Date (Start

Sun. Sat.

11:59

7-13

p.m.)

Competencies Addressed:

(A minimum of <u>4 required</u> each week)

☑ 1. Demonstrate Ethical and Professional Behavior

☐ 2. Engage Diversity and Difference in Practice

☐ 3. Advance Human Rights and Social, Economic and Environmental Justice

☐ 4. Engage in Practice-Informed Research and Research-Informed Practice

☑ 5. Engage in Policy Practice

☐ 6. Engage with Individuals, Families, Groups, Organizations and Communities

☑ 7. Assess Individuals,Families, Groups,Organizations andCommunities

☐ 8. Intervene with
Individuals, Families,
Groups, Organizations and
Communities

 ☑ 9. Evaluate Practice with Individuals, Families, Groups, Organizations and Communities

☐ Did Not Accrue Practicum Hours

Practice Behaviors

(Please list the <u>required 4</u> numbers to match the competencies selected) (i.e. 1.2=competency #1 and practice behavior #2)

□ 0.0 - No Hours

Accrued □ 1.1 □ 1.2 □ 1.

3 □ 1.4 □ 1.5 □ 2.1 □ 2.

2 □ 2.3 □ 3.1 □ 3.2 □ 4.

1 □ 4.2 □ 4.3 □ 5.1 □ 5.

2 □ 5.3 □ 6.1 □ 6.2 □ 7.

1 □ 7.2 □ 7.3 □ 7.4 □ 8.

1 □ 8.2 □ 8.3 □ 8.4 □ 8.

 $5 \square 9.1 \square 9.2 \square 9.3 \square 9.4$

Description of Learning Activities (2-3 sentences per competency)

In addition to the description, how are you are applying classroom theory/knowledge into field experiences to demonstrate competency.

1.3 - I was lucky enough to receive three hours of supervision with different staff this week, including the field instructor, OCH clinical director, and Level 3 clinical director. These meetings were refreshing for me and provided much needed insight into approaching certain situations and interventions that may be successful with multiple different clients. I also collaborated while upholding confidentiality with a few fellow therapists concerning some client issues. 5.1 - I started meeting with the Omni director, assistant director, and supervisors to discuss the agency policy concerning therapeutic visitation. Therapeutic visitation training will be my special project. One major component of therapeutic training is that it should be done or directly supervised by a Master's level individual. Currently, Omni Resource Coordinators without Masters provide therapeutic visitation with no policies surrounding how

they are supervised or report the visitation details. I have started brainstorming how Omni could add policies to the structure of these visitations. For now, I have started talking about the option of having the resource coordinator complete therapeutic training, be directly supervised by a therapist or their team leader for the first three visitations, and then complete a documented list of details of the visitation to be kept on file. There will be a standard therapeutic training form created to complete this documentation. Such training, supervision, and documentation may ensure the family receives adequate therapeutic visitation and benefit the case during court reviews. 7.1 - I completed three diagnostic intakes this week. These intakes gathered detailed information about clients' medical, educational, biological, familial, psychological, and social history. Each client received a provisional DSM 5 diagnosis before being assigned a therapist for ongoing outpatient therapy. I also utilized the GAD, ACES, and PHQ-9 scales while working with one of my individual therapy clients this week. 9.2 - I attended a team meeting that evaluated the effectiveness of past