

Indiana State University

Department of Educational and School Psychology

Porter School Psychology Center

Procedures and Guidelines

Revised, August 2007

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Porter School Psychology Center Practicum Conceptual Framework

The Porter School Psychology Center provides a practicum experience for students as a foundation for beginning experiential professional training. Best practice provides a conceptual framework from which the training is based. This in turn provides a foundation for students to begin professional growth and development. The following assumptions are made about the practicum experience:

1. Practicum is an individualized learning experience. Students will present with a wide range of skills, experiences and knowledge. Students should expect training experiences will vary from one student to another, based upon the skills, experiences and knowledge each student presents with. One function of the practicum supervisor is to role model facilitative behavior to support the growth and development of students. As such, group supervision consists of directed interaction to facilitate the growth of all students.

2. Practicum facilitates an understanding of the student's personal strengths and weaknesses and ultimately the student's impact on others (clients, colleagues, supervisors). Students are directed to think critically about this assumption throughout the course.

3. Each member of the practicum group is capable of and responsible for facilitating professional growth and development. Prerequisite coursework has been obtained to provide basic knowledge. The practicum experience provides the opportunity to put the knowledge into practice. Students are required to review and research material as needed to facilitate this growth. This may occur within or outside of supervision or class time.

4. Practicum is composed of varied experiences based on the needs and abilities of the students as determined by the supervisor. This is likely to include, but is not limited to selected readings, case presentations, individual and group supervision, personal reflection and critique, video tape review and critique, giving and receiving feedback, and live observation. Since the practicum is time limited, students are expected to conduct ongoing personal assessment. Feedback is given to facilitate growth of all students. Students are to think critically about all feedback and relate it to personal growth. This may include feedback that is given personally or to peers.

5. Evaluation is ongoing. Students are expected to evaluate themselves and to provide feedback to peers. Supervisors will evaluate skill and personal growth throughout the practicum. This will include, but is not limited to demonstration of prerequisite knowledge, preparation and organization, effective use of time (in and out of session), ability to receive and give constructive feedback, demonstration of ethical standards of professional practice.

**Porter School Psychology Center
Practicum Activities**

1. Initial Interview. This includes an explanation of the clinic structure, hours, student/supervisor roles, obtaining informed consent to treat and exchange of information, financial agreement, review of confidentiality, obtaining relevant historical data, problem identification and development of initial goal.
2. Case Conceptualization and treatment planning. This typically occurs both in and out of session. Hypotheses are developed that guide the treatment process.
3. Assessment. This may be formal or informal. All assessment tools are empirically based and assist in goal attainment.
4. Consultation and collaboration. This typically occurs both in and out of session. It may include contact with teachers, other treatment providers, parents or others. All interaction is directed at problem resolution.
5. Intervention. This typically occurs both in and out of session. All interventions are hypothesis and/or data driven and empirically based.
6. Evaluation is ongoing. This includes response to interventions or additional data that may change hypothesis.
7. Report writing and record keeping. All activity is documented in the record. This includes legal documents (consents, etc) session notes, collaborative notes, treatment planning, test protocols, psychological reports, closing summaries.
8. Case presentations. This may be informal or formal. It will include client identification, conceptualization, data and outcome.
9. Supervision. This may be individual and group. Students are responsible for scheduling individual supervision during the week.

Description of Porter School Psychology Center

Purpose

The Porter School Psychology Center (PSPC) is a training center for school psychology graduate students which provides intervention, consultation, evaluation and diagnosis related to learning, behavioral, social and emotional problems of children and adults.

Objectives

1. Provide Service to the Public

The training center strives to promote the general welfare of children, their families, and adults with learning difficulties. The Center primarily focuses upon assisting children through psychological evaluations and interventions, educational evaluations and interventions, consultation with social agencies, and family interventions. A special concern of the Center is psychological issues related to education; hence an active interest and sensitivity to educational problems is evident in the PSPC activities. Adults with learning difficulties are also served.

2. Provide Advanced Training for Students

The second objective of PSPC concerns the training of school psychology graduate students. An understanding of professional psychology is developed in students through a case study method. Experiences are gained in application of current knowledge and practice and development of interpersonal skills. The student is encouraged, both during group meetings and in individual supervision, to generate hypotheses. The PSPC staff has found that this type of inquiry leads to a better understanding of human behavior and more effective services for clients. A sense of commitment and responsibility to clients is created through exposure to role models and an understanding of the ethical code of the profession. Students learn about themselves to gain an awareness of the impact of their behavior and biases upon professional interactions. The PSPC attempts to expose the student to the full range of variability in psychological and educational issues concerning children, youth, and families. The objective of these experiences is to assist each student in becoming an effective professional school psychologist.

3. Since school psychologists need to be both practitioners and scientists, an emphasis on both nomothetic and idiographic research is maintained. The Center encourages students to assist faculty members in conducting research projects. Testing and intervention data may be used for research purposes.

Operating Standards and Policies

The Porter School Psychology Center (PSPC) adheres to the Ethical Principles of Psychologists promulgated by the American Psychological Association (2002) and National Association of School Psychologists (NASP). A shared ethical principle between the two organizations is confidentiality. This principle is paramount to the work at PSPC. The statement of this principle from APA, which applies to psychologists, to students of psychology, and to others who perform work of a psychological nature under the supervision of a psychologist, states:

Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of the work as psychologists. They reveal such information to others only with the consent of the person or the person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, psychologists inform their clients of the legal limits of confidentiality.

- a. *Information obtained in clinical or consulting relationships, or evaluative data concerning children, students, employees, and others, are discussed only for professional purposes and only with persons clearly concerned with the case. Written and oral reports present only data germane to the purposes of the evaluation and every effort is made to avoid undue invasion of privacy.*
- b. *Psychologists who present personal information obtained during the course of professional work in writings, lectures, or other public forums either obtain adequate prior consent to do so or adequately disguise all identifying information.*
- c. *Psychologists make provisions for maintaining confidentiality in the storage and disposal of records.*
- d. *When working with minors or other persons who are unable to give voluntary, informed consent, psychologists take special care to protect these persons' best interests.*

Other Guidelines

Additional procedures and file management policies can be found in Section II. Also, Appendix C contains selected Indiana statutes affecting providers of psychological services.

Office Procedures and File Management

Initial Contact, Recording of Contact, and Intake Procedures

Initial Contact

- Initial contact with the Center is made by telephone, letter, or in person. The contact may be made by the client, parents, teachers, other school personnel, physicians, medical specialists, or other appropriate agencies.
- If contact is made by someone other than the adult seeking services or a child's legal guardians, that agent is requested to have the legal guardian (hereafter referred to as the "parent") personally contact PSPC to request services.
- Using criteria outlined on pages two and three (as well as information shared during class instruction), determine if client will be best served in the PSPC. If there is any question about appropriateness, the director or supervisor will make the decision and the person will be called back.
- Parents are encouraged to take advantage of psychological services at the child's school if this has not been done.
- Other agencies or individual specialists or professionals in the community are suggested when appropriate. (Appendix B)
- If the prospective client is appropriate for PSPC, an intake form is completed.

Etiquette and Common Sense

- The person is requesting help; respect for this plea is important. Always treat others with respect.
- The person may have dealt with numerous people previously who have been unable to help. Understanding and patience are important.
- Explain limits of confidentiality if issues raised deal with child abuse and neglect, crimes, threats against others, etc.

Conducting the Intake and Processing Procedures

Completing the Intake Form

- The Intake form (Appendix A) is filled out, including:
 - The presenting problem (reason for referral)
 - The person who is reporting the problem
 - Whether child has been or is currently being seen by another professional or agency
 - Whether others may have information which may be relevant to PSPC's evaluation
 - All other information listed, especially the caller's phone number, the date, and the fee

Information to Share

- Inquirers are to be told that they will receive several forms by mail that must be completed, signed, and returned to PSPC before an appointment can be scheduled. (They are not clients until forms are signed, returned, and assigned to a student.)
- Case History material is often difficult to answer; support and encourage clients to provide the best information they can.
- The client will be contacted at a later date (give a general time, even if delay is long) to set up an interview.
- Clinic staff members are graduate students working under the direct supervision of licensed/certified psychologists.
- Fees for services are determined on the basis of information provided by the parent about the size of the family and their annual income (Appendix A).

Processing the Paperwork

- Always send a cover letter (Appendix A) and either the Personal Questionnaire (Appendix A) or a Child's Case History (Appendix A).
- Forms are compiled and checked off on the Intake form.
- Place the set of forms in an envelope and mail in Joyce's office.
- Enter the mailing date on the Intake form and place the form in the PSPC "Intake Log" binder.

Priority Considerations

- Priority is given to children of ISU students or faculty members.
- Clients from surrounding areas are given priority over those from out-of-town or out-of-state.
- In order to meet the training needs of school psychology students, the referral problem, as stated, will affect waiting list priority.
- Cases judged to involve emergency or crisis situations will typically be referred elsewhere.

Returned Forms Procedure

- The Clinic Coordinator will retrieve the Intake form from the “Intake Log” and note the date of return on the Intake form. Then the coordinator will record the client information in the computer database of clients.
- The coordinator will place all client information in a manila folder and identify the folder by case number only.
- The coordinator will then place the folder in the “Pending Assignment” file until the client has been assigned to a student.

Assignment and Procedures for Setting up Appointments

Client Assignment

- Assignment of cases is the responsibility of the faculty supervisors.
- The Clinic Coordinator will assign a number to the case and place the file in the green filing cabinet marked “Assigned Clients”.
- The coordinator will then move the client’s name from the “Pending Assignment” database page to the page of clients for the current semester. The Coordinator will also record the student and supervisor assigned to the client.

Paperwork for Case Identification

- Place a Case Management Summary Form (Appendix A) inside the front cover of the file on the left hand side.
- Record each contact with client on the form; including date, length of contact time, and a brief description of what occurred.

- Keep a weekly record of Direct and Indirect Service Hours (Appendix A).

Points to Cover with Parent or Client

- Parents may need advice on preparing their child for the interview. The child will be less apprehensive if they understand, within the limits of their knowledge, why they are being brought to PSPC (e.g., to find ways to help the child do better in school, be happier at home or at school, etc.). It may also be helpful to let the child know what is likely to occur during the session (e.g., answer questions, work puzzles, read, draw, etc.).
- Parents or clients should be informed of the location of PSPC, given directions, and told they may park in the faculty lots south of the College of Education Building (any parking tickets given while in the PSPC will be marked “guest of the University” and returned to the Security Office). The clinic coordinator will provide a “Guest Pass” parking tag to the parent or client to be used for the duration of treatment.
- Remind them to be prompt and to call if they need to reschedule.

INITIAL INTERVIEW AND FIRST SESSION

Preparation

- Materials in the client folder should be reviewed prior to meeting with the client.
- Organize forms (Client Information form, Fee Scale, Fee Statement, Permission for Psychological Services, Exchange of Information form, and Request for Information cover letter) and place in client file.
- Prepare appropriate questions for the parent(s) and/or client.
- Prepare any response tests or surveys.
- Students are responsible for preparing the clinic room prior to their session. This includes preparing the videotape and ensuring that the camera is appropriately angled.

The First Session

- Consult with a supervisor before the session.
- If toys are needed or tests will be given, determine order and have them checked out and set up well in advance of appointment time.
- Conduct the session in an assertive professional manner.

- Greet clients and let them know approximately when the session will be over.
- Attempt to build rapport with child and parents so they will be comfortable with procedures.
- If formal assessment will be conducted, strongly encourage that child be tested without his/her parents.

Conducting the Interview

- Obtain more specific information (if needed) regarding reason for referral.
- Discuss limits of confidentiality (e.g. child abuse, threats, etc.). Remind client that this is a training center, and that there will be supervision, staffings, and recordings. The “Client Information” form is provided to the clients and/or parent(s) at this session.
- As a result of the interview, agreement should be reached regarding what problems are being considered and the kinds of procedures to be used.
- Discuss with the client any visits to other agencies that will be made and additional reports that will be sought. Exchange of Information forms will need to be signed for each agency contacted. Immediately following this session, the Exchange of Information form(s) is sent to the appropriate individual or agency along with a Request for Information cover letter (Appendix A).
- Have the parent sign Permission for Evaluation form and the Fee Agreement forms. Make certain that the clients understand that they are responsible for paying at least one-half of their fee at the third session, and the balance at the exit session. If a more flexible payment plan is needed, the client can be directed to the clinic coordinator who will arrange a payment plan.

POST SESSION PROCEDURES

Staffing and Supervision

- Dr. Corey will meet with each student for weekly supervision during the fall semester. In the spring semester, students will receive weekly consultation with advanced doctoral students under Dr. Corey's supervision. The student is responsible for directing questions about procedures and reports to Dr. Corey.
- The student discusses findings and interpretations with the faculty supervisor, and consultant or other professionals (with client permission). After obtaining supervision, if additional information is needed from other university departments or community professionals, students will obtain the appropriate permission for communication and/or records at the next scheduled session. It is the student's responsibility to make contact with any outside agency and/or provider and to share that information with their supervisors.
- Cases are discussed during class meetings and at regularly held group supervision times. To insure confidentiality, client names are not used outside of these settings. All materials with identifiable information must remain on the 13th or 6th floor at all times. When not in use, they must be in a locked file in the clinic.

The Report

- A draft report is written by the student.
- In general, an evaluation report deals with the child and his/her emotional, intellectual, and physical needs and capabilities as indicated by the overall evaluation. The recommendations section of the report includes remedial strategies where appropriate.
- Students will also complete a treatment summary when each client has completed treatment. The treatment summary includes information about the problem(s) addressed, procedures used, outcomes achieved, and recommendations.
- All reports must be proofread by you and another classmate for accuracy in spelling, grammar, etc. before being given to supervisor for review.
- The student is responsible for insuring that his/her faculty supervisor receives a draft of the report and is also responsible for communicating with the supervisor with regards to any changes and revisions that are needed. In the case of any revisions, please submit original report along with the revised report.
- When the final draft of the report is approved by the supervisor, print 2 copies on letterhead, sign them, paperclip them (DO NOT STAPLE), and return them to the supervisor for a signature.

- One copy of the report is given to the parent or client and the second copy is maintained in the client file.
- The original report is presented to the client at the final conference. If the report is finished after this conference, let the Clinic Coordinator know and the final report will be mailed to the client.
- If the client still has a balance after the final conference, inform the Clinic Coordinator so that a statement can be sent to the client.

Termination Procedures

- Following the final conference, prepare files for placement in permanent storage.
- Remove draft copies of the report and place in the locked file to be shredded.
- The faculty supervisor will review each file for accuracy and completeness. Remember that the court or other professionals could request the client's file. Speak to a supervisor if you have any questions.

Organizing the File

Our files are professional documents and represent part of the child or adult's medical/ mental health record. The files will be organized in a manner consistent with other professional clinics/agencies. It is the student's responsibility to ensure that the chart is maintained with the utmost integrity.

- The right hand side of the chart represents the record for the client. Documents are to be arranged in a precise order to illustrate the services provided to the client. In the event that records are released (with the client's permission or a court order) it is this part of the record that is released. Documents should be in this order:
 - Intake Form
 - Fee Statement
 - Consent for treatment
 - Releases/Exchange for Information
 - Psychological Evaluation (if completed)
 - Assessment Data/ Information
 - Intervention Plan
 - Progress Notes
- The left hand side of the chart is secure documents that pertain to the client, but are not considered part of their record.
 - Support Data

- Place the completed file in the file drawer marked “Completed Files” and inform the Clinic Coordinator who will record the date of termination in the computer database and place the file in permanent storage.
- Each student may have a working file for each client. Materials to be kept in the working file include hand-written notes, ongoing progress monitoring data, etc. These materials are useful for the clinician, but are not to be part of the client’s record and will be shredded at the end of the year.

ADDITIONAL PROCEDURES AND INFORMATION

Liability Insurance

- Students are required to maintain professional liability insurance and must present proof of coverage before beginning services in the clinic. Such insurance can be purchased through APA or NASP. Membership within the organization is required and APA and NASP may offer a “student rate”.

Computer Use and Software

- No client information is to be stored on a hard drive.
- No reports should be sent via email. Any violation of this policy, will result in disciplinary action from the faculty supervisors.
- Client information may be kept on a jump drive or smart stick. However, such information is to be treated as highly confidential and must be destroyed once the report has been completed and approved. An electronic copy of the final report may be maintained by the student provided all identifying information is removed. Any violation of this policy, will result in disciplinary action from the faculty supervisors.

Videotape Procedure and Security

- It is the student’s responsibility to provide their own unused videotapes.
- Videotape all sessions with your client on the same video tape unless directed otherwise by your faculty supervisor.
- Following supervision of the session you may tape over that segment (unless directed otherwise by your supervisor.)
- All videotapes are to be locked in the Porter Office in the locked video drawer unless you are reviewing them in a clinic room or presenting a segment during group supervision.
- Upon completion of Porter Center, all videotapes are erased.

Security of Client Files

- Client files are not to be removed from the PSPC office or the student's office under any circumstance.
- Client files are only to be used on the 6th or 13th floor (if the student has an office on that floor). Files are not to be left in student office drawers.
- Files must be returned to the locked file cabinet in PSPC every night.
- No personal information can be removed from the client files at any time!

BILLING PROCEDURES

Fee Determination

- A sliding scale (Appendix A), established on the basis of gross family income and family size, is used to determine the fee for psychological services. This fee is determined during the initial interview.

Payment

- Half of the amount is payable at the third session. When scheduling the final conference, clients are informed that the balance of payment for services is expected at that time (unless other arrangements are made with the Clinic Coordinator). Checks are made payable to Indiana State University.
- At the end of the conference, the student is responsible for collecting the fee and giving the fee to the Clinic Coordinator who will issue a receipt. The student is then responsible for giving the receipt to the client. If the client prefers, the receipt can be mailed.

Appendix A

PSPS Forms and Activity Reporting Instruments

Date: _____

Porter School Psychology Center
Department of Communication Disorders and Counseling, School, and Educational Psychology
Indiana State University
INITIAL INTAKE FORM

Contact by: ___ Phone Services Requested by: _____
 ___ Letter Address: _____
 ___ In person City: _____
 State: _____ Zip: _____
 Phone: (Day time) _____
 (Evening) _____

Referral from: _____

=====

Name of Client: _____ Gender: ___ Age: _____

DOB: _____ Grade: _____ School: _____

Presenting Problem: _____

Prior Testing/Evaluations: _____ If so, when? _____

By (agency/specialist): _____

Outcome: _____

=====

Following forms sent:

Date forms returned:

___ Case History

___ Cover Letter

___ Other _____

Case Number: _____

Sent by: _____ Date: _____

Date _____

Dear

Thank you for your recent inquiry about the Porter School Psychology Center (PSPC). The PSPC provides evaluation and intervention services for learning, behavioral, and emotional problems of children and college students. Services offered include psychological and educational evaluations, educational remediation, and consultation.

The center is staffed by advanced graduate and doctoral level school psychology students. Supervision is provided by ISU faculty and licensed psychologists. The client's right of confidentiality is respected. Fees for services are determined by a sliding scale established on the basis of gross annual family income and family size. Family circumstances are taken into account in determining client fees.

Please complete the enclosed forms and return them to the PSPC. They will be reviewed and a graduate clinician will be assigned to contact you. The amount of time before contact depends upon the length of our waiting list. If the enclosed forms are not received *within 15 days*, we will assume that you are no longer interested in receiving services. Only after the appropriate forms have been returned to us, will your name be added to the waiting list.

At your first appointment, a discussion regarding the reason for referral, the objectives to be accomplished, and the means for reaching the objectives will occur. There will also be a discussion of fee payment. We do not turn clients away based on their inability to pay.

If you have any further questions, please do not hesitate to call the Porter School Psychology Center at (812) 237-4362.

Sincerely,

Margaret Corey, Ph.D.
Porter Center Director
College of Education

Sliding Fee Scale

Porter School Psychology Center
Indiana State University

Fees for services provided by the Porter School Psychology Center as based on the client's ability to pay. The following sliding scale, based on gross annual income and family size, will be used to determine the totally fee for most clients.

ANNUAL GROSS FAMILY INCOME	FAMILY SIZE	
	<u>3 + <</u>	<u>4 + ></u>
Range		
\$0-7,499	\$10.00	\$8.00
\$7,500-8,999	\$12.00	\$10.00
\$9,000-10,499	\$15.00	\$12.00
\$10,500-11,999	\$20.00	\$15.00
\$12,000-13,499	\$25.00	\$20.00
\$13,500-14,999	\$30.00	\$25.00
\$15,000-16,499	\$35.00	\$30.00
\$16,500-17,999	\$40.00	\$35.00
\$18,000-19,499	\$50.00	\$40.00
\$19,500-20,999	\$60.00	\$50.00
\$21,000-22,499	\$70.00	\$60.00
\$22,500-23,999	\$80.00	\$70.00
\$24,000-25,499	\$90.00	\$80.00
\$25,500-26,999	\$100.00	\$90.00
\$27,000-28,499	\$110.00	\$100.00
\$28,500-29,999	\$120.00	\$110.00
\$30,000-31,499	\$130.00	\$120.00
\$31,500-32,999	\$140.00	\$130.00
\$33,000-34,499	\$150.00	\$140.00
\$34,500-35,999	\$160.00	\$150.00
\$36,000-37,499	\$170.00	\$160.00
\$37,500-38,999	\$180.00	\$190.00
\$39,000-39,999	\$190.00	\$180.00
\$40,000-Up	\$200.00	\$190.00

Indiana State Students- \$10.00

Indiana State faculty and staff- \$35.00

Kindergarten evaluations are \$50.00, payable in advance

A flexible payment schedule may be arranged with the Clinic Coordinator

Return To:
 Porter School Psychology Center
 Educational and School Psychology Dept.
 Indiana State University
 Terre Haute, IN 47809

CHILD'S SOCIAL/DEVELOPMENTAL HISTORY

Instructions: To assist us in helping your child, please fill out this form as completely and honestly as possible. All information will be held in strictest confidence within legal limits. If certain questions do not apply to the child, please leave them blank. Thank you!

Information provided by: _____ Relationship: _____

Today's Date: _____

Personal History:

1) Child's name: _____ 2) Gender: M F 3)

Age: _____

4) Race: _____ 5) Date of Birth: _____

6) Address: _____
Street and Number
City
State
Zip Code

7) Daytime Phone #: (____) _____

8) Evening Phone #: ____) _____

9) School: _____

10) City/State of School: _____

11) Grade: _____ 12) Child's teacher: _____

13) Has the child ever received any direct services (counseling, special education, speech)? _____

14) Why are you seeking services for this child:

15) How long has this problem (#14) persisted?

16) Under what conditions does the problem worsen?

17) Under what conditions is the problem less noticeable?

Family History

18) Parents or Guardians (Please check to identify with whom the child currently lives)

Father: _____ Age: _____ Occupation: _____

Mother: _____ Age: _____ Occupation: _____

Step Parent: _____ Age: _____ Occupation: _____

Other (Guardian): _____ Relationship: _____

19) Other family members and persons living in the home with the child:

Name	Age	Relationship	Remarks
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20) Briefly list significant stressors in the child's life and age of the child at the time (ie, death of a parent or close relative; divorce of parents; change in living arrangements; major illness of family member; exposure to abuse, etc.)

21) What is the family relationship between the child and his/her custodial parents? Check all that apply:

Single parent mother Single parent father Parents unmarried
 Parents married, together Parents divorce Parents separated
 With mother and stepfather With father and stepmother Child adopted
 Other (please describe) _____

23) Is there a history or recent occurrences of child abuse to his child? Yes No

If Yes, what types of abuse? Verbal Physical Sexual

Comments:

24) Briefly describe the style of discipline used in the household:

25) If you were to give your child ten commands, how many would the child comply with?

26) Describe any other relative who has had educational/behavioral problems that interfered with learning:

Medical History

27) Name and Address of Physician:

Date of most recent physical exam: _____

28) How would you describe your child's health? Poor Average Good Excellent

29) Please list any major illnesses, operations or other physical concerns:

Type	Age	Severity/Effects
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

30) What medications are being taken at present? (Include dosage)

Medication	Dosage	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

31) On average, how many hours of sleep does the child receive daily?

32) Does the child have trouble falling asleep at night? _____ Yes _____ No

If Yes, how long has this been a problem?

33) Describe the child's overall appetite: _____ Poor _____ Average _____ Large

Developmental History

34) Mother's health during pregnancy was... Excellent Good Poor

35) List any drugs (prescription, over-the-counter, or illegal) used by the mother and father at the time of conception or by the mother during pregnancy:

36) Briefly describe any problems during pregnancy or at childbirth:

37) Please fill in the age at which the following developmental milestones took place:

<u>Behavior</u>	<u>Age began</u>	<u>Comments</u>
Walking	_____	_____
Talking	_____	_____
Toilet Trained	_____	_____

38) Child would rather play: Alone With others

39) Where does the child typically play?

40) Does the child have routine chores? No Yes, describe

41) Does the child receive a regular allowance? No Yes

42) Does the child work for others for pay? No Yes, describe

43) Has the child ever been in trouble with the neighbors? No Yes, describe

44) Has the child ever been in trouble with the authorities? _____ No _____ Yes, describe

School History

45) How would you describe your child's general attitude toward school?

46) Has your child ever been expelled, suspended or had poor conduct grades? Explain.

47) Has your child ever been evaluated previously? _____ No _____ Yes, describe

48) Has your child ever _____ Repeated a grade _____ Skipped a grade Describe:

49) Did your child attend pre-school? _____ No _____ Yes, where?

50) Number of schools attended to date: _____

51) Grades before this year have been (please indicate letter grades):

52) Grades this year have been (please indicate letter grades):

53) List subjects that are difficult for your child:

54) List any subjects that are a strength for your child:

55) Explain any special problems with teachers:

If you are a student, please circle present academic classification:

Fr. Soph. Jr. Sr. Grad. Other _____

Major: _____ On academic probation? (circle) Yes No

Please provide a description of the reason/s for requesting services at this time:

Porter School Psychology Center Case Management Summary Form

Clinician: _____ Case Number: _____ Supervisor: _____

Date of Initial Interview: _____ Date of Final Conference: _____

Date	Description of Contact/Activity	Minutes

Date		Minutes

Indirect Hours: _____
 Direct Hours: _____
 Total Hours: _____

PORTER SCHOOL PSYCHOLOGY CENTER
PROGRESS NOTE

Case Number _____

Date _____

Clinician's Name _____

General description of the case _____

Interventions/Assessments Utilized: _____

What were the outcomes of the session? _____

What is your plan for the next session? _____

Do the results of this week's session affect your overall treatment plan? _____

If yes, make the appropriate modifications and re-submit your treatment plan with your progress notes.

Student Clinician

Faculty Supervisor

Self-Assessment of Skills

Purpose:

1. To provide students with an opportunity to review levels of competency in the performance areas of personal skill.
2. To provide students with a basis for identifying areas of emphasis within supervision

Procedure:

1. To be completed at beginning of practicum and at the end of each semester.
2. Circle the number next to each item to indicate your perceived level of competence (1 = Poor, 3 = Average, 5 = Good)

Basic Skill Areas:	Poor	2	Ave	3	4	Good	5
1. Ability to demonstrate active listening and attentive behavior.	1	2	3	4	5		
2. Ability to recognize client verbal/nonverbal behaviors.	1	2	3	4	5		
3. Ability to obtain relevant historical information	1	2	3	4	5		
4. Ability to identify and define presenting problem.	1	2	3	4	5		
5. Ability to ask appropriate questions for data collection	1	2	3	4	5		
6. Ability to develop a professional relationship with client.	1	2	3	4	5		
7. Ability to clarify information, direct and focus sessions	1	2	3	4	5		
8. Ability to assess severity of presenting problem	1	2	3	4	5		
9. Ability to balance reflection, summarizing, clarification and data collection.	1	2	3	4	5		
10. Ability to develop hypothesis and case conceptualization	1	2	3	4	5		
11. Ability to develop goals for problem resolution	1	2	3	4	5		
12. Ability to plan interventions	1	2	3	4	5		
13. Ability to facilitate/engage client in intervention process	1	2	3	4	5		
14. Ability to conduct empirically based assessment	1	2	3	4	5		
15. Ability to facilitate consultation and collaboration	1	2	3	4	5		

16. Ability to evaluate intervention efficacy	1	2	3	4	5
17. Ability to identify and challenge client behaviors	1	2	3	4	5
18. Ability to open session smoothly.	1	2	3	4	5
19. Effective and Efficient use of session time.	1	2	3	4	5
20. Preparation and organization for session.	1	2	3	4	5
21. Knowledge of clinic policy/procedures	1	2	3	4	5
22. Demonstration of ethical standards of practice	1	2	3	4	5
23. Report Writing skill	1	2	3	4	5
24. Appropriate record keeping.	1	2	3	4	5
25. Ability to establish continuity from session to session	1	2	3	4	5
26. Ability to end session smoothly	1	2	3	4	5
27. Ability to present case in supervision	1	2	3	4	5
28. Ability to give feedback	1	2	3	4	5
29. Ability to receive feedback	1	2	3	4	5
30. Ability to use feedback	1	2	3	4	5
31. Ability to think critically and problem solve	1	2	3	4	5
32. Ability to reflect on personal strengths/weaknesses	1	2	3	4	5

 Student Name/Signature

 Date

 Supervisor Signature

 Date

Supervisor-Assessment of Skills

Purpose:

1. To provide students with an opportunity to review levels of competency in the performance areas of personal skill.
2. To provide students with a basis for identifying areas of emphasis within supervision

Procedure:

1. To be completed at middle and end of each semester
2. Circle the number next to each item to indicate level of competence (1 = Poor, 3 = Average, 5 = Good)

Basic Skill Areas:	Poor	Ave	Good
1. Ability to demonstrate active listening and attentive behavior.	1	2	3 4 5
2. Ability to recognize client verbal/nonverbal behaviors.	1	2	3 4 5
3. Ability to obtain relevant historical information	1	2	3 4 5
4. Ability to identify and define presenting problem.	1	2	3 4 5
5. Ability to ask appropriate questions for data collection	1	2	3 4 5
6. Ability to develop a professional relationship with client.	1	2	3 4 5
7. Ability to clarify information, direct and focus sessions	1	2	3 4 5
8. Ability to assess severity of presenting problem	1	2	3 4 5
9. Ability to balance reflection, summarizing, clarification and data collection.	1	2	3 4 5
10. Ability to develop hypothesis and case conceptualization	1	2	3 4 5
11. Ability to develop goals for problem resolution	1	2	3 4 5
12. Ability to plan interventions	1	2	3 4 5
13. Ability to facilitate/engage client in intervention process	1	2	3 4 5
14. Ability to conduct empirically based assessment	1	2	3 4 5

15. Ability to facilitate consultation and collaboration	1	2	3	4	5
16. Ability to evaluate intervention efficacy	1	2	3	4	5
17. Ability to identify and challenge client behaviors	1	2	3	4	5
18. Ability to open session smoothly.	1	2	3	4	5
19. Effective and Efficient use of session time.	1	2	3	4	5
20. Preparation and organization for session.	1	2	3	4	5
21. Knowledge of clinic policy/procedures	1	2	3	4	5
22. Demonstration of ethical standards of practice	1	2	3	4	5
23. Report Writing skill	1	2	3	4	5
24. Appropriate record keeping.	1	2	3	4	5
25. Ability to establish continuity from session to session	1	2	3	4	5
26. Ability to end session smoothly	1	2	3	4	5
27. Ability to present case in supervision	1	2	3	4	5
28. Ability to give feedback	1	2	3	4	5
29. Ability to receive feedback	1	2	3	4	5
30. Ability to use feedback	1	2	3	4	5
31. Ability to think critically and problem solve	1	2	3	4	5
32. Ability to reflect on personal strengths/weaknesses	1	2	3	4	5

Student Name

Supervisor Signature

Date

Peer Rating Sheet

Skill	Poor	2	Ave	4	Good
1. Establishes professional rapport	1	2	3	4	5
2. Opens session well	1	2	3	4	5
3. Maintains focus	1	2	3	4	5
4. Effective problem identification	1	2	3	4	5
5. Effective goal setting	1	2	3	4	5
6. Appropriate reflections, questions and summarizing	1	2	3	4	5
7. Problem resolution is evident	1	2	3	4	5
8. Facilitates intervention	1	2	3	4	5
9. Preparation and organization is evident	1	2	3	4	5
10. Assessment skill	1	2	3	4	5
11. Ethical Standards	1	2	3	4	5
12. Closes session well	1	2	3	4	5

Noted areas of strength:

Areas for improvement:

Student Observed

Date

Peer Rater

Supervisor Signature

Date

Supervision of Session Rating Sheet

Skill	Poor	2	Ave	3	4	Good
Establishes professional rapport	1	2	3	4	5	
Opens session well	1	2	3	4	5	
Maintains focus	1	2	3	4	5	
Effective problem identification	1	2	3	4	5	
Effective goal setting	1	2	3	4	5	
Appropriate reflections, questions and summarizing	1	2	3	4	5	
Problem resolution is evident	1	2	3	4	5	
Facilitates intervention	1	2	3	4	5	
Preparation and organization is evident	1	2	3	4	5	
Assessment skill	1	2	3	4	5	
Ethical Standards	1	2	3	4	5	
Closes session well	1	2	3	4	5	

Noted areas of strength:

Areas for improvement:

Student Observed

Date

Supervisor Signature

Date

Theoretical Foundation and Guided Practice

Theoretical foundation guides all interaction with clients. All information gathered is purposeful and based in theory. The information is then integrated into hypothesis and interventions are based on such. The following questions may be useful to maintained focused treatment:

1. What is the presenting problem? How is it defined in measurable terms? How do I know that I truly understand it?
2. Does the information I gather fit with my theoretical foundation?
3. What variables must be considered as I identify the problem? Relevant background, Developmental Stage, ABC, systemic factors, etc.
4. Based on information gathered and theory, where do I go from here? What data do I need?
5. What is the goal? How do I know I have achieved it?
6. How will I monitor progress? How will I evaluate interventions?

Porter School Psychology Center
Mid-Year Presentation
2007-2008

The following is a description of the mid-year presentation due the Monday of Finals Week. The presentation serves as the format for you to demonstrate areas of competence in interviewing, assessment, and intervention. Your presentation should be 10 minutes in length and be accompanied by a videotape illustration of your intervention with your client. Following your presentation, your colleagues and supervisors will take 5-10 minutes asking you questions in regards to your presentation. Your presentation must include the following areas:

- 1) Background information/Interview data
- 2) Assessment data
- 3) Your conceptualization of the problem
- 4) Your treatment plan goals
- 5) Your intervention
- 6) Outcome data from the intervention
- 7) A sample session demonstrating your intervention-the tape should be no more than 2-3 minutes of your presentation.

The following illustrates how you will be evaluated on this assignment:

MID-YEAR PORTER CENTER PRESENTATION				
Areas	Not Evident	Criteria Met Adequately	Criteria Met – Above Expectations	Criteria Met – Well Above Expectations
1. Provided adequate background information/ Illustrated interviewing skills	0	1	2	3
2. Provided adequate assessment data	0	1	2	3
3. Adequately defined conceptualization of the problem	0	1	2	3
4. Established adequate treatment goals	0	1	2	3
5. Conducted empirically validated intervention	0	1	2	3
6. Graphed illustration of data	0	1	2	3
7. Tape demonstrating intervention	0	1	2	3

Self-Rating by Student

Purpose: To use as self-evaluation after each session.

Procedure: Complete after each session and submit to supervisor.

Preparation:

- | | YES | NO |
|---|-------|-------|
| 1. Was I in good physical and emotional condition and mentally alert? | _____ | _____ |
| 2. Did I have physical space arranged appropriately? | _____ | _____ |
| 3. Did I have all materials needed? | _____ | _____ |
| 4. Did I research and plan appropriately? | _____ | _____ |
| 5. Did I discuss my plan with a supervisor? | _____ | _____ |

Comments:

During Session:

- | | | |
|--|-------|-------|
| 1. Did I establish professional rapport? | _____ | _____ |
| 2. Did I obtain relevant information? | _____ | _____ |
| 3. Did I identify the problem well? | _____ | _____ |
| 4. Did I facilitate goal setting for problem resolution? | _____ | _____ |
| 5. Did I collect good data? | _____ | _____ |
| 6. Did I use the time efficiently and effectively? | _____ | _____ |
| 7. Was I knowledgeable? | _____ | _____ |
| 8. Was I ethical in practice? | _____ | _____ |

Comments:

Planning:

- | | | |
|--|-------|-------|
| 1. Did I end the session with a plan? | _____ | _____ |
| 2. Did I schedule the next session? | _____ | _____ |
| 3. Have I considered what data I need and what to do next? | _____ | _____ |

Comments:

Student Name

Date

Client First Name, Last initial

Supervisor Signature

Date

Final Evaluation

Student Name

Supervisor Signature(s)

Date

General Supervision Comments:

Poor Ave Good

- | | | | | | |
|--|---|---|---|---|---|
| 1. Demonstrates commitment in developing professional competencies | 1 | 2 | 3 | 4 | 5 |
| 2. Invests time and energy in becoming a school psychologist | 1 | 2 | 3 | 4 | 5 |
| 3. Accepts and uses constructive feedback to enhance growth | 1 | 2 | 3 | 4 | 5 |
| 4. Engages in open communication with peers and supervisors | 1 | 2 | 3 | 4 | 5 |
| 5. Recognizes own competencies | 1 | 2 | 3 | 4 | 5 |
| 6. Recognizes own deficiencies | 1 | 2 | 3 | 4 | 5 |
| 7. Completes reports and records punctually and appropriately | 1 | 2 | 3 | 4 | 5 |
| 8. Presents cases conceptualizations well | 1 | 2 | 3 | 4 | 5 |
| 9. Can articulate empirical bases for all decisions | 1 | 2 | 3 | 4 | 5 |

Professional Skills:

- | | | | | | |
|--|---|---|---|---|---|
| 1. Keeps appointments, remains on time and efficient | 1 | 2 | 3 | 4 | 5 |
| 2. Begins sessions well | 1 | 2 | 3 | 4 | 5 |
| 3. Explains clinic services well | | | | | |
| 4. Is relaxed and comfortable | 1 | 2 | 3 | 4 | 5 |
| 5. Establishes professional rapport | 1 | 2 | 3 | 4 | 5 |
| 6. Obtains good information | 1 | 2 | 3 | 4 | 5 |
| 7. Identifies problem well | 1 | 2 | 3 | 4 | 5 |
| 8. Facilitates good communication | 1 | 2 | 3 | 4 | 5 |
| 9. Good data collection | 1 | 2 | 3 | 4 | 5 |
| 10. Sets appropriate goals | 1 | 2 | 3 | 4 | 5 |
| 11. Develops appropriate interventions | 1 | 2 | 3 | 4 | 5 |
| 12. Implements interventions well | 1 | 2 | 3 | 4 | 5 |
| 13. Monitors progress and evaluates interventions | 1 | 2 | 3 | 4 | 5 |
| 14. Effective consultation and collaboration | 1 | 2 | 3 | 4 | 5 |
| 15. Appropriate use of assessment/testing | 1 | 2 | 3 | 4 | 5 |

Conceptualization Process:

- | | | | | | |
|--|---|---|---|---|---|
| 1. Focuses on specific behaviors | 1 | 2 | 3 | 4 | 5 |
| 2. Recognizes discrepancies in data and need for additional data | 1 | 2 | 3 | 4 | 5 |
| 3. Uses relevant data in planning | 1 | 2 | 3 | 4 | 5 |

- | | | | | | |
|---|---|---|---|---|---|
| 4. Researches unfamiliar topics | 1 | 2 | 3 | 4 | 5 |
| 5. Bases decisions on theory and data driven hypothesis | 1 | 2 | 3 | 4 | 5 |
| 6. Interventions are empirically based | 1 | 2 | 3 | 4 | 5 |
| 7. Assessments are empirically based | 1 | 2 | 3 | 4 | 5 |
| 8. Demonstrates ethical behavior | 1 | 2 | 3 | 4 | 5 |

Utilization of Supervision

- | | | | | | |
|--------------------------------------|---|---|---|---|---|
| 1. Attended supervision as scheduled | 1 | 2 | 3 | 4 | 5 |
| 2. Was well-prepared for supervision | 1 | 2 | 3 | 4 | 5 |
| 3. Was accepting of feedback | 1 | 2 | 3 | 4 | 5 |
| 4. Utilized feedback | 1 | 2 | 3 | 4 | 5 |
| 5. Demonstrated feedback in sessions | | | | | |

Overall Supervisor Comments and recommendations:

Student Comments: (My signature indicates I have reviewed and understand this evaluation. It does not indicate I agree with the evaluation)

Student Signature

Date

Appendix B

Referral Sources

Indiana State University
Porter School Psychology Center

Local Referral Sources

Assessment

Rowe Center for Communication Disorders (Speech and Hearing)	237-2800
Indiana State University Psychology Clinic	237-3317

Counseling

Family Service Association	232-4349
Hamilton Center	231-8323
Affinity Stress Center	231-8133
Indiana State University Psychology Clinic	237-3317

Emergency Services

Lifeline Hotline	235-8333
Terre Haute Regional Hospital	232-0021
Union Hospital Emergency System	238-7605

Psychologists

Associated Psychologists	232-2144
Cynthia Bigler, Ph.D. HSPP	299-0054
Patrick F. Cerra Ph.D.	238-9221
Murphy, Urban and Associates Psychological Services	235-6121
Robin Shamsaie, Ph.D. HSPP	232-6200
Howard Wooden	234-1316

Appendix C

Selected Indiana Statutes Affecting Providers of Psychological Services

Selected Indiana Statues Affecting Providers of Psychological Services

Health Care Providers in Psychology, who practice in the State of Indiana, must comply with Indiana Statues. In order to be in compliance, psychologists and other health care providers must meet the minimum standards set forth in the Indiana Statutes. The fact that the Indiana Statutes provide minimum standards implies that health care providers of psychology can establish more stringent rules. The responsibility for establishing more specific guidelines for the psychology profession is assumed by the American Psychological Association. However, when rules established by professional organizations are in conflict with state statutes, state guidelines prevail.

Privileged Communication

Indiana Code 25-33-1-17 stipulates that, in general, licensed psychologists will not disclose information acquired from persons with whom the psychologist has interacted in a professional capacity except under the following circumstances:

- 1) Trials for homicide when the disclosure relates directly to the fact or immediate circumstances of said homicide.
- 2) Proceedings the purpose of which is to determine mental competency, or in which a defense of mental incompetency is raised.
- 3) Actions, civil or criminal, against a psychologist for malpractice.
- 4) Upon an issue as to the validity of a document such as a will of a client
- 5) If the psychologist has the expressed consent of the client or subject, or in the case of a client's death or disability, the express consent of the client's legal representative.
- 6) Circumstances under which privileged communication is abrogated under the laws of Indiana.

Confidentiality

The issue of confidentiality is an ethical rather than a legal concept and is addressed by the American Psychological Association.

“Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work as psychologists. They reveal such information to others only with the consent of the person or person’s legal representative, except in those unusual circumstances in which do not do so would result in clear danger to the person or to others. Where appropriate, psychologists inform their clients of the legal limits of confidentiality.” (American Psychologist, June 1981)

The legal limits of confidentiality (thus, situations in which psychologists are Legally obligated to breach confidentiality) relate to situations involving child abuse; civil commitment of a patient; or possible violent acts by the patient to a third party.

Child Abuse

Broadly conceived, child abuse may involve emotional abuse or neglect, physical abuse or neglect, or sexual molestation. The Federal Child Abuse Prevention and Treatment Act of 1974 defined child abuse and neglect as:

the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby (Faller, 1985, p.64)

The Indiana Code (31-6-11-3) mandates that any citizen, who has reason to believe that a child is being abused or neglected, make an oral report to the Department of Public Welfare. Failure to report beliefs of child abuse may result in civil or criminal liability. In addition to this liability, psychologists may be subject to disciplinary action from their professional association for failing to report.

Although psychologists are legally obligated to report their beliefs of child abuse and neglect, many mental health service providers recognize that reports of child abuse may adversely affect treatment of the perpetrator and/or the family (Smith & Meyer, 1984).

Duty to Warn

The duty to warn arises from the Tarasoff (1976) case and refers to the duty of the mental health professional to warn third parties of violent or harmful intentions toward them by a patient. Indiana's duty to warn law is contained in the statutes IC 34-4-12.4-1 through 34-4-12.4-4. Mental health service providers are required to take certain affirmative actions if a patient

"has communicated to the provider of mental health services an actual threat of physical violence or other means of harm against a reasonably identifiable victim or victims, or evidences conduct or makes statements indicating an imminent danger that the patient will use physical violence or use other means to cause serious personal injury or death to others."

The mental health service provider is required to take one or more of the following actions (34-4-12.4-3):

- 1) Make reasonable attempts to communicate the threat to the victim or victims.
- 2) Make reasonable efforts to notify a police department, or other law enforcement agency having jurisdiction in the patient's or victim's place of residence.

- 3) Seek civil commitment of the patient under IC 16-14-9.1.
- 4) Take steps reasonably available to such provider to prevent the patient from using physical violence or other means of harm to others until the appropriate law enforcement agency can be summoned and takes custody of the patient.
- 5) Reports the threat of physical violence or other means of harm, within a reasonable period of time after receiving knowledge of the threat, to a physician or psychologist who is designated by the employer of a mental health service provider as an individual who has the responsibility to warn under this chapter.

Access to Records

The Indiana Statutes (16-4-8) provide the minimum standards providers must adhere to in the area of access to records. The general rule is that records are available to patients or patients' designee, upon written request. These written requests are valid for 60 days after the date the request is made. However, standards provided by the American Psychological Association indicate that not all documents in a patient's record must be released.

“Raw psychological data (e.g., test protocols, counseling or interview notes, or questionnaires) in which a user is identified are released only... to a person recognized by the school psychologist as competent to use the data” (American Psychologist, June 1981).

Furthermore, patient records may be used by the provider, without the patient's written authorization, for *“legitimate business purposes, including submission of claims for payment from third parties, collection of accounts, litigation defense, quality assurance, peer review, and scientific, statistical and educational purposes (IC 16-4-8-6).”*

Finally Indiana Code 16-4-8-12 mandates that psychologists maintain original client records for at least eight (8) years.

Release of Mental Health Records to Patient and Authorized Persons

Sec. 1. This applies only to mental health records.

Noncustodial Parents

- (a) Except as provided in subsection (b), a custodial parent and a noncustodial parent of a child have equal access to the parents' child's health records.
- (b) A provider may not allow a nonsustodial parent access to the child's health records if:
 - a. A court has issued an order that limits the noncustodial parent's access to the child's health records; and
 - b. The provider has received a copy of the court order or has actual knowledge of the court order.
- (c) If a provider incurs additional expense by allowing a parent equal access to health records under this section, the provider may require the parent

requesting the equal access to pay a fee to cover the cost of the additional expense.

Sec. 2. A record for each patient receiving mental health services shall be maintained by the provider. The mental health record must contain the information that the division of mental health or the state department requires by rule. The provider is:

- (1) the owner of the mental health record;
- (2) responsible for the record's safekeeping; and
- (3) entitled to retain possession of the record.

The information contained in the mental health record belongs to the patient involved as well as to the provider.

Sec. 3. A patient's mental health record is confidential and shall be disclosed only with the consent of the patient unless otherwise provided in the following:

- (1) This chapter
- (2) IC 16-39-3
- (3) IC 16-39-4
- (4) IC 16-39-5-3.

Sec. 4. A patient is entitled to inspect and copy the patient's own mental health record. However, records may be withheld if: the information may be detrimental to the physical or mental health of the patient, or is likely to cause the patient to harm the patient or another person. If the provider is a state institution or agency, the patient may appeal the provider's refusal to permit the patient to inspect and copy the patient's own record under IC 4-21.5.

Adapted from Schockmel, Elizabeth C. (1987).

Indiana Statutes affecting Health Care Providers in Psychology. ISU Doctoral Research Project.

Specialty Guidelines for the Delivery of Services by School Psychologists (June, 1981).

American Psychologist

Evaluation of Supervisor
Porter School Psychology Center- Fall 2007/Spring 2008

Name of supervisor: _____

Supervisor rating:	Strongly Disagree		Agree		Strongly Agree
My supervisor:					
1. Helps me feel at ease with the supervision process.	1	2	3	4	5
2. Provides me with useful feedback.	1	2	3	4	5
3. Makes supervision a constructive learning process.	1	2	3	4	5
4. Addresses issues related to my current concerns as a clinician.	1	2	3	4	5
5. Structures supervision appropriately.	1	2	3	4	5
6. Adequately emphasizes the development of my strengths and capacities.	1	2	3	4	5
7. Enables me to brainstorm solutions, responses, and techniques that will be helpful in future sessions.	1	2	3	4	5
8. Enables me to be actively engaged in the supervision process.	1	2	3	4	5
9. Deals appropriately with the content of my session.	1	2	3	4	5
10. Makes me feel accepted and respected as a person.	1	2	3	4	5

**Modified from Janine M. Bernard, 1976; Revised 1981.

Comments: