

PSYCH 7189-0355 Supervised Field Experience in Intellectual and Developmental Disability Psychology

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Description:

Once competency is reached with the IDD Psychology Practicum at Nisonger, students enroll in external practica (PSYCH 7189-0355 Supervised Field Experience in Intellectual and Developmental Disability Psychology) for approximately 20 hours/week. It is expected that these external placement will begin the students third year in the program. This field experience will take place at the Nationwide Children's Hospital Child Development Center and other field placements that serve IDD populations. All sites must agree to parameters outlined in this syllabus as well as the documentation as described. Nisonger Clinics and Nationwide Children's Hospital are a pre-approved site. Students wishing to complete experiences at other relevant site should submit a plan for supervision and experiences from the site. This will be reviewed by the IDD Training Director and IDD Faculty for approval. Prior to the beginning of the experience, it is expected that the IDD Psychology Program and the site have a traineeship agreement in place (See Appendix A).

All sites will be expected to adhere to the expectation as detailed in the traineeship agreement (see appendix A).

1. During extern placements, trainees will be expected to.

- Conduct additional developmental assessments to obtain exposure to a higher volume of individuals with increasing level of independence OR
- If Placement in treatment clinics participate in clinical treatment with increasing and appropriate independence
- Ask External supervising psychologist to complete a quarterly evaluation report on the performance of the IDD Psychology student. (See end of document for competency form)

Supervision: A Supervision Agreement should be put in place between the IDD Psychology Student and their direct supervisor (See Appendix B: Supervision Agreement Example). If the direct supervisor is provided by someone other than a licensed psychologist, this must be approved by the IDD faculty. Supervision should consist of weekly supervision meetings.

Grading:

Satisfactory/Unsatisfactory. Trainees will be rated quarterly on progression toward competency (see Appendix B Quarterly Competency Rating Form). Students will be graded as Satisfactory as long as they attend expected hours, meet documentation expectations and guidelines, and actively participate in supervisory and other clinic related activities. A mid-semester meeting should be scheduled to discuss progress. If a student is not meeting these deadlines, at the mid-semester review, the student, supervisor and an IDD faculty member will meet to put a performance improvement plan in place.

Competency Rating: It is expected that students will work with their direct supervisor to ensure that Dr. Witwer receives all competency ratings prior to the last day of finals. Students will also be rated

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each semester in regard to clinical competency. These become part of their record and will be shared with licensing boards as requested.

APPENDIX A: TRAINEESHIP AGREEMENT

I am sending this letter to review and verify our agreement regarding placement of doctoral students at _____. We believe that your site offers IDD psychology graduate students important opportunities for professional development and are pleased to be able to place students with you again this year.

Students enrolled in the doctoral program in psychology participate in traineeships that last from 6 to 12 months. Regardless of the scheduling and length of time at your site, it is expected that students will attain at least 150 hours of direct client contact during their traineeship. Once the students and his/her supervisors have agreed on a schedule for their placement, it is the students' responsibility to inform the clinic director about the specifics of the training schedule. Students who participate in the placement program work under the supervision of a psychologist employed by the agency where they are placed. We ask the supervisors to evaluate the students at least once during their placement via a mailed/emailed survey. Any problems with the student performance are handled directly between the agency supervisor or agency administrator and me, the Director of Training and Community Outreach.

As a traineeship site, we ask the agency to provide:

1. A high quality training experience in a HIPAA-compliant environment with some flexibility to meet student interests. The training should include opportunities for the students to provide psychological services to individuals with intellectual and developmental disabilities, including psychological testing, initial intake assessment, individual therapy, group therapy and consultations.
2. Supervision by a licensed psychologist who is responsible for the completion of one student evaluation via the Competency Review form that will be provided to you. The Competency Review form should be returned to Dr. Witwer by the end of the Semester (Dec1 or May 1), to facilitate departmental review of student progress and training needs prior to the beginning of the next semester.
3. Predoctoral training hours that shall count toward licensure in the state of Ohio, and therefore shall operate under the following parameters (per section 4732.10 of the Revised Code):
 - No less than 25% of the weekly training placement time shall be face-to-face patient/client contact.
 - Weekly face-to-face supervision devoted to the students' cases shall be provided at a ratio of no less than one hour per ten hours on site, no less than one hour per week, and no less than 50% of the supervision shall be individual supervision provided by a supervisor who is a licensed psychologist.
 - Consistent with changing requirements from APA's Standards of Accreditation (SoA), supervision must include direct observation of the student's clinical work on

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at least two separate occasions during the traineeship (this can include review of videorecording).

- At least one additional hour per week in learning activities such as additional face-to-face supervision, group supervision, case conferences or grand rounds, didactic consultations with mental health professionals, guided professional readings, seminars, or co-therapy with a license psychologist or other appropriate professional.
4. If the licensed psychologist supervisor is unavailable due to planned absence, _____ will designate an appropriate supervisor to provide for supervision continuity in the interim.

We from the IDD Psychology Area provide:

1. One well-prepared doctoral-level psychology student who has received initial training in HIPAA legislation. The student being placed at your agency is tentatively scheduled for a 6-month placement.
2. The student will acquire an anticipated 150 hours of direct client contact, with the schedule of on-site work arranged with the supervisor.
3. The student will participate in the required orientation program, as well as provide additional documentation (e.g., background check), as requested by the training program.

If this agreement meets with your approval, please sign below and return to me by _____. Please feel free to contact me if you have further questions.

Respectfully,



Andrea Witwer, PhD

Director of Training

Nisonger Center

Associate Professor Psychiatry & Behavioral Health/Psychology

The Ohio State University

Appendix B

SUPERVISION CONTRACT

This is an agreement between _____ (Supervisee) and _____ (Supervisors). The purpose of supervision is to: (e.g., meet requirements for training supervision) _____

Effective Dates: _____; Frequency of Meetings: one to two times per week; Duration of supervision session: 60 minutes Type of Supervision:: *Specify process of providing ongoing feedback (reciprocal) to provide guidance for clinical work as well as professional growth and development.*

1. Purpose, Goals And Objectives Of Supervision:

- a. To fulfill requirements for training supervision;
- b. To promote development of supervisee's professional identity and competence;

2. Context And Content Of Supervision:

1. The content of supervision will focus on the acquisition of knowledge, conceptualization, and skills within the defined scope of practice.
2. The context will ensure understanding of ethics, codes, rules, regulations, standards, guidelines (including consent, confidentiality/ privacy), and all relevant legislation.

3. A supervisory record form will be used to document impressions of each supervisory session. Feedback will be provided at the close of each session. Supervision notes may be shared with supervisee.

4. Rights and Responsibilities of both parties

a. Supervisor Rights

1. To bring concerns/issues about Supervisee's work.
2. To question Supervisee about his/her work and workload.
3. To give Supervisee constructive feedback on his/her work performance.
4. To observe Supervisee's practice and to initiate supportive / corrective action as required.

b. Supervisor Responsibilities

1. To uphold ethical guidelines and professional standards.
2. To make sure supervision sessions happen as agreed and to keep a record of the meeting.
3. To create a supervision file containing supervision records and other documents relating to development and training.
4. To ensure that Supervisee is clear about his/her role and responsibilities.
5. To record the supervision session and to store their copy in the supervision file.
6. To monitor Supervisee's performance.
7. To set standards and assess the Supervisee against these.
8. To know what Supervisee is doing and how it is being done.
9. To deal with problems as they impact on the Supervisee's performance.
10. To support supervisee and the agreed personal development plan.

c. Supervisee Rights:

1. To uninterrupted time in a private venue.
2. To Supervisor's attention, ideas and guidance.
3. To receive feedback.
4. To set part of the agenda.
5. To ask questions.
6. To expect Supervisor to carry out agreed action or provide an appropriate explanation, within an agreed timeframe.
7. To have his/her development/training needs met.
8. To challenge ideas and guidance in a constructive way.

a. Supervisee Responsibilities:

1. To uphold ethical guidelines and professional standards;
2. To be prepared to discuss client cases with the aid of written case notes and / or video / audio tapes;
3. To validate diagnoses, interventions, approaches and techniques used;
4. To be open to change and use alternate methods of practice if required;
5. To consult supervisor or designated contact person in cases of emergency;
6. Implement supervisor directives in subsequent sessions; and
7. Maintain a commitment to on-going education and the psychology profession.

3. Procedural considerations:

- a. Supervisee's written cases notes (plus diagnoses and treatment plans) and audio / video tapes may be reviewed in each session;
- b. Issues relating to supervisee's professional development will be discussed;
- c. Sessions will be used to discuss issues of conflict and failure of either party to abide by the guidelines outlined in this contract. If concerns of either party are not resolved in supervision, David Michalec, PhD and/or Caroline Murphy, PhD will be consulted; and
- d. In event of an emergency, supervisee to contact supervisors. If not available, then contact David Michalec, PhD and/or Caroline Murphy, PhD

4. Expectations for clinical/professional practice

- a. Supervisees are expected to follow all NCH policies and procedures.
- b. Timeliness to clinical appointments, meetings, and supervision is expected. If the supervisee will be late, it is their responsibility to contact their supervisor as soon as possible.
- c. Supervisee will provide all patients with Supervisory status form and will note supervision status in notes.
- d. All notes should be complete with 48 hours and require a co-signature
- e. Written reports are due 10 days after seeing the client (as supervisee training progresses, efficiency goals may change).
- f. Supervisee will document all patient contact (including but not limited to: in office visits, phone calls, faxes).
- g. Any concerns that a child may be harmed, has been harmed, or harm has been reported, needs to be discussed with supervisor immediately. CPS reports (if applicable) should be made before you leave at the end of the day and no later than 24 hours.
- h. Supervisees are expected to review charts ahead of time for clients they are providing services to or observing.

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This contract is subject to revision at any time, upon the request of either the supervisee or the supervisor. A formal review, however, will be conducted at the end of the externship placement and revisions to the contract will be made only with consent of the supervisee and approval of supervisor.

We agree, to the best of our ability, to uphold the guidelines specified in this supervision contract and to manage the supervisory relationship and supervisory process according to the ethical principles of the APA.

Supervisor

Supervisee

Supervisor

Supervisee

This contract is in effect from **DATE__** Date of revision or termination: **DATE __**

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QUARTERLY COMPETENCY RATING FORM-NISONGER

Trainee Name:

Name of Placement:

Date Evaluation Completed:

Name of Person Completing Form (please include highest degree earned):

Licensed Psychologist: Yes No

Was this trainee supervised by individuals also under your supervision? Yes No

Type of Review:

Initial Review Mid-placement Final Review
review

Other (please describe):

Dates of Training Experience this Review Covers: _____

Training Level of Person Being Assessed: Year in Doctoral Program:

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Select the column corresponding to the training level of the person being assessed, and rate items in that column using the following frequency scale:

Never/Rarely

Sometimes

Often

Almost Always

Always

0

1

2

3

4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.											
BASIC CORE SKILLS						FURTHER SKILL DEVELOPMENT					
Understands professional values; honest, responsible						Adherence to professional values; recognizes situations that challenge adherence to professional values					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]

1B. Deportment	
Understands how to conduct oneself in a professional manner 0 1 2 3 4 [N/O]	Communication and physical conduct (including attire) is professionally appropriate, across different settings 0 1 2 3 4 [N/O]
1C. Accountability	
Accountable and reliable 0 1 2 3 4 [N/O]	Accepts responsibility for own actions 0 1 2 3 4 [N/O]
BASIC CORE SKILLS	FURTHER SKILL DEVELOPMENT
1D. Concern for the Welfare of Others	
Demonstrates awareness of the need to uphold and protect the welfare of others 0 1 2 3 4 [N/O]	Acts to understand and safeguard the welfare of others 0 1 2 3 4 [N/O]

Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings 0 1 2 3 4 [N/O]	Applies knowledge of others as cultural beings in assessment, treatment, and consultation 0 1 2 3 4 [N/O]
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context	
Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others 0 1 2 3 4 [N/O]	Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others 0 1 2 3 4 [N/O]
3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.	
3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines	
Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting 0 1 2 3 4 [N/O]	Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations

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	0 1 2 3 4 [N/O]
3B. Awareness and Application of Ethical Decision Making	
Demonstrates awareness of the importance of applying an ethical decision model to practice	Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]
3C. Ethical Conduct	
Displays ethical attitudes and values	Integrates own moral principles/ethical values in professional conduct
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]
4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.	
BASIC CORE SKILLS	FURTHER SKILL DEVELOPMENT

4A. Reflective Practice											
Displays basic mindfulness and self-awareness; displays basic reflectivity regarding professional practice (reflection-on-action)						Displays broadened self-awareness; utilizes self-monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
4D. Participation in Supervision Process											
Demonstrates straightforward, truthful, and respectful communication in supervisory relationship						Effectively participates in supervision					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.

BASIC CORE SKILLS						FURTHER SKILL DEVELOPMENT					
5A. Interpersonal Relationships											
Displays interpersonal skills						Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines					
0	1	2	3	4	[N/O]						
						0	1	2	3	4	[N/O]
5B. Affective Skills											
Displays affective skills						Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively					
0	1	2	3	4	[N/O]						
						0	1	2	3	4	[N/O]
5C. Expressive Skills											
Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills						Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language					
0	1	2	3	4	[N/O]						
						0	1	2	3	4	[N/O]

FUNCTIONAL COMPETENCIES**IV. APPLICATION**

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.	
BASIC CORE SKILLS	FURTHER SKILL DEVELOPMENT
8A. Knowledge and Application of Evidence-Based Practice	
Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology	Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]
9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.	
BASIC CORE SKILLS	FURTHER SKILL DEVELOPMENT

9B. Knowledge of Assessment Methods											
Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam						Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
9C. Application of Assessment Methods											
Demonstrates knowledge of measurement across domains of functioning and practice settings						Selects appropriate assessment measures to answer diagnostic question					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
9D. Diagnosis											
Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity						Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]

9E. Conceptualization and Recommendations											
Demonstrates basic knowledge of formulating diagnosis and case conceptualization						Utilizes systematic approaches of gathering data to inform clinical decision-making					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
9F. Communication of Assessment Findings											
Demonstrates awareness of models of report writing and progress notes						Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]

<p>10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.</p>	
<p>BASIC CORE SKILLS</p>	<p>FURTHER SKILL DEVELOPMENT</p>
Empty row for content	

10A. Intervention planning											
Displays basic understanding of the relationship between assessment and intervention						Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
10B. Skills											
Displays basic helping skills						Displays clinical skills					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
10C. Intervention Implementation											
Demonstrates basic knowledge of intervention strategies						Implements evidence-based interventions					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
10D. Progress Evaluation											
Demonstrates basic knowledge of the assessment of intervention progress and outcome						Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures					

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0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
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VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.											
Basic Skills						Advanced Skills					
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions											
						Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/ professionals					
						0	1	2	3	4	[N/O]
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts											
Cooperates with others						Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning					
0	1	2	3	4	[N/O]						
						0	1	2	3	4	[N/O]

14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes											
						Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals					
						0	1	2	3	4	[N/O]
14D. Respectful and Productive Relationships with Individuals from Other Professions											
Demonstrates awareness of the benefits of forming collaborative relationships with other professionals						Develops and maintains collaborative relationships and respect for other professionals					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]

Overall Assessment of Trainee's Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions: What are the trainee's particular strengths? What are the trainee's particular weaknesses? How can he/she improve upon these? Do you believe that the trainee has reached the level of competence expected by the program at this point in training?

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