**Memorandum of Understanding** (Revised 12-3-22)

**Counseling Psychology Practicum (EDP 664/665)** (MOU not for use with UKCC site)

**University of Kentucky** (supervisor should retain photocopy; PDF copy kept on file at UK)

Name of Trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee’s Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee’s Faculty Practicum Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_

Program Practicum Faculty Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_

Training Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Site Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Training Site Supervisor Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Email*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Degree (e.g., M.S. Counseling)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Licensure Credential (e.g., LPCC)*: \_\_\_\_\_\_\_\_\_

*Title (e.g., Staff Clinician)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Direct Phone*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervision start date this semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervision end date this semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated date of first client contact this semester: \_\_\_\_\_\_\_ Date of last client contact this semester: \_\_\_\_\_\_\_

Number of hours per week trainee will spend working on-site (typically a minimum of 10 hrs and a maximum of 16 hrs, unless otherwise negotiated with program faculty): \_\_\_\_\_\_\_\_\_

Number of 50-minute weekly individual supervision sessions to be held this semester: \_\_\_\_\_\_\_\_

Estimated minimum number of direct hours (i.e., clock hour provision of clinical services to clients) the trainee will accrue this semester (40+ required and 80+ preferred): \_\_\_\_\_\_\_\_\_\_\_\_\_

Will the Supervisor directly observe (via live observation, co-therapy, videotape, **or** audiotape) the trainee at least once this semester? \_\_\_\_\_\_No \_\_\_\_\_Yes

Trainee's Long Range Professional Goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee’s Top 2 Clinical Development Goals for This Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for agreeing to supervise one of our counseling psychology students, who is enrolled this semester in UK’s EDP 664/665 Practicum in Counseling Psychology. As a Site Supervisor, your main requirement is to meet with your Supervisee for at least 50 minutes per week of private, face-to-face individual supervision during a consistent, scheduled time block (e.g., Mondays 9am-10am). The Supervisee and Site Supervisor will be on time and prepared for supervision so that productive consultation can occur. The Supervisee and Site Supervisor will make supervision a priority and will avoid scheduling other commitments which would conflict with or interrupt the supervision time. When conflicts do occur (e.g., due to travel, illness, or holidays), Supervisee and Site Supervisor will reschedule that week’s supervision time as soon as possible.

To ensure the productive and appropriate use of time, Supervisees are expected to come to every supervision session with a written agenda consisting of issues, questions, and topics that they wish to address during that supervision session. The primary purpose of supervision is to provide the Supervisee with the opportunity to increase their talk therapy expertise and performance (i.e., use of core counseling skills/microskills; use of theory to conceptualize, treatment plan, and guide intervention; ability to handle difficult client situations). This primary purpose arises from the fact that Supervisees are student trainees who are at the Site in order to be trained and to cultivate their talk therapy skills, rather than salaried employees who may be expected to take on a caseload with minimal onboarding and supervisory oversight.

Supervision sessions may be based on observing the supervisee’s counseling sessions, listening and/or viewing tapes, and reading session notes. The American Psychological Association now requires Site Supervisors to directly observe (via live observation, co-therapy, videotape, or audiotape) their Doctoral Supervisees at least once per semester (this is encouraged but not required for Master’s Supervisees). Given that the University of Kentucky practicum course faculty instructor of record is not on-site, the program and practicum site understand that professional/clinical/legal liability for the Supervisee’s practice is shared by the Site Supervisor and practicum course faculty instructor of record.

The University of Kentucky Counseling Psychology program provides an evaluation form that must be reviewed, completed, discussed, and signed with the Supervisee at the end of each semester. Supervisees will be evaluated in the competency areas articulated in our Practicum Supervisor Evaluation of Student, so it is helpful to review the paper version of the form (available for download from [Handbooks and Forms](https://education.uky.edu/edp/counseling-psychology-overview/counseling-psychology-handbooks-and-forms/) webpage) together at the outset of the supervision relationship to establish clinical development goals (see page 1). In addition, we ask that the Supervisee and Supervisor informally discuss the Supervisee’s progress in these competency areas at semester midterm to allow time for any necessary adjustments. Note: if student is at a practicum site where they will be under the weekly supervision or more than one supervisor during a given semester, all supervisors should sign and date on the supervisor line to indicate they all collectively agree to the parameters set forth in this Memorandum of Understanding.

Signed/Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Trainee)\*

Signed/Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Supervisor/s)\*

\*Signature indicates that this party has agreed to the parameters set forth in this MOU.