

# Argosy University: San Francisco Bay

American School of Professional Psychology

Clinical Training Office

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## Practicum Information Form (rev 8.4.2005)

**WORD** Format: Please email to Dr. Wyatt at [rcwyatt@argosyu.edu](mailto:rcwyatt@argosyu.edu), or print and return by mail.  
Use arrow keys, mouse cursor and tab key to move within tables.

Date Completed:

I. AGENCY INFORMATION	
Agency Name:	<b>Fall Creek Counseling Associates</b>
Address:	5900 Coyle Av #D
City, State, Zip:	Carmichael CA 95608
Phone:	916-344-0900
Fax #:	916-773-8097
Agency Website address:	<a href="http://www.sacramentopsychology.com">www.sacramentopsychology.com</a>
List multiple agency programs/contacts:	2 <sup>nd</sup> location: Roseville CA
Director of Training:	Debra Moore, ,Ph.D.
Director Degree and CA License #:	Psychologist PSY8578
Director Phone:	916-344-0900
Director email:	<a href="mailto:drdmoore@pacbell.net">drdmoore@pacbell.net</a>
Other contact people information:	

<b>II. PRACTICUM TRAINING PROGRAM BASICS</b>	
<b>A. <u>Year Level Openings</u></b>	<b><i>Estimated</i></b>
2 <sup>nd</sup> Year (Grad School) Practicum Openings	2
3 <sup>rd</sup> Year (Grad School) Practicum Openings	2
<b>-Total Practicum Openings</b>	4
<b>-Internship Level Openings</b>	3
<b>B. <u>Students at Agency</u></b>	
Number of Current Argosy Practicum Students	1
Total Number of Current Practicum Students	3
Number of Practicum Applicants last year	5
Number of Current Argosy Interns at Site	0
<b>C. <u>Practicum Dates and Times</u></b>	
Beginning Date	Flexible
Ending Date	Flexible
Number of weeks for practicum	38-52
Hours per week for practicum	16-20
<b>Required days and times at agency</b>	Variable. Some evenings may be required.
<b>D. <u>Stipend:</u> Is there Stipend? If yes, amount per year?</b>	Not for practicum. \$500/month for interns.

**\*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.**

**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	3	Infants (1-4)
59	Female	25	Children (ages 5-12)
1	Transgender	12	Adolescents (ages 13-17)
100%	Total	60	Adults
		100%	Total
	<b><u>Ethnic/Cultural Identity</u></b>		<b><u>Other Identified Groups</u></b>
5	African American	5	Gay/Lesbian
5	Asian American	5	Disabled Population
75	Euro-American	1	International
10	Hispanic/Latin American		Other:
5	Native American		(Note, above will not total 100%)
	Other		
100%	Total		
	<b><u>Populations Treated</u></b>		<b><u>Functioning Level of Clients</u></b>
65	Individual	10	Severe Dysfunction (i.e., psychotic, severe personality or substance abuse dx)
20	Couples	65	Moderate (i.e., moderate personality dx, anxiety, depression)
10	Families	25	Mild Dysfunction (i.e., adjustment dx, transitions, growth)
5	Groups	100%	Total
100%	Total		

**Others notes about populations:**

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

Behavioral Medicine		Hospital		Psychology of Women
Health Psychology		Community Mental Health Clinic		Disabilities
Psychopharmacology		Forensics		Gay/Lesbian
Pediatrics		Management/Administration		Multicultural Therapy
Infant/Parent		Program Evaluation		Spirituality/Psychology Integration
Family		Vocational/Career Development		Death/Dying/Bereavement
Geropsychology		Psychological Assessment		Domestic Violence
School Based		Neuropsychological Assessment		PTSD/Trauma
College Based		Psychology of Men		Serious Mental Illness
Bilingual in treatment	X	Others (specify): This is a comprehensive group private practice providing assessment and individual, couples, family and group psychotherapy to all ages.		

<b>IV. PRACTICUM TRAINEE RESPONSIBILITIES AND FUNCTIONS</b>			
<b>A. Treatment Modalities performed by student: (Mark X in all that apply.)</b>			
X	Individual Therapy		Crisis Intervention
X	Couples Therapy	X	Brief Therapy
X	Family Therapy	X	Long Term Therapy
X	Group Therapy	X	Psychological Assessment
	Community Intervention		Neuropsychological Assessment
	Consultation/Liaison		Case Management
	Others (specify):		
<p>► <b>Describe practicum trainee duties and responsibilities:</b></p> <p>Level of responsibility varies somewhat with each trainee and their readiness but includes intakes and ongoing psychotherapy. Cases are given with consideration to coursework and experience of trainee.</p>			

<b>V. ASSESSMENT and PSYCHOLOGICAL TESTING</b>			
<b>A. Assessment Overview</b>			
Will trainee have opportunity for assessment/testing experiences?	Yes, if appropriate to trainee's level.		
Is there additional supervision/training for assessment/testing?	Yes		
Percentage of practicum time allotted for providing assessment services:	Varies but less than psychotherapy.		
Estimate of average # of Test Batteries completed per year:	Varies – 0-4.		
<b>B. Assessment Modalities performed by student: (Mark X next to all that apply.)</b>			
X	Projective	X	Intelligence
X	Personality	X	Neuropsychological
	Academic	X	Vocational
X	Other: Affective disorders self reports and ADD/ADHD assessments.		
<p>► <b>Describe the Assessment Program:</b> Very much depends on trainees readiness and interest.</p>			

**VI. TRAINING/SUPERVISION PHILOSOPHY and OBJECTIVES: A. Describe below.**
**B. Supervisor Licenses:** Please note the number of supervisors with the following licenses.

3	*Licensed Psychologists (PsyD/PhD/EdD)		MFT
	*Psychiatrists		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	1-2
Didactic Training	1.5
Other:	
<b>Total hours Training/Supervision</b>	<b>3.5-4.5</b>

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

	Live Observation	X	Process Notes (on selected clients)
	Two Way Mirror	X	Case Reviews and Discussion
	Videotapes Review		Audiotape Review
	Other: Videotape review available but optional.		

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

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

**► Comments on theoretical orientation:**

Supervisors value providing exposure to multiple orientations to developing trainees.

**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 exists such that it would qualify for graduate program practicum in these areas.

	Community/Multicultural		Cognitive Behavioral
	Health Psychology		Assessment
	Forensic Psychology		Geriatric
	Family/Child		Gender
	Psychodynamic		Not Applicable
X	Others (specify):		
<p>► Please add specific information regarding all Emphasis Area(s) you checked:          Our population is diverse and includes a wide range of both Axis I and II disorders.          Supervisors employ a wide range of clinical approaches depending on specific client needs.          Students can elect to emphasize child/family track if desired, but they will see all ages.</p>			

#### VII. PRACTICUM APPLICATION PROCESS FOR STUDENTS

Application Deadline:	Applications accepted on an ongoing basis.
Selection Date Estimate:	Practicum students can begin at any time. (Interns begin in the summer.)
Standard required materials	<b>Vita, Letter of Intent, 3 Letters of Recommendation</b>
Agency specific materials:	None
Preferred Experience:	Some direct clinical or case management experience preferred but not necessary.
Preferred Coursework:	Psychotherapy and psychopathology.
Interview Process: (keep those that apply, erase rest)	Individual Interview
Other application/interview information:	Send required materials by email or mail. Send questions by email to drdmoore@pacbell.net.

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

Date:	11-20-07
Directors Name:	Debra Moore, Ph.D.
*Directors Signature:	DLM

\*If emailing, you may add signature through copy and paste or leave signature blank, since emailing will suffice.