Appendix A

**DIFFERENTIATION OF PASTORAL CARE AND PASTORAL**

**COUNSELING/PSYCHOTHERAPY**

Pastoral Care Providers

* Visit with informal counseling
* Site is on patient’s turf
* Caring support model with varied modalities
* Care plan based on patient need
* Offer sacerdotal rites/rituals
* Lead formal worship
* Connection: brief to moderate length, except in long-term settings
* Refer patients to counselor and/or psychotherapist for long-term, depth change

Pastoral Counselors/Psychotherapists

* Formal counseling/psychotherapy
* Neutral site with clinical contract
* Change/treatment modality: individual, couple, family, or group
* Treatment plan based on client diagnosis
* Does not lead formal worship
* Connection: brief or moderate to years
* Refer to pastoral care providers for spiritual support

Appendix B

CAROLINAS HEALTHCARE SYSTEM

Integrative Psychotherapy Training Program Templates

* Supervision of Psychotherapy Case Presentation
* Process Notes
* Supervision of Supervision Case Presentation

Appendix C

**IPTP Supervision of Psychotherapy Case Presentation**

**Supervisory Information**

|  |  |  |
| --- | --- | --- |
| **Therapist Name** | **Client ID** **(e.g., initials):**  **Date of Session:** | **Total # of Sessions With This Client** |
| **Model of Therapy:** | **Type of Client Contact**  **Individual, Couple, or Family** | **Type of Supervision**  **Individual, Triadic, or Group** |
| **Licensure Board(s) or Educational Institution That Hours Are Being Counted Toward:** | **Total # of Hours of Supervision**  **Rotation/Overall:** | **Supervision Modality**  **(**Video, Audio, Co-therapy, Observation, Clinical Notes) **Name all that apply** |

**Case Conceptualization**

|  |  |
| --- | --- |
| **Diagnosis and Treatment Plan** | Assessment of Progress (*DSM-5* format):  Family System:  Theological/Spiritual Perspective:  Treatment Plan: |
| **Summary of Clinical Process to Date** |  |
| **Transference and Counter-Transference Dynamics** | Transference:  Counter-Transference: |
| **Your Perception of Your Strengths and Growth Areas in *This* Session.** | Strengths:  Growth Areas: |
| **“This case challenges my theory of psychotherapy and use of self in these ways.”** | **Theory of Psychotherapy:**  **Use of Self** |
| **Learning Questions**  **(Video time stamp for reference preferred)** |  |
| **Time Stamp of Video:** |  |

**History/Ongoing Theme Analysis**

|  |  |
| --- | --- |
| **Source and Nature of the Referral** |  |
| **Physical Descriptions and Medical History** | Age:       Height:       Weight:  Medical History: |
| **Presentation and Affect** |  |
| **Family Background and Genogram Themes** | Marital Status and History:  Number of Children and Ages:  Family of Origin Themes: |
| **Educational and Vocational Themes** | Highest Level of Education Earned:  Perceived Value of Education:  Current Occupation:  Themes With Employment History: |
| **Sexual Identity Themes** | Significant Aspects of Sexual History:  Current Sexual Activity:  Themes of Sexuality: |
| **Cultural Identity Themes** | Ethnicity:  Cultural Themes: |
| **Temperament and Learning Style Themes** | Learning Style:  Temperament: |
| **Religious and Spiritual Themes with Sustaining Beliefs** |  |
| **Peer Group and Support System**  **Themes** |  |

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Therapist Signature/Date Supervisor Signature/Date**

Appendix D

**Precedence Issues**

**Date of Last Supervision Session:**       **Current Date:**

**Write a yes or no beside each question. Add comments for any that you marked yes for below.**

1. Are there any legal issues that are of current concern?
2. Are there any ethical dilemmas that are of current concern?
3. Are there any potential suicidal or homicidal persons with whom your supervisee is working?
4. Are there any dual relationships or conflict of interests concerns?
5. Is there any violation of boundaries that you feel you are at risk for, for example, sexual attraction, self-disclosure, competency issues, or any other areas that are pertaining to potential boundary violations?
6. Are there any concerns about possible Department of Social Services (DSS), Child Protective Services (CPS), or Youth and Family Services (YFS) referrals?
7. Are there any conflicts of interests that are affecting your ability to work with particular supervisee(s) in relation to your theory or approach to therapy?
8. Are there any supervisees or circumstances in which you feel you are working out of your area of competency or training?
9. Are there any concerns related to your particular position that may be creating professional challenges for you, for example, being able to keep current with your case notes, treatment plans, and termination issues with clients and/or closing files?
10. Are there any other professional questions about licensure(s), theoretical orientation, malpractice insurance, insurance panels, or any other related concerns?
11. How would you rate your therapeutic competency at this time?

**Comments:**

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

**Psychotherapist Signature** **Date**

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

**Supervisor Signature** **Date**

Appendix E

IPTP EDUCATIONAL NOTE

**SESSION SUMMARY NOTES (SOAP Notes)**

## **Client(s) Name/ID**:

#### Counselor: Session Date:

#### Time: Session #:

### Client Description:

### Subjective Complaint:

### Objective Findings:

### .

### Assessment of Progress (DSM-V format):

**Family System:**

**Theological/Spiritual Perspective:**

### Plans for Next Session/Appointment Date and Time:

### 

### Needs for Supervision:

## 

## **General Notes:**

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

Psychotherapist Signature Supervisor Signature

Appendix F

**IPTP Supervision of Supervision Case Presentation**

**Precedence Issues**

**Date of Last Supervision of Supervision Group Session: Current Date:**

**Write a yes or no beside each question. Add comments for any that you marked yes for below.**

1. Are there any legal issues that are of current concern?
2. Are there any ethical dilemmas that are of current concern?
3. Are there any potential suicidal or homicidal persons with whom your supervisee is working?
4. Are there any dual relationships or conflict of interests concerns?
5. Is there any violation of boundaries that you feel you are at risk for, for example, sexual attraction, self-disclosure, competency issues, or any other areas that are pertaining to potential boundary violations?
6. Are there any concerns about possible Department of Social Services (DSS), Child Protective Services (CPS), or Youth and Family Services (YFS) referrals?
7. Are there any conflicts of interests that are affecting your ability to work with particular supervisee(s) in relation to your theory or approach to therapy?
8. Are there any supervisees or circumstances in which you feel you are working out of your area of competency or training?
9. Are there any concerns related to your particular position that may be creating

professional challenges for you, for example, being able to keep current with your case notes, treatment plans, and termination issues with clients and/or closing files?

1. Are there any other professional questions about licensure(s), theoretical orientation, malpractice insurance, insurance panels, or any other related concerns?
2. How would you rate your supervisory competency at this time?

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

**Supervisor Signature/Date**

Appendix G

**Supervisory Information**

|  |  |  |
| --- | --- | --- |
| **Supervisor Name:** | **Supervisee ID** **(e.g., initials):**  **Date of Supervision Session:** | **Total # of hours of Supervision**  **Rotation/Overall:** |
| **Model of Supervision:**  **Supervisee Model of Therapy:** | **Modality of Therapy for Supervisee:**  **Individual, Couple, or Family** | **Type of Supervision:**  **Individual, Triadic, or Group** |
| **Hours Are Being Applied to the Following Licensure Board(s) or Educational Institution:** | **Supervision Modality**  **(Video, Audio, Co-therapy, Observation, Clinical Notes)**  **Name all that apply** |  |

**Case Conceptualization**

|  |  |
| --- | --- |
| **Assessment of Supervisee** | Assessment:  Developmental Goals: |
| **Summary of Supervision Process to Date** |  |
| **Themes of Supervisee’s Current Presentation** |  |
| **Transference and Counter-Transference Dynamics With Supervisee** | Transference:  Counter-Transference: |
| **Your Perception of Your Strengths and Growth Areas in** *T****his* session.** | Strengths:  Growth Areas: |
| **Learning Questions**  **(Video time stamp for reference preferred)** |  |
| **Time Stamp of Video:** |  |

**History/Ongoing Theme Analysis for Supervisee**

|  |  |
| --- | --- |
| **Placement Site of Supervisee and Description** |  |
| **Physical Descriptions and Pertinent Medical History** | Sex:       Age:       Height:       Weight:  Pertinent Medical History: |
| **Presentation and Affect** | Affect:  Myers-Briggs: |
| **Family Background and Genogram Themes** | Marital Status:  Number of Children and Ages:  Pertinent Marital History and Family of Origin Themes: |
| **Educational and Vocational Themes** | Focus of Degree and Area of Specialty:  Perceived Value of Supervision:  Pertinent Work History as a Counselor: |
| **Sexual Identity Themes** | Pertinent Themes of Sexuality: |
| **Cultural Identity Themes** | Ethnicity:  Cultural Themes: |
| **Temperament and Learning Style Themes** | Learning Style:  Temperament: |
| **Religious and Spiritual Themes With Sustaining Beliefs** | Pertinent Religious Themes:  Integration of Spirituality with Model of Therapy: |
| **Peer Group and Support System Themes** | Support System within Placement Site: |

**Comments:**

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