**UK PhD Practicum Clinician FAQ for KY Clinical Practices**

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Thank you for your interest in placing a University of Kentucky (UK) Counseling Psychology **doctoral (Ph.D.) practicum clinician** at your clinical practice. This Q&A document seeks to answer some of the most Frequently Asked Questions (FAQs) that practices have about this process. If you are interested in placing a master’s (MS) practicum clinician instead, please see the companion guide “UK Master’s Practicum Clinician FAQ For KY Clinical Practices”, which can be found [on this page](https://education.uky.edu/edp/counseling-psychology-overview/counseling-psychology-handbooks-and-forms/).

Q: What are the **benefits** of placing a UK practicum clinician in my practice?

* Our practicum clinicians can provide up to **15 hours per week of direct clinical services** (i.e., talk therapy for individuals, couples, families, and groups; psychological assessment; mental health outreach, presentations, and consultation) grounded in Evidence-Based Practice.
* Practicum clinicians traditionally are **not paid** for their services (their “payment” is that they earn direct clinical hours as required by their program), making them a very cost-effective way to scale your practice. However, it is encouraged to pay them, when feasible; some sites pay a lump sum, others by the direct hour.
* Having a practicum clinician is a great way to **serve a larger number of clients**, **reduce waiting list times**, **offer supplemental services** (e.g., skills workshops, group therapy, support group facilitation, psychological assessment and testing), and/or provide services on a sliding scale (or pro bono) to increase the accessibility of your practice.
* Practices that utilize our practicum clinicians report that clinical supervisors **enjoy** supervising and mentoring our practicum clinicians. Both parties get to learn and grow.
* Our practicum clinicians receive intensive training in **structurally responsive practice**, which enhances their ability to provide culturally competent care to a wider variety of clients. Our practicum clinicians also come from a variety of backgrounds, as we recruit students from across the country and internationally.

Q: What does the practice need to **provide** to the practicum clinicians?

* Practicum clinicians must be **supervised** by a mental health professional licensed in KY.
  + Eligible licensees include those who are licensed by the KY Board of Social Work, KY Board of Licensed Professional Counselors, KY Board of Examiners of Psychology, or KY Board of Licensure for Marriage and Family Therapists. Licensees must be authorized by their Board to provide clinical supervision to graduate student practicum students. It is strongly preferred, but not required, that the clinical supervisor be a Licensed Psychologist.
  + The clinical supervisor must meet with the practicum clinician for 50 minutes each week for a supervision session held during a consistent, scheduled time block (e.g., Mondays 9am-9:50am). In-person is preferred to telesupervision, and one-on-one supervision is preferred although triad supervision (one supervisor meets with 2 practicum clinicians for simultaneous supervision) is permitted with prior consent of program practicum coordinator. PhD students completing their first year of practicum are required to receive in-person supervision, but PhD students completing later years of practicum are permitted to receive telesupervision. The primary purpose of supervision is to provide the practicum clinician with the opportunity to increase their clinical skills (e.g., microskills, use of theory to conceptualize and treatment plan) through discussion, whereas case management tasks can be a secondary focus of discussion.
  + The clinical supervisor will also need to set aside time (15-45 minutes) each week to review, give feedback on, and sign off on practicum clinician clinical notes. Supervisors are also encouraged to use this time to spot-check session recordings (if the practice permits video/audio recording of sessions for the sole purpose of supervisory oversight of the practicum clinician; we have sample language that can be added to a client informed consent document to grant recording permission) to enhance supervisory oversight of the practicum clinician. Session recording review is a best practice and facilitates practicum clinician growth that translates into enhanced client outcomes.
  + 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 requires clinical supervisors to directly observe (via live observation, co-therapy, videotape, or audiotape) their PhD practicum clinicians at least once per semester.
  + The clinical supervisor, or another member of the practice staff, will need to provide the necessary onboarding and ongoing training to the practicum clinician to ensure their smooth integration into the practice’s workflow.
* The practicum clinicians must be provided with a **client caseload sufficient** for them to earn a minimum of 40 direct service clock hours in the fall semester (late August through early December) and 40 in the spring semester (mid-January through early May), though we strongly prefer they earn about 80 direct service clock hours per semester for psychotherapy-focused practica (assessment-focused practica typically involve fewer direct service clock hours due to greater time spent on integrated report writing). Though direct hours cannot be earned by passively observing clinical sessions or other indirect/support clinical activities, it is permissible for a portion of direct hours to be earned by conducting co-therapy (i.e., student has direct verbal interaction with client as one of the two clinicians in the room with the client).
* With prior consent of the program practicum faculty coordinator, practicum clinicians can provide clinical services via **telehealth**. We ask that practices follow relevant professional/ethical/legal standards and guidelines set forth by the relevant national organizations (e.g., APA) and KY regulations pertinent to the practice of tele-mental-health-care and, if applicable, telesupervision.

Q: When is placing a practicum trainee at my practice **not a good fit**?

* If you would need the practicum clinicians to be able to bill clients for clinical services provided through insurance or Medicare/Medicaid, then taking a practicum clinician is not a good fit. Because our practicum clinicians are graduate students in training, they can’t bill through insurance or Medicare/Medicaid. This is true of most graduate-level practicum student trainee clinicians in the USA at the time of this writing. Clients who are private pay (out of pocket) can be charged for services rendered by practicum clinicians at a rate your practice deems appropriate (typically a reduced rate to reflect their trainee status, though trainees are only modestly less effective than licensed professionals at achieving favorable client outcomes per [meta-analytic research](https://pubmed.ncbi.nlm.nih.gov/29724135/)). Practices that provide some portion of their services through a contract (e.g., with a school district or the state) can have practicum clinicians provide those services, if not barred by the contract agreement.
* Practicum clinicians have packed graduate school schedules filled with courses, assistantships, research team meetings, etc. They have some scheduling flexibility, but tend to be available certain days of the business week and not others. Typically, it is feasible for them to be on-site two (possibly three) business days a week, for some portion of the day. Practicum clinicians are expected to spend 10 to 16 hours “on site” at their practicum site each week, of which at least 5 should be direct service clock hours. With the prior consent of the program practicum faculty coordinator, it may be possible to expect practicum clinicians to spend up to 20 hours per week onsite. If these scheduling parameters are incongruent with the needs of your practice, then this may not be a good fit.
* Practicum clinicians are graduate students in training who require training and supervision, not salaried employees who can take on a caseload with minimal onboarding and supervisory oversight. We understand that some practices may not be able to accommodate the supervision and training aspects that come with utilizing a practicum clinician.

Q: Do the practicum clinicians carry **liability insurance**?

* Yes, they are each covered by a group liability policy coordinated through the University of Kentucky.
* 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 practice’s clinical supervisor and practicum course faculty instructor of record, with the majority share (51%+) being carried by the onsite clinical supervisor.

Q: What are the **training and qualifications** of the practicum clinicians?

* Practicum clinicians are doctoral students in our [PhD program in counseling psychology](https://education.uky.edu/academics/graduate/counseling-psychology-phd).
* Our PhD students are trained in counseling theories and techniques, psychopathology and diagnosis, group counseling, personality and cognitive assessment, multicultural considerations, ethical/legal issues, consultation and outreach, human development, and vocational/career psychology.
* Our psychotherapy training emphasizes intentional use of the transtheoretical counseling techniques that facilitate the therapeutic alliance. Training also focuses on the use of theory to align conceptualization, treatment planning, and intervention. We teach trainees how to converse with clients about how cultural identities and structural forces influence clients, clinicians, and the treatment process.
* During the fall and spring semesters, practicum clinicians are enrolled in a practicum course, which requires them to meet regularly with a faculty practicum instructor and fellow students to receive additional didactic clinical training and obtain formal and informal consultation from the group about their ongoing clinical work with clients. This instruction and group supervision complements the training and supervision they are receiving from their practicum site staff and clinical supervisor.

Q: **I’m interested. How do we move forward?**

* Please contact the doctoral program practicum faculty coordinator via email or phone. If desired, a meeting over phone or zoom can be scheduled to discuss possibilities and particulars.
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Q: **How many** practicum clinicians can I place at my practice?

* Most of our partner practices take 1-3 practicum clinicians per year. For the first year, we recommend taking 1 clinician to keep the transition simpler.

Q: What is the **process for placing students** at my practice?

* Once the appropriate contact person from your practice and our program practicum faculty coordinator have discussed the possibility of your practice serving as a practicum site and agreed to move forward, the program practicum faculty coordinator’s graduate student assistant will contact your designated practice contact person via email to request the following information about the practicum placement opportunity:

**Name of Site:**

**Site contact person name:** (can be same or different person as the licensed mental health professional employed by the practicum site that will be the responsible clinical supervisor of the practicum trainee)

**Site contact person email:**

**Site contact person phone:**

**Postal address of practicum site:**

**License credential of the practicum site clinical supervisor:** (e.g., LPCC, LCSW, LMFT, LPA, LP)

**Application submission date deadline**: (most PhD sites have deadlines around mid March and most MS sites have deadlines around late March)

**Application materials required and interview process:** (e.g., cover letter and CV, interview process and timeline, number of practicum positions seeking candidates for)

**Primary role of practicum trainee:** (e.g., individual therapy, group therapy, assessment)

**Preferred qualifications for practicum trainee:** (e.g., experiences, coursework, or additional training or focus)

**Most common presenting concerns:** (e.g., substance use disorders, PTSD)

**Most common client populations served:** (e.g., college students, rural community folx, inmates)

**Preferred minimum and maximum hours per week “onsite” required:** (Note: students are typically expected to spend 10 to 16 hrs/wk at their practicum site, of which at least 5 should be direct service clock hours.)

**Schedule**: (if your site has preferences or requirements regarding what days of the business week and what blocks of time the site wants practicum trainees to be working and/or on-site, note those here)

**Estimated direct clinical contact hours accrued per semester:** (e.g., 60-80 direct hours) (*Attention*: Direct hours can be earned from direct client contact such as talk therapy for individuals, couples, families, and groups; psychological assessment and testing; mental health outreach/presentations and consultation. Though direct hours cannot be earned by passively observing clinical sessions or other indirect/support clinical activities, but it is permissible for a portion of direct hours to be earned by conducting co-therapy.. For example, if the fall semester is about 15 weeks long and trainee has 8 clients on caseload per week with a 50% no-show rate, then they would be expected to earn 4 direct hours per week x 12 weeks (the first few week of onboarding and caseload buildup usually create delays in earning hours in the early fall), which would come out to about 48 direct hours earned fall semester, and 4x15=60 hours earned in the more efficient spring semester.

**Compensation:** (e.g., are students compensated for their clinical labor and if so what is the compensation structure [hourly rate, rate per client session, lump sum stipend])

**Notes:** (e.g., link to brochure, additional training opportunities, funding, preferred days of the week, additional site requirements, etc.)

* We provide this information to our students in January to help them decide if they are interested in applying for a practicum placement at your practice. Students must get permission from the program practicum faculty coordinator before applying to a given site; this internal screening helps reduce the chance that an unqualified student applies to your practice.
* Your practice can establish practicum application/interview/selection process, materials (e.g., one page cover letter plus CV/resume), and deadlines that work best for your practice. Please note that we do not use a matching system to place students at sites; you retain discretion over who you make offers of practicum placement to.
* Because the practicum placement lasts one academic year from August through May and students must determine in advance where their practicum placement will be, the application deadline should be no earlier than February 15th and ideally no later than May 1st for an August practicum start, but some of our partner practices by necessity have deadlines in the summer.
* Our students apply to multiple practices and may get multiple offers, so it is a good idea to interview several students for each practicum slot. You are welcome to negotiate a “respond to offer by” date with the student(s) you make an offer to. Once you have made an offer to a student who accepts that offer, the program expects the student to follow through on that commitment (they are not permitted to renege from your offer in favor of a future different offer from another agency).

Q: What is the **typical timeline** **of a practicum placement**?

* Future practicum clinicians apply to potential practicum sites in the spring prior to start of their fall practicum. Practicum clinicians are onsite during the fall and spring semesters of their second year in the program.
* Practicum clinicians cannot start seeing clients earlier than the first day of the fall semester (approximately August 22) and must cease client contact by the last day of the spring semester (approximately May 4). Our practicum clinicians cannot provide services during the summer months. We ask practices to allow practicum clinicians time off from practicum from mid-December to early January, congruent with UK’s academic calendar.
* The clinical supervisor and/or practice staff will onboard the student at the start of the year. It is permitted to have students start this onboarding in the weeks prior to the fall semester.
* At the start of the practicum in August, the student and assigned on-site clinical supervisor will sign the *Memorandum of Understanding (MOU)* created by our program, which articulates what practicum clinicians and supervisors can expect from each other. This MOU serves as the formal agreement between our program and your practice and is specific to that practicum clinician and clinical supervisor. At this time, our program does not require a separate additional contract or agreement to codify the collaborative relationship between our program/university and your practice.
* The program provides an evaluation form that must be reviewed, completed, discussed, and signed by the clinical supervisor and practicum clinician at the end of each semester (approximately Dec 15 and May 4, respectively).
* Note: the program practicum faculty coordinator’s graduate student assistant will contact your designated practice contact person in mid-January seeking updated information about the practicum placement opportunity for the subsequent academic year.