



JOHN F. KENNEDY UNIVERSITY
COLLEGE OF PSYCHOLOGY

MA IN COUNSELING PSYCHOLOGY PROGRAMS
WITH SPECIALIZATIONS IN
HOLISTIC COUNSELING,
MARRIAGE AND FAMILY THERAPY AND
PROFESSIONAL CLINICAL COUNSELING

APPLICATION TO BECOME AN APPROVED
PRACTICUM SITE FOR
MFT TRAINEES AND INTERNS

THANK YOU FOR YOUR TIME IN COMPLETING THIS APPLICATION.
WE LOOK FORWARD TO WORKING WITH YOU.

JOHN F. KENNEDY UNIVERSITY
College of Psychology
MA in Counseling Psychology Programs

PRACTICUM SITE REQUIREMENT SUMMARY:

John F. Kennedy University approves MA practicum sites that meet the following minimum criteria:

1. **Provide a minimum of fourteen (14) and maximum of twenty-five (25) TOTAL hours per week**
 - Provide a minimum average of four (4) clinical hours per week (this includes couple, family, child, individual, group psychotherapy)
 - Individual supervision (one-on-one) - **minimum 1 hour/week**
 - Group supervision (maximum group size is 8) - **minimum 2 hours/week**
 - Clients must be assigned no later than the third week of the quarter/session
 - **Average of 4 hours** of didactic training per month
2. Adhere to the supervision ratio established by the BBS (Please note: one (1) unit of supervision is either one (1) hour of individual supervision or two (2) hours of group supervision)
 - Trainee ratio is one (1) unit of supervision per five (5) clinical hours
 - Intern ratio is one (1) unit of supervision per ten (10) clinical hours
 - **All clinical work must fall within scope of practice and competency of Marriage and Family Therapists**
3. Provide proof of BBS required six (6) continuing education units in supervision training

APPLICATION:

1. If you are able to meet the above requirements, please submit the enclosed application.
2. You must also submit, for each supervisor, a copy of his/her license, current malpractice insurance, proof of current training in supervision, and resume.
3. Your application will be reviewed by our Field Experience Coordinator and Director of Clinical Training. If you become an approved site, your information will be included in our database, which is available to all students. Please send flyers, notices of vacancies, etc. to the field placement office at the address listed below.

JOHN F. KENNEDY UNIVERSITY
COLLEGE OF PSYCHOLOGY
MA IN COUNSELING PSYCHOLOGY PROGRAM

CHECKLIST FOR APPLICATION
TO BECOME A JOHN F. KENNEDY UNIVERSITY
SUPERVISED PRACTICUM SETTING

Is your placement open to Trainees? A trainee is an unlicensed person who is currently enrolled in a master's or doctoral degree program and has completed no less than 12 semester units or 18 quarter units of course work in any qualifying degree program as defined by section 4980.03(c) of the Business and Professions Code.

☒ Yes ☐ No

Is your placement open for Interns? An intern is an unlicensed person who has earned a master's or doctoral degree qualifying him/her for licensure and is registered with the Board as defined by 4980.03(b) of the Business and Professions Code.

☒ Yes ☐ No

☐ Completed Supervised Fieldwork Setting Application packet

Additional Documentation for each Supervisor: (Required)

☒ Copy of current license

☒ Proof of Malpractice Insurance

☒ Current Resume

☒ Proof of current BBS required 6 CE units of supervision training

Send your completed application and supporting documentation for Pleasant Hill Campus consideration to:

John F. Kennedy University – Pleasant Hill Campus
100 Ellinwood Way
Pleasant Hill, CA 94523
Attn: Luis Alvarado, PsyD
Clinical Training Coordinator, College of Psychology

For further information or any questions, please contact the College of Psychology Clinical Training Coordinator, Luis Alvarado at:
Phone: (925) 969-3141
Email: lalvarado@jfkku.edu



JOHN F. KENNEDY UNIVERSITY

TRANSFORMING LIVES, CHANGING THE WORLD

An Affiliate of the National University System

College of Psychology
MA Counseling Psychology

EXTERNAL PRACTICUM SITE APPLICATION

This form is to be filled out completely by the Clinical Director.
Please type or print neatly.

Name of Agency: Napa Valley Unified School District _____

Phone Number: _____ **FAX Number:** (707) 253-6244

Agency Website: <https://www.nvusd.k12.ca.us/mentalhealthtraining>

Location: 2425 Jefferson St, Napa, CA 94558

Additional Location: _____
Number and Street City Zip

Mailing Address: 2315 West Park Ave, Napa, CA 94558

Clinical Director: Pam Walton, MA, MS, LMFT _____ **Telephone Number:** _____

Mailing Address: 2315 West Park Ave, Napa, CA 94558

Clinical Contact: Same as above _____ **Telephone Number:** () _____

Mailing Address: 2315 West Park Ave, Napa, CA 94558

Email Address: pam_walton@nvusd.org **FAX Number:** (707) 253-6244

TYPE OF WORK SETTING *(Submit a copy of appropriate documentation.)*

A supervised fieldwork setting, as defined in Section 4980.43(e) of the Business and Professions Code is: a governmental entity, a school, college or university, a nonprofit and charitable corporation, a licensed health facility, (as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code), a social rehabilitation facility or a community treatment facility, (as defined in subdivision (a) of Section 1502 of the Health and Safety Code), a pediatric day health and respite care facility, (as defined in Section 1760.2 of the Health and Safety Code), or a licensed alcoholism or drug abuse recovery or treatment facility, (as defined in Section 11834.02 of the Health and Safety Code), if the experience is gained by the trainee solely as part of the position for which he or she is employed.

☐ Governmental Agency
☐ Licensed Health Facility
☒ School, College or University
☐ Non-profit and Charitable Corporation 501(c)(3)

☐ Social Rehabilitation Facility
☐ Community Treatment Facility
☐ Pediatric Day Health and Respite Care Facility
☐ Licensed Alcoholism or Drug Abuse Recovery or Treatment Facility

Number of years in existence: 54 years

TERMS OF EMPLOYMENT

Is your placement open to Trainees? (A trainee is an unlicensed person who is currently enrolled in a master's or doctoral degree program and has completed no less than 12 semester units or 18 quarter units of course work in any qualifying degree program as defined by section 4980.03(c) of the Business and Professions Code.)

☒ Yes ☐ No

Is your placement open to Interns? (An intern is an unlicensed person who has earned a master's or doctoral degree qualifying him/her for licensure and is registered with the Board as defined by 4980.03(b) of the Business and Professions Code.)

☒ Yes ☐ No

EMPLOYMENT STATUS OF TRAINEE

Volunteer ☒
W-2 Employee ☐
*Stipend ☐

Rate of Pay
Amount

*(An intern or trainee who provides volunteer services may receive a stipend of a total of five hundred dollars (\$500) per month as reimbursement for expenses actually incurred, according to Business and Professions code 4980.43(j), for services rendered in any lawful work setting other than a private practice. The intern or trainee is considered an employee and not an independent contractor, and shall not receive a Form 1099 form for work reported. The intern or trainee must be able to provide documentation (e.g., receipts) if audited by the Board of Behavioral Sciences).

Application Deadline:

Hiring Date:

Start Date:

Period of Traineeship: From August To June

What is your application process? *Please check all that apply.*

<u>X</u> _____	Initial Telephone Contact	<u>X</u> _____	Resume
<u>X</u> _____	Formal Application	<u>X</u> _____	Personal Statement
<u>X</u> _____	Letter(s) of Recommendation	_____	Other _____
<u>X</u> _____	Reference Check		

Describe interviewing process: _____X_____ Individual _____X_____ Group

Intern completes two interviews, one with program supervisors, the other with the point person at the school site.

RESPONSIBILITIES OF THE TRAINEE/INTERN

Please describe in detail the fieldwork experience and responsibilities the trainee/intern will have at your agency. This experience must be within the scope of practice of a marriage and family therapist. It may include applied psychotherapeutic techniques, assessment, diagnosis, prognosis and treatment of pre-marital, couple, family and child relationships, including dysfunctions and healthy functioning, health promotion and illness prevention as defined by section 4980.40(b)(1) of the Business and Professions Code. *Enclose a copy of the description of duties which you provide your trainees/interns.*

Interns/Trainees will complete a thorough intake assessment including developmental history and psychosocial history, and will complete a diagnostic assessment, treatment plan, daily progress notes and terminations summaries for each client. Interns/trainees will provide individual therapy for K-12 students at a school site, as well as providing collateral support to parents/caregivers, coordination of services with school staff and outside providers and linkage to community services

Description of services provided and population served/Agency Mission Statement.

We are particularly interested in identifying placements which offer richness in ethnic and cultural diversity in terms of both staff and population served. Please address this in your response.

Interns/trainees provide mental health services to K-12, General Education and Special Education services with mental health needs. NVUSD contains a culturally, ethnically and financially diverse student population composed of Caucasian, Latino, Asian (primarily Pilipino), African American and Native American students. The student body also includes LGBTQ youth and youth with disabilities.

Mandatory time commitments (please include as much information as possible, including day, week and time of staff meetings, trainings, etc., if applicable).

Mandatory group supervision and training on Wednesdays between 1 and 4 pm.

Number of client hours per week which trainees/interns are assigned: 10
(A minimum average of 4 client hours per week is required by the University. Clients must be assigned no later than week three of the quarter.)

Indicate percentage (%):

90 Individual Couple 45 Child
45 Adolescent 10 Family Group

Average number of hours trainees/interns/supervisors are at the agency on a weekly basis.
20 Trainees 20-30 Interns 40 Supervisors

Will work be performed by trainees/interns at a setting:

- ☒ a). where the agency regularly conducts business (on-site)?
☐ b). away from the actual agency setting (off-site)?
☐ c). that is a combination of on-site and off-site locations of your agency setting?

If any work is performed by trainees/interns away from the agency setting, please describe the employer/supervisor monitoring, supervision, and emergency procedures. This may include but is not limited to pager/beeper system, on call supervisor, psychiatric back-up, cellular telephone. Please detail your response. (Consumer protection is the issue to address as well as the protection of the trainee/intern.)

All work is provided in the school setting. Each school site has a point person (school principal, psychologist or social worker) who is present on a daily basis. Supervisors may be at a different school site, but are also available daily by text, phone or in person.

TRAINING

Do you have a didactic training component separate from group supervision and staff meetings as a part of your program?

☒ Yes ☐ No

If yes, how long have you had a didactic training program for trainees/interns: 5 years

Frequency of training: 4 hours/month

Time/Day of the week training is scheduled: Wednesday afternoons

Describe your training program. *Include copies of your training syllabus and reading list.*

Please see attached program description

How do you integrate issues of diversity into your training experience?

Trainings include LGBTQ and cross-cultural case formulation

We are particularly interested in identifying placements which are rich in ethnic and cultural diversity, both in staff, and in population served. Please address this in your response. Please attach a copy of your agency mission statement, and copies of agency flyers.

What population does your agency serve? *Interns/trainees provide mental health services to K-12, General Education and Special Education services with mental health needs. NVUSD contains a culturally, ethnically and financially diverse student population composed of Caucasian, Latino, Asian (primarily Pilipino), African American and Native American students. The student body also includes LGBTQ youth and youth with disabilities.*

Does your agency have a specific theoretical orientation?

Mindfulness-based psychotherapy, CBT, Internal Family Systems, Somatic Experiencing.

Specialized training opportunities: *(check all that apply)*

<input type="checkbox"/> Aging	<input type="checkbox"/> Couple/Conjoint	<input type="checkbox"/> Group Facilitation
<input type="checkbox"/> Addiction/Chemical Dep.	<input checked="" type="checkbox"/> Crisis Intervention	<input checked="" type="checkbox"/> Incest/Sexual Abuse
<input checked="" type="checkbox"/> Adolescents	<input type="checkbox"/> Domestic Violence	<input checked="" type="checkbox"/> Multi-Cultural Issues
<input checked="" type="checkbox"/> Affective Disorders	<input checked="" type="checkbox"/> Dual Diagnosis	<input type="checkbox"/> Psychology of Men
<input checked="" type="checkbox"/> Anxiety, Phobias & Panic	<input checked="" type="checkbox"/> Eating Disorders	<input type="checkbox"/> Psychology of Women
<input checked="" type="checkbox"/> Brief Therapy	<input type="checkbox"/> Expressive Arts	<input checked="" type="checkbox"/> Sandplay/Sandtray
<input checked="" type="checkbox"/> Children/Play Therapy	<input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Sexual & Gender Minorities
<input checked="" type="checkbox"/> Chronic/Terminal Illness	<input checked="" type="checkbox"/> General	<input checked="" type="checkbox"/> Trauma/PTSD
<input checked="" type="checkbox"/> Chronic Mental Illness	<input checked="" type="checkbox"/> Grief/Loss	<input type="checkbox"/> Other _____

TYPE OF SUPERVISION

Face-to-face supervisor contact must be provided for each week of experience claimed according to Business and Professions Code 4980.43(c). A unit of supervision means one hour of individual face-to-face, **OR** two hours of group supervision (eight or less in the group). A trainee must receive 1 unit of supervision for every 5 hours of client contact. An intern must receive 1 unit of supervision for every 10 hours of client contact.

Types of supervision provided by agency: _____ Individual _____ Group
(1 hr/week minimum) (2 hrs/week minimum)

Methods of Supervision: *(check all that apply)*

	<u>Individual</u>	<u>Group</u>
Case Presentation	X_____	X_____
Live Supervision	_____	_____
Video Taping	_____	_____
Audio Taping	X_____	_____
Process & Progress Notes	X_____	_____
Role Play	X_____	X_____
Student Verbal Report	_____	_____

Please describe the type of training your supervisors are given by your agency:

Supervisors seek out training on their own according to their field of interest. Mandated reporter training and crisis response training is provided by agency. Supervisors obtain all necessary training to maintain their license and provide supervision.

Do you offer supervisors specific training in supervision? _____Yes X_____No

Is the supervisor training AAMFT approved? _____Yes _____No

Is the supervisor training CAMFT approved? _____Yes _____No

Are trainees expected or required to pay for clinical supervision during their practicum?

☐ Yes
☒ No

Please note that JFKU's policy is to prohibit placement with practicum sites that require trainees to pay for clinical supervision.

SUPERVISORS

The supervisor must have sufficient experience, training and/or education in the area of clinical supervision to competently supervise trainees or interns. A supervisor is a currently licensed marriage and family therapist, a clinical psychologist, a licensed clinical social worker, or a licensed physician certified in psychiatry as defined in section 4980.03(g) of the Business and Professions Code (must be licensed a minimum of two (2) years). Note: Board eligibility in psychiatry does not mean Board Certified. The supervisor knows and understands the laws and regulations pertaining both to supervision of trainees and interns and also to the experience required for licensure as a marriage and family therapist. The supervisor has practiced psychotherapy for at least two (2) years within the five (5) year period immediately preceding any supervision. Supervisors must have experience, training, and education in the area of supervision to competently supervise trainees or interns as specified in section 1833.1(6) of the Business and Professions Code.

Please provide the following information for each individual who will be providing either individual or group supervision to trainees and interns.

For each supervisor, please attach a copy of:

- 1) current license renewal
- 2) proof of malpractice insurance coverage
- 3) a current resume
- 4) proof of current supervision training received

SUPERVISOR I

Name: Pam Walton

Address: 2315 West Park Ave, Napa, CA 94558

Work Phone #: [REDACTED]

Email Address: pam_walton@nvusd.org

Type of License & Number: [REDACTED] Date License Issued: 5/16/05

☒ MFT

☐ Clinical Psychologist

Expiration Date: _____

☐ LCSW

☐ Board Certified Psychiatrist

AAMFT Approved: ☐ Yes ☐ No

CAMFT Approved: ☒ Yes ☐ No

Liability Insurance: ☒ Yes ☐ No

Carrier: CPHins

Amount of Coverage: 1M/3M

Expiration: 4/2020

Theoretical Orientation: *(Please describe)*

Mindfulness, somatic experiencing, IFS, CBT, psychodynamic

If required by the Board of Behavioral Sciences, could you provide documentation of your training to be a supervisor? ☒ Yes ☐ No

Will Supervisor I be providing individual supervision, group supervision or both? Please circle

appropriate response.

INDIVIDUAL

GROUP

BOTH

SUPERVISOR II

Name: Hannah Bales

Address: 1133 Coombsville Rd. Napa, CA 94558
Number and Street City

Zip

Work Phone #: [REDACTED] Email Address: hbales@nvusd.org

Type of License & Number: [REDACTED] Date License Issued: 1/23/2014
 MFT Clinical Psychologist Expiration Date: 4/30/2021
 X LCSW Board Certified Psychiatrist

AAMFT Approved: Yes No

CAMFT Approved: Yes No

Liability Insurance: X Yes No Carrier: NASW Insurance Company, RRG

Amount of Coverage: 2M/4M Expiration: 6/5/2019

Theoretical Orientation: *(Please describe)*

Client-Centered Theory, Social Learning Theory, Gestalt Therapy, and Behavior Therapy
(REBT, Task-Centered & Solution Focused Social Work)

If required by the Board of Behavioral Sciences, could you provide documentation of your training to be a supervisor? X Yes No

Will Supervisor II be providing individual supervision, group supervision or both? Please circle appropriate response.

INDIVIDUAL

GROUP

BOTH X

SIGNATURES

Please note: Applications without signatures will not be accepted.

I have filled out this application or have directed it to be filled out and have reviewed it. I believe the information to be complete and accurate:

Pam Wall, LMFT
Signature of Clinical Director

5/31/19
Date

M. Gough
Signature of Agency Director

5/31/19
Date

For John F. Kennedy University Use Only

External Practicum Site Application Has Been Reviewed and Approved by:

Luis Alvarado
Luis Alvarado, PsyD
Clinical Training Coordinator

6/3/2019
Date

Timothy Ford
Timothy Ford, MA, LMFT
Director, Office of Clinical Training

6/3/2019
Date

Date