

**LAGRANGE COLLEGE**

**CLINICAL MENTAL HEALTH COUNSELING PROGRAM**

**PRACTICUM-INTERNSHIP HANDBOOK**

**2022-2023**

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**Introduction**

This handbook provides an overview of students practicum & internship experience in the Clinical Mental Health Counseling Program at LaGrange College. This handbook serves as a guide for both in-person and virtual track students as they prepare for practicum as well as internship. In this handbook, students will find prerequisite skills and courses needed to begin practicum, information regarding requirements and expectations of students during practicum and internship, and forms needed to document services provided at practicum and internship sites. Students will be expected to familiarize themselves with this handbook and refer back to this document if there any concerns regarding practicum and internship. Questions regarding this handbook should be directed towards the clinical coordinator of the program.

**Prerequisite Skills and Courses**

Students desiring to begin practicum are expected to have showcased the necessary skills required to succeed at clinical sites. Students are expected to have demonstrated a high level of maturity, confidence, and autonomy needed to provide effective counseling services. Also, students must have showcased the following: mastery of counseling theories, concepts, and models, knowledge and experience with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), knowledge and sensitivity towards multicultural populations, an ability to lead psychoeducational and process groups, knowledge of addictions and addictive behavior, and demonstration of basic counseling skills. Prior to beginning practicum, students must have completed the following counseling courses:

COUN 5001: Theories of Counseling

COUN 5000: Foundations of Clinical Mental Health Counseling

COUN 5004: Professional Practice & Ethics

COUN 6001: Assessment and Diagnosis

COUN 5003: Group Dynamics

**Covid-19 Considerations**

While students are enrolled at their practicum and internship sites, the CMHC faculty expects students to participate in the same covid-19 policies and procedures that are required on campus.  With that being said, the CMHC faculty does not desire for any student to feel as if they are forced or required to participate in in-person counseling services at an practicum/internship site during the pandemic.  If a student at any time feels uncomfortable providing services at a practicum or internship site or if the student is asked to provide counseling services in a setting he or she do not feel comfortable in, the student agrees to report the concern to the site supervisor and the clinical coordinator and the necessary adjustments or changes to the practicum/internship experience will be made.

**Liability Insurance & Professional Practice**

Students in the CMHC Program are required to obtain liability insurance through the American Counseling Association before the start of their practicum and internship experience. Each practicum/internship site will be provided proof of insurance coverage for student interns. Students will conduct themselves according to the rules, policies, and procedures in place at their practicum agencies as this pertains to all facets of professional practice. Students are expected to conduct themselves in a manner that reflects favorably upon the Clinical Mental Health Counseling Program and in accordance with the highest standards of professional and ethical behavior as these are set forth in ethics codes and practice guidelines.

The Clinical Mental Health Counseling Program at LaGrange College recognizes and adhere’s to the Code of Ethics set by the American Counseling Association and its divisions. Students are expected to operate under the norms of the site. This includes being punctual, dressing appropriately, and presenting oneself professionally. Students that do not comply with agency or program guidelines for their practicum or internship experiences may be removed from the setting at the discretion of the Clinical Mental Health Counseling Clinical Coordinator and/or the Clinical Mental Health Counseling Program faculty.

Before students initiate counseling relationships, students must first inform their clients of any limits to confidentiality, their status as a counselor-in-training, and any site specific information which the site supervisor has provided. The clinical mental health counseling program has informed consent documentation that needs to be completed prior to the start of counseling services. The clinical site may also have informed consent documentation that needs to be completed prior to the start of counseling services. Students also need to ask site supervisors about the emergency procedures under which the site operates. What are the hours of operation? Who/where should clients call if they have an emergency after hours? Students are only allowed to see clients under supervision. That means that students are not available to clients after hours or off-site. Students should not give their home phone number to clients, but should have an alternate emergency number to give them should they request it.

The LaGrange College clinical supervisor will provide training to student counselors on the delivery of tele-mental health counseling services. All students enrolled at a practicum or internship site must complete tele-mental health training.

**Overview of Practicum**

Students complete supervised counseling practicum experiences that total a minimum of **100** clock hours over a full academic term. Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills. The term DIRECT means that you are providing FACE-TO-FACE counseling services. This includes individual sessions as well as counseling groups for which you are ACTIVELY leading or co-leading. (Does not apply to any observations of others performing the counseling service). Students are required to complete logs that document their practicum-related professional activities as these occur on-site and on-campus.

The Clinical Mental Health Counseling Program requires counseling students enrolled in practicum to have at least 1 hour of weekly synchronous individual and/or triadic supervision with a core CMHC faculty member. Although the site supervisors do not provide the primary individual supervision of students during practicum, students still receive pertinent supervision and instruction from their experienced site supervisors. Practicum students participate in an average of 1½ hours per week of synchronous group supervision on a regular schedule throughout the practicum. Group supervision is provided by a CMHC faculty member. Students will attend any required orientation, training, or other in-service programs at practicum site. In the event that a student has not yet logged the required number of practicum hours, a grade of I (Incomplete) will be given until such time as the hour requirements have been satisfied. Both the course instructor (faculty supervisor) and site supervisor complete a mid-term and final evaluation of students performance during practicum. Course instructors and site supervisors use our Practicum-Internship Evaluation form to adequately evaluate the performance of the practicum and internship students. Also, students complete a self-evaluation of their performance during each semester of practicum.

**Overview of Internship**

The Internship experience is divided into 3 courses (COUN 6997, COUN 6998, and COUN 6999) and is completed over the spring and summer semesters where students must obtain a minimum of 600 clinical hours. During the spring and summer semesters, 240 direct contact hours must be obtained through individual, family, and/or group counseling services and 360 indirect contact hours must be obtained thru performing such duties as creating and maintaining records, intake and assessment activities, training, case management, staff meetings, consultation, etc. Students must obtain 10 hours of group counseling experience during their practicum or internship. When engaged in individual counseling, students must be able to audiotape/videotape clients with their informed consent. Students must continue to maintain current student liability insurance for the duration of their work in the internship. It is important for students to remember that if they have not logged the required number of internship hours, this may delay their graduation from the program. In this regard, the program cannot guarantee that people will finish the program within two years’ time.

The Clinical Mental Health Counseling Program requires counseling students enrolled in Internship to have at least 1 hour of synchronous weekly individual and/or triadic supervision with their site supervisor. Internship students participate in an average of 1½ hours per week of synchronous group supervision on a regular schedule throughout the internship. Group supervision during internship is provided by a CMHC faculty member. Students should spend a large amount of the time in their setting doing individual, family, or group counseling. The following other activities can be a part of the internship experience: 1. Administering clinically-relevant instruments; 2. Consultation; 3. Case Staffing; 4. Intake interviews; 5. Life Skills training; 6. Mental Health outreach; and 7. Administrative duties as assigned by the site. Internships may involve other, similar kinds of professional service delivery. Students will keep their own clinical logs that summarize direct, indirect, supervision, and group supervision hours, along with other summary information such as types of clients, presenting problems, etc.

Both the course instructor (faculty supervisor) and site supervisor complete a mid-term and and final evaluation of students performance each semester of internship. Course instructors and site supervisors use our Practicum-Internship Evaluation form to adequately evaluate the performance of internship students. Also, students complete a self-evaluation of their performance during each semester of internship.

**Site Selection**

The responsibility of placing students at clinical sites is on the Clinical Coordinator of the Clinical Mental Health Counseling Program. The program has established a number of partnerships with practicum and internship sites both in LaGrange and in nearby cities. The Clinical Coordinator places students at specific clinical sites based on student’s interests and skills, availability and needs of clinical sites, and overall match between student and practicum and internship site. It is the program's expectation that students work to maintain the partnerships established with practicum and internship sites. If a student desires to change their practicum or internship site, he or she must meet with Clinical Coordinator and provide reasonable justification for his or her request to change clinical sites. Changes to clinical placement are at the discretion of the Clinical Mental Health Counseling faculty.

In the event that a student requests to be placed at an internship site that the program currently does not have a partnership with, it is the student’s responsibility to ensure that the site meets the qualifications for a practicum or internship site, has the necessary supervision available (see supervisor qualifications below), and has been approved by the Clinical Coordinator. If the practicum or internship site has been approved, the Clinical Coordinator will schedule a site visit with the practicum or internship site supervisor.

**Supervisor Qualifications**

Clinical supervisors work with the supervisees to enhance their professional competence and monitor the quality of counseling services extended to the client. The relationship is evaluative and extends over time (Bernard & Goodyear, 1992). Supervisors will assume a variety of roles including consultant, teacher, and counselor, in an effort to assist students. The expectation is held that students will be as prepared for supervision as they are for your counseling sessions. Students will need to listen to their tapes, identify their strengths, weaknesses, and be prepared to request specific assistance from their supervisor.

CMHC faculty members serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs have (1) relevant experience, (2) professional credentials, and (3) counseling supervision training and experience. Individuals serving as site supervisors have (1) a minimum of a master’s degree, preferably in counseling, or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (4) knowledge of the program’s expectations, requirements, and evaluation procedures for students; and (5) relevant training in counseling supervision.

Orientation, consultation, and professional development opportunities are provided by Clinical Coordinator to site supervisors. Written supervision agreements define the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship. When individual/triadic practicum supervision is conducted by a site supervisor in consultation with counselor education program faculty, the supervision agreement must detail the format and frequency of consultation to monitor student learning.

If tele-mental health counseling services are provided at the practicum or internship site, site supervisors have received the necessary tele-mental health training in both clinical services and supervision. If tele-mental health counseling services are provided at the practicum or internship site, the on-site supervisor will train the student on the tele-mental health procedures, protocols, and portals used at the site

**Practicum and Internship Course Loads**

When individual/triadic supervision is provided by the CMHC faculty member, practicum and internship courses should not exceed a 1:6 faculty:student ratio. During practicum, students receive weekly individual/triadic supervision from faculty members of the CMHC program. Supervision responsibilities are divided among the three core faculty members of the CMHC program. When individual/triadic supervision is provided solely by a site supervisor, and the CMHC faculty or student under supervision only provides group supervision, practicum and internship courses should not exceed a 1:12 faculty:student ratio. During internship, students receive individual/triadic supervision from their site supervisors. Our program offers two sections of internship each semester; each section has a limit of 12 students. Group supervision of practicum and internship students should not exceed a 1:12 faculty:student ratio. During both practicum and internship courses, students receive group supervision from CMHC faculty members. Each section of group supervision has a limit of 12 students.

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**Clinical Mental Health Counseling**

**CONFIDENTIALITY PLEDGE**

As an integral part of my training in Counselor Education, I am aware that I will be hearing/listening, viewing and participating in confidential counseling sessions. Furthermore, I have reviewed the Ethical Standards of the American Counseling Association (ACA) and I am aware that one of the most important ethical responsibilities is that of confidentiality. As per ACA Ethical Standards, “The member’s primary obligation is to respect the integrity and promote the welfare of the client(s) … The counseling relationship and information resulting therefore must be kept confidential…”

Therefore, I agree to keep all counseling discussions among class members and/or instructor, all recorded and/or video-recorded counseling sessions, all role-playing sessions conducted as part of course assignments, and all pre-practicum, practicum, and internship counseling sessions **entirely and completely confidential.** This confidentiality pledge means I will not discuss confidential information with anyone outside of class members or instructors during the course of my training or with anyone after completion of training.

Finally, I understand that failure to maintain this confidentiality pledge may result in my being reported to the Ethics Committee of ACA or my state professional association. Additional sanctions could be considered in regard to my status in my professional preparation program at LaGrange College.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name as it appears above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed by faculty member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Clinical Mental Health Counseling Program**

**Application for Clinical Experience and Proposed Site Approval**

**COUN 5999 Practicum; COUN 6998 Internship I; COUN 6999 Internship II**

Note: This form reserves a place for you as an intern or practicum student for the semester indicated below. It must be accompanied by a Curriculum Vita from the proposed site supervisor. The student must be able to document all prerequisites indicated for the appropriate level of clinical experience. Students are not permitted to begin collecting direct contact hours until the semester begins, but they are encouraged to obtain any required training hours prior to the beginning of the semester.

**Check the appropriate clinical level: Practicum \_\_\_\_\_\_; Internship I \_\_\_\_\_\_; Internship II \_\_\_\_\_**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Day/Time of Class** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPOSED SITE:**

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

Population Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Type and #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_

Total years of experience as a counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***APPLICATION MUST BE ACCOMPANIED BY A CURRICULUM VITA/RESUME FOR THE SITE SUPERVISOR.***



**MEMORANDUM OF UNDERSTANDING**

CONCERNING THE LAGRANGE COLLEGE CLINICAL MENTAL HEALTH PROGRAM AND THE FACILITY APPLIED LEARNING EXPERIENCES

This Memorandum  of Understanding on the part of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a practicum and internship counseling site (hereinafter referred to as the “Facility”) and **LAGRANGE COLLEGE** (hereafter referred to as the "Institution"). The Facility and Institution shall be (hereinafter jointly referred to as the "Parties").

1. **PURPOSE:**
   1. The purpose of this Memorandum of Understanding is to guide and direct the Parties respecting their affiliation and working relationship, inclusive of anticipated future arrangements  and agreements in furtherance thereof, to provide high quality learning experiences for the **Institution's CLINICAL MENTAL HEALTH COUNSELING Students.**
   2. Neither party intends for this Memorandum of Understanding to alter in any way either their respective legal rights or their legal obligations to one another, to the students and faculty assigned to the Facility, or as to any third party.
2. **GENERAL UNDERSTANDING:**
   1. The applied learning experience (hereinafter referred as the "A.LE.") will be of such content, and cover such periods of time as may from time to time be mutually agreed upon by the Institution and the Facility. The starting and ending date for each A.LE. shall be agreed upon at least one month before the A.L E. commences. A.L E. implementation at the Facility shall be subject to final approval by the Facility.
   2. The number of **Clinical Mental Health students** designated for participation in the A.LE. will be mutually determined by agreement of the Parties, and may at any time be altered by mutual agreement . All student participants must be acceptable to both Parties. Either the Facility or the Institution may withdraw any student from an A.LE. at the Facility based upon a lack of competency on the part of the student, the student's failure to comply with the rules and policies of the Facility, or, for any other reason where either party reasonably believes that it is not in their best interest for the student to continue. Such party shall provide the other party and the student with immediate notice of the withdrawal and Written reasons for the withdrawal.
   3. There shall be no discrimination on the basis of race, national origin, religion, creed, sex, age, gender identity, marital status, family/parental status, political beliefs, disability, veteran's status or sexual orientation in either the selection of students for participation in the A.LE., or as to any aspect of the A.LE.; provided however that with respect to disability the disability must not be such as would, even with reasonable accommodation, in and of itself, preclude the student's effective participation in the A.L E.
   4. While students are enrolled at the A.LE Facility, the Clinical Mental Health Counseling (CMHC) program faculty expects students to participate in the same Covid-19 policies and procedures that are required on campus.  With that being said, the CMHC faculty does not desire for any student to feel as if they are forced or required to participate in in-person counseling services at an A.LE internship Facility during the pandemic.  If the student at any time feels uncomfortable providing services at the Facility or if the student is ever asked to provide counseling services in a setting he or she does not feel comfortable in, the student should report the concern to the site supervisor of the Facility and the clinical coordinator of the Institution’s CMHC program and the necessary adjustments or changes to the A.LE. will be made.
3. **FACILITY RESPONSIBILITIES:**

The Facility will retain responsibility for the care of clients and patients and will maintain administrative and professional supervision of students insofar as their presence and A.LE.; assignments affect the operation of the Facility and its care, direct and indirect, of its clients and patients. No provision of this relationship shall prevent any Facility client or patient from requesting not to be a teaching client or patient or prevent any member of the Facility medical staff from designating any client or patient as a non -teaching client or patient.

* 1. The Facility will provide adequate facilities for participating students in accordance with the A.L E. objectives and plan developed through cooperative planning by the Institution's departmental faculty and the Facility's staff. The Facility will use its best efforts to make conference space and classrooms available as may be necessary for teaching and planning activities in connection with the A.LE.
  2. The Facility agrees to complete both a mid-term and final evaluation for students during practicum and internship. The summative evaluation form will be provided by the clinical supervisor of the institutions Clinical Mental Health Counseling Program.
  3. The Facility shall provide an orientation for both Institution faculty and participating students as to the philosophies, rules, regulations and policies of the Facility.
  4. Subject to the Facility ' s overall supervisory responsibility for patient care, appropriately licensed Institution faculty members may provide such patient services at the Facility as may be necessary for teaching purposes.
  5. The Facility’s site supervisor will ensure that each client signs the LaGrange College informed consent document(s) in addition to all other clinical documentation that is required by the facility.
  6. The Facility shall maintain and house all clinical documentation that pertains to students clinical work with clients.
  7. Facility grants to the Institution the right to publish Institution administrative materials such as catalogs, course syllabi, A.LE. reports, etc. that identifies or uses the name of the Facility or its members, staff, directly or indirectly
  8. Facility’s that offer tele-mental health services must provide students with a Health Insurance Portability and Accountability Act (HIPPA) compliant tele-mental health platform (i.e. – Doxy.Me).
  9. Facilities that offer tele-mental health services must provide students a secure way to provide services and transfer client files; students are not allowed to use LaGrange College or personal email addresses to communicate with clients or transfer client information.
  10. Facility’s that offer tele-mental health services will train students on the tele-mental health procedures, protocols, and portals used at the site.
  11. Facility’s that offer tele-mental health services must provide the necessary supervision of student’s tele-mental health services.  Per the American Counseling Association, “masters-level students with insurance thru the American Counseling Association (HPSO liability insurance) may be covered for tele-behavioral health counseling sessions if they are a counselor-in-training (masters level intern) and if they meet the following conditions:
      + - The scope of practice of the licensed site supervisor permits the practice of tele-behavioral health
        - The site supervisor is trained to provide both clinical services and supervision for this type of service delivery
        - The counselor-in-training receives proper training to facilitate tele-behavioral sessions
        - The site supervisor is available for the trainee or client, as needed,  and
        - Funding sources for each client session allows the trainee to provide counseling (i.e., the supervisor or agency should make sure the trainee is authorized to provide counseling services based on the funding source or contract).”

1. **INSTITUTION RESPONSIBILITIES:**
   1. The Institution will use its best efforts to select students for participation in the A.LE. who are prepared to effectively participate in the training phase of their education. The Institution will retain ultimate responsibility for the education of its students.
   2. Prior to the commencement of tele-mental health services at the Facility, students will receive tele-mental health training from Clinical Mental Health Counseling Program faculty.
   3. The Institution will require students to have professional liability insurance through the American Counseling Association prior to the start of the A.LE.
   4. The Institution will encourage participating student and faculty compliance with the Facility's rules, regulations and procedures, and use its best efforts to keep students and faculty informed as to the same and any changes therein . Specifically, the Institution will keep each participating student and faculty member appraised of his or her responsibility, including but not limited to the following:
2. To follow the administrative policies, standards and practices of the Facility when in the Facility.
3. To report to the Facility on time and to follow all established regulations of the Facility .
4. To keep in confidence all medical, health, financial and social (including mental health) information pertaining to particular clients or patients.
5. To comply with all federal, state and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances.
6. To follow Centers for Disease Control and Prevention (C.D.C.) Standard Precautions for Standard Bloodborne Pathogens, C.D.C. Guidelines for Tuberculosis Infection Control, and Occupational Safety and Health Administration (O.S.H.A.) Respiratory Protection Standard.
7. To conform to established standards and practices while training at the Facility.

5.The Institution shall have the full responsibility for the conduct of any student or faculty disciplinary proceedings and shall conduct the same in accordance with all applicable statutes, rules, regulations and case law.

6. The Institution will assign faculty/staff representatives(s) as liaison(s) between the Facility and the Institution.

7. All medical or health care (emergency or otherwise) that an Institution’s student or faculty member receives at the Facility will be at the expense of the individual involved.

1. **MUTUAL RESPONSIBILITY:**
   1. Pursuant to the provisions of 45 C.F.R. § 165.504(e)(3) (of HIPAA rules and regulations), the Parties agree that the Department of Behavioral Health and Developmental Disabilities (that is, DBHDD) is a "covered entity" as defined by the federal Standards for Privacy of Individually Identifiable Health Information.
   2. Facility and Institution agree to comply with the Health Insurance Portability and Accountability

Act of 1996, as codified at 42 U.S.C. § 132d ("HIPAA") and any current and future regulations promulgated thereunder including without limitation  the  federal  privacy  regulations  contained  in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the federal security standards contained in 45 C.F.R. Part 142 ("the Federal Security Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements." Facility and Institution agree not to use or further disclose any Protected Health Information (as defined in 45 C.F.R. Section 164.501) or Individually Identifiable Health Information (as defined in 42 U.S.C. Section 1320d), other than as permitted by HIPAA Requirements and terms of this Agreement. Institution will familiarize each student with HIPAA Requirements before the initiation of A.L E. participant at Facility and will inform students of their obligation to comply with HIPAA Requirements and to not to use or further disclose any Protected Health Information (as defined in 45 C.F.R. Section 164.501) or Individually Identifiable Health Information (as defined in 42 U.S.C. Section 1320d), other than as permitted by HIPAA Requirements and terms of this Agreement.

* 1. The Parties will work together to maintain an environment of quality learning experiences for the Institution's student(s), while at the same time enhancing the resources available to the Facility for the providing of care to its clients and patients. The Parties agree to consult twice each semester to discuss the student’s performance at the Facility. At the request of either party, a meeting or conference will be held between Institution and Facility representatives to resolve any problems or develop any improvements in the operation of the A.LE.
  2. The Institution and the Facility acknowledge and agree that neither party shall be responsible for any loss, injury or other damage to the person or property of any student or faculty member participating in the A.LE. unless such loss, injury or damage results from the negligence or willful conduct of that party, its agent s, officers or employees.
  3. This relationship is intended solely for the mutual benefit of the Parties hereto, and there is no intention, express or otherwise , to create any rights or interests for any party or person other than Facility and the Institution; without limiting the generality of the foregoing, no rights are intended to be created for any patient, student, parent or guardian of any student, spouse, next of kin, employer or prospective employer of any student .
  4. Neither party is agent , employee or servant of the other. The Institution, and the Facility acknowledge and agree that student participants in the A.L E. are not employees of the Institution, Regents, or the Facility by reason of such participation, and that they assume no responsibilities as to the student participants that may be imposed upon an employer under any law, regulation or ordinance.

7. This Memorandum of Understanding shall be governed by, construed and applied in accordance with the laws of the State of Georgia.

* 1. This Memorandum of Understanding shall supersede any and all previously executed agreements between the Parties for applied learning experiences.
  2. The terms of this Memorandum of Understanding shall be for a period of three years, commencing on**\_\_\_\_\_\_**and ending \_**\_\_\_\_\_\_\_\_** .This agreement may be renewed or amended at any time by mutual written consent of  the Parties. This agreement may also be terminated for any reason at any time upon not less than ninety (90} days written notice,  but students currently in an A.LE. may complete the A.LE.

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

LaGrange College VP Finance & Operations                  Date

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

Director of Practicum/Internship Facility                      Date

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

Practicum/Internship Site Supervisor                           Date

Revised:  7/9/20; 8/19/20, 8/20/20, 4/16/21, 8/10/21



**Clinical Mental Health Counseling Program**

**Practicum/Internship Supervision Contract**

The purpose of this contract for the Supervised Field Experience of a LaGrange College counseling student is to clarify the expectations and responsibilities of the student counselor, the University supervisor, and the on-site supervisor. The original contract will be placed in the student's file, and the on-site supervisor should retain a copy. Sites must be approved by the clinical coordinator.

**Student Counselor Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: \_\_ Practicum \_\_ Internship 1 \_\_ Internship 2

Previous Field Placements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counseling Related Employment/Experiences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requirements for Practicum Sites:**

1. Practicum is to practice newly acquired counseling skills and should include both individual and group counseling experiences if possible.
2. Students must be at their site for a minimum of 100 hours during the semester. A minimum of 40 of those hours should be involved in direct service with clients that contributes to the development of counseling skills, and 60 hours may involve other professional activities, such as intake, assessment, keeping appropriate records, training, case management, staff meetings, consultation, etc.
3. Students must obtain 10 hours of group counseling experience during their practicum or internship.
4. When engaged in individual counseling, students must be able to audiotape/videotape clients with their informed consent.
5. Students must have an on-site supervisor who has at least a master's degree in counseling or a related field, has been a counselor for at least 2 years, and holds a license in counseling or a related field (marriage and family therapy, social work, psychology, or psychiatry (MD).
6. Practicum sites that offer tele-mental health services must provide students with a Health Insurance Portability and Accountability Act(HIPPA) compliant tele-mental health platform (i.e. – Doxy.Me).
7. Practicum sites shall maintain and house all clinical documentation that pertains to students’ clinical work with clients.
8. Practicum sites that offer tele-mental health services must provide students a secure way to provide services and transfer client files; students are not allowed to use LaGrange College or personal email addresses to communicate with clients or transfer client information.
9. Practicum sites that offer tele-mental health services must provide the necessary supervision of student’s tele-mental health services. Per the American Counseling Association, “masters-level students with insurance thru the American Counseling Association (HPSO liability insurance) may be covered for tele-behavioral health counseling sessions if they are a counselor-in-training (masters level intern) and if they meet the following conditions:
   1. The scope of practice of the licensed site supervisor permits the practice of tele-behavioral health
   2. The site supervisor is trained to provide both clinical services and supervision for this type of service delivery
   3. The counselor-in-training receives proper training to facilitate tele-behavioral sessions
   4. The site supervisor is available for the trainee or client, as needed, and
   5. Funding sources for each client session allows the trainee to provide counseling (i.e., the supervisor or agency should make sure the trainee is authorized to provide counseling services based on the funding source or contract).”

**Requirements for Internship Sites:**

1. The Internship experience is divided into 3 courses (COUN 6997, COUN 6998, and COUN 6999) and is completed over the spring and summer semesters where students must obtain a minimum of 600 clinical hours.
2. During the spring and summer semesters, 240 direct contact hours must be obtained through individual, family, and/or group counseling services and 360 indirect contact hours must be obtained thru performing such duties as creating and maintaining records, intake and assessment activities, training, case management, staff meetings, consultation, etc.
3. Students must obtain 10 hours of group counseling experience during their practicum or internship.
4. When engaged in individual counseling, students must be able to audiotape/videotape clients with their informed consent.
5. Students must have an on-site supervisor who has at least a master's degree in counseling or a related field and has been a counselor for at least 2 years and holds a license in counseling or a related field (marriage and family therapy, social work, psychology, or psychiatry (MD).
6. Students enrolled in internship participate in at least 1 hour of weekly synchronous individual and/or triadic supervision with site supervisor. Supervision format may include: intern self-report, audio/video tape review, or live-supervision.
7. Internship sites that offer tele-mental health services must provide students with a Health Insurance Portability and Accountability Act(HIPPA) compliant tele-mental health platform (i.e. – Doxy.Me).
8. Internship sites shall maintain and house all clinical documentation that pertains to students’ clinical work with clients.
9. Internship sites that offer tele-mental health services must provide students a secure way to provide services and transfer client files; students are not allowed to use LaGrange College or personal email addresses to communicate with clients or transfer client information.
10. Internship sites that offer tele-mental health services must provide the necessary supervision of student’s tele-mental health services. Per the American Counseling Association, “masters-level students with insurance thru the American Counseling Association (HPSO liability insurance) may be covered for tele-behavioral health counseling sessions if they are a counselor-in-training (masters level intern) and if they meet the following conditions:
    * The scope of practice of the licensed site supervisor permits the practice of tele-behavioral health
    * The site supervisor is trained to provide both clinical services and supervision for this type of service delivery
    * The counselor-in-training receives proper training to facilitate tele-behavioral sessions
    * The site supervisor is available for the trainee or client, as needed, and
    * Funding sources for each client session allows the trainee to provide counseling (i.e., the supervisor or agency should make sure the trainee is authorized to provide counseling services based on the funding source or contract).”

**Student Counselor Responsibilities:**

1. The student will read, understand and adhere to the Code of Ethics of the American Counseling Association (ACA, 2014).
2. The student will demonstrate the applicable competencies.
3. The student will keep on-site supervisor informed regarding the issues and activities of the field placement.
4. The student will act in accordance with the rules and regulations that govern the placement site.
5. The student will document time and activities at the placement site.
6. The student will be fully prepared for supervisory sessions and classes.
7. The student will begin the field placement during the first week of the academic term and continue through the last week of regular class.
8. The student will maintain liability insurance.
9. The student will review all LaGrange College CMHC informed consent documentation and practicum or internship site documentation with clients and ensure that a signature has been supplied by client prior to the start of therapeutic services.
10. The student will use practicum or internship site’s secure platform to provide services and transfer client files.
11. Students will never use LaGrange College or personal email addresses to communicate with clients or transfer client information.
12. The student enrolled at a practicum or internship site where tele-mental health services will receive the necessary tele-mental health training prior to the delivery of the services.
13. The student agrees to provide a summative evaluation of his or her competencies. An evaluation form will be provided by the LaGrange College clinical coordinator that will be used for this competency evaluation. The student will complete a mid-term and final evaluation each semester of practicum and internship. After completing the evaluation form, the student will return the evaluation form directly to the clinical coordinator.
14. While the student is enrolled at his or her practicum and internship site, the CMHC faculty expects the student to participate in the same covid-19 policies and procedures that are required on campus. With that being said, the CMHC faculty does not desire for any student to feel as if they are forced or required to participate in in-person counseling services at a practicum/internship site during the pandemic. If the student at any time feels uncomfortable providing services at their site or if he or she is ever asked to provide counseling services in a setting he or she do not feel comfortable in, the student agrees to report the concern to the site supervisor and the clinical coordinator and the necessary adjustments or changes to the practicum/internship experience will be made.
15. Students enrolled in practicum participate in at least 1 hour of weekly synchronous individual and/or triadic supervision with a CMHC faculty member. Whereas the site supervisors do not provide the primary individual supervision of students during practicum, students still receive pertinent supervision and instruction from their experienced site supervisors. Students meet with faculty supervisor on Microsoft TEAMS for weekly individual and/or triadic supervision.
16. Students enrolled in Practicum will participate in an average of 1.5 hours per week of synchronous group supervision with a faculty member of the Clinical Mental Health Counseling Program.  Practicum students meet with CMHC faculty member for group supervision in-person synchronously and/or via Microsoft TEAMS synchronously.
17. Students enrolled in Internship will participate in at least 1 hour of weekly synchronous individual and/or triadic supervision with their site supervisor. Whereas the site supervisors provide the primary individual supervision, the core CMHC faculty members still provide students with pertinent instruction while they are enrolled in internship.  Internship Students meet with site supervisors in-person synchronously for individual and/or triadic supervision.
18. Students enrolled in Internship will participate in an average of 1.5 hours per week of synchronous group supervision with a faculty member of the Clinical Mental Health Counseling Program. Internship students meet with CMHC faculty member for group supervision in-person synchronously and/or via Microsoft TEAMS synchronously.

**LaGrange College Clinical Supervisor's Responsibilities:**

1. The LaGrange College clinical supervisor will be the responsible link between the clinical site and LaGrange College.
2. The LaGrange College clinical supervisor will initiate contact with the on-site supervisor for consultation during the field placement.
3. The LaGrange College supervisor will conduct counseling supervision concurrently with the field placement. Instruction and group supervision will be provided in the seminar.
4. The LaGrange College clinical supervisor will have the responsibility for terminating any field placement that is not satisfactory for the student counselor.
5. The LaGrange College instructor will issue a grade for the student after receiving input from the on-site supervisor.
6. The LaGrange College clinical supervisor ensures that student counselors have liability insurance.
7. The LaGrange College clinical supervisor will provide training to student counselors on the delivery of tele-mental health counseling services.
8. The LaGrange College clinical supervisor will provide site supervisors with the program expectations for site supervisors including the procedures for mid-term and final evaluation of student performance for both practicum and internship.
9. The LaGrange College clinical supervisor will complete a summative evaluation of the student's competencies. The clinical supervisor will use the LaGrange College CMHC practicum/internship evaluation form for this competency evaluation. The clinical supervisor will complete a mid-term and final evaluation for students each semester of practicum and internship.

**On-Site Supervisor's Responsibilities:**

1. The on-site supervisor will be an employee who holds at least a master's degree in counseling or related field (marriage and family therapy, social work, psychology, or psychiatry (MD) and has at least 2 years of counseling experience.
2. The on-site supervisor agrees to provide an orientation of the site to clarify the roles and functions of the student counselor and explain relevant policies and procedures of the site.
3. The on-site supervisor agrees to ensure that each client signs the LaGrange College informed consent document(s) in addition to all other clinical documentation that is required by the practicum or internship site.
4. The on-site supervisor agrees to provide a summative evaluation of the student's competencies. An evaluation form will be provided by the LaGrange College clinical coordinator that will be used for this competency evaluation. The on-site supervisor will complete a mid-term and final evaluation for students each semester of practicum and internship. After completing the evaluation form, the site supervisor will return the evaluation form directly to the clinical coordinator.
5. The on-site supervisor agrees to consult with the LaGrange College clinical supervisor or instructor concerning the student counselor's performance twice each semester via in-person contact, phone, and/or email.
6. The on-site supervisor agrees to contact the LaGrange College clinical supervisor at any time during the field placement when the student's knowledge, attitudes or skills are not acceptable for the missions of the placement site.
7. The on-site supervisor agrees to attend the site supervisor training provided on campus each year and complete the online supervision orientation.
8. If tele-mental health counseling services are provided at the practicum or internship site, site supervisors have received the necessary tele-mental health training in both clinical services and supervision.
9. If tele-mental health counseling services are provided at the practicum or internship site, the on-site supervisor will train the student on the tele-mental health procedures, protocols, and portals used at the site.
10. The on-site supervisor understands that while the student is enrolled at his or her practicum and internship site, the CMHC faculty expects the student to participate in the same covid-19 policies and procedures that are required on the LaGrange College campus. The on-site supervisor also understands that the CMHC faculty does not desire for any student to feel as if they are forced or required to participate in in-person counseling services at a practicum/internship site during the pandemic. If the student at any time feels uncomfortable providing services at their site or if he or she is ever asked to provide counseling services in a setting he or she do not feel comfortable in, he or she will let the clinical coordinator know and the necessary adjustments or changes to the practicum/internship experience will be made.

1. During internship, the on-site supervisor agrees to provide at least 1 hour of weekly synchronous individual and/or triadic supervision with internship student. Supervision format may include: intern self-report, audio/video tape review, or live-supervision.

**Specific Conditions for this Field Placement**

1. Please indicate whether the student counselor has permission to do the following activities in accordance with the ACA Code of Ethics.

\_\_\_ Yes \_\_\_ No 1. The student counselor has permission to tape counseling interactions for supervision purposes with informed consent given by the client.

Qualifying conditions specified:

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

\_\_\_ Yes \_\_\_ No 2. The student counselor has permission to confidentially discuss counseling cases in supervised course activities.

\_\_\_Yes \_\_\_ No 3. I understand the experiences that the student plans to have at this site and will help the student have these experiences.

Qualifying conditions specified:

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

\_\_\_ Yes \_\_\_ No 4. I understand the hours required at the site per semester.

1. Other notable conditions. Any other conditions concerning this placement are to be noted by the on-site supervisor or LaGrange College clinical supervisor. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Services Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Population Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Site Supervisor Name, Highest Degree Earned, and Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### License Type and #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand and agree to the conditions stated in this contract:

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

Student Date

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

On-Site Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
 LaGrange College Clinical Coordinator Date

Revised: 3/19/17, 4/18/17, 1/24/18, 8/13/19, 7/9/20, 8/22/20, 12/5/20, 2/27/21, 4/16/21, 7/7/22

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**CLINICAL MENTAL HEALTH COUNSELING PROGRAM**

**CHILD/ADOLESCENT INFORMED CONSENT**

Dear Parent or Guardian:

Counseling students from LaGrange College are enrolled in a course during the second year of their graduate work called counseling internship. This course involves working in the school or agency where your child is served for several hours each week. During those hours, student counselors provide individual and group counseling for those students or clients who have been identified by an official at the site, or through self or parent referral, as someone who might benefit from participating in counseling. If you have questions about the reason you are receiving this request, please contact the counselor at your child’s school.

Counseling Student’s Name would like to work with your son/daughter, a student at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/Agency.

Counseling students are required to audio record counseling sessions as part of their course and degree requirements. The sessions are listened to by supervisors and peer counselors who are committed to monitoring the well-being of your child and to help the student counselor develop the skills needed to enter the counseling profession upon graduation. The counseling sessions conducted with your child will be reviewed by the student counselor’s supervisor, (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. All audio recordings made will be erased at the completion of your child’s involvement in the program. If at any time you wish to speak with your child’s student counselor, please call the school and leave a message.

Clients have the right to confidentiality. Information revealed will remain within the professional setting. There are, however, legal exceptions to this right; information must be divulged (a) when ordered by the court, or (b) when the counselor and his or her supervisor determine that an individual may present a threat to self and/or to others. *Georgia law requires the report of any known or suspected instance of child or adult abuse or neglect*. It is understood that all information disclosed within these sessions will otherwise be kept confidential and will not be released to anyone outside of the agency without written permission, except where disclosure is required by law.

If you are interested and willing to have your child participate, please sign the form where indicated.

Thank you.

Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_

Telephone (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (Work)\_\_\_\_\_\_\_\_\_

Parent’s Signature\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** A signed and dated permission form MUST be obtained for each client prior to any recording (audio or video).

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**CLINICAL MENTAL HEALTH COUNSELING PROGRAM**

**ADULT INFORMED CONSENT**

I would like to take this opportunity to welcome you to counseling and provide you with some information that you may find valuable. I am currently a counselor-in-training at LaGrange College, LaGrange, GA. When I complete my program, I will hold a graduate degree in Counseling. I understand that my counselor is a graduate student in counseling, is not yet licensed or certified, and is under the supervision of a qualified supervisor.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

a student in the Graduate Program in Clinical Mental Health Counseling at LaGrange College, permission to audio/video record our counseling sessions and/or have visual records and observations of me. The contents of the recordings will be *reviewed with a supervisor*, counseling faculty, and/or supervision group. All contents will be protected and will remain confidential. I am in agreement that the primary use of these recordings and observations is to increase the effectiveness of the student's counseling by provision of instruction and feedback. Furthermore, I understand that my name shall not be used in connection with these recordings and cannot and will not be used for any purpose other than those specified above. Recording and/or utilization of materials under the terms of this signed consent shall not be subject to legal action.

I am ethically bound to keep confidential anything you say in our sessions, with the following exceptions:

1. If a client threatens or attempts to complete suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person or disabled individual who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena obtained for the purpose of rendering an expert’s report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

If at any time you are dissatisfied with my services, please do not hesitate to let me know. If we cannot come to an understanding and resolution, it is my duty to refer you to another care provider. My university supervisor is . My site supervisor is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you have any questions now or in the future, please feel free to ask at any time. Please indicate your understanding and consent by signing below.

Signature of Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Signature of Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CLINICAL MENTAL HEALTH COUNSELING PROGRAM**

**CONSENT FOR TELE-MENTAL HEALTH SERVICES**

The following information is provided to clients who are seeking tele-mental health services from students enrolled in the Clinical Mental Health Counseling Program at LaGrange College. This document covers your rights, risks and benefits associated with receiving services, our counseling program policies, and your authorization. Please read this document carefully, note any questions you would like to discuss, and sign.

Tele-mental health means the remote delivering of health care services via technology-assisted media. This includes a wide array of clinical services and various forms of technology. The technology includes but is not limited to: telephone, video, internet, smartphone, tablet, PC desktop system or other electronic means. The delivery method must be secured by two-way encryption to be considered secure. Synchronous (at the same time) secure video chatting is the preferred method of service delivery.

**Limitations of Tele-Mental Health Therapy** **Services**

While tele-mental health offers several advantages such as convenience and flexibility, there are some disadvantages and limitations to this form of therapy. For example, there may be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of communication. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, the student counselor might not see various details such as facial expressions. Or, if audio quality is lacking, the student counselor might not hear differences in your tone of voice that they could easily pick up if you were meeting in-person. However, there are ways to minimize interruptions and maximize privacy and effectiveness. As the therapist, the student will take every precaution to insure technologically secure and environmentally private psychotherapy sessions. As the client, you are responsible for finding a private location where the sessions may be conducted. Consider using a “do not disturb” sign/note on the door. A strong internet connection would also help minimize or prevent disruption from an online virtual session.

**Technology Failure**

As mentioned earlier, disruptions to tele-mental health services could occur due to technological issues. Difficulties with hardware, software, equipment, and/or services supplied by a 3rd party may result in service interruptions. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, the student counselor will attempt to contact you via phone or through another secure tele-mental health platform. The student counselor will alert his or her site supervisor if there is a technology issue. Please make sure you have a phone with you and the student counselor has your most updated contact information. You or the student counselor may reschedule if there are problems with connectivity.

**Emergency Management Plan**

In Session:

If an emergency arises in a tele-mental health counseling session, the student counselor will notify his or her site supervisor. The site supervisor will assess the situation and determine the most appropriate action to take. The site supervisor has permission to contact your emergency contacts, law enforcement, and emergency medical services.

Emergency Contacts

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nearest Hospital

1. Hospital Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outside of Session:

If an emergency arises outside of a tele-mental health counseling session, you should access the following resources:

1. Call 911
2. Emergency Medical Services (EMS) in your area
3. Georgia Crisis and Access Line (1-800-715-4225); Download **MY GCAL** APP (text/chat)
4. National Suicide Prevention Lifeline (1-800-273-8255)
5. Emergency contacts listed above

**Consent**

Please review and initial the following:

1.\_\_\_\_My student counselor has explained to me how the tele-mental health platforms will be used and I understand that tele-mental health sessions will not be exactly the same as an in-person session due to the fact that I will not be in the same room as the student counselor.

2. \_\_\_\_I understand that tele-mental health services are completely voluntary and that I can choose not participate in this form of therapy at any time.

3.\_\_\_\_I understand that tele-mental health services have potential benefits including easier access to care and the convenience of meeting from a location of my choosing.

4.\_\_\_\_\_I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my student counselor or I can discontinue the tele-mental health services if it is determined that the videoconferencing connections are not adequate for the counseling session.

5.\_\_\_\_I have had a direct conversation with my student counselor, during which I had the opportunity to ask questions regarding tele-mental health services. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

6.\_\_\_\_I agree to take full responsibility for the security of any communications or treatment on my own computer or electronic device and in my own physical location. I understand I am solely responsible for maintaining the strict confidentiality of my user ID, password, and/or connectivity link. I shall not allow another person to use my user ID or connectivity link to access the services. I also understand that I am responsible for using this technology in a secure and private location so that others cannot hear my conversation. I understand that written records pertaining to tele-mental health sessions are confidential and may not be revealed to anyone without my written permission, except where disclosure is required by law.

7.\_\_\_\_I understand that if there is an emergency during a tele-mental health counseling session, the student counselor’s site supervisor may call my emergency contacts, law enforcement, or emergency medical services.

8.\_\_\_ I understand that if there is an emergency outside of a tele-mental health counseling session, I can access the resources provided above.

By signing this form, I certify:

* That I have read or had this form read and/or had this form explained to me.
* That I fully understand its contents including the risks and benefits of the procedure(s).
* That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Signature of Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Signature of Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Updated: 8/19/20

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**Semester Summary of Clinical Hours**

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester/Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Direct Services**

Individual, group, and family direct counseling services

**Total Direct Hours** **\_\_\_\_\_\_**

**Indirect Services**

Indirect services (case notes, case mgmt., etc.) \_\_\_\_\_\_

Individual supervision hours \_\_\_\_\_\_

Group supervision hours \_\_\_\_\_\_

**Total Indirect Hours \_\_\_\_\_\_**

**Total Direct and Indirect Hours: \_\_\_\_\_\_**

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

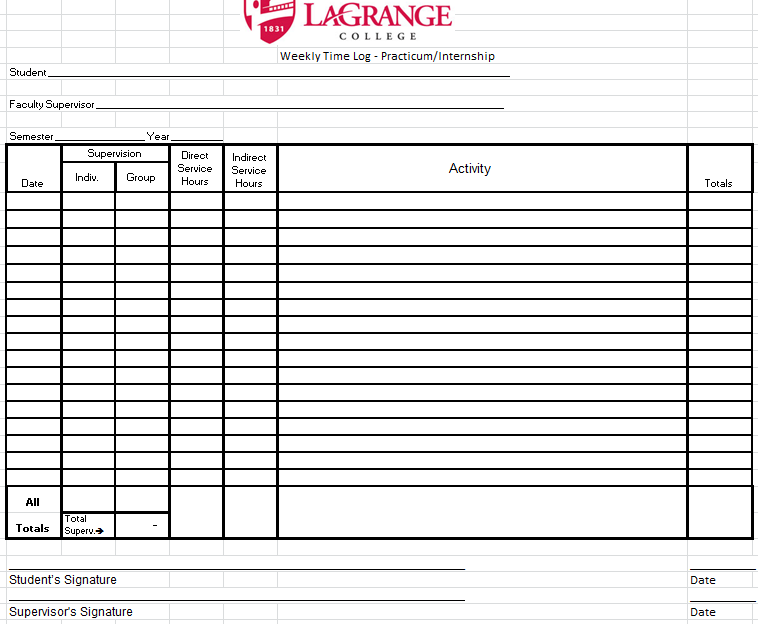
Student’s Signature Date

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

Site Supervisor’s Signature Date

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

Faculty Supervisor’s Signature Date



\*Students - use excel file (with formulas) on Connect to upload hours, obtain signature from site supervisor



**Clinical Mental Health Counseling**

**Record of Weekly Supervision**

**Student Supervisee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practicum\_\_\_\_\_ Internship \_\_\_\_\_\_**

**Individual/Triadic Supervision with Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| Week | Date | Activity | Supervisor |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |

|  |
| --- |
| Site Supervisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_  Faculty Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_  StudentSignature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_ |



**CMHC PRACTICUM/INTERNSHIP Mid-Term and Final Evaluation Form\***

Practicum Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Supervisor: \_\_ \_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Placement: \_\_\_\_\_\_\_

Date Mid-term completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Final Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check next to the role of evaluator: \_\_\_**Faculty Supervisor** \_\_\_\_\_**Site Supervisor** \_\_\_\_\_**Internship Student**

Directions: Using the information found on the accompanying rubric, please designate the extent to which the following objectives have been met through participation in the counseling practicum. 1= Unsatisfactory; 2=Developing; 3=Target; N/O= Not observed

**\*A separate form should be completed by the internship student, program faculty, and site supervisor.** Mid-term results should be used to plan for the second half of the term. Completion of the Site supervisors evaluation will be determined by the nature of the supervisory relationship.

**Part One: Counseling Skills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Objectives | 1 | 2 | 3 | N/O |
| The ability to communicate to the client the nature and limits of the counseling relationship. |  |  |  |  |
| The ability to interview clients using direct and indirect methods of inquiry. |  |  |  |  |
| The ability to develop and maintain a productive counselor client relationship. |  |  |  |  |
| Uses basic counseling skills to respond to client needs. |  |  |  |  |
| Competence in providing leadership, developing interventions, and awareness of factors influencing group dynamics in therapeutic and non-therapeutic groups |  |  |  |  |
| The ability to respond to important material as it arises in the counseling session |  |  |  |  |
| Recognize and verbalize personal issues that may impair objectivity and negatively impact the counseling process. |  |  |  |  |
| The ability to recognize and respond appropriately to crisis. |  |  |  |  |
| The ability to use and/or create interventions, consistent with the counselor’s guiding theory and or consistent with the client’s needs. |  |  |  |  |
| Communicates in a style compatible with the communication style and developmental level of the client. |  |  |  |  |
| Uses advanced accurate empathy |  |  |  |  |
| Uses self-disclosure |  |  |  |  |
| Uses confrontation |  |  |  |  |
| Uses Immediacy |  |  |  |  |
| The ability to identify small increments of change. |  |  |  |  |
| The ability to deal with the issues related to termination (i.e, referrals, timing, resistance) |  |  |  |  |
| The ability to apply the counseling skills referenced above to culturally diverse client populations. |  |  |  |  |

**Part Two: Conceptualization and Planning Skills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Objectives | 1 | 2 | 3 | N/O |
| Systematically conceptualize human behavior and the process of change. |  |  |  |  |
| The ability to generate appropriate counseling goals and select interventions based on a comprehensive case conceptualization. |  |  |  |  |
| Considers socio and political contexts when evaluating, conceptualizing, and planning interventions. |  |  |  |  |
| The student uses empirically supported counseling practices and or interventions. |  |  |  |  |
| The ability to present and staff a case using principles and methods of case conceptualization. |  |  |  |  |

**Part Three: Supervision Consulting Skills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Objectives | 1 | 2 | 3 | N/O |
| The ability to identify the expectations of the client and supervisor. |  |  |  |  |
| Receptivity to individual and group supervision/feedback |  |  |  |  |
| The ability to appropriately receive and use feedback, both positive and negative, from clients, supervisors, and professional peers. |  |  |  |  |
| The ability to provide facilitative feedback to others. |  |  |  |  |
| Seeks case consultation from supervisors when needed. |  |  |  |  |

**Part Four: Evaluation Skills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Objectives | 1 | 2 | 3 | N/O |
| The ability to identify small increments of change and integrate them into an overall pattern or theme within the counseling process |  |  |  |  |
| The ability to modify specific interventions on the basis of effectiveness |  |  |  |  |
| The ability to develop, implement and evaluate individual and group treatment/ counseling plans |  |  |  |  |
| The ability to apply the evaluation skills referenced above to culturally diverse client populations |  |  |  |  |

**Part Five: Professionalism**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Objectives | 1 | 2 | 3 | N/O |
| **Professional Identity:**  Knowledge of and identification with the role and function of a professional counselor/therapist. |  |  |  |  |
| **Self Awareness:**  Demonstration of self-awareness as a professional counselor |  |  |  |  |
| **Legal and Ethical Standards of Practice:**  Posses a thorough knowledge of ethical and legal standards of professional organizations and credentialing bodies |  |  |  |  |
| **Professional Development:**  Promote individual professional development both in and outside of the practicum experience |  |  |  |  |
| **Advocacy:**  Demonstrate ability to place clients welfare and wellbeing as priority |  |  |  |  |

**Comments**



**Practicum/Internship Evaluation Rubrics**

The purpose of this rubric is to help students and supervisors differentiate between levels of attainment with regard to the skills expected student outcomes articulated in the left hand column.

**Counseling Skills**

|  |  |  |  |
| --- | --- | --- | --- |
| Expected Student Outcomes | Unsatisfactory | Developing | Target |
| The ability to communicate to the client the nature and limits of the counseling relationship. | Fails to describe fundamental aspects of counseling relationship (i.e., session length, confidentiality, boundaries); fails to describe specifics of services offered (i.e., techniques, etc.); under-responds to client questions or concerns related to counseling process; does not secure permission from parents of minor to tape. | Describes confidentiality, limits, and processes of counseling; tells client why he or she is being seen; uses limited exploration or clarification of client needs or concerns regarding the counseling relationship. | Discusses confidentiality in a developmentally appropriate way and checks on client understanding; discusses and uses appropriate forms and materials to communicate limits of confidentiality, length of counseling session, and boundaries; responds to clients questions and/or concerns about the counseling process; elicits or clarifies the reason client is being seen. |
| The ability to interview clients using direct and indirect methods of inquiry. | Uses close-ended questions too often; drills or interrogates client; answers own questions; uses repetitive responses. | Uses questions appropriately; tolerates silence; reflects content and feeling; uses varied responses. | Demonstrates ability to extract important information related to client needs (i.e., history, presenting problem, mental status) using varied direct and indirect methods of inquiry. |
| The ability to develop and maintain a productive counselor- client relationship. | Displays inappropriate humor or affect; seems arrogant or distant; fails to consult with supervisor concerning rapport issues. | Demonstrates developing skills related to displaying appropriate levels of competence, warmth, and interest; consults with supervisors regarding establishment of rapport. | Conveys care, empathy, and genuineness through attending behaviors; communicates an understanding of the client’s world as perceived by the client; uses and values client’s humor to facilitate or gain perspective of client’s view point. |
| Uses basic counseling skills to respond to client needs. | Ignores non-verbals; uses inappropriate non-verbals, such as tone, volume of voice, and facial expressions; seems uninterested in client; exhibits verbal and nonverbal incongruity. | Facilitates client expression and self-exploration; recognizes non-verbals; shows interest; congruent counselor verbal and nonverbal skills. | Uses summaries, reflections of affect, content, open and closed questions, clarification, and concreteness; counselor is congruent; acknowledges and uses nonverbal information to further explorations. |
| Competence in providing leadership, developing interventions, and awareness of factors influencing group dynamics in therapeutic and non-therapeutic groups. | Unable to demonstrate ability to develop and implement a group plan; unaware of factors influencing the group process. | Demonstrates ability to develop and implement a group plan; able to identify group dynamics; able to assist group members in the process of group participation. | Uses multiple interventions and theoretical basis for development and implementation of a group; able to identify and address group dynamic issues; effectively evaluates group outcomes and modifies the group plan. |
| The ability to respond to important material as it arises in the counseling session. | Failure to respond to new or relevant material presented by the client. | Demonstrates ability to identify critical content and issues that arise in the session. | Demonstrates ability to identify critical content and issues with immediacy and integrate effectively into counseling process. |
| Recognize and verbalize personal issues that may impair objectivity and negatively impact the counseling process. | Allows personal issues, concerns, or experiences to interfere with objectivity; is unable or resistant to feedback concerning these issues. | Able to recognize that personal issues may impair their objectivity in the counseling process; may still need assistance in identifying instances when this occurs. | The ability to set aside personal concerns during counseling sessions in order to focus on client concerns; seeks consultation and or supervision; makes referral when appropriate. |
| The ability to recognize and respond appropriately to crisis. | Failure to recognize and/or respond to a crisis in a professionally appropriate manner. | Demonstrates ability to recognize a crisis situation and assess risk of harm; seeks supervision to address situation. | Demonstrates ability to assess and respond to issues related to duty to warn (risk of suicidal ideation/harm to others) in an ethically and legally congruent manner; able to differentiate and respond based on type and nature of crisis, levels of risk, and site and practicum policies and procedures. |

|  |  |  |  |
| --- | --- | --- | --- |
| The ability to use and/or create interventions, consistent with the counselor’s guiding theory and or consistent with the client’s needs. | Misuses or haphazardly employs various intervention techniques devoid of theoretical consistency; interventions used fail to provide exploratory or growth opportunities for client. | Demonstrates the ability to implement a wide range of interventions that are in line with the client’s needs and presenting issues; able to assess the effectiveness of these interventions; provides indicators of ability to consider interventions in relation to emerging theoretical orientation. | Develops treatment/ counseling plans consistent with guiding theory and/or client needs; demonstrates use of interventions in sessions that are theoretically consistent; describes rationale for treatment decisions. |
| Communicates in a style compatible with the communication style and developmental level of the client. | Inaccurately determines developmental level; bases communication on inaccurate assessment (i.e., uses too simplistic or too advanced vocabulary); communication style does not adjust for client compatibility (i.e., tone, pace, affect, body language, etc.). | Provides evidence of a developing ability to identify client’s developmental level; begins to use alternative communication styles or modifies their style to meet their client’s developmental needs. | Accurately assesses client’s developmental level; adjusts voice tone, affect, pace, and body language to those consistent with the client; matches vocabulary (i.e., terminology & expressions). |
| Uses advanced accurate empathy. | Failure to use appropriate methods to convey empathy to the client; unaware of client’s perceptions and world-view. | Demonstrates verbal and non-verbal skills to convey empathy to the client; able to assess the client’s response. | Able to accurately assess client’s experience and provide accurate empathy using advanced verbal and non-verbal skills; able to assess accuracy and modify response. |
| Uses self-disclosure. | Overuses self-disclosure; uses disclosures that are not relevant to client content; focuses on their personal experiences versus the client’s perspective. | Demonstrates the ability to use self-disclosure in a limited manner and the disclosure is relevant to the client content. | Demonstrates the ability to assess the appropriateness of using self-disclosure; able to address client’s questions related to the counselor appropriately; uses disclosures that add to the therapeutic process. |
| Uses confrontation. | Confrontations are overly hostile or challenging; confrontations are verbally aggressive OR there is ***no*** confrontation of client content; discrepancies or emotional/verbal incongruities. | The ability to confront client content discrepancies and emotional/verbal incongruities. | The ability to confront the client in a process of facilitating the client’s growth; increasing client insight; and addressing inconsistencies within the overall therapeutic process. |
| Uses Immediacy. | Becomes defensive; focuses on self rather than client; is unable to identify relevant issues in a timely and relevant manner. | Demonstrates ability to recognize client’s affective responses and attend to them within the counseling session. | The ability to remain open to and facilitate client’s intense affective responses, including those directed toward the counselor; acknowledges client reactions; uses immediacy; contends with I/you-here/now issues as necessary (i.e., client-counselor relationship issues); remains calm and continues to process client concerns. |
| The ability to identify small increments of change. | Demonstrates an unrealistic view of therapeutic goals; unable to identify any changes in client behavior or emotional responses. | The ability to recognize changes in client behavior or emotional responses; able to develop goals that reflect the client’s developmental level. | The ability to identify client progress in counseling and exhibit patience with each client’s pace of change rather than attempt to hurry or force change; able to describe change for self and client. |
| The ability to deal with the issues related to termination (i.e., referrals, timing, resistance). | Avoids processing of feelings related to termination; terminates w/o adequate client preparation; does not provide resources for continued care as needed; does not recognize client’s ongoing needs. | Is able to assist the client with the process of termination; able to identify and address client responses to termination. | Acknowledges feelings of loss as well as those of accomplishment; plans for clients future needs; helps client apply lessons/behavior learned from therapy to everyday life; adequately assess need for follow-up activities. |
| The ability to apply the counseling skills referenced above to culturally diverse client populations. | Does not acknowledge, address or ignores the presence of individual and/or cultural differences; fails to adjust intervention techniques to accommodate for individual or cultural differences. | Demonstrates the ability to identify cultural differences in the counseling process; ability to consider differences with the client; addresses potential concerns within supervision. | Acknowledges differences and how those might influence the counseling process / outcomes; demonstrates the ability to adapt skill and methods that accommodate for individual & cultural differences. |

**Conceptualization and Planning Skills**

|  |  |  |  |
| --- | --- | --- | --- |
| Objectives | Unsatisfactory | Developing | Target |
| Systematically conceptualize human behavior and the process of change. | Fails to structure sessions around established goals; addresses content as it arises without regard to meaning or purpose. | Able to use theory to describe client behavior. | Therapeutically applies theoretical constructs to help determine the meaning of specific client issues; uses direct and indirect methods of inquiry to assess needs; recognizes cultural differences with each client. |
| The ability to generate appropriate counseling goals and select interventions based on a comprehensive case conceptualization. | Does not engage in goal-setting. | Works with client to establish goals consistent with client needs and objectives for counseling. | Uses knowledge of human behavior and counseling theory to generate appropriate counseling goals and modality of treatment/counseling. |
| Considers socio and political contexts when evaluating, conceptualizing, and planning interventions. | Student counselor ignores influence of multiple systems and contexts of client lives. | Student recognizes at least one of the social, economic, or legal systems that impacts their clients’ lives and may interfere with goal attainment. | Student recognizes current social, economic, and legal issues that impact the client and respond to those issues. |
| The student uses empirically supported counseling practices and or interventions. | The student selects interventions based on his or her comfort and perceived competence without regard to the appropriateness of these interventions for the client. | The student demonstrates theoretical consistency between conceptualization of client needs, articulation of goals, and selection of interventions. | The student actively seeks information in professional literature regarding the nature of client concerns and the treatments that have been demonstrated through research to be effective. |
| The ability to present and staff a case using principles and methods of case conceptualization. | The student presents random, irrelevant information about the client based on counselor interest, curiosity, or impact (sensationalism). | The student presents client information systematically and coherently to colleagues and is able to describe the concerns the student counselor has with regard to planning and/or implementing treatment/counseling. | Student presents accurate, relevant conceptualization of client based on assessment outcomes, understanding of human development and behavior, and application of counseling theory; able to pose questions about treatment/counseling to a team of professionals for the purposes of planning or modifying goals and/or interventions. |

**Supervision Consulting Skills**

|  |  |  |  |
| --- | --- | --- | --- |
| Objectives | Unsatisfactory | Developing | Target |
| The ability to identify the expectations of the client and supervisor. | Students have little or no understanding of the client’s goals for the counseling experience or the supervisor’s role in facilitating counselor development. | Expresses some understanding of what the clients wish to achieve, but may still behave according to what the student perceives the supervisor “wants” him or her to do rather than what the supervisor expects. | Able to define and verbally express client & supervisor expectations. |
| Receptivity to individual and group supervision/feedback | Not receptive to feedback and behaves in a defensive, self protective manner; ignores supervisory suggestions consistent with the feedback about performance. | Accepts feedback and attempts to integrate supervisory direction into counseling process. | Demonstrates openness to feedback; seeks and integrates feedback from a number of sources (site, university, peers). |
| The ability to appropriately receive and use feedback, both positive and negative, from clients, supervisors, and professional peers. | Student may be unduly reliant on the supervisor for feedback and direction or may avoid the influence of the supervisor(s) due to overconfidence in students’ abilities. | Students begin to understand the areas in which they are capable of independent action and those with which they need assistance from the supervisor. | Reflects upon feedback and uses it to develop goals for improvement in targeted areas; develops an action plan for acquiring the knowledge/ skills/behaviors/attitudes addressed and is able to identify ways the goals of the action plan will benefit supervisee and clients. |
| The ability to provide facilitative feedback to others. | Provides feedback that is extreme in supporting or negating the practices of colleagues and supervisors. Fails to recognize individual differences among peers with regard to theory, personality, and culture. | Student provides feedback to peers about specific issues with which they feel confident and competent. | Objectively provides feedback to others that is specific, respectful, and constructive. |
| Seeks case consultation from supervisors when needed. | Fails to seek supervision at all or participates in supervision but fails to identify issues relative to competence in general or specific to a client. | Requests assistance from supervisor when frustrated with client progress or with students’ inability to facilitate goal attainment. | Recognizes counselor competencies, expertise, boundaries and limitations and seeks supervision/consultation from those who are available and competent to assist the student in meeting professional responsibilities. |

**Evaluation Skills**

|  |  |  |  |
| --- | --- | --- | --- |
| Objectives | Unsatisfactory | Satisfactory | Target |
| The ability to identify small increments of change and integrate them into an overall pattern or theme within the counseling process. | In ability to identify small increments of client change. | The ability to recognize significant/ large scale client movement toward treatment goals. | The ability to recognize and describe small cognitive, affective and behavioral indicators of client change. |
| The ability to modify specific interventions on the basis of effectiveness. | Inability to recognize need for change in counseling approaches based on evaluation of client progress. | The ability to recognize appropriate levels of counselor and client responsibility for the counseling process. | The ability to recognize appropriate levels of counselor and client responsibility for the counseling process and act on that recognition. |
| The ability to develop, implement and evaluate individual and group treatment/ counseling plans. | Inability to recognize appropriate levels of counselor and client responsibility for the counseling process and act on that recognition. | The development of individual and group treatment plan which addresses overall needs of clients. | The development, implementation, and evaluation of individual and group treatment plan which address specific needs of clients. |
| The ability to apply the evaluation skills referenced above to culturally diverse client populations. | Inability to apply evaluation skills referenced above where appropriate for culturally diverse client populations. | The ability to demonstrate an understanding of the purpose of the evaluation skills referenced above where appropriate for culturally diverse. | The ability to demonstrate awareness, knowledge and evaluative skills referenced above where appropriate for culturally diverse client populations. |

**Professionalism**

|  |  |  |  |
| --- | --- | --- | --- |
| Objectives | Unsatisfactory | Satisfactory | Target |
| **Professional Identity:**  Knowledge of and identification with the role and function of a professional counselor/therapist. | Limited understanding & demonstration of professional counselor responsibilities as identified by site authorities, the educational institution (AU), and other professional organizations (ACA, CACREP, NBCC, etc.). | Understands but lacks the demonstration of professional counselor responsibilities as identified by site authorities, the educational institution (AU), and other professional organizations (ACA, CACREP, NBCC, etc.). | Understanding & demonstration of professional counselor responsibilities as identified by site authorities, the educational institution (AU), and other professional organizations (ACA, CACREP, NBCC, etc.). |
| **Self Awareness:**  Demonstration of self-awareness as a professional counselor. | Limited understanding of personal needs, values, strengths, weaknesses, feelings, and motivations that may impinge upon effectiveness as a counselor. | The ability to express a moderate understanding of personal needs, values, strengths, weaknesses, feelings, and motivations.. | The ability to express a clear understanding of personal needs, values, strengths, weaknesses, feelings, and motivations that may impinge upon effectiveness as a counselor. |
| **Legal and Ethical Standards of Practice:**  Posses a thorough knowledge of ethical and legal standards of professional organizations and credentialing bodies | Limited knowledge of ethical principles and legal/ethical guidelines for practice as identified by site authorities, the educational institution (AU), and other professional organizations (ACA, CACREP, NBCC, etc.). | Has knowledge of ethical principles and legal/ethical guidelines for practice as identified by site authorities, the educational institution (AU), and other professional organizations (ACA, CACREP, NBCC, etc.). | Has knowledge of ethical principals and demonstrates the legal/ethical guidelines for practice as identified by site authorities, the educational institution (AU), and other professional organizations (ACA, CACREP, NBCC, etc.). |
| **Professional Development:**  Promote individual professional development both in and outside of the practicum experience. | Lack of participation in professional development activities (i.e. attending workshops/in-services, conferences and engaging in self-directed learning). | Evidence of participation in professional development activities (i.e. attending workshops/in-services, conferences and engaging in self-directed learning). | Evidence of active participation in professional development activities (i.e. attending workshops/in-services, conferences and engaging in self-directed learning). |
| **Advocacy:**  Demonstrate ability to place clients welfare and wellbeing as priority. | Lack of recognition and verbalization of clients needs; no action taken to meet the identified needs of the client. | Recognition and verbalization of clients needs; action taken to meet the identified needs of the client in limited ways. | Recognition and verbalization of clients needs; action taken to meet the identified needs of the client in diverse ways. |