

Completing The Practicum Hours Log: Everything You Need to Know

READ THIS FIRST!

Classification of Hours:

1. **Face-to-Face:** These are actual hours in direct service to clients. These hours may also be referred to as “Intervention & Assessment Hours,” “Direct Service Hours,” or “Client Contact Hours.” Hours spent providing individual therapy, group therapy and testing are all documented as Face-to-Face hours.
2. **Support:** Activities spent *outside the counseling/therapy hour* while still focused on the client (e.g., chart reviews, writing process notes, consulting with other professionals about cases, video/audio tape review, treatment planning, assessment interpretation, report writing, etc.). In addition, it also includes hours spent at practicum in didactic training (e.g., grand rounds).
3. **Supervision:** *Individual Supervision* is defined as a face-to-face clinical activity provided by an appropriately credentialed supervisor with the specific intent of overseeing psychological services rendered by the student. *Group Supervision* includes all activities in which an appropriately credentialed supervisor coordinates the focused review of specific cases with more than one student at a time. *Peer Supervision/Consultation* pertains to the structured review of specific case material with fellow practicum students in the absence of a clinical supervisor. Peer supervision is not added to the total # of supervision hours on the log.

Assessment Documentation:

1. **Tests Administered:** Indicate all instruments used by you in your assessment experience. To indicate that you administered, scored, interpreted, and utilized a test in a written report, count the test in both “number administered” and “number of reports” columns of the log. You should retain a record of the demographics (e.g., age, ethnicity, gender) of all testing cases for future reference.
2. **Report-Writing:** Also referred to as a “Test Battery,” an integrated report includes a history, an interview, and at least **two** tests from **one or more** of the following categories:
 - a. Personality assessments (objective and/or projective)
 - b. Intellectual assessment
 - c. Cognitive assessment
 - d. Neuropsychological tests
3. **The time spent testing the client is documented under face-to-face hours, while writing up the report is documented under support hours.**

Therapy Documentation:

1. A 45-50 minute client/patient hour may be counted as one practicum hour.
2. Since each “type” of practicum hour is mutually exclusive, **do not** count hours in more than one category. For example, a stress management group may be classified as group therapy or as a medical/health related intervention, but not as both. It is your responsibility to select the category that you feel best captures the experience.

{Based on APPIC Application for Psychology Internship (APPI) 2006-2007}

ARGOSY UNIVERSITY, CHICAGO
 AMERICAN SCHOOL OF PROFESSIONAL PSYCHOLOGY
 CLINICAL PRACTICUM HOUR LOG

Student Name: _____		Date: _____	
Semester: <u>Fall</u> _____ <u>Final</u> _____	Year: _____		
Type of Practicum: _____ M.A. Counseling _____ M.A. Clinical _____ Supplemental		(choose one): _____ Psy.D. Diagnostic _____ Psy.D. Therapy _____ Psy.D. Advanced	
Site Name: _____		Site Supervisor: _____	

I. FACE-TO-FACE HOURS:
 (INTERVENTION AND ASSESSMENT EXPERIENCE)

Report actual hours in direct, face-to-face service to clients. Hours should not be counted in more than one category. Indirect services (e.g., charting, treatment planning, etc.) should be reported in Section II (“Support Activities”). While most of your therapy activities will most likely occur in the same type of setting (e.g., hospital, university counseling center, etc.), students should keep detailed records about the exact treatment settings in which all clinical work occurred for future reference.

In the first column, count each hour of a group, family, or couples session as one (1) practicum hour. For example, a two-hour group session with 12 adults is considered as two (2) hours. In the second column, count a couple, family, or group as one (1) unit. For example, meeting with a group of 12 adults over a ten-week period counts as one (1) group. In the third and fourth column, tally your cumulative totals for total hours and number of different clients/groups, respectively, for the practicum year to date. **Be careful not to double count number of individuals, groups, etc. seen in more than one semester.**

	<u>This Semester</u>		<u>Cumulative This Year</u>	
	# of hours face-to-face this semester	# of individuals, groups, couples, etc. this semester	# of hours (face-to-face) this year to date	# of individuals groups, couples, etc. this year to date
A. Individual Therapy				
1) Older Adults (65+)				
2) Adults (18-64)				
3) Adolescents (13-17)				
4) School Age (6-12)				
5) Pre-school Age (3-5)				
6) Infants/Toddlers (0-2)				
B. Career Counseling				
1) Adults				
2) Adolescents				
C. Group Therapy				
1) Adults				
2) Adolescents (13-17)				
3) Children (12 & under)				
D. Family Therapy				
E. Couples Therapy				

	<u>This Semester</u>		<u>Cumulative This Year</u>	
	# of hours face-to-	# of individuals,	# of hours (face-	# of individuals groups,

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This item includes activities spent *outside direct service* while still focused on the client (e.g., chart reviews, writing process notes, consulting with other professionals about cases, video/audio tape review, treatment planning, assessment interpretation, report writing, etc.). In addition, it also includes hours spent at practicum in didactic training (e.g., grand rounds).

*Peer supervision/consultation hours (including seminar) are **not** counted toward practicum hours on this log, however, do keep track of these hours for the AAPI. On the AAPI, you may categorize them as support hours*

	<u>This Semester</u>	<u>Cumulative</u>
TOTAL SUPPORT HOURS:	<input type="text"/>	<input type="text"/>

III. SUPERVISION HOURS

Individual Supervision is defined as a face-to-face clinical activity provided by an appropriately credentialed supervisor with the specific intent of overseeing psychological services rendered by the student. **Group Supervision** includes all activities in which an appropriately credentialed supervisor coordinates the focused review of specific cases with more than one student at a time. **Peer Supervision/Consultation** pertains to the structured review of specific case material with fellow practicum students in the absence of a clinical supervisor. Didactic learning experiences that do not review specific case material (e.g., in-services, grand rounds, experiential training/educational activities) should be reported in Section II (Support Activities).

	<u>This Semester</u>	<u>Cumulative</u>
A. Hours of Individual Supervision	<input type="text"/>	<input type="text"/>
B. Hours of Group Supervision	<input type="text"/>	<input type="text"/>
SUPERVISION SUBTOTAL:		
(Add IIIA and IIIB)	<input type="text"/>	<input type="text"/>
C. Hours of Peer Supervision/Consultation	<input type="text"/>	<input type="text"/>

IV. TEST ADMINISTRATION

A. Tests Administered

Indicate all instruments used by you in your assessment experience. To indicate that you administered, scored, interpreted, and wrote a report including a given test, count in both “number administered” and “number of reports” columns. Student should retain for their records the demographics (e.g., age, ethnicity, gender) of all their testing cases for future reference.

	<u>This Semester</u>		<u>Cumulative This Year</u>	
	# administered & scored this semester	# of reports written this semester	# administered & scored this year to date	# of reports written this year to date
Bender Gestalt				
Connors Scales (ADD)				
MCMI-III				
MMPI-II				
Myers-Briggs Type Indicator				
Parent Report Measures				
Peabody Picture				
Personality Assessment Inventory				
Projective Drawings				
Projective Sentences (e.g., Rotter)				

<u>This Semester</u>		<u>Cumulative This Year</u>	
# administered &	# of reports	# administered &	# of reports

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	scored this semester	written this semester	scored this year to date	written this year to date
Strong Interest Inventory				
Rorschach				
Self-Report Measures (e.g., BDI)				
Structured Diagnostic Interviews				
TAT				
Trail Making Test A & B				
WAIS-III				
Wechsler Memory Scale				
WISC-III				
WISC-R				
WPPSI-R				
WRAT				
Other Instruments (attach additional sheets if necessary):				

B. Integrated Report Writing

List the number of supervised integrated psychological reports (i.e., batteries) you wrote for the following populations. An integrated report includes a history, an interview, and at least two tests from one or more of the following categories:

- personality assessments (objective and/or projective)
- intellectual assessment/cognitive assessment
- neuropsychological tests

The report must be synthesized into a comprehensive report providing an overall picture of the client.

	<u>This Semester</u>	<u>Cumulative</u>
Adults		
Children/Adolescents		
TOTAL INTEGRATED TESTING REPORTS:		

I. Diversity Experience

Indicate the number of clients seen for each of the following diverse populations. You may include a single client in more than one category, as appropriate.

	<u>This Semester</u>	<u>Cumulative This Year</u>
African-American/Black/African Origin		
Asian-American/Asian Origin/Pacific Islander		
Latino-a/Hispanic		
American Indian/Alaska Native/Aboriginal Canadian		
European Origin/White		
Bi-Racial/Multi-Racial		
Heterosexual		
Gay		
Lesbian		
Bisexual		
Male		
Female		
	<u>This Semester</u>	<u>Cumulative This Year</u>
Transgendered		
Physical/Orthopedic Disability		
Blind/Visually Impaired		

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Deaf/Hard of Hearing				
Learning/Cognitive Disability				
Developmental Disability				
Serious Mental Illness				
Other (attach additional sheets if necessary):				

**Retain pages 1-6 of this document for your records.
Please return page 7 to the training department by the specified
deadline!**

Practicum Hour Log Summary Page

(Please detach and return to the training department upon completion)

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Student Name: _____	Date: _____
Semester: <u>Fall</u> <u>Final</u>	Year: _____ Type of Practicum: _____
Site Name: _____	Site Supervisor: _____

	This Semester	Cumulative
I. FACE-TO-FACE HOURS: <i>(Hours spent with a client engaged in either assessment or intervention activity)</i>		
II. SUPPORT HOURS: <i>(Other practicum hours excluding client and supervisory contact—e.g., report writing)</i>		
III. SUPERVISION & TRAINING: INDIVIDUAL _____ + GROUP _____ =		
TOTAL PRACTICUM HOURS: <i>(Face-to-face hours, support hours, and supervisory contact hours)</i> Add Lines I, II, III		
IV. TOTAL INTEGRATED TESTING REPORTS:		

REQUIRED SIGNATURES:_____
Student_____
Date_____
Practicum Site Supervisor_____
Date_____
DOT/ADOT/Counselor's Signature_____
Date

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