

## BHSS Practicum Training Model:

### Observe → Assist → Do

The **Observe–Assist–Do (OAD)** framework is a structured, developmental model for building clinical competence under supervision. It gradually shifts responsibility from the supervisor to the student while maintaining client safety and support.

#### 1. Phase One: OBSERVE

**Goal:** Build foundational understanding by watching experienced clinicians and staff engage in work with clients and patients.

##### Key Activities

- Sit in on intake sessions, counseling sessions, or group psychoeducation (with consent).
- Observe assessment procedures, documentation, case conceptualization, and crisis intervention.
- Watch a supervisor model clinical skills such as:
  - Opening a session
  - Using reflective listening
  - Conducting risk assessments
  - Managing session flow
  - Closing sessions and safety planning

##### Student Learning Focus

- Understand the structure and pacing of sessions.
- Notice how clinicians apply theory to practice.
- Observe ethical decision-making, boundaries, and cultural humility.
- Begin identifying personal strengths and areas for growth.

##### Supervisor Responsibilities

- Explain the rationale behind interventions.

- Debrief after each observed session.
- Provide opportunities for the student to ask questions and reflect.

## 2. Phase Two: ASSIST

**Goal:** Move from observation to active participation with direct supervision support.

### Key Activities

- Co-lead or co-facilitate parts of a counseling session.
- Conduct portions of the intake (e.g., demographic questions, presenting concerns).
- Assist with group activities (e.g., facilitating check-ins or exercises).
- Draft documentation for supervisor review (progress notes, treatment plans).
- Participate in role-plays or live supervision exercises.

### Student Learning Focus

- Practice discrete counseling tasks with scaffolded support.
- Develop confidence using micro-skills (paraphrasing, summarizing, open-ended questions).
- Receive immediate feedback and refine technique.
- Begin learning how to manage therapeutic challenges (silence, emotion, resistance).

### Supervisor Responsibilities

- Clearly define which tasks the student will perform.
- Provide real-time or near-time feedback.
- Ensure client safety by stepping in if complexity increases.
- Model advanced skills and explain decision processes.

## 3. Phase Three: DO

**Goal:** Engage in supervised independent practice while maintaining a safety net.

### Key Activities

- Conduct care management or counseling sessions with clients.
- Contribute to intake assessments, screenings (e.g., SBIRT), and risk evaluations.

- Develop whole health care or treatment plans in consultation with the supervisor.
- Maintain clinical documentation with supervisor review and approval.
- Manage caseload responsibilities appropriate to skill level.

### **Student Learning Focus**

- Integrate theory, ethics, and technique into independent practice.
- Develop therapeutic presence, pacing, and case-management competencies.
- Strengthen decision-making around crisis situations, boundaries, and referrals.
- Build professional identity and clinical judgment.

### **Supervisor Responsibilities**

- Monitor competence through live observation, recordings, or case review.
- Provide weekly supervision focused on client welfare and skill development.
- Support students in navigating ethical dilemmas and treatment challenges.
- Gradually increase student autonomy based on demonstrated competence.

## **4. Integration Across Phases**

### **A. Developmental Approach**

The OAD model recognizes that students progress at different speeds. Movement between phases is based on:

- Demonstrated competence
- Self-reflection and insight
- Supervisor evaluation
- Client needs and setting requirements

### **B. Competency Domains Addressed**

The framework connects to common practicum competency domains:

- Health Equity
- Helping Relationships
- Cultural Responsiveness
- Team-Based Care

- Screening and Assessment
- Care Management and Care Coordination
- Brief Psychological Interventions
- Legal, Ethical and Professional Issues

### C. Feedback Cycles

Throughout all stages, feedback should be:

- **Timely** (soon after client contact)
- **Specific** (focused on observable behaviors)
- **Balanced** (strengths + growth areas)
- **Actionable** (clear next steps)

### D. Reflective Practice

Students should maintain:

- Process notes
- Self-evaluations
- Supervision agendas
- Questions for discussion

## 5. Example Timeline (10–15 Week Practicum)

Weeks	Student Activities	Supervisor Role
<b>1–3:</b> <b>Observe</b>	Shadow sessions, watch assessments, observe documentation flow	Demonstrate skills, explain interventions, answer questions
<b>4–7:</b> <b>Assist</b>	Co-lead segments of sessions, complete partial assessments, draft notes	Provide real-time correction, monitor client safety
<b>8–15:</b> <b>Do</b>	Conduct full sessions, complete documentation, manage small caseload	Observe, review cases, evaluate progress

## 6. How This Model Supports Ethical Clinical Training

- Ensures **client safety** by limiting student autonomy until readiness is demonstrated.

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- Follows a **scaffolding approach** consistent with best practices in clinical supervision.
- Promotes **self-efficacy** and confidence through graduated responsibility.
- Encourages **intentional skill development** and reflective practice.