2) breastfeeding in nursing mothers in not interrupted and 3) we can directly observe how a mother's illness affects interaction with her infant, while simultaneously fostering more positive attachment. Our objective is to intervene early in order to prevent potential negative effects on the developing infant. Residents will participate in daily interdisciplinary treatment team rounds, co-lead psychotherapy groups with lead therapist observation and feedback, and conduct initial psychiatric evaluations and daily individual treatment with faculty observation/feedback; supervision will also include sharing and reviewing key articles focusing on perinatal psychiatric disorders and the impact of maternal psychiatric disorder on infant development, observation of dyadic assessments and intervention. *Faculty: Margaret Howard, PhD.*

The Early Childhood Clinical Research Center (ECCRC) is part of the Bradley/Hasbro Research Center, devoted to the study and treatment of young children at risk for serious mental disorders and their families. In addition to prevention efforts, emphasis is placed on assessing behavioral processes that support the intergenerational transmission of illness, and treating individuals, relationships, and families.

The ECCRC provides clinical services to young children (infants, toddlers, and preschoolers) with behavioral, emotional, and/or developmental difficulties, and their families. Services are provided through: direct therapeutic intervention with children and families; standardized child developmental evaluations and family assessments; and community-based consultation to early childhood care and education agencies regarding classroom functioning, child and family development, staff training, program planning, and program evaluation.

The ECCRC provides community-based professional training on issues such as child and family assessment, normative and atypical child development, parent-child attachment and family relationships, behavior management strategies, and family risks. The ECCRC implements the Incredible Years Series, an empirically validated preventive intervention model designed to address multiple contextual risk factors that are known to compromise the young child's ability to succeed in school by 1) promoting effective parenting practices, parent-school connections, and healthy family functioning; and 2) enhancing social-emotional competence and behavioral regulation in preschoolers in home and school settings. *Faculty: Susan Dickstein, Ph.D.*

The Infant Behavior, Cry, and Sleep Clinic known as the "colic clinic" is a clinical service for families whose infants have crying, feeding, and sleep problems. It is the only "Colic Clinic" in the country. This unique clinic uses a short-term, family-centered, multidisciplinary team approach that integrates mental health, and pediatric services. Services include diagnosis, behavioral management of the infant and family counseling. Our goal is to optimize the potential for the well-being of all family members. We are proponents of intervening early in infant colic and taking a comprehensive approach that includes alleviating parental stress. When infants have colic, family functioning, parent-infant relationships and parental mental health can be adversely affected. In addition to examining factors that contribute to the infant's inconsolable crying, parental concerns are assessed and addressed. Parents need to be understood and helped to develop effective strategies that will offer them relief through the challenging time when their infants are crying too much and sleeping too little.

Parents who seek our services usually have had multiple contacts with their pediatricians, are worried there is an undiagnosed medical reason for their infant's crying, and often have received conflicting advice from family and friends as well as professionals. Colic is a confusing term for parents who want to know more precisely what it means and how it can be treated. Various soothing strategies often are successful only intermittently or create other problems. For example, offering the infant the breast for comfort throughout the day and night may interfere with the infant and mother's sleep. Parental stress often increases when parents blame themselves for being unable to better console their infants or more effectively meet their needs. Parents who contact the clinic are typically exhausted and describe themselves as being at the end of their ropes. It is not unusual for us to see older infants whose problems with colic have resolved, but who continue to have sleep problems.

Detailed written recommendations for infant crying, feeding, sleeping, and parental needs are given at visits. By working closely with parents, who implement these recommendations they have helped formulate, changes in infant behaviors are accomplished. *Faculty: Pamela High, MD, Jean Twomey, PhD*

The Neurobehavioral Consult Service provides a Neurobehavioral assessment to examine the neurobehavioral organization, neurological, motor development, active and passive tone, and signs of stress and withdrawal of the at-risk and drug-exposed infant. Infants born at WIH who have been exposed to illicit drugs, psychotropic medication, or who have neurobehavioral concerns such as excessive irritability or poor sleep are referred to the BCC for a NNNS consult. The NNNS provides a useful format for neuro-developmental and neurobehavioral assessment in clinical settings such as hospital nurseries. A symptom oriented intervention plan for the infant is created after assessment and provided to caregivers. Students will: Understand how the NNNS measures neurobehavior through observation of the infant in various states, by challenging the infant and scoring how he or she copes with stimulation, by bringing out the full range of states (sleep, awake, and crying), by bringing out the full range and repertoire of the infants behavior; Learn to record information about infant neurobehavior such as classic reflexes, motor tone, posture and flexion, infant attention and tracking, crying and soothing, and if the infant show signs of stress or withdrawal; Learn to write a hospital discharge plan for how to manage the infant at home; Learn to use infant assessments to show parents the strength and weaknesses, preferences and vulnerabilities of their infant so that they have a better understanding of the infant, support parental self esteem and facilitate early attachment relationship; Learn to assist EI (early intervention) recommendations: The exam can be used to decide which infants need EI and which neurobehavioral domains EI should focus on. The EI treatment plan can be based on the NNNS exam; Learn to make recommendations for infants in follow-up – e.g. for infants seen in a follow-up program such as preterm or drug exposed infants. *Faculty: Lynne Andreozzi, Ph.D., Rosemary Bigsby, Sc.D., OTR/L, FAOTA.*

Vulnerable Infants Program of Rhode Island (VIP-RI) is a statewide model of coordinated care and support for drug exposed infants, women, and their families. This unique program is designed to improve the community's ability to manage cases involving children with prenatal drug exposure who are at risk for comprised development. One goal of this hospital-based program is to assist in connecting these families with the earliest and best intervention services. VIP-RI has resulted in a reduced length of stay for drug-exposed infants in the hospital, a

reduction in foster care placement, and an increased rate of permanent placement including increased placement with biological families. VIP-RI also includes a Family Treatment Drug Court. VIP-RI was created to serve the needs of infants with a history of prenatal drug exposure and their families. The student will participate with multi-disciplinary team members in all aspects of the program. This program specializes in: Comprehensive service coordination with court, community and state agencies to assist in compliance with the Adoption and Safe Families Act; Development of individualized treatment plans for newborns and infants with drug exposure; Service linkage that promotes the coordination of recovery and long term health of pregnant and post-partum women who have abused substances; Education and training for court, state and community agencies, and foster parents on issues related to drug exposure in children and/pr drug addiction in mothers; Conducting developmental screenings for infants with drug exposure and for their siblings to ensure early identification of children in need of early intervention and early special education services.

Students will initially participate in "live" shadowing of care coordinators with clients from intake appointments to case discharge. Students will attend weekly team meetings, FTDC hearings and case coordination meetings. Students will participate in follow up assessments, home visits, FTDC hearings and developmental evaluations. Faculty observation/feedback will be ongoing. Supervision will also include sharing and review of key articles focusing on perinatal substance abuse and developmental outcomes of infants with prenatal exposure.
Faculty: Lynne Andreozzi, PhD, Rosemary Soave, MSW

The NICU Family Psychosocial Clinic will highlight fetal neurobehavioral development, methods to assess fetal development, and the use of the observations with clinical populations such as women with major depression or substance abuse. Options exist for students to become certified in collection of fetal neurobehavioral data and or the FENS coding system. Students will gain a broad understanding of fetal physical development as well as more in depth understanding of fetal central nervous system and motor development. Students will also gain knowledge of critical periods for optimal development. Students will learn how to engage pregnant women in therapeutic dialogue about their fetus' development, strengths, expectations, and how to support optimal development. In addition to the main learning objectives, students who are licensed nurses or physicians may opt to also become certified in data collection and will learn ultrasound recording and fetal heart rate monitoring for fetal neurobehavioral assessment. All students may opt to become certified in the FENS coding techniques and will learn to code fetal behaviors from video and fetal heart rate and actocardiograms. *Faculty: Amy Salisbury, MSN PhD, Kathe Hawes, MS*

The Autism Spectrum Disorders Clinic rotation at the Brown Center for Children (BCC) is designed to provide didactic and practical experience in early screening, diagnosis, and management of autism spectrum disorders. The clinical service at the BCC has two components upon which this practicum placement will be based: 1) an early diagnostic service that focuses on differential diagnosis of autism in late infancy and early childhood, and 2) a consultation service that provides psychiatric consultation for children with autism and behavioral challenges, as well as ongoing follow up for children having received early diagnoses. This rotation also builds upon research studies that have a focus on early presentation of autism in infancy and on research that addresses the issues of anxiety in autism. The mission of the clinic is to provide

families with accurate diagnostic evaluations with a careful differential diagnostic framework. The clinic has active and formal collaborations with Early Intervention providers and this will provide opportunity for training in the area of conducting evaluations in collaboration with community providers. The clinic also seeks to provide families (and other community providers) with up to date and evidence based recommendations for treatment and education. The early diagnostic clinic also has a strong focus on social communication in infancy and early childhood, using this framework to help specify recommendations and to provide parents with every-day dyadic activities to support, scaffold, and elicit social communication behaviors. Research programs relevant to this clinical population include studies of fetal and early infant signs of autism in high risk babies.

By the end of this rotation, the student will have experience with and be able to: Understand the diagnostic criteria for autism; Have working knowledge of syndrome presentation in infancy and early childhood; Have an understanding of possible early signs of autism in infancy; Be able to consider alternative diagnoses in a differential diagnostic framework; Have an understanding of typical treatment programs recommended for young children with autism. *Faculty: Stephen Sheinkopf, PhD, Todd Levine, MD*

The Pediatric Partial Hospital Program rotation is a 14-bed unit admitting young children between the ages of 6 weeks and 6 years of age. The population is about 70% males and 30% females; 60% Caucasian, 25% African American, and 15% Hispanic. The average length of stay is 4-8 weeks. The service is busy, with approximately 150 admissions per year. Typical reasons for admission include significant impairment in behavioral, emotional, cognitive, social, or family functioning that necessitates treatment in a day hospital setting. Many of the children have been either physically, sexually, or emotionally abused, or have witnessed such abuse. Evaluation is comprehensive and inter-disciplinary, followed by an individualized treatment plan that may involve individual/play therapy, behavioral therapy, parent-child dyadic interaction therapy, family therapy, group therapy, milieu therapy, psychoeducation, and system coordination/advocacy. Students will learn early childhood diagnostic assessment, parent-child interaction therapy, and gain experience with family therapy, behavior therapy, and parent guidance training, as well as exposure to psychopharmacological treatments. Students will gain knowledge, skills and practice in the care of infants, toddlers, and preschoolers (6 weeks to 6 years of age) admitted to the partial hospital at Bradley for treatment of serious emotional, behavioral, and relationship disturbances. Additionally, consideration of normal and abnormal development in the assessment, understanding and treatment of their very young patients will be emphasized. The rotation is designed to provide broad and intensive clinical experience in all areas of early childhood mental health, including variation in diagnosis, age, and ethnic background of patients and their families. *Faculty: John Boekamp, PhD*

Hasbro Pediatric Primary Care rotation involves Rainbow, Northstar and Teen tot clinics in Hasbro Lower Level. Rainbow and Northstar are general pediatric practices staffed by 8 pediatricians, 1 nurse practitioner, and 61 pediatric residents. Teen tot is a multidisciplinary primary care practice for very young teen parents and their children. It is staffed with an adolescent medicine doctor, an NP, a social worker and residents who are on their Adolescent medicine rotations. Our population is an inner city low-income racially and ethnically diverse

population. We have more than 20,000 annual visits and are the primary care providers for more than 7000 children. Many of our families struggle with unmet behavior health challenges ranging from difficulties parenting in stressful environments to undiagnosed major mental health issues in one or both parents, or major mental health problems in children. Mental health support in our clinic helps with initial evaluations of children and families as well as help with managing issues in the primary care setting, and when appropriate, facilitating higher levels of care within the mental health system. *Faculty: Patricia Flanagan, MD*

Practicum Evaluation for Students

Name of Student: ______________________
Clinical Supervisor: _____________________
Practicum Clinic: _______________________
Dates:________________________________

This evaluation is designed to assess areas of competency relevant to effective professional work, to pinpoint areas of strength and needed development, and to set and refine practicum goals. It is a tool for evaluation of performance and also a vehicle to facilitate growth.

Directions: The ratings of students should be based on actual observation and/or reports of student performance received from supervisors and appropriate others. Please evaluate the student only after s/he has completed the practicum for the period under review. Evaluations should be based on his/her current level of progress and competence in the current practicum site. Circle the letter of the scale that best describes the student's competence as given in the descriptions below. Rate each category independently. A description of the competency levels is listed below.

<u>Competency Rating Key:</u>

U = Unsatisfactory: Student is deficient in competency or particular skill, and there needs to be significant further training and a special effort made in order to bring it up to an acceptable level. Comments should detail plan for growth.

N = Needs Improvement: Student has shown some acceptable evidence of the competency or particular skill, but performance is inconsistent or there may be some example of poor motivation or minor irresponsibility. It is anticipated that the rating will improve with some further training, supervision, and student effort.

M = Meets expectations: Student has shown basic mastery of the competency or particular skill with routine supervision. A rating of "meets expectations" falls in the range of entry-level competency.

E = Exceeds expectations: Student has shown advanced mastery of the competency or particular skill; the student can function effectively with minimal supervision though may need assistance with novel clinical and professional situations. Depth of supervision varies as clinical needs warrant.

N/A = This skill or competency was not applicable to the student's level of development, available in course of practicum opportunities, or was not observed.

I. PROFESSIONAL CONDUCT

1. Self Presentation - For example, presents self in a professional manner through physical appearance/dress, composure, organization, confidence, demeanor, respect toward others and desire to help: ……………………………………………………… **U N M E N/A**

2. Time Management and Professional Practice

a)completes professional tasks in allotted/appropriate time; e.g. writing up report case report, case management plan. ………………………………. **U N M E N/A**

b)demonstrates ability to be prepared and on-time for meetings and scheduled appointments………………………………………………… **U N M E N/A**

c)actively participates in meetings and conferences……….. **U N M E N/A**
d)read policy manual and is familiar with how to locate information regarding procedures and resources……………………………………. **U N M E N/A**
e) keeps supervisors and team aware of whereabouts as needed... **U N M E N/A**
e)f) minimizes unplanned leave, whenever possible……….. **U N M E N/A**
f)g) returns testing/therapy materials to the appropriate location after seeing a client or family……………………………………………………... **U N M E N/A**

3. Management of Personal Issues
a)knows the extent and the limits of one's own clinical skills and is self-aware and self-reflective……………………………………………. **U N M E N/A**
b)able to self-identify personal distress/emotional reactions and acknowledge their potential impact on professional interactions with clients and families, or relationships with colleagues and other professionals…………………………………………… **U N M E N/A**
c)utilizes positive coping skills and seeks out resources that support healthy personal and professional functioning………………………………………. **U N M E N/A**

4. **Documentation**: demonstrates an organized and disciplined approach to writing clear, thorough, and succinct documentation such as reports, evaluations and assessments, progress notes, and discharge summaries……………………………… **U N M E N/A**

Comments about Professional Conduct:

1I. ETHICAL KNOWLEDGE AND PRACTICE

a) demonstrates .understanding of ethical principles and guidelines and conforms to them in professional work and practice; has knowledge of appropriate legal statutes and rules
……………………………………………………………………. U N M E N/A

b) shows awareness of ethical dilemmas and personal attitudes toward them and exhibits appropriate assertiveness (e.g. by raising issues when they become apparent) and decision-making strategies in coping with ethical concerns (e.g. seeks appropriate consultation as needed)
……………………………………………..…………….. **U N M E N/A**
c) demonstrates ethical behavior; for example by promoting client welfare, protecting client confidentiality, and maintaining appropriate boundaries, interacting with clients only within treatment parameters……………………………………………… **U N M E N/A**

Comments about Ethical Knowledge and Practice:

III. KNOWLEDGE AND PRACTICE OF DIVERSITY ISSUES

a) demonstrates an awareness of personal identity and one's own biases, beliefs, values, and attitudes and how they relate to and impact professional practice
………………………………………………………………. **U N M E N/A**
b) demonstrates understanding of diversity issues and concerns of clients and colleagues, including awareness and sensitivity to cultural, religious, gender, sexual orientation, socioeconomics ………………………………………………….. **U N M E N/A**

c) recognizes limits to competence and seeks consultation and additional information from a variety of appropriate non-client sources to better inform practice and enhance relationships …………………………………………………………… **U N M E N/A**

Comments about Knowledge and Practice of Diversity Issues
IV. RELAIONSHIP /INTERPERSONAL

With clients and families:

a) establishes and maintains rapport and builds a working alliance; this includes, for example, awareness of emotional response to client and its impact on treatment, perceptiveness, capacity for empathy …………………………………………………… **U N M E N/A**

b) works with a range of clients and problems and addresses conflict and relational difficulties assertively and effectively…………………………………… **U N M E N/A**

c) obtains clinically useful information during treatment……… **U N M E N/A**

d) responds to client's concerns and questions outside of treatment in a timely manner ………………………………………………………………… **U N M E N/A**

With student students/colleagues:

a) works collegially and respectfully with student students and colleagues. **U N M E N/A**

b) able to support others and their work and gain support for one's own work.. ………………………………………………………………… **U N M E N/A**
c) provides helpful feedback to peers and receives feedback nondefensively

With supervisors:

a) prepares for and makes effective use of supervision - cases reviewed, questions formulated …………………………………………………………………… **U N M E N/A**

b) able to self-reflect and self-evaluate regarding clinical skills developed alternative prevention or intervention program to meet client/community needs and seek supervision when needed, including response to feedback………………………………… **U N M E N/A**

c) openly shares concerns and ideas with supervisor, demonstrates an openness to feedback, and follows through on recommendations……………………… **U N M E N/A**

d) works collaboratively with the supervisor and discusses needs related to autonomy and dependence on supervision…………………………………… **U N M E N/A**

With staff
a) ability to be respectful of and communicate effectively and in a timely manner with staff regarding
matters affecting clients and clinical practice………………… **U N M E N/A**

b) become familiar with and take responsibility for adhering to site guidelines, policies, and procedures…………………………………………… **U N M E N/A**

With team:

a) participates fully in team discussions and offers input and feedback… **U N M E N/A**

b) observes and understands the team's operating procedures………… **U N M E N/A**

With community professionals:

a) communicates appropriately and professionally and works collaboratively with community professionals………………………………………………… **U N M E N/A**

b) works on alternative prevention and intervention program to meet client/community needs ……………………………………………………………… **U N M E N/A**

Comments about Relationship/Interpersonal Skills:

V. PSYCHOLOGICAL ASSESSMENT SKILLS

a) demonstrates appropriate knowledge and use of assessments… **U N M E N/A**

b) able to interpret assessments and integrate data from different sources. **U N M E N/A**

c) produces well-written and organized reports within specified or realistic time frames that can be understood by all users of the information…………………… **U N M E N/A**

d) plans and carries out a feedback interview to discuss test results; makes appropriate contingency plans with patient regarding safety issues if needed… **U N M E N/A**

VI. CASE CONCEPTUALIZATION SKILLS

a) ability to choose an appropriate means of assessment to answer referral questions
…………………………………………………………………. **U N M E N/A**

b) forms realistic diagnostic impressions and case formulations based on the integration of clinical interview data, assessment data, review of research, and other pertinent, available data; uses theoretical model(s) appropriately……….. **U N M E N/A**

c) collaborates with client in a sensitive and respectful manner in forming appropriate treatment goals……………………………………………… **U N M E N/A**

d) refines or revises case conceptualization based on ongoing observation and data
…………………………………………………………………. **U N M E N/A**

e) communicates case formulation effectively verbally and in writing to client and colleagues………………………………………………………. **U N M E N/A**

Comments about Case Conceptualization Skills

VII. INTERVENTION SKILLS

a) plans objective interventions and targets them to client's level of understanding and motivation
………………………………………………………… **U N M E N/A**

b) is flexible in using a variety of appropriate strategies that are well-timed and consistent with sound clinical practice to help clients work toward identifiable goals…**U N M E N/A**

c) recognizes and responds to clinical crises and behavioral emergencies in a professional manner
…………………………………………………………………… **U N M E N/A**

d) able to assess and manage progress in intervention issues…… **U N M E N/A**

e) able to use one's own emotional reactions in treatment …… **U N M E N/A**

Comments about Intervention Skills

VIII. PROFESSIONAL DEVELOPMENT SKILLS

a) responsible for own learning, takes advantage of what the clinic has to offer, and specifies goals of professional development……………………………………. **U N M E N/A**

b) participates in providing suggestions and feedback regarding clinic policy and procedures that will enrich the site as a practicum experience for future students……… **U N M E N/A**

c) uses resources to promote effective practice (e.g., published information, input from colleagues, technological resources)…………………………………….. **U N M E N/A**

d) has an understanding of the consultant's role as an information provider to other professionals who will ultimately be the patient care decision maker…………………. **U N M E N/A**

Comments about Professional Development Skills:

Overall Comments and Performance Impression:

Please circle one:

Outstanding Excellent Very Good

Good Satisfactory Unsatisfactory

Strengths

Areas for improvement

Signature of student________________________________ Date__________

Signature of supervisor_____________________________ Date__________

EVALUATION OF SUPERVISOR/MENTOR
Clinical _____ Research _____

Supervisor/Mentor: ________________________Area of Training: ___________________________

Evaluation Period: Mid __________ End __________ Inclusive Dates: _______________________

Qualities: The supervisor/mentor was:

1 – POOR 2 – FAIR 3 – SATISFACTORY 4 – GOOD 5 – EXCELLENT

Reliable (e.g., had regular supervision meetings, arrived in a timely manner)	1	2	3	4	5	N/A
Available for supervision when needed	1	2	3	4	5	N/A
Able to appropriately challenge the student to advance his/her understanding and skills	1	2	3	4	5	N/A
Able to convey an understanding of and sensitivity to individual & cultural diversity issues that could influence professional interactions with others	1	2	3	4	5	N/A
Able to intervene, when needed, to assist in problems that arose between student and other professional staff	1	2	3	4	5	N/A
Helpful in acquainting student to the Brown system	1	2	3	4	5	N/A
Helpful in setting realistic training goals	1	2	3	4	5	N/A
Helpful in advancing clinical/research skills	1	2	3	4	5	N/A
Helpful in professional writing	1	2	3	4	5	N/A
Helpful in professional development	1	2	3	4	5	N/A
Helpful in providing didactic material	1	2	3	4	5	N/A

Relationship: The supervisor/mentor:
1 – POOR 2 – FAIR 3 – SATISFACTORY 4 – GOOD 5 – EXCELLENT

Accepts disagreements well	1	2	3	4	5
Tries to address student's needs	1	2	3	4	5
Is objective in evaluating student’s performance	1	2	3	4	5
Gives feedback frequently	1	2	3	4	5
Gives criticism constructively	1	2	3	4	5
Is aware of student's objectives	1	2	3	4	5
Is supportive of student	1	2	3	4	5
Is respectful of student's strengths, skills, and experiences	1	2	3	4	5
Is open to discussion of the student-supervisor relationship	1	2	3	4	5

What are the supervisor's/mentor's primary strengths/assets?

What changes could the supervisor/mentor make to improve the training experience (e.g., changes in availability or style of supervision, types of training experiences offered, or office/technical supports available)?

Overall: Overall quality of supervision:

Extremely low 1 2 3 4 5 Extremely high

Additional comments or other remarks:

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Supervisor/Mentor Signature Date

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Student Signature Date