

SEMESTER CLINICAL EXPERIENCE SUMMARY

DEFINITIONS:

Therapy:

- Individual -- You providing therapy to one client in the room.
- Couple -- Two clients in a therapy room where their relationship is the focus of treatment.
- Family -- Two or more family members in the therapy room.
- Group Individual -- Group therapy with individuals
- Group Couple -- Group therapy with multiple couples
- Group Family -- Group therapy with multiple families
- Team -- Supervised, ongoing, co-therapy, treatment involvement
- Hour -- 50 minutes. Keep track of therapy minutes and at the end of the semester divide by 50.

Supervision:

- Individual Live -- Supervision of your cases by an approved faculty supervisor directly observing your work.
- Individual Video -- Your case(s) being watched on video by an approved faculty supervisor with 1 other supervisee present.
- Group Live -- You participate in the supervision of others' cases being directly observed by a supervisor at the time it occurs (live).
- Group Video -- You observe the cases of others as they are being reviewed by a supervisor with 3 to 8 in the group.
- Individual and Group Case Report/Process Notes -- Discussion of cases with 1 or 2 supervisees present, without presentation of video, audio, or live case material.
- Team -- You observe and develop treatment interventions as part of a therapeutic/supervision team.
- Hour -- 60 minutes. Keep track of supervision minutes and at the end of the semester divide by 60

THERAPIST'S NAME

SEMESTER

SITE
(one site per summary)

Hours of Therapy

	MODE OF THERAPY	UNIT/SYSTEM IN THERAPY			
		Individual	Couple	Family	TOTAL
Beginning / Ending Dates:	Individual				
	Group				
	Psychoeducation ²				
	Team ²				
	TOTAL				
	% of TOTAL				
	Relationship % of Total				
Therapist's Signature _____					

For Office Use Only	
Cumulative therapy hours in program	
Individual ¹ _____	Psych Ind ¹² _____
Couple _____	Psych Couple ² _____
Family _____	Psych Family ² _____
Grp Ind ¹ _____	Team Ind ¹² _____
Grp Couple _____	Team Couple ² _____
Grp Family _____	Team Family ² _____
TOTAL _____	
% Relationship Therapy ³ _____	

Hours of Supervision

	MODE OF SUPERVISION	SUPERVISION			
		Live	Video	Case Report	TOTAL
Beginning / Ending Dates:	Individual				
	Group				
	Team				
	TOTAL				
	% of TOTAL				
	Raw Data % of Total				
Supervisor's Signature _____					

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Cumulative supervision hours in program	
Ind Live _____	Grp Video _____
Ind Video _____	Grp CR/PN _____
Ind CR/PN _____	Team Live _____
Grp Live _____	
TOTAL _____	
Raw Data %* _____	
Ratio of Supervision to Therapy** 1: _____	

¹ Ind, Grp Ind, Team Ind may total no more than 249
² Team & Psychoeducation hours may total no more than 100 hours
³ Must be at least 50% (251 hours) at time of graduation
* Must be at least 50% (50 hours) at time of graduation
** Must be 1 hour of supervision to no more than 5 hours of therapy