

**Florida Atlantic University
Department of Counselor Education**

**Clinical Mental Health Counseling Handbook:
M.Ed./Ed.S. Program Requirements & Practicum/Internship Information**

effective August 2017

revised February 1, 2017*

***this revision is occasioned by additional CACREP and university requirements**

PREFACE

The development of this Handbook was prompted by changes in the Council for Accreditation of Counseling and Related Educational Program's (CACREP) policies, standards, and expectations which have resulted in a number of policy changes and requirements in the Mental Health Counseling program at Florida Atlantic University. Among these is the shift to competency-based education and outcomes-based evaluation. Accordingly, this Handbook addresses policies and requirements unique to the M.Ed. degree in Clinical Mental Health Counseling and the Ed.S. degree in Mental Health Counseling. It specifically addresses completion of program requirements, the professional performance review process and procedure, the re-admission policy, transfer policy, the Rehabilitation Counseling Option, and specific information and requirements for practicum and internship training. Note: this Handbook is intended as a supplement to the general departmental policies and procedures addressed in the department's *Student Handbook* for M.Ed. and Ed.S. students.

The change of the title from *Mental Health Counseling Handbook* to *Clinical Mental Health Counseling Handbook* was occasioned by correspondence from CACREP indicating that henceforth the program is to be called and referred to as "Clinical Mental Health Counseling." Students need to understand that the M.Ed. program in Clinical Mental Health Counseling is CACREP accredited, but that the Ed.S. program has not sought CACREP accreditation and continues under the title "Ed.S. in Mental Health Counseling." Note: in this Handbook "program" refers to both CMHC and the Ed.S. Mental Health Counseling program unless otherwise stated.

So what is Clinical Mental Health Counseling (CMHC) and how does it differ from other counseling specialties? While CMHC shares commonalities with other counseling specialties, it is uniquely different in both its scope of practice. Florida statute 491.003(9) describes the uniqueness of mental health counseling practice.

The "practice of mental health counseling" is defined as the use of scientific and applied behavioral science theories, methods, and techniques for the purpose of describing, preventing, and treating undesired behavior and enhancing mental health and human developmentThe practice of mental health counseling includes methods of a psychological nature used to evaluate, assess, diagnose, and treat emotional and mental dysfunctions or disorders (whether cognitive, affective, or behavioral), behavioral disorders, interpersonal relationships, sexual dysfunction, alcoholism, and substance abuse. The practice of mental health counseling includes, but is not limited to, psychotherapy, hypnotherapy, and sex therapy....

Besides reflecting CACREP standards, the development of this Handbook also reflects legal requirements of the state of Florida. Among these is Florida statute 491.002 which specifies the "gatekeeping" function of graduate programs and faculty that train individuals seeking mental health licensure. This and other statutes addresses their duty and responsibility to ensure that only clinically competent and ethical persons are qualified for licensure.

...since such services assist the public primarily with emotional survival, which in turn affects physical and psychophysical survival, the practice of ...mental health counseling by persons not qualified to practice such professions presents a danger to public health, safety, and welfare...(T)o further secure the health, safety, and welfare of the public...by establishing minimum qualifications for entering into and remaining in the respective professions."

CMHC is also unique among other counseling specialties in terms of those who practice it effectively. Those who have a high level of "fit" and who go on to become effective clinical mental health counselors tend to be characterized by the following profile: They enjoy "people watching" and are intrigued by

intrapyschic and interpersonal dynamics. They can readily conceptualize patterns of thoughts and behaviors in others, and are fascinated by symbols and metaphors in movies, novels, or poetry. Typically, others gravitate to them because of their capacity to listen, to reflect, and to be supportive. Like other counselors, they desire to help others. But unlike other counselors, the level of change and healing that they foster in clients tends to be at a very deep level, involving changes in the client's basic personality structure and patterns.

COMPLETING PROGRAM REQUIREMENTS

The process of becoming a Licensed Mental Health Counselor (LMHC) is both rewarding and challenging. The rewards include membership in an increasingly respected mental health profession and the satisfaction of making a difference in the lives of clients. The challenges involve increasing competence as a professional counselor. One of CACREP's 2009 Standards (L.2.d) **requires that counseling programs conduct a systematic developmental evaluation of students' progress in three areas of competence (academic, personal and professional) that reflect suitability for the counseling profession.** CMHC faculty support this requirement as well as the spirit behind it. A subsequent section describes this evaluation process in detail.

The CMHC program now specifies four distinct phases of this systematic, developmental evaluation in the process of completing M.Ed. and Ed.S. degree requirements and continuation or retention in the program. Specific thresholds mark each of these four phases and are attested to as "passed" by the department chair's signature on the *Systematic Developmental Evaluation Form* [Appendix]. Continuation in and graduation from this program requires successful, and sequential completion of each of the four phases.

FOUR PHASES

Phase 1. Acceptance into Didactic Coursework. To be accepted in didactic coursework phase of this program, applicants must meet all required admission requirements, which include a rubric-evaluated screening of application material and an in-person interview, which is rubric-evaluated. Applicants are screened against the Graduate College and Department of Counselor Education academic admission standards (e.g., GPA, GRE, academic letters of recommendations, etc.) as well as for their personal and professional suitability for the counseling profession. Acceptance at this phase means the applicant is approved only to undertake didactic coursework.

Because of the competency-based nature of this program, the following required courses: MHS 5005, 5428, 6401, 6070, 6800, 6801, and 6830 must be taken in this Mental Health Counseling program. Accordingly, courses with the same or similar titles and/or content cannot be transferred from another program at FAU or from another university to this program.

Once accepted into didactic coursework, students are assigned an advisor and are expected to meet with their advisor in the first semester and complete an approved *Plan of Study*. It specifies the courses and the order in which these courses are to be taken, and is filed with the Graduate College. Each semester, students will meet with their advisors to register for classes. During this time, advisors will assess and monitor students' progress in their coursework as well as their personal and professional development.

Students must attend the Orientation Session in their first semester in the program, and must sign and return the *Clinical Mental Health Student Agreement Form*. Both are required to continue in the program.

The threshold of this phase includes: (1) formal admission to take didactic coursework; (2) attendance at Orientation; (3) return of the signed *Clinical Mental Health Counseling Student Agreement Form*; (4) submission of an acceptable *Plan of Study* within the first semester; and (5) demonstrated suitability for the counseling profession.

Phase 2. Acceptance into Clinical Coursework. Prior to completing all didactic coursework required for clinical coursework (practica and internship), students must apply for the clinical coursework phase of training. The threshold of this phase includes: (1) maintenance of academic eligibility in terms of graduate GPA [at least 3.0] with no grade below a B; (2) passes the *Counselor Preparation Counseling Examination (CPCE while in Advanced Practicum)*; and (3) demonstrated suitability for the counseling profession.

The *CPCE* is usually taken while enrolled in MHS 6801, and passing the test is a requirement to continue in clinical coursework. If not passed, the student can apply for the next scheduled exam. A second non-pass results in administrative dismissal from the program. Note: The Clinical Coursework requirement holds only for Ed.S. students whose *Plan of Study* specifies it; and the *CPCE* requirement can be waived--by the advisor-- for Ed.S. students.

Phase 3. Completion of Didactic and Clinical Coursework. The threshold of this phase requires that the student meets all three thresholds: (1) maintenance of academic eligibility in terms of graduate GPA [at least 3.0] with no grade below a B; (2) passes both *Exit Counseling Competency Exams (ECCE)* and the *CPCE*; and (3) demonstrates suitability for the counseling profession assessed by the *Professional Performance Evaluation Rubric*. Note: The *ECCE* requirement holds only for Ed.S. students whose *Plan of Study* specifies Clinical Coursework. It is only possible to take the *ECCE* exam during the scheduled time. If the *ECCE* is taken at the scheduled time but not passed the student can petition the instructor to re-take it within one week.

Students who fail [grade lower than B] didactic courses are eligible to register for that course the next time it is offered. They will be permitted to register for other didactic courses in the meantime, but they will not be permitted to register for a clinical course (Practica or Internship) until they receive a passing grade in the retaken didactic course. A non-pass in the retaken course results in administrative dismissal from the program.

Students who fail [grade lower than B] a clinical course cannot register for additional clinical coursework until specified conditions are met. This may require additional clinical coursework such as remedial clinical coaching, such as is offered in MHS 6401, or in the *Counseling Lab* component of MHS 6800. Such remediation must be satisfactorily completed before the student can register to retake the failed clinical course. If the retaken clinical course is not passed, the student will be administratively dismissed from the program. If the student wants to complete other didactic coursework during this time, written permission from the department chair must be secured. Remediation may require that the student engage in personal therapy to resolve personal issues that interfere with clinical training. Students who receive a grade of Incomplete (I) in MHS 6800 or MHS 6830 and have not taken and passed the *ECCE* are eligible to take the *ECCE* in a subsequent semester provided that they complete all remaining requirements to remove the I before the time the for the *ECCE* has been scheduled.

If it comes to the attention of the faculty/seminar instructor during the semester that the student is not functioning adequately at the assigned site, suspension from the site placement may be necessary until remediation is satisfactorily demonstrated to the faculty/seminar instructor. In addition, withdrawal from the practicum or internship may be required resulting in an "in progress" grade until all remediation efforts are completed. Such decisions are made by the faculty/seminar instructor in consultation with the department chair and are documented in the student's file.

Students must also take and pass the *ECCE*, near the end of Practicum (MHS 6800), and again near the end of the second semester of the Internship (MHS 6830). The importance of this exam cannot be underestimated since it is an objective evaluation of the student's competency with a live (standardized) client in the two key statutory functions and responsibilities of Licensed Mental Health Counselors in the state of Florida: to perform a diagnostic evaluation and to implement psychotherapeutic treatment. Accordingly, it is a course requirement to pass this exam with a composite minimum score of 4.0/10 for

MHS 6800 and 7.0/10 for MHS 6830. Failure to pass it requires retaking the *ECCE*. A second non-pass results in failing the course, and requires retaking that respective course to continue and/or graduate from the Mental Health Counseling program.

Phase 4. Completion of Remaining Graduation Requirements. The threshold of this phase includes: (1) submission of approved revisions to the *Plan of Study*; (2) formal application and departmental approval for graduation; (3) completion of the university Graduate Student Exit Survey (GSES); (4) completion of other requirements of the department and the Graduate College; and (5) demonstrated suitability for the counseling profession.

PROFESSIONAL PERFORMANCE REVIEW

Rationale

In addition to meeting academic competency standards, students are expected to conduct themselves in an ethical, responsible, and professional manner. They must be knowledgeable of, and, at all times, adhere to the standards of professional ethics and practice set forth by the American Counseling Association (ACA available at: <http://www.counseling.org>). Mental Health Counseling students are directed to review these standards and seek any clarification needed from their advisor and faculty. As noted earlier **CACREP (Standard L.2.d) requires ongoing, systematic and formative evaluation of personal and professional as well as academic performance.**

As future professional counselors, the Mental Health Counseling faculty expects students to be concerned about others, to be stable and psychologically well adjusted (both personally and professionally), to be capable of effective interpersonal relationships, to take responsibility for their words and actions, to be able to receive and apply feedback willingly, and to give feedback constructively. Students are expected to behave in a manner that demonstrates suitability for the counseling profession. Furthermore, faculty expects students to be committed to continued personal growth and professional development and to demonstrate that commitment through self-care, and through self-reflection and responsiveness to supervision in all activities related to their degree program. Finally, faculty believes that it is ethically imperative that counselors-in-training be willing to do in their own lives what they ask their clients to do in theirs. These characteristics reflect "suitability" for the counseling profession and the Mental Health Counseling faculty are required to exercise their gatekeeping function by evaluating the suitability of counselors-in-training

Accordingly, faculty will regularly monitor not only students' academic progress but also selected personal and professional characteristics that affect their performance in the field. The purpose of this monitoring and ongoing evaluation process is to ensure that all graduates of this program possess those characteristics sufficiently to support--rather than interfere with--their professional responsibilities and wellbeing. The ***Professional Performance Evaluation Rubric*** [Appendix] is keyed to the ten standards of the ***Criteria for Professional Performance Evaluation*** [Appendix], a highly regarded and commonly used objective measure for evaluating suitability in counseling students (McAdams, Foster & Ward, 2007). **These Criteria are standards that operationally define "suitability" for entry into the counseling profession, and FAU Mental Health Counseling students are systematically evaluated against these ten standards.** The ten standards are:

1. Openness to new ideas
2. Flexibility
3. Cooperativeness with others
4. Willingness to accept and use feedback
5. Awareness of own impact on others
6. Ability to deal with conflict

7. Ability to accept personal responsibility
8. Ability to express feelings effectively and appropriately
9. Attention to ethical and legal considerations
10. Initiative and motivation

The Professional Performance Review Procedure

These ten standards characterize the attitudes and behavior of effective, ethically-sensitive and culturally-sensitive and competent professional counselors, and represents a tangible, formative model for Mental Health Counseling students to emulate. Accordingly, these standard serve as the basis for both meeting the CACREP requirement for an ongoing systematic evaluation of students' academic, personal, and professional competence, and for facilitating students' personal and professional development. Based on these Standards, the following policy and procedure have been established.

Each student's personal and professional performance is rated on the ***Professional Performance Evaluation Rubric*** on a scale of 1 (poor) to 5 (excellent). The *Rubric* provides a quantitative measure of a student's suitability for the counseling profession with a score of 3 or higher on each standard representing "suitability".

Near the end of each semester, instructors in the following MHS courses (5005, 6401, 6070, 6450, 6470, 6701, 6800, 6801, and 6830), are expected to complete the *Rubric* on every student in that course who has been admitted to the Mental Health Counseling Program. The instructor and the student will sign the ***Professional Performance Evaluation Rubric***, after which the instructor delivers the form to the department secretary. A copy is placed in the student's file and the original is retained by the department. Ordinarily, during the student progress review segment of the last faculty meeting of the semester, faculty review students who wish to be promoted to practica or internship training. At that time, a student's *Rubric* can be considered. Note: the student's academic advisor can also rate the student at any time.

Students receiving a rating below 3 on one or more of the ten standards will be considered deficient in professional performance and subject to the following "Professional Performance Review Procedure:"

1. If a student receives a single rating of below 3 on one of the ten standards, the "issuing faculty" meets with the student to discuss and to resolve the Professional Performance concern. Note: "issuing faculty" refers to the course instructor or academic advisor.
2. If a resolution is not reached, or if the student has two or more ratings below 3--from one or more issuing faculty-- the student will be presented with a *Notification of Professional Performance Concern Form* which lists the deficient rating(s), the issuing faculty's explanation for the ratings, and details the required remedial actions. Signatures of both the issuing faculty and the student will verify their understanding of the concerns, the required remedial actions, and the schedule for completing them. Both the student and issuing faculty will retain copies of the signed *Notification of Professional Performance Concern Form*, with a copy placed in the student's file, and copies forwarded to the student's assigned advisor and the department chair.
3. If a student receives more than one *Notification of Professional Performance Concern* during his/her Program of Study or fails to show reasonable progress in remediation of deficiencies previously cited, he/she will be required to meet with the issuing faculty and his/her academic advisor in accordance with the procedure described in #2 above. Depending upon the nature of new performance concerns and/or the reasons for the student's failure to comply with previously determined remedial action plans, the issuing faculty and academic advisor will consult faculty regarding the development of alternative remedial strategies and/or evaluation of the student's suitability and fitness for continuation in the Program. The issuing faculty, the student, and the academic advisor will retain a signed copy of any revision made to the

Notification of Professional Performance Concern Form. A copy is sent to the department chair and a copy is retained in the students' file.

4. Faculty will initiate the "Professional Performance Review Procedure" at any time for students who engage in illegal or unethical activities, or for students whose professional performance is deemed to present an immediate threat to the wellbeing of others. In such cases and depending upon the level of perceived threat, the Mental Health faculty and the department chair may recommend discontinuation in the program without opportunity for student remediation.
5. All faculty recommendations for denial of a student's continuance in the program will be forwarded to (and will be the ultimate decision of) the Dean of the College of Education.

RE-ADMISSION POLICY

1. If it has been determined that a student must withdraw from the program, and attend to personal issues with remedial action as determined by the faculty, a remediation plan will be developed, discussed, and signed by the student.
2. Once the student has completed the remediation plan, and the student wishes to re-enter the program, the student will be required to re-apply, at the next available application date, and undergo the admission process.
3. Such students wishing to re-enter the program will need to provide a written report of the completion of their remediation plan that specifically explains the actions that he/she has taken, and the steps to alter any problematic behavior that triggered the withdrawal from the program.
4. The student is also required to address these issues in the Personal Statement of their formal application for readmission. The Personal Statement must include sufficient reflection on the impact of their experiences during the time away from the program, and how he or she has used and will continue use the insights gained as a readmitted student and then as a professional counselor.
5. The readmission application will be processed as if it were a first-time application. To insure impartiality, all applications are evaluated by the same set of criteria and rubrics.
6. Student will be required (if invited) to attend one of the group interview sessions.
7. Student may not take any additional course work (even as a non-degree student) before being re-admitted into the program.
8. A student who was previously admitted to the program and becomes inactive for reasons other than those specified above, and fails to register and complete coursework for more than two consecutive semesters is required to re-apply for admission.

TRANSFER TO THE CMHC PROGRAM

Students admitted to the School Counseling or Rehabilitation Counseling track who might consider a transfer to the CMHC track should be aware of the transfer policy whose purpose is to identify those with a high level of fit for this track and clinical mental health practice. The policy is: (1) An application for transfer can only be made before the student has completed 27 hours of all degree coursework; and (2) Transfer applicants must meet the same admission standards to the Clinical Mental Health track as initial applicants. Students should understand that requests for transfer are not automatically approved and that an

alternative to transfer is to meet coursework requirements for Florida LMHC licensure in by completing the original track requirements and then completing the designated MHS specialty courses. This can be accomplished as an M.Ed. student in their current track or in the Ed.S. Mental Health Counseling program. A formal request for transfer includes the following: (1) Send a letter of petition to the Director of Clinical Training stating reason for request for transfer. It must detail the student's *specific* goals and *specifically* how the CMHC master's degree will help achieve that goal. The letter must also spell out how the applicant "fits" the profile of the effective clinical mental health counselor. (2) Provide a statement from the assigned advisor endorsing the transfer request. E-mail statements are sufficient. (3) Submit an unofficial transcript of courses already taken. (4) Submit a separate written statement indicating that the student has read and agrees to abide by this and other policies included in the "Mental Health Counseling Handbook." (5) The request and accompanying materials must be received prior to the posted deadline for receipt of new applicants for admission. When received here is how these applications are processed: (1) The request and accompanying material will be reviewed by the same eligibility criteria (rubric- evaluated) as materials from new applicants. (2) If CMHC faculty agrees that a student requesting transfer is eligible, s/he will be invited to participate in the CMHC interview process (rubric-evaluated) with incoming applicants. Typically, these interviews take place in late February or early March. (3) If the requesting student is at or above the interview cut-off level criteria (rubric-based) for new applicants who were interviewed, the student will be accepted into the track and will be formally notified by the Director of Clinical Training. (4) Once accepted into CMCH track, the student may begin to take CMHC specialty courses in that Summer or Fall semester.

Joint M.Ed/Ed.S. Option for CMHC Students

The Clinical Mental Health Program in the Department of Counselor Education at Florida Atlantic University has sought to be innovative in the training of its students, and to prepare them for success in the workforce. Currently we provide a pathway for students to obtain advanced training for skills in areas such as, supervision, university counseling, couples and family therapy and integrated behavioral practice (among others) through our joint M.Ed/Ed.S option. This option allows students a seamless process to garner this education. Students that choose to receive the Ed.S degree in addition to their M.Ed will need to put in an application with their intention for completion of the Ed.S degree no later than the semester they begin practicum. This will allow students to be approved to take the additional 12 hours of course work to receive their Ed.S degree. Students would take Ed.S. coursework while in their master's program. In addition, students would may only need one additional semester, while receiving advanced training. In some cases, students may not need additional semesters to finish the requirements.

PRACTICUM/INTERNSHIP INFORMATION

Introduction

The signature feature of CMHC is therapeutic counseling with a focus on clients' strengths rather than on pathology. As such, it differs considerably from the signature feature of *case management* in social work, *psychological testing* in clinical and counseling psychology, *family and couples work* in marital and family therapy, *medication* in psychiatry, and *detoxification* and *psychoeducation* in substance abuse treatment. While students in our program would do well to learn about case management, psychometrics, couples and family work, detoxification, and psychoeducation, their ***direct supervised hours*** practicum and internship experience should primarily involve therapeutic counseling, whether in an individual, group, or family context. Students must also realize that logging hours that involve case management, substance treatment, behavioral analysis, testing, and psycho-educational and support groups can be documented, but only as ***indirect supervised hours***. In short, the endpoint of CMHC practica and internship training is to document *direct supervised experience* in therapeutic counseling. Thus, the availability of clients suitable for therapeutic counseling should be the student's main criteria in interviewing and in selecting a training site. Students should also be aware that the formal agreement between FAU and approved training sites– also specified in the "Supervisor Agreement Form"–requires that the site will "*provide the student clinical cases that are appropriate to their present level of training and competence.*"

The primary purpose of the beginning practicum (MHS 6800) and advanced practicum (MHS 6801) and the internship (MHS 6830) is to provide students with closely supervised and integrated therapeutic counseling experiences as part of their overall professional preparation program. Practicum and internship field experiences are expected to integrate didactic preparation with practical application. It is intended that the practicum and internship experience be designed to assist students in developing not only a better understanding of themselves as persons and competent counselors, but also a better understanding of the constituency with which they expect to work in the future.

All students admitted to the CMHC program are required to successfully complete four consecutive semesters of beginning and advanced practicum and internship.

MHS 6800: Practicum in Mental Health Counseling

Prerequisites: permission of instructor AND completion of the following eight courses

- 1) MHS 5005 Processes in Counseling
- 2) MHS 6401 Counseling Theories & Techniques
- 3) MHS 6842 Life Span Development
- 4) MHS 6700 Legal, Ethical & Professional Issues in Counseling
- 5) MHS 6070 Psychopathology in Counseling
- 6) MHS 6220 Appraisal & Evaluation*
- 7) MHS 6430 Family Counseling
- 8) MHS 6701 Issues in Mental Health Counseling Practice

*courses noted are co-requisite with practicum

In other words, registration for MHS 6800 is not possible unless these eight courses are completed; with the exception of MHS 6220 which is a co-requisite.

Students can begin their first practicum in the fifth semester of the program assuming they have completed the required prerequisites. Group Counseling MHS 6510 and Substance Abuse MHS 6450 can be taken concurrently with MHS 6800. However, if students have not taken MHS 6510 prior to their first practicum, it is unlikely that they will not be allowed to conduct/lead group counseling/therapy at their site.

MHS 6801: Advanced Practicum in Mental Health Counseling

Prerequisites: MHS 6800 Practicum in Mental Health Counseling AND permission of instructor

MHS 6340 Career Development and MHS 5428 Counseling Special Needs Populations can be taken concurrently with Advanced Practicum and Internship. However, students are advised to complete the academic courses prior to these field experiences due to the time involvement required in field experiences.

MHS 6830: Internship in Mental Health Counseling

Prerequisites: MHS 6801 Advanced Practicum Counseling AND permission of instructor

MHS 6830 is divided into two consecutive 3 credit hours semesters of 3 credit hours and each cannot be taken in a single semester (6 credit hours) without prior written approved which is given only in extraordinary circumstances as defined below. This policy is strictly observed in the M.Ed. program, although it can be waived by written permission for the Ed.S. program.

PROCEDURES AND GUIDELINES

Every student who seeks clinical training must complete a new application (on a specific for Practicum, Advanced Practicum, or Internship application form) for each semester by the specified application deadline. Please note that you are not required to have a site at the time you submit the application. The site choices noted on the application are sites of interest.

Application Deadlines:

SUMMER & FALL – February 15

SPRING – September 15

♣ Step One

Submit application for Practicum (Beginning, Advanced) or Internship to the Clinical Coordinator at the Counselor Education office (Bldg 47, Room 270) the deadline before 4pm.

After the application deadline, all applications submitted on time will be reviewed and approved by the Clinical Coordinator. You will then receive an email noting you are eligible to contact sites off of the approved site list. Students are to contact the on-site supervisors of the practicum/internship sites recommended by the department on the approved list. The list of the selected practicum/internship sites can be obtained from the Clinical Coordinator. Students are allowed to do their practicum/internship in other clinical sites only in the extenuatory circumstances approved by the Clinical Coordinator and pending site review. Any other clinical site that you would like for consideration is required to be approved first. In order to obtain the approval, students are to submit the **Site Approval Form** (see P & I handbook) with application. New site requests after the application deadline, will not be granted. No site request is ever guaranteed. Each site will need to be the educational standards deemed by the department.

Students are not allowed to complete their clinical training at a place of employment. This prohibition also applies to students in in any phase of their clinical training who want to switch to a site where they are or will be employed. If a student is offered a job by a site where they are currently an Internship Student and have successfully completed prior sequences of clinical training, the faculty will consider these requests on a case-by-case basis.

♣ Step Two

Students will go through the interview process required by the on-site supervisors to be accepted for their clinical experiences. Once accepted, students are to notify the Clinical Coordinator via email of placement.

Documentation that will need to be submitted **by the first day of the semester to their University Seminar Instructor for practicum and internship are listed below.** Agency Approval Form and Supervisor Agreement form is available in the Appendix of this document

- 1. Professional malpractice insurance**
- 2. Signed Agency Approval Form**
- 3. Signed Supervisor Agreement Form**

♣ Step Three

Begin at your site during the first week of class (unless instructed otherwise). You must have your liability insurance in place before you begin work with any clients.

Beginning practicum students must complete a **minimum of 150 hours** at their clinical site within the semester. [Note that for the first five weeks of the *Counseling Lab* portion of MHS 6800, students follow specific guidelines in their site activities]. A minimum of 10 hours per week on site is required.

60 hours will be direct, face-to-face contact in counseling.
 90 hours will be indirect services related to counseling activities.
 Example: 10 hours a week (x15 wks) of direct & indirect = 150 hrs/semester
 4 hours a week (x15 wks) of direct counseling = 60 hrs/semester
 6 hours a week (x15 wks) of indirect activities = 90hrs/semester

Advanced practicum students must complete a **minimum of 250 hours** at their clinical site within the semester.

100 hours will be direct, face-to-face contact in counseling.
 150 hours will be indirect services related to counseling activities.
 Example: 17 hours a week (x15 wks) of direct & indirect = 250 hrs/semester
 7 hours a week (x15 wks) of direct counseling = 100 hrs/semester
 10 hours a week (x15 wks) of indirect activities = 150hrs/semester

***Your CPCE will be administered during this semester. Successful scores on the CPCE are required to continue in your clinical experiences.**

Split Internship (over two consecutive semesters) students must complete a **minimum of 300 hours** at their clinical site within each semester.

120 hours each semester will be direct, face-to-face contact in counseling.
 180 hours each semester will be indirect services related to counseling activities.
 Example: For each semester – (must be consecutive)
 20 hours a week (x15 wks) of direct & indirect = 300 hrs/semester
 8 hours a week (x15 wks) of direct counseling = 120 hrs/semester
 12 hours a week (x15 wks) of indirect activities = 180 hrs/semester

Remote Internship I and II Policy

Under extreme extenuating circumstances, students may participate in Internship I and II from out of town and take seminar classes remotely. Taking the seminar course remotely is only available for Internship I and II and permission will not be provided for any practicum or advanced practicum course. Students that opt for taking the seminar course remotely will only be able to do so upon approval from the chair of the department and if the requirements listed below are met. Students that are approved to take internship remotely are responsible for finding their own site that is out of town and having that site approved by the practicum and internship coordinator well in advance before internship begins. Students must participate in weekly, regularly scheduled class discussions (via computer/ Skype) and/or teleconferences at the scheduled time of the course. **Participation in all seminars is required.** Seminar Instructors will record and maintain attendance. If a student is not able to attend seminar, they must notify their Seminar Instructor immediately. Students who miss more than one Seminar class (i.e., more than two and a half hours of Seminar, including tardiness) per semester may receive a grade of NC-No Credit for the course. Full and active participation is mandatory and will be factored into the student's grade.

The remote seminar is standardized with regard to required content areas. Individual Seminar Instructors may infuse additional content or have additional requirements as needed. Each student will be informed of any applicable campus based requirements in the syllabus or early in the Internship experience. The student must be willing to attend seminar class live and in person for all of their own case presentations and the exit exam.

Students wishing to enroll in the online seminar must meet the following requirements:

- Have both a home address and be placed at a Practicum and Internship site greater than 100 miles from campus in one direction;

- Have an Internship site which allows recording (audio/video) of clinical sessions; a supervisor that meets all requirements, and have the site approved by the practicum and internship coordinator.
- Request for approval of the remote seminar needs to be indicated within the application and written request must be provided to the practicum and internship coordinator and the chair of the department before or by the application deadline.
- Students must have computer access and technological skills to participate in live weekly “chat” sessions, send assignments via email and official documentation via US mail as needed, and communicate as required with Internship classmates and seminar instructor using the blackboard platform and skype/email.
- **Students must commit to participating in each online seminar class while in a stationary and confidential location. Calling into a seminar conference call while driving is not acceptable. Students will adhere and be responsible for all ACA codes of ethics and must maintain confidentiality at all times. Those found breaching this requirement will face disciplinary action from the department as needed.**

Students may receive permission to schedule their field experiences, usually the Internship in the distance format, under extenuating circumstances. Written permission must be requested to the advisor and Clinical Coordinator. The above criteria needed to complete the distance field experience must be noted in the request. This is not encouraged, as most clinical placements that take place locally are better facilitated by the department. For any distance internship request that is granted, it is the students responsibility to find adequate placement ahead of time that will need approval by the clinical coordinator.

♣ Step Four

Obtain the **Field Experience Log and Summary Forms** from instructor or located in the appendix. These forms will validate the student’s counseling and administrative experience while at their clinical site. The student is expected to keep these forms current and obtain the appropriate signatures. All forms should be copied and turned into the clinical coordinator by the end of semester for the student’s file within the department. Please refer to your University Seminar Instructor if you are unclear of what counts as direct vs. indirect work at your site.

♣ Step Five

Obtain the **Practicum/Advanced Practicum/Internship Student Counselor Site Evaluation** and the **Practicum/Advanced Practicum/Internship Supervisor Evaluation Form** and submit the completed and signed forms to the university practicum or seminar instructor.

The student is expected to participate in an on-going evaluation process with their site supervisor and their practicum/internship course instructor. The **Supervisor Practicum and Internship Evaluation Form** will evaluate the student’s progress and should be completed and returned to the practicum/internship course instructor three weeks prior to the end of the semester.

The practicum/internship experience is evaluated on the basis of each student’s counseling skills and ability to integrate theory and practice. Since practicum involves clients in a community counseling setting, a great deal of value is placed on providing high quality service in a professional and ethical manner. Become familiar with your responsibilities and assist your site supervisor in understanding their responsibilities, as described in this handbook.

♣ Step Six

Submit the signed **Field Experience Log and Summary Forms** to the university practicum or seminar instructor by end of the semester. This submission completes your practicum and internship experiences for the semester.

♣ Step Seven

If, after receiving your approved site, you have an emergency situation which makes it impossible to proceed with the Practicum or Internship, notify the Director of Clinical Training immediately. You must reapply (by the semester deadline) for Practicum or Internship.

APPENDIX

- **Clinical Mental Health Counseling Student Agreement Form**
- **Systematic Developmental Evaluation Form**
- **Criteria for Professional Performance Evaluation**
- **Professional Performance Evaluation Rubric**
- **Application for practicum**
- **Application for advanced practicum**
- **Application for internship**
- **MH agency approval form**
- **Letter of Agreement**
- **Practicum/Advanced Practicum/Internship Student Counselor Site Evaluation**
- **Practicum/Advanced Practicum/Internship Supervisor Evaluation Form**

Clinical Mental Health Counseling Student Agreement Form*

After reading the *Clinical Mental Health Counseling Handbook*, please sign this Agreement and return it to the Department Chair. Failure to do so promptly will result in non-continuation in the program.

I, _____ (print) have read and understand the FAU *Clinical Mental Health Counseling Handbook* and the policies and related program requirements and expectations. By signing below, I agree to follow the policies outlined in this Handbook and to abide by the ACA Code of Ethics.

Student signature

Date

Department Chair

Date

*Also required of students admitted to the Ed.S. in Mental Health Counseling Program

Criteria for Professional Performance Evaluation*

1. Openness to new ideas (rated from Closed [1] to Open [5])

1	2	3	4	5
<ul style="list-style-type: none"> - Was dogmatic about own perspective and ideas. Ignored or was defensive about constructive feedback. - Showed little or no evidence of incorporating constructive feedback received to change own behavior. 	<ul style="list-style-type: none"> - Was amenable to discussion of perspectives other than own. - Accepts constructive feedback without defensiveness. - Some evidence of effort to incorporate relevant feedback received to change own behavior. 	<ul style="list-style-type: none"> - Solicited others' opinions and perspectives about own work. -Invited constructive feedback, and demonstrated interest in others' perspectives. - Showed strong evidence of incorporation of feedback received to change own behavior. 		

2. Flexibility (rated from Inflexible [1] to Flexible [5])

1	2	3	4	5
<ul style="list-style-type: none"> - Showed little or no effort to recognize changing demands in the professional & interpersonal environment. - Showed little or no effort to flex own response to changing environmental demands. - Refused to flex own response to changing environmental demands despite knowledge of the need for change. - Was intolerant of unforeseeable or necessary changes in established schedule or protocol. 	<ul style="list-style-type: none"> - Effort to recognize changing demands in the professional & interpersonal environment was evident but sometimes inaccurate. - Effort to flex own response to new environmental demands was evident but sometimes inaccurate. - Flexed own response to changing environmental demands when directed to do so. - Accepted necessary changes in established schedule or protocol, but without effort to understand the reason for them. 	<ul style="list-style-type: none"> - Showed accurate effort to recognize changing demands in the professional & interpersonal environment. - Showed accurate effort to flex own response to changing environmental demands as needed. - Independently monitored the environment for changing demands and flexed own response accordingly. - Attempts to understand needs for change in established schedule or protocol to avoid resentment. - Accepted necessary changes in established schedule and attempted to discover the reasons for them. 		

3. Cooperativeness with others (rated from Uncooperative [1] to Cooperative [5])

1	2	3	4	5
<ul style="list-style-type: none"> - Showed little or no engagement in collaborative activities. - Undermined goal achievement in collaborative activities. - Was unwilling to compromise in collaborative activities. 	<ul style="list-style-type: none"> - Engaged in collaborative activities but with minimum allowable input. - Accepted but rarely initiated compromise in collaborative activities. - Was concerned mainly with own part in collaborative activities. 	<ul style="list-style-type: none"> - Worked actively toward reaching consensus in collaborative activities. - Was willing to initiate compromise in order to reach group consensus. - Showed concern for group as well as individual goals in collaborative activities. 		

4. Willingness to accept and use feedback (rated from Unwilling [1] to Willing [5])

1	2	3	4	5
<ul style="list-style-type: none"> - Discouraged feedback from others through defensiveness and anger. - Showed little or no evidence of incorporation of feedback of supervisory feedback received. - Took feedback contrary to own position as a personal affront. - Demonstrated greater willingness to give feedback than receive it. 	<ul style="list-style-type: none"> - Was generally receptive to supervisory feedback. - Showed some evidence of incorporating supervisory feedback into own views and behaviors. - Showed some defensiveness to critique through "over-explanation of own actions--but without anger. - Demonstrated greater willingness to receive feedback than to give it. 	<ul style="list-style-type: none"> - Invited feedback by direct request and positive acknowledgement when received. - Showed evidence of active incorporation of supervisory feedback received into own views and behaviors. - Demonstrated a balanced willingness to give and receive supervisory feedback. 		

5. Awareness of own impact on others (rated from Unaware [1] to Aware [5])

1	2	3	4	5
<ul style="list-style-type: none"> - Words and actions reflected little or no concern for how others were impacted by them. - Ignored supervisory feedback about how words and actions were negatively impacting others. 	<ul style="list-style-type: none"> - Effort to determine how own words and actions impacted others was evident but sometimes inaccurate. - Respond as necessary to feedback regarding negative impact of own words and actions on others, but at times, with resentment. 	<ul style="list-style-type: none"> - Effort toward recognition of how own words and actions impacted others was impact on others through words and actions. - Initiates feedback from others regarding impact of own words and behaviors - Regularly incorporates feedback regarding impact of own words and behaviors to effect positive change. 		

6. Ability to deal with conflict (rated from Unable [1] to Able [5])

1	2	3	4	5
<ul style="list-style-type: none"> -Was unable or unwilling to consider others' points of view. -Showed no willingness to examine own role in a conflict. -Ignored supervisory advisement if not in agreement with own position. -Showed no effort at problem solving. -Displayed hostility when conflicts were addressed. 	<ul style="list-style-type: none"> - Attempted but sometimes had difficulty grasping conflicting points of view. - Would examine own role in a conflict when directed to do so. - Was responsive to supervision in a conflict if it was offered. - Participated in problem solving when directed. 	<ul style="list-style-type: none"> - Always willing and able to consider others' points of view. - Almost always willing to examine own role in a conflict. - Was consistently open to supervisory critique about own role in a conflict. - Initiated problem solving efforts in conflicts. - Actively participated in problem solving efforts. 		

7. Ability to accept personal responsibility (rated from Unable [1] to Able [5])

1	2	3	4	5
<ul style="list-style-type: none"> - Refused to admit mistakes or examine own contribution to problems. - Lied, minimized or embellished the truth to extricate self from problems. - Consistently blamed others for problems without self-examination. 	<ul style="list-style-type: none"> - Was willing to examine own role in problems when informed of the need to do so. - Was accurate and honest in describing own and others roles in problems. - Might blame initially, but was open to self-examination about own role in problems 		<ul style="list-style-type: none"> - Monitored own level of responsibility in professional performance. - Invited constructive critique from others and applied it toward professional growth. - Accepted own mistakes and responded to them as opportunity for self-improvement. - Avoided blame in favor of self-examination. 	

8. Ability to express feelings effectively and appropriately (rated from Unable [1] to Able [5])

1	2	3	4	5
<ul style="list-style-type: none"> - Showed no evidence of willingness and ability to articulate own feelings. - Showed no evidence of willingness and ability to recognize and acknowledge the feelings of others. - Acted out negative feelings (through negative behaviors) rather than articulating them. - Expressions of feeling were inappropriate to the setting - Was resistant to discussion of feelings in supervision. 	<ul style="list-style-type: none"> - Showed some evidence of willingness and ability to articulate own feelings, but with limited range. - Showed some evidence of willingness and ability to acknowledge others' feelings-- sometimes inaccurate. - Expressions of feeling usually appropriate to the setting-- responsive to supervision when not. - Willing to discuss own feelings in supervision when directed. 		<ul style="list-style-type: none"> - Was consistently willing and able to articulate the full range of own feelings. - Showed evidence of willingness and accurate ability to acknowledge others' feelings. - Expression of own feelings was consistently appropriate to the setting. - Initiated discussion of own feeling in supervision. 	

9. Attention to ethical and legal considerations (rated from Inattentive [1] to Attentive [5])

1	2	3	4	5
<ul style="list-style-type: none"> - Engaged in dual relationships with clients. - Acted with prejudice toward those of different race, culture, gender, or sexual orientation than self. - Endangered the safety and the well-being of clients. - Breached established rules for protecting client confidentiality. 	<ul style="list-style-type: none"> - Was responsive to supervision for occasional personal-professional boundary confusion in verbal interactions with clients. - Was responsive to supervision for occasional insensitivity to diversity in professional interactions. - Used judgment that could have put client safety and well being at risk. - Used judgment that could have put client confidentiality at risk. 		<ul style="list-style-type: none"> - Maintained clear personal-professional boundaries with clients. - Demonstrated consistent sensitivity to diversity. - Satisfactorily ensured client and safety and well-being, including informed consent. - Appropriately safeguarded the confidentiality of clients. 	

Initiative and motivation (rated from Poor Initiative and Motivation [1] to Good Initiative and Motivation [5])

1	2	3	4	5
<ul style="list-style-type: none"> - Often missed deadlines and classes. - Rarely participated in class activities. - Often failed to meet minimal expectations in assignments. - Displayed little or no initiative and creativity in assignments. 	<ul style="list-style-type: none"> - Missed the maximum allowable classes and deadlines. - Usually participated in class activities. - Met only the minimal expectations in assigned work - Showed some initiative and creativity in assignments. 	<ul style="list-style-type: none"> -Met all attendance requirements and deadlines. - Regularly participated in class activities. -Met or exceeded expectations in assigned work. -Consistently displayed initiative and creativity in assigned work 		

* McAdams, C., Foster, V., & Ward, T. (2007). Remediation and dismissal policies in counselor education: lessons learned from a challenge in federal court. *Counselor Education and Supervision*, 46, 212-229.

Professional Performance Evaluation Rubric

Student _____ MHS _____ Semester/Year _____ / _____

Directions: The instructor and/or advisor rates [1-5 scale] the student on the following ten items using the detailed anchors of the *Criteria for Professional Performance Evaluation* (McAdams, Foster & Ward, 2007)

_____ 1. **Openness to new ideas** (rated from *Closed* [1] to *Open* [5])

_____ 2. **Flexibility** (rated from *Inflexible* [1] to *Flexible* [5])

_____ 3. **Cooperativeness with others** (rated from *Uncooperative* [1] to *Cooperative* [5]).

_____ 4. **Willingness to accept and use feedback** (rated from *Unwilling* [1] to *Willing* [5])

_____ 5. **Awareness of own impact on others** (rated from *Unaware* [1] to *Aware* [5])

_____ 6. **Ability to deal with conflict** (rated from *Unable* [1] to *Able* [5])

_____ 7. **Ability to accept personal responsibility** (rated from *Unable* [1] to *Able* [5])

_____ 8. **Ability to express feelings effectively and appropriately** (rated from *Unable* [1] to *Able* [5])

_____ 9. **Attention to ethical and legal considerations** (rated from *Inattentive* [1] to *Attentive* [5])

_____ 10. **Initiative and motivation** (rated from *Poor Initiative and Motivation* [1] to *Good Initiative and Motivation* [5])

Instructor or Advisor

Date

Student

Date

Mental Health Agency Approval
Practicum/Advanced Practicum/Internship

Student _____ is accepted for
Practicum/Advanced Practicum/ Internship placement. (Please circle correct one)

Agency Name: _____

Agency Address:

(Street) (City) (State) (Zip)

Agency Phone #: _____

Approved for the Agency by Agency Director:

(Print Name) (Signature)

Approved by the Site Supervisor:

(Print Name) (Signature)

License Type (i.e. LMHC, LCSW, LMFT, etc.): _____

*SSN#: _____

(Print Name) (Signature)

* Social Security # is required for the site supervisor to receive a "Certificate of Participation," which provides the site supervisor a fee waiver for up to 6 hours within any one semester at any state university in Florida.

**FLORIDA ATLANTIC UNIVERSITY
MENTAL HEALTH COUNSELING
Practicum/Advanced Practicum/Internship Schedule and Log
(Circle appropriate field experience)**

Term/Year

Student

Student's Address

Student's Phone

Student's Liability Insurance Policy and Number

Site Supervisor

Site Address

Site Phone

Fax

SITE SCHEDULE

Student: _____

DAYS

TIMES

Monday

Tuesday

Wednesday

Thursday

Friday

Day & Time of Campus Group Seminar Supervision

Site Supervisor's Signature

FAU Practicum–Advanced Practicum–Internship I & II

SUPERVISOR LETTER OF AGREEMENT

This letter of agreement involves you _____, your site _____ and the Counselor Education Department at Florida Atlantic University (FAU) for the clinical education of _____ (trainee).

FAU takes pride in its competency-based psychotherapy/therapeutic counseling training program. Our aim is to graduate mental health counselors who are competent, confident, caring, and culturally- and ethically-sensitive. Note that while at your site trainees will also be involved in a weekly case seminar at FAU. Your contribution as a supervisor and role model of effective mental health practice is essential to the professional and personal development of our trainees.

To meet CACREP accreditation and licensure requirements, the student must log a minimum of ____ clock hours over the course of the semester (---dates---) on-site with at least 40% of the time spent (___ hours) in **direct** contact with clients providing psychotherapy/therapeutic counseling. More specifically, this trainee experience is to include each of the following provisions:

(1) Ensure that the trainee's **direct hours** (___) are appropriately scheduled, monitored and **only involve providing psychotherapy/therapeutic counseling**--not case management, assessment /evaluations, nor psychoeducation-- to individuals, families and/or groups.

(2) Ensure that the trainee's **indirect hours** (___) are appropriately scheduled and monitored. These indirect hours can include the provision of case management, assessment /evaluations, and psychoeducation (often as psychoeducation groups). It is expected that the trainee will participate in case conferences, staff meetings, training workshops, or other professional meetings at the site. Indirect hours can also be logged in writing case reports, case notes, and transcribing recorded sessions.

(3) Ensure that the **trainee is the primary therapist** for each individual client in his/her caseload. However, *when an explicit written site policy requires that staff be primary therapists*, then a client assigned to an FAU trainee cannot be concurrently treated by other trainees. If policy does not permit the trainee to be the primary therapist, *the site is required to inform the practicum and internship coordinator immediately.*

(4) Ensure that the trainee is provided **only clinical cases that are appropriate to his/her present level of training and competence**. For beginning trainees (first practicum) this means clients with GAF scores at 60 or above (LPFS of 1.0-2.0), and for advanced trainees (internship) of 50 or above (LPFS of 2.0-3.0).

(5) Ensure that the trainee makes a **minimum of five (5) audio and/or video tapes** of his or her psychotherapy/therapeutic counseling for the purpose of on-site supervision and for the university-based seminar, with the permission of the clients via a signed informed consent and release form.

6) Ensure that there is **one assigned on-site supervisor** for the trainee who is a licensed mental health counselor, family therapist, or social worker and an approved supervisor or eligible (licensure and two years of post-degree clinical experiences) to provide primarily psychotherapy/therapeutic counseling supervision

(7) Ensure that **at least one hour per week of this scheduled on-site supervision focuses in-depth on the psychotherapeutic issues of a specified client** in the trainee's caseload and that supervision follows the case over time so that the trainee has the experience of engaging clients in the therapeutic process, managing therapy interfering behaviors (e.g. transference and countertransference), effecting change, and dealing with termination issues.

(8) Ensure that the **trainee monitors clients' progress with the designated FAU clinical outcome measures**, at least for the cases that will be presented in the university-based seminar.

(9) Ensure that the trainee has the exclusive **use of an appropriate setting to ensure client privacy and confidentiality** during psychotherapy/therapeutic counseling sessions.

(10) Ensure that **sufficient office supplies, telephones and other arrangements that enable the trainee to function effectively**, as well as adequate provisions for safeguarding confidential materials such as treatment notes and client records.

(11) Guide the trainee toward a **greater synthesizing of theory into psychotherapy practice**.

(12) Guide and facilitate the trainee in **completing progress notes and forms and learning about and adhering to site's policies** and code of conduct.

(13) Contribute to and facilitate the trainee's efforts to understand, appreciate, and appropriately **employ the legal and ethical standards of the profession**.

(14) Provide time for the **on-site supervisor to evaluate the trainee's performance in an on-going manner and provide a final evaluation** on the appropriate FAU forms.

(15) **Communicate immediately with FAU faculty any concern** regarding the trainee's learning or professional behavior.

I have read and agree to fully implement the expectations and conditions of this Letter of Agreement.

(Site Supervisor's Signature)

Date

(Student's Signature)

Date

FLORIDA ATLANTIC UNIVERSITY MENTAL HEALTH COUNSELING
Practicum/Advanced Practicum/Internship Weekly Counseling Log

(Circle appropriate field experience)

Student Name _____ Week of _____

For each activity list the total number of hours for each day. List seminars, workshops, etc. and hours spent under other. Your individual site supervisor must sign off on each weekly log.

Day	M	T	W	TH	F	S/S	Weekly Total
Date							
DIRECT HOURS							
Individual Counseling hours							
Group Counseling hours							
Family Counseling hours							
INDIRECT HOURS							
Record keeping (progress notes, appointments, etc.)							
Site supervision (formal & informal consultation)							
Site administration (phone, support activities, etc.)							
Tx. Planning, case review, Workshops, teaching							
Case Conferences							
Daily Totals							

Student's Signature _____ Date _____

Site Supervisor Signature _____ Date _____

FLORIDA ATLANTIC UNIVERSITY MENTAL HEALTH COUNSELING
Practicum/Advanced Practicum/Internship Semester Summary Log
 (Circle appropriate field experience)

Student Name _____ Semester _____

For each activity list the total number of hours for week of the semester. List seminars, workshops, etc. and hours spent under other. Your individual practicum university supervisor must sign off on the semester log at mid-term and at the end of the semester.

Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Semester Total
Date																	
DIRECT HOURS																	
Ind Coun. hrs																	
Grp Coun. hrs																	
Family Coun. hrs																	
INDIRECT HOURS																	
Record keeping																	
Site supervision																	
Case Conferences																	
Site admin.																	
Tx. Planning, case review, workshops																	
Weekly Totals																	

Student's Signature _____ Date _____

Campus Supervisor's Signature _____ Date _____

FLORIDA ATLANTIC UNIVERSITY
MENTAL HEALTH COUNSELING
Practicum/Advanced Practicum/Internship Student Counselor Site Evaluation
(Circle appropriate field experience)

Directions: Student is to complete this form at the end of Beginning and Advanced Practicum and Internship.

This should be turned in to the University Instructor who will give the form to the Practicum/Internship Coordinator.

Student Name _____

Site (Name and city) _____

Term and Dates of Placement _____

Site Supervisor _____

Rate the following statements about your site and experiences according to the following scale:

A = Very Satisfactory; B = Moderately Satisfactory; C = Moderately Unsatisfactory;
D = Very Unsatisfactory; N = Not Applicable

- _____ 1. Relevance of experience to career goals.
- _____ 2. Exposure to and communication of agency goals.
- _____ 3. Exposure to and communication of agency procedures.
- _____ 4. Exposure to professional roles and functions within the agency.
- _____ 5. Exposure to information about community resources.
- _____ 6. Amount of on-site supervision.
- _____ 7. Quality and usefulness of on-site supervision.
- _____ 8. Rate supervisory experiences, which you had at this site:
 - _____ a. Gives time and energy in observing, tape processing and case conferences.
 - _____ b. Accepts and respects me as a person.
 - _____ c. Recognizes and encourages further development of my strengths.
 - _____ d. Gives me useful feedback.
 - _____ e. Provides me the freedom to develop flexible and effective counseling styles.
 - _____ f. Encourages and listens to my ideas and suggestions for development.
 - _____ g. Provides suggestions for developing my counseling skills.
 - _____ h. Helps me to understand the implications and dynamics of the counseling approaches I use.
 - _____ i. Encourages me to use new and different techniques when appropriate.
 - _____ j. Is spontaneous and flexible in the supervisory sessions.
 - _____ k. Gives me useful feedback when I do something wrong.
 - _____ l. Facilitates the discussion and resolution of problems I encounter in my setting.
 - _____ m. Helps me to define and maintain ethical behavior in counseling and case

management.

- _____ n. Maintains confidentiality in material discussed in supervisory sessions.
 - _____ o. Other (please specify)
-

_____ 9. Rate all applicable experiences, which you had at this site:

- _____ a. Report writing.
- _____ b. Intake interviewing.
- _____ c. Administration and interpretation of tests.
- _____ d. Staff presentations/case conferences.
- _____ e. Individual counseling.
- _____ f. Group counseling.
- _____ g. Family/Couple counseling.
- _____ h. Psycho/Educational activities.
- _____ i. Consultation Career Counseling.
- _____ j. Other (please specify) _____

_____ 10. Overall evaluation of the site.

Comments: Include any suggestions for improvements in the experiences you have rated (C) Moderately, Unsatisfactory, or (D) Very Unsatisfactory. (Please use the back of this form, or another paper.)

REMARKS:

3. Appropriate Use of Supervisory Relationship:	1	2	3	4	5	6	7	8	9	10	NA	NO
Understands the purpose of supervision												
Assumes responsibility for participation in supervisory relationship												
Submits paperwork promptly												
Uses supervisory relationship for growth in self-awareness and skill												
Relates effectively to use of authority in supervisory relationship												
Relates to supervision with a minimum of resistance and defensiveness												

REMARKS:

4. Supervisee's Overall PROFESSIONAL DEMEANOR & Comments on Supervisee's Strengths & Limitations	1	2	3	4	5	6	7	8	9	10	NA	NO

PART II: Evaluation of the Supervisee's CLINICAL COMPETENCIES (# 5 – 11)

Please rate the student on items 5-11 by marking the appropriate box using the following scale with "10" as the highest rating.

SCALE:

9-10 = the supervisee demonstrates a **very high** level of performance on this competency

7-8 = the supervisee demonstrates a **high** level of performance on this competency

5-6 = the supervisee demonstrates an **adequate** level of performance on this competency

3-4 = the supervisee demonstrates a **minimal** level of performance on this competency **but needs to improve**

1-2 = the supervisee demonstrates a **clearly deficient** level of performance on this competency

NA - Not Applicable

NO - Not Observed

5. Conceptual Foundations:	10	9	8	7	6	5	4	3	2	1	NA	NO
Demonstrates the capacity to apply one or more counseling theories as a basis for developing a case conceptualization, implementing a treatment plan, and educating clients in the theoretical framework(s).												

REMARKS:

6. Therapeutic Relationship:	10	9	8	7	6	5	4	3	2	1	NA	NO
Demonstrates the capacity to appropriately and effectively attend and respond to clients and establish a mutual collaborative counseling relationship, as well as assess and foster readiness for change using Motivational Interviewing.												
Demonstrates the capacity to assess resistance and strains or ruptures in the therapeutic alliance, as well as transference enactments and countertransference, and to effectively deal with them.												
REMARKS:												

7. Assessment/Case Conceptualization:	10	9	8	7	6	5	4	3	2	1	NA	NO
Demonstrates the capacity to assess clients' ineffectual or maladaptive pattern in light of their presenting problem(s), precipitants, predisposing factors, and perpetuants, based on eliciting relevant mental status, developmental, social, cultural, health and treatment history, strengths and hindrances.												
Demonstrates the capacity to articulate an accurate five axes DSM diagnosis that reflects the presenting problem and case conceptualization.												
Demonstrates the capacity to articulate the clinical formulation component of the case conceptualization which accurately explains the client's ineffectual or maladaptive pattern and presenting problem.												
Demonstrates the capacity to articulate a treatment formulation (plan) component of the case conceptualization that reflects the client's presentation, diagnostic, clinical & cultural formulation and expected challenges and barriers to engaging in the treatment process and achieving treatment goals.												
Demonstrates the capacity to write clinical case reports that are accurate and clinically useful, and of transcribing sessions material for analysis and presentation												
REMARKS:												

8. Evaluation, Termination, Case Presentations:	10	9	8	7	6	5	4	3	2	1	NA	NO
Demonstrates the capacity to use brief instruments to effectively monitor of treatment progress and using feedback to refocus treatment.												
Demonstrates the capacity to effectively evaluate overall treatment progress and preparation for planned termination.												
Demonstrates the capacity to effectively present case material—initial evaluation report and session transcription; and to write effective progress notes and termination reports.												
REMARKS:												

9. Intervention:	10	9	8	7	6	5	4	3	2	1	NA	NO
Demonstrates the capacity to develop a treatment focus to guide the implementation of interventions and the achievement of treatment goals and targets; and then maintain this focus and effectively keep treatment on track.												
Demonstrates the capacity to effectively plan and implement appropriate individual treatment interventions that target specific troublesome cognitions, behaviors, affects, and interpersonal patterns and effects change.												
Demonstrates the capacity to effectively plan and implement appropriate specialty (family, career, group, sexual, or substance treatment) interventions that target specific troublesome patterns and effects change.												
REMARKS:												

10. Cultural & Ethical Sensitivity:	10	9	8	7	6	5	4	3	2	1	NA	NO
Demonstrates the capacity to articulate a cultural formulation component of the case conceptualization which explains the mix of cultural and personality dynamics in the client's presentation, and their likely effect on treatment.												
Demonstrates the capacity to implement treatment that is tailored to the client's personality, context, severity of presentation, as well as cultural factors such as ethnicity, gender, social class, and age, and is ethically sensitive.												
REMARKS:												

11. Supervisee's Overall CLINICAL COMPETENCIES & Comments on Supervisee's Strengths & Limitations <i>[Supervisees progressing at the expected rate of development in clinical competencies would achieve an overall rating of 4.5 or more in Practicum, 6.0 for Advanced Practicum, and 7.5 for the Internship]</i>	10	9	8	7	6	5	4	3	2	1	NA	NO
REMARKS:												

12. Recommendations for Development of the Supervisee's PROFESSIONAL DEMEANOR

13. Recommendations for Development of the Supervisee's CLINICAL COMPETENCIES

STUDENT'S SIGNATURE: _____ **DATE:** _____

SITE SUPERVISOR'S SIGNATURE: _____ **DATE:** _____

UNIVERSITY SUPERVISOR'S SIGNATURE: _____ **DATE:** _____