

Applicant Information

Contact Information

Street: Phone Number:

City: Email:

State:

Zip:

Summary of Doctoral Training

| | STATUS | DATE COMPLETED OR EXPECTED | REQUIRED TO PARTICIPATE IN APPIC MATCH? | REQUIRED TO ATTEND IN INTERNSHIP? |
|---|-----------|---|---|-----------------------------------|
| Doctoral Program Information | | | | |
| Did you complete your required academic coursework? (excluding dissertation and internship hours) | Expected | 12/11/2020  | No | Yes |
| Have you successfully completed your program's comprehensive/qualifying examination(s)? | Completed | 10/11/2019 | Yes | Yes |
| Master Thesis | N/A | | No | No |
| What is the current status of your dissertation/doctoral research project? | | | | |
| Proposal Approved | Completed | 09/29/2020 | Yes | Yes |
| Data Collected | Completed | 09/29/2020 | No | No |
| Data Analyzed | Expected | 12/10/2020 | No | No |
| Final Defense | Expected | 05/31/2021 | No | No |

Practicum Hours Information

| | Doctoral Hours | | | Terminal Master's Hours | | |
|-------------|----------------|------------|-------------|-------------------------|------------|-------------|
| | INTERVENTION | ASSESSMENT | SUPERVISION | INTERVENTION | ASSESSMENT | SUPERVISION |
| Total Hours | 953 | 60 | 434 | 0 | 0 | 0 |

Anticipated Practicum Experience

Number of Hours Anticipated 500

Description of Anticipated Practicum Experience

I will begin my position as a Counseling Services Specialist at the University of Oregon's Counseling Center at the beginning of Fall 2020. I am expecting to complete about 12 individual intervention client hours per week, 1 hour of supervision from a licensed psychologist per week, and about 5 hours of notes and clinical support per week.

Doctoral Program Information - Contact Information for Academic DCT/TD :

First Name : Ellen

Last Name : McWhirter

Email Address : ellenmcw@uoregon.edu

Terminal Master's

Degree Of Terminal Master's: N/A

If "Other", please specify: N/A

Area Of Concentration For Terminal Master's Degree: N/A

If "Other", please specify: N/A

Intervention Experience

| | Doctoral | | Terminal Master's | |
|---------------------------|-----------------------------|-------------------------------|-----------------------------|-------------------------------|
| | TOTAL HOURS FACE-TO-FACE | # OF DIFFERENT INDIVIDUALS | TOTAL HOURS FACE-TO-FACE | # OF DIFFERENT INDIVIDUALS |
| Individual Therapy | | | | |
| Older Adults (65+) | 3.00 | 1 | 0.00 | 0 |
| Adults (18-64) | 461.50 | 84 | 0.00 | 0 |
| Adolescents (13-17) | 11.00 | 3 | 0.00 | 0 |
| School-Age (6-12) | 30.50 | 3 | 0.00 | 0 |
| Pre-School Age (3-5) | 7.00 | 1 | 0.00 | 0 |
| Infants / Toddlers (0-2) | 0.00 | 0 | 0.00 | 0 |
| Career Counseling | | | | |
| Adults | 7.00 | 9 | 0.00 | 0 |
| Adolescents (13-17) | 0.00 | 0 | 0.00 | 0 |
| | TOTAL HOURS FACE-TO-FACE | # OF DIFFERENT GROUPS | TOTAL HOURS FACE-TO-FACE | # OF DIFFERENT GROUPS |
| Group Counseling | | | | |
| Adults | 37.00 | 2 | 0.00 | 0 |
| Adolescents (13-17) | 0.00 | 0 | 0.00 | 0 |
| Children (12 and under) | 0.00 | 0 | 0.00 | 0 |
| | TOTAL HOURS FACE-TO-FACE | # OF DIFFERENT FAMILIES | TOTAL HOURS FACE-TO-FACE | # OF DIFFERENT FAMILIES |
| Family Therapy | | | | |
| | 17.50 | 2 | 0.00 | 0 |

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| | TOTAL HOURS FACE-TO-FACE | # OF DIFFERENT COUPLES | TOTAL HOURS FACE-TO-FACE | # OF DIFFERENT COUPLES |
|--|-----------------------------|---------------------------|-----------------------------|---------------------------|
|--|-----------------------------|---------------------------|-----------------------------|---------------------------|

Couples Therapy

| | | | | |
|--|------|---|------|---|
| | 0.00 | 0 | 0.00 | 0 |
|--|------|---|------|---|

| | TOTAL HOURS FACE-TO-FACE | # OF DIFFERENT INDIVIDUALS | TOTAL HOURS FACE-TO-FACE | # OF DIFFERENT INDIVIDUALS |
|--|-----------------------------|-------------------------------|-----------------------------|-------------------------------|
|--|-----------------------------|-------------------------------|-----------------------------|-------------------------------|

School Counseling Interventions

| | | | | |
|---------------------|------|---|------|---|
| Consultation | 0.00 | 0 | 0.00 | 0 |
| Direct Intervention | 0.00 | 0 | 0.00 | 0 |
| Other | 0.00 | 0 | 0.00 | 0 |

If "Other", please specify

| | TOTAL HOURS | # OF DIFFERENT INDIVIDUALS |
|--|-------------|-------------------------------|
|--|-------------|-------------------------------|

Telephone Based Interventions

| | | |
|--|------|---|
| | 0.00 | 0 |
|--|------|---|

Please specify the types of telephone-based intervention services you provided along with the respective hours of each type

| | TOTAL HOURS FACE-TO-FACE | # OF DIFFERENT INDIVIDUALS | TOTAL HOURS FACE-TO-FACE | # OF DIFFERENT INDIVIDUALS |
|--|-----------------------------|-------------------------------|-----------------------------|-------------------------------|
|--|-----------------------------|-------------------------------|-----------------------------|-------------------------------|

Other Psychological Interventions

| | | | | |
|--|-------|----|------|---|
| Sport Psychology/Performance Enhancement | 0.00 | 0 | 0.00 | 0 |
| Medical/Health Related Interventions | 0.00 | 0 | 0.00 | 0 |
| Intake Interview | 66.00 | 66 | 0.00 | 0 |
| Substance Abuse Intervention | 0.00 | 0 | 0.00 | 0 |
| Consultation | 0.00 | 0 | 0.00 | 0 |
| Other Interventions | 2.00 | 1 | 0.00 | 0 |

Please describe the nature of the experience in "Other Interventions"
"Other interventions" accounts for a 2-hour crisis intervention.

| | TOTAL HOURS FACE-TO-FACE | TOTAL HOURS FACE-TO-FACE |
|--|-----------------------------|-----------------------------|
|--|-----------------------------|-----------------------------|

Other Psychological Experience with Students and/or Organizations

| | | |
|---|------|------|
| Supervision of Other Students Performing Intervention and Assessment Activities | 0.00 | 0.00 |
| Program Development/Outreach Programming | 0.00 | 0.00 |
| Outcome Assessment of Programs or Projects | 0.00 | 0.00 |
| Systems Intervention/Organizational Consultation/Performance Improvement | 0.00 | 0.00 |

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| | TOTAL HOURS FACE-TO-FACE | TOTAL HOURS FACE-TO-FACE |
|--|-----------------------------|-----------------------------|
| Other Psychological Experience with Students/Organizations | 311.00 | 0.00 |

If "Other", please specify

"Other" accounts for the provision of individual and group supervision to University of Oregon undergraduate students in the Family & Human Services program. Students were supervised as they completed internships in clinical/community settings.

Comments (if any)

Psychological Assessment Experience

| | Doctoral TOTAL HOURS FACE TO FACE | Terminal Master's TOTAL HOURS FACE TO FACE |
|--|---|--|
| Psychological Assessment Experience | | |
| Psychodiagnostic Test Administration | 2.10 | 0.00 |
| Neuropsychological Assessment | 29.50 | 0.00 |
| Telephone-Based Assessment | 0.00 | 0.00 |
| Please specify the type of telephone-based assessment services you provided along with the respective hours of each type | | |
| Other Psychological Assessment Experience | 28.50 | 0.00 |
| If "Other", please specify | | |
| "Other Psychological Assessment Experience" accounts for psychological intakes and fitness to proceed evaluations. | | |

Integrated Reports

| | # INTEGRATED REPORTS |
|---------------------------|----------------------|
| Integrated Reports | |
| Adults | 0 |
| Children/Adolescents | 0 |

Adult Assessment Instruments

| | # CLINICALLY ADMINISTERED/ SCORED | # CLINICAL REPORTS WRITTEN WITH THIS MEASURE | # ADMINISTERED AS PART OF A RESEARCH PROJECT |
|---|--------------------------------------|--|---|
| Commonly Used Neuropsychological Assessment Measures | | | |
| Boston Naming Test . Second Edition | 1 | 0 | 0 |

| | # CLINICALLY ADMINISTERED/ SCORED | # CLINICAL REPORTS WRITTEN WITH THIS MEASURE | # ADMINISTERED AS PART OF A RESEARCH PROJECT |
|---|--------------------------------------|--|---|
| Trailmaking Test A and B | 2 | 1 | 0 |
| Wechsler Memory Scale-Fourth Edition (WMS-IV) | 4 | 1 | 0 |
| Wisconsin Card Sorting Test | 3 | 0 | 0 |
| General Cognitive Assessment | | | |
| Mini Mental State Examination (MMSE) | 5 | 0 | 0 |
| Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) | 8 | 2 | 0 |
| Measures of Malingering | | | |
| Miller Forensic Assessment of Symptoms Test (M-FAST) | 3 | 0 | 0 |
| Test of Memory Malingering (TOMM) | 1 | 1 | 0 |
| Behavioral/Personality Inventories | | | |
| Minnesota Multiphasic Personality Inventory | 1 | 0 | 0 |
| Personality Assessment Inventory | 1 | 0 | 0 |

Child and Adolescent Assessment Instruments

| | # CLINICALLY ADMINISTERED/ SCORED | # CLINICAL REPORTS WRITTEN WITH THIS MEASURE | # ADMINISTERED AS PART OF A RESEARCH PROJECT |
|---|--------------------------------------|--|---|
| Commonly Used Neuropsychological Assessment Measures | | | |
| Delis Kaplan Executive Function System | 1 | 0 | 0 |
| General Cognitive Assessment | | | |
| WISC-IV | 1 | 0 | 0 |

Supervision Received

| | Doctoral | | Terminal Master's | |
|---|------------|--------|-------------------|-------|
| | INDIVIDUAL | GROUP | INDIVIDUAL | GROUP |
| Supervision Received | | | | |
| Supervised by a Licensed Psychologist | 142.25 | 216.00 | 0.00 | 0.00 |
| Supervised by a Licensed Allied Mental Health Professional | 0.00 | 6.00 | 0.00 | 0.00 |

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| | Doctoral | | Terminal Master's | |
|--|------------|-------|-------------------|-------|
| | INDIVIDUAL | GROUP | INDIVIDUAL | GROUP |
| Other Supervision (e.g., supervision provided by an advanced graduate student whose supervision is supervised by licensed psychologist). | 56.00 | 14.00 | 0.00 | 0.00 |

Optional Comments about Other Supervisors:

Supervised by an advanced graduate student whose supervision is supervised by licensed psychologist. Supervised by a faculty member whose supervision was supervised by a licensed psychologist. Supervised by supervisor with Licensed Masters in Social Work. Supervised by supervisor with Licensed Marriage and Family Therapist.

| | INDIVIDUAL | GROUP |
|--------------------------------|------------|-------|
| Total Supervision Hours | | |
| Total Hours | 198.25 | 236.0 |

Please indicate whether you have made audio or video recordings of your clinical work and reviewed them with your supervisor, as well as whether you have ever been directly observed by a supervisor:

Audio Tape/Digital Recording

| Support Activities | | |
|----------------------------|----------|-------------------|
| | Doctoral | Terminal Master's |
| Total Support Hours | | |
| Total hours | 352.50 | 0.00 |

Support Activities

Please indicate the primary activities in which you participated that comprise your support hours activities. If you think your support hours include any activities that are unusual or unique to your program, you can highlight that as well.

262 hours = Clinical writing/ Progress notes
 7.5 hours = Case Management
 1 hour = Administration
 14 hours = Assessment report writing
 5 hours = Observation
 33 hours = Professional development
 2 hours = Psychological assessment scoring/interpretation
 6 hours = Reading/Research/Preparation
 13.5 hour = Seminars/ Training
 10 hours = Staff meeting

| Additional Information About Practicum Experiences | | | | | | |
|--|--------------|-------------------|-------|------------|-------------------|-------|
| | Intervention | | | Assessment | | |
| | DOCTORAL | TERMINAL MASTER'S | TOTAL | DOCTORAL | TERMINAL MASTER'S | TOTAL |

| | | | | | | |
|---------------------------|-------|------|------|------|------|-----|
| Treatment Settings | | | | | | |
| Child Guidance Clinic | 71.00 | 0.00 | 71.0 | 2.00 | 0.00 | 2.0 |

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| | Intervention | | | Assessment | | |
|---|--------------|-------------------|-------|------------|-------------------|-------|
| | DOCTORAL | TERMINAL MASTER'S | TOTAL | DOCTORAL | TERMINAL MASTER'S | TOTAL |
| Community Mental Health | 299.00 | 0.00 | 299.0 | 0.00 | 0.00 | 0.0 |
| Department Clinic (Psychology clinic run by a department or school) | 0.00 | 0.00 | 0.0 | 0.00 | 0.00 | 0.0 |
| Forensic / Justice Setting (eg. jail, prison) | 0.00 | 0.00 | 0.0 | 0.00 | 0.00 | 0.0 |
| Inpatient Psychiatric Hospital | 0.00 | 0.00 | 0.0 | 0.00 | 0.00 | 0.0 |
| Medical Clinic/Hospital | 0.00 | 0.00 | 0.0 | 0.00 | 0.00 | 0.0 |
| Outpatient Psychiatric Clinic/Hospital | 0.00 | 0.00 | 0.0 | 0.00 | 0.00 | 0.0 |
| Partial Hospitalization/Intensive Outpatient Programs | 0.00 | 0.00 | 0.0 | 0.00 | 0.00 | 0.0 |
| Private Practice | 0.00 | 0.00 | 0.0 | 58.10 | 0.00 | 58.1 |
| Residential/Group Home | 0.00 | 0.00 | 0.0 | 0.00 | 0.00 | 0.0 |
| Schools | 0.00 | 0.00 | 0.0 | 0.00 | 0.00 | 0.0 |
| University Counseling Center / Student Mental Health Center | 272.50 | 0.00 | 272.5 | 0.00 | 0.00 | 0.0 |
| VA Medical Center | 0.00 | 0.00 | 0.0 | 0.00 | 0.00 | 0.0 |
| Other | 311.00 | 0.00 | 311.0 | 0.00 | 0.00 | 0.0 |

If "Other", please specify

Provision of individual and group supervision to University of Oregon undergraduate students in the Family & Human Services Program. Students were supervised as they completed internships in clinical/community settings

Please briefly describe any psychotherapy groups you have led or co-led: (Please describe the type of group, approximate duration and average number of each group session.)

(1) Co-led Courage, Compassion, and Connection for university students experiencing shame, 2hrs/wk, about 7 students per group; and (2) co-led Mindfulness Living for university students who wanted to acquire mindfulness skills and practices, 3hrs/wk, about 11 students per group.

What is your primary theoretical orientation? (Choose up to 3 and please rank order)

Interpersonal
Cognitive Behavioral
Integrative

If "Other", please specify

What is your practicum sanctioned work experience with diverse population in a professional therapy/counseling or an assessment capacity?

Please indicate the number of clients/patients seen for the following each of the diverse populations

| | Intervention | Assessment |
|---|--------------|------------|
| Race Ethnicity | | |
| African-American / Black / African Origin | 2 | 1 |
| Asian-American / Asian Origin / Pacific Islander | 4 | 0 |
| Latino-a / Hispanic | 12 | 3 |
| American Indian / Alaska Native / Aboriginal Canadian | 0 | 0 |

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| | Intervention | Assessment |
|----------------------------|--------------|------------|
| European Origin / White | 87 | 16 |
| Bi-racial / Multi-racial | 8 | 0 |
| Other | 0 | 0 |
| If "Other", please specify | | |

| | Intervention | Assessment |
|--|--------------|------------|
| Sexual Orientation | | |
| Heterosexual | 80 | 14 |
| Gay | 3 | 0 |
| Lesbian | 3 | 0 |
| Bisexual | 10 | 0 |
| Other | 1 | 0 |
| If "Other", please specify | | |
| One "other" client did not identify with the available options, and identified as pansexual. | | |

| | Intervention | Assessment |
|---|--------------|------------|
| Disabilities | | |
| Physical/Orthopedic | 0 | 0 |
| Blind/Visually Impaired | 0 | 0 |
| Deaf/Hard of hearing | 0 | 0 |
| Learning/Cognitive Disability | 0 | 1 |
| Developmental Disability | 0 | 0 |
| Serious Mental Illness | 0 | 5 |
| Other | 0 | 1 |
| If "Other", please specify | | |
| One "other" client had a traumatic brain injuries (TBI) but was not diagnosed as having a cognitive disability. The TBI severely impaired their functioning but did not have any diagnoses. | | |

| | Intervention | Assessment |
|---|--------------|------------|
| Gender | | |
| Male | 40 | 13 |
| Female | 76 | 8 |
| Transgender | 1 | 0 |
| Other | 1 | 0 |
| If "Other", please specify | | |
| One "other" client did not identify with the available options, and identified as non-binary. | | |

