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| **Diploma 1** |
| **End-Of-Year Review** |
| **Trainee Self-Assessment** |
| **Clinical** |
| **Deadline: 25th June 2021** |

Your text

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| **Name of Trainee** |  |
| **Name of Supervisor** |  |
| **Counselling Centre** |  |

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| **Client 1** | | | | **Client 2** | | | |
| **Initials** |  | | | **Initials** |  | | |
| **Times taken to Supervision** |  | | | **Times taken to supervision** |  | | |
| **Started** |  | **Ended** |  | **Started** |  | **Ended** |  |
| **IP Sessions** | T | **Out of** |  | **IP Sessions** |  | **Out of** |  |
| **V sessions** |  | **Out of** |  | **V Sessions** |  | **Out of** |  |
| **T Sessions** |  | **Out of** |  | **T Sessions** |  | **Out of** |  |
| **Total Sessions** |  | **Out of** |  | **Total Sessions** |  | **Out of** |  |

**Client Case load: To be completed from the date of the last report. Please record the number of sessions below in person (IP), by Video (V) or telephone (T)**

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| **Client 3** | | | | **Client 4** | | | |
| **Initials** |  | | | **Initials** |  | | |
| **Times taken to Supervision** |  | | | **Times taken to supervision** |  | | |
| **Started** |  | **Ended** |  | **Started** |  | **Ended** |  |
| **IP Sessions** | T | **Out of** |  | **IP Sessions** |  | **Out of** |  |
| **V sessions** |  | **Out of** |  | **V Sessions** |  | **Out of** |  |
| **T Sessions** |  | **Out of** |  | **T Sessions** |  | **Out of** |  |
| **Total Sessions** |  | **Out of** |  | **Total Sessions** |  | **Out of** |  |

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| **Client 5** | | | | **Client 6** | | | |
| **Initials** |  | | | **Initials** |  | | |
| **Times taken to Supervision** |  | | | **Times taken to supervision** |  | | |
| **Started** |  | **Ended** |  | **Started** |  | **Ended** |  |
| **IP Sessions** | T | **Out of** |  | **IP Sessions** |  | **Out of** |  |
| **V sessions** |  | **Out of** |  | **V Sessions** |  | **Out of** |  |
| **T Sessions** |  | **Out of** |  | **T Sessions** |  | **Out of** |  |
| **Total Sessions** |  | **Out of** |  | **Total Sessions** |  | **Out of** |  |

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| **Total client hours since starting course** | |
| **TOTAL IP** |  |
| **TOTAL V** |  |
| **Total T** |  |
| **Total to date:** |  |

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| **Purpose of report** |
| **The aims of Clinical Year 1 are to enable trainees to:**   1. Apply knowledge and understanding of psychodynamic theory, techniques and ethical practice. 2. Develop their counselling skills whilst starting client work in a Counselling Centre setting. 3. Develop within the context of supervision the ability to reflect on client – counsellor interactions and apply therapeutic strategies. 4. Develop a capacity to recognise unconscious processes in a clinical setting.   When completing these forms, it would be very helpful if you would provide relevant examples from your clinical practice to illustrate your thinking |

Your supervision group should be composed of no more than four members, with a caseload of no more than 16 clients. Each trainee with clients should have 90 minutes to discuss client work spread over each month. This report needs completing even if you have no direct client experience to date.

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| **What should my report cover?** |
| This exercise is an opportunity for you to consider what you value most about supervision and address any challenges. You can consider your relationship with your supervisor, and other members of the group. It is good practice to consider your existing strengths and areas that need development. Does supervision help you integrate theory and practice or is there more we could be doing together to make that happen?  Please also comment on your overall experience being a part of the Centre, every member of our team aims to deliver a quality learning experience and so we really value input from our trainees.  **Using the space below, please write clearly and concisely approximately 200 words for each section** |

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| **INTEGRATING SKILLS AND PRACTICE**  **Do you consider there is enough connection between the theory you learn and being able to put this into practice in your clinical work? Please comment.**  **( 200 words )** |
| **CLINICAL PRACTICE**   1. **Please give some reflections on your understanding of the therapeutic frame and the conscious and unconscious processes that take place in the consulting room .** 2. **Please comment on the aspects of clinical work that come easily and/or that you enjoy and those that are more challenging for you.** 3. **What do you think are the key aspects of therapeutic change ?**   **(200 words )** |
| **SUPERVISION:**   1. **Please comment on your relationship with the supervision group and your supervisor and your ability to engage in the work of the group.** 2. **Do you feel sufficiently supported and challenged?**   **(200 words )**  **If you have less than 10 client hours please indicate the reason (please circle):**   1. **No suitable clients available. Y/N**     **b) Not yet ready for/ unable to begin client work. Y/N** |
| **OVERALL ASSESSMENT:**   1. **Please comment on the broader aspects of your clinical work such as note keeping, administrative processes and how integrated you feel within your centre and the organisation as a whole.** 2. **At this stage in your training what are your reflections on your development as a professional practitioner .** 3. **Is there anything else to which you would like to draw the attention of the Assessment Committee?**   **(200 words )** |

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| Would you like a one-to-one meeting with your supervisor?  **(Please select one)** | **Yes**  **☐** | **No**  **☐** |
| Would you like a one-to-one meeting with your Centre Clinical Manager?  **(Please select one)** | **Yes**  **☐** | **No**  **☐** |

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| **Signed (Centre Clinical Manager)** |  |
| **Signed (Supervisor)** |  |
| **Signed (Trainee)** |  |
| **Date** |  |

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| **Please submit this document by the due date:**  **25th June 2021**  All forms must be word processed with one copy emailed to the Training Office at [training@counsellingfoundation.org](mailto:training@counsellingfoundation.org)  If you are unable to scan in your electronic signature, please confirm in writing that the assessment is your own work in the body of your email to the office. |