

# Argosy University: San Francisco Bay

American School of Professional Psychology

Clinical Training Office

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## Practicum Information Form (rev 8.18.2005)

**WORD** Format: Please email attachment to [ausfbaclinicaltraining@yahoo.com](mailto:ausfbaclinicaltraining@yahoo.com) , or print and return by mail the address above. NOTE: Use arrow keys, mouse cursor and tab key to move within tables.

<b>I. AGENCY INFORMATION</b>	<i>Date Completed:</i>	11-26-07
Agency Name:	<b>Asian Community Mental Health Services</b>	
Address:	310 8 <sup>th</sup> St. Suite 201	
City, State, Zip:	Oakland, CA 94607	
Phone:	(510) 451-6729	
Fax :	(510) 839-4723	
Agency Website address:	www.acmhs.org	
List multiple agency programs/sites:		
Director of Training:	<b>Lily L. Stearns, Ph.D.</b>	
Director Degree and CA License #:	Ph.D. / PSY21120	
Director Phone:	(510) 869-7202	
Director email:	lilys@acmhs.org	
Other contact person information:		

<b>II. PRACTICUM TRAINING PROGRAM BASICS</b>	
<b>A. <u>Year Level Openings</u></b>	<b>Estimated</b>
2 <sup>nd</sup> Year (Grad School) Practicum Openings	2
3 <sup>rd</sup> Year (Grad School) Practicum Openings	3
<b>-Total Practicum Openings</b>	<b>5</b>
<b>-Total Pre-Doc Internship Level Openings</b>	<b>2</b>
<b>B. <u>Students at Agency</u></b>	
Number of Practicum Applicants last year	30
Number of Current Argosy Practicum Students	1
Number of All Current Practicum Students	6
Number of Current Argosy Pre-Doc Interns	1
Number of All Current Pre-Doc Intern Students	2
<b>C. <u>Practicum Dates and Times</u></b>	
Beginning Date	July '08
Ending Date	June '09
Number of weeks for practicum	50
Hours per week for practicum	16-20
<b>Required days and times</b> at agency	M & W, 9-12
<b>D. <u>Stipend:</u></b> Is there Stipend? If yes, amount per year?	Yes, \$800 - \$1500

**\*Note:** 2<sup>nd</sup> year practicum is 16 hours and 3<sup>rd</sup> year is 16 up to 20 hours per week. Minimum of 38 weeks required with maximum of 52 weeks.

**III. AGENCY DESCRIPTION: Please describe below.**

ACMHS is a non-profit, community based, agency that began in 1974 to provide culturally competent services to the developmentally disabled, families, children, youth, adults, and seniors throughout Alameda and Contra Costa counties. The majority of clients are low-income, people of color, with highly variable levels of impairments.

**A. Population: Indicate estimated % of clients in each category.**

<b>%</b>	<b><u>Gender</u></b>	<b>%</b>	<b><u>Life Cycle</u></b>
40	Male	5	Infants (0-4)
59	Female	25	Children (ages 5-12)
1	Transgender:	20	Adolescents (ages 13-17)
100%	<i>Total</i>	40	Adults (18-64)
		10	Seniors (ages 65+)
	<b><u>Ethnic/Cultural Identity</u></b>	100%	<i>Total</i>
10	African American		
75	Asian American		<b><u>Other Identified Groups</u></b>
5	Euro-American	5	Gay/Lesbian:
5	Hispanic/Latin American	5	Disabled Population:
	Native American	25	International: recent immigrant / refugees
5	<i>Other: Pacific Islanders, bi-racial</i>		Other:
100%	<i>Total</i>		(Note, above will not total 100%)
	<b><u>Populations Treated</u></b>		
80	Individual		<b><u>Functioning Level of Clients</u></b>
5	Couples	65	Severe Dysfunction (i.e., psychotic, severe personality or substance abuse dx)
5	Families	20	Moderate Dysfunction (i.e., moderate personality dx, anxiety, depression)
10	Groups	15	Mild Dysfunction (i.e., adjustment dx, transitions, growth)
100%	<i>Total</i>	100%	<i>Total</i>
<b>► Others notes about populations:</b>			

**B. Specialty Areas: Mark an X next to all specialties that apply at agency.**

	Behavioral Medicine		Hospital		Psychology of Women
	Health Psychology	X	Community Mental Health Clinic		Disabilities
	Psychopharmacology		Forensics		Gay/Lesbian
	Pediatrics		Management/Administration	X	Multicultural Therapy
	Infant/Parent		Program Evaluation		Spirituality/Psychology Integration
X	Family		Vocational/Career Development	X	Death/Dying/Bereavement
	Geropsychology		Psychological Assessment		Domestic Violence
X	School Based		Neuropsychological Assessment	X	PTSD/Trauma
	College Based		Psychology of Men	X	Serious Mental Illness
X	Bilingual in treatment		Others (specify):		

#### IV. PRACTICUM TRAINEE RESPONSIBILITIES AND FUNCTIONS

##### A. Treatment Modalities performed by student: (Mark X in all that apply.)

X	Individual Therapy	X	Crisis Intervention
X	Couples Therapy	X	Brief Therapy
X	Family Therapy		Long Term Therapy
X	Group Therapy	X	Psychological Assessment
	Community Intervention		Neuropsychological Assessment
X	Consultation/Liaison	X	Case Management
	Others (specify):		

► **Describe practicum trainee duties and responsibilities:** Attend all individual and group supervision, participate constructively in didactic seminars and clinic meetings. Provide individual & family psychotherapy, assess and evaluate at intakes, maintain timely & accurate documentation.

#### V. ASSESSMENT and PSYCHOLOGICAL TESTING

##### A. Assessment Overview

Will trainee have opportunity for assessment/testing experiences?	Yes
Is there additional supervision/training for assessment/testing?	Yes
Percentage of practicum time allotted for providing assessment services:	Depends
Estimate of average # of Test Batteries completed per year:	1 - 2

##### B. Assessment Modalities performed by student: (Mark X next to all that apply.)

X	Projective	X	Intelligence
X	Personality		Neuropsychological
	Academic		Vocational
	Other:		

► **Describe the Assessment Program:** Assessment is not a major component of this internship although opportunities to administer batteries are always available.

**VI. TRAINING/SUPERVISION PHILOSOPHY and OBJECTIVES: A.** Please describe below.

ACMHS emphasizes the development of critical thinking and cultural competency as core goals. Interns are expected to be grounded in a sound clinical and theoretical background, yet remain flexible and responsive.

**B. Supervisor Licenses:** Please note the number of supervisors with the following licenses.

2	*Licensed Psychologists (PsyD/PhD/EdD)	2	MFT
1	*Psychiatrists	3	LCSW
	Other:		

**\*Note:** Primary Supervisor must be a licensed provider at the doctoral level of training. Primary Supervisor may be individual or group supervisor & must sign or co-sign evaluation forms for students.

<b>C. Supervision and Training</b>	<b>Hours per week</b>
Individual Supervision	1
Group Case Consultation	1
Didactic Training	2
Other:	
<b>Total hours Training/Supervision</b>	<b>4</b>

**D. Methods of Supervision:** (Mark X next to all that apply.)

X	Live Observation	X	Process Notes
	Two Way Mirror	X	Case Reviews and Discussion
X	Videotapes Review	X	Audiotape Review
	Other:		

**E. Theoretical Orientations of the Supervising Staff** (check all that apply)

X	Biopsychosocial		Jungian
	Cognitive Behavioral		Narrative
X	Family Systems	X	Psychosocial Rehabilitation
	Feminist	X	Psychodynamic/analytic
	Humanistic/Existential		Transpersonal
X	Integrative	X	Recovery Based Model
X	Others (specify): Short-term, solution focused		

► **Comments on theoretical orientation:**

**F. Training Emphasis Areas:** Please fill out the following classifications below to assist us in differentiating practicum placements. Indicate with “X” areas where *substantial* training program and experience exists such that it would qualify for graduate program practicum in these training emphasis areas.

X	Community/Multicultural		Cognitive Behavioral
	Health Psychology		Assessment
	Forensic Psychology		Geriatric
	Family/Child		Gender
	Psychodynamic		Not Applicable
	Others (specify):		
▶ Please add specific information regarding all Emphasis Area(s) you checked:			

## VII. PRACTICUM APPLICATION PROCESS FOR STUDENTS

Application Deadline:	Feb. 11, 2008
Selection Date Estimate:	End of March 2008
Standard required materials	<b>Vita, Letter of Intent, Letters of Recommendation (recommended but not required)</b>
Agency specific materials:	
Preferred Experience:	Advanced training and bilingual skills (any Asian language or Spanish) preferred, but not required.
Preferred Coursework:	DSM-IV, interviewing skills, law & ethics
Interview Process: (keep those that apply, erase rest)	Individual Interview, Role Play
Other application/interview information:	

## VIII. Verifying Information: I verify that the above information is current and accurate.

Date:	11-26-07
Directors Name:	Lily L. Stearns, Ph.D.
*Directors Signature:	LLS, Ph.D.

\*If emailing, you may add signature through copy and paste or just put in your initials.