**Clinical Mental Health Internship Handbook**

**2016-17**

**Counselor Education and Supervision Program  
Department of Teacher and Counselor Education College of Education**

**Oregon State University Cascades**

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**Introduction to the Clinical Mental Health Intern Handbook**

**The Clinical Mental Health Intern Handbook** was developed by faculty and counselors-in-training to help interns successfully navigate their way through the final stage of their program. As such, this document shows that professional success is a collaborative endeavor that calls for experienced professionals to mentor developing professionals, and for developing professionals to take on greater professional responsibility. In the Internship Handbook, candidates will find information that will help them complete the forms and requirements necessary to begin internship, progress through internship, and complete licensure requirements.

**Academic Requirements for Internship**

A student may enroll in internship credits when he or she:

1. has completed all prerequisites for the internship experience,

2. has a minimum overall GPA of 3.0 for all courses included in the plan of study, and

3. has successfully completed COUN 514 Practicum sequence.

Students are expected to spend approximately 24 to 30 hours per week (based on a 3-8 credit internship class) for a minimum of three academic terms at the internship site. An average of one hour per week is required for individual clinical supervision **on site**. Approximately 1.5 hours per week is required for group supervision, which occurs on campus. The student and the internship supervisor will determine specific schedules of internship hours jointly. This schedule is designed to provide the student with the minimum of 900 hours of supervised clinical experience, including 240 direct client contact hours.

**General Responsibilities for the Clinical Mental Health Counselor-in-Training** include facilitating times and places for all meetings with your site-based supervisor. In general, meetings should be arranged well in advance with the first meeting being arranged within the first two weeks of your internship experience. This also includes completing and turning in all assigned coursework and internship forms.

**CACREP Requirements**

**Internship Site**

1. The site supervisor must have a minimum of a master’s degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. The site supervisor must have two years of pertinent professional experience in the counseling profession and relevant training in counseling supervision.
3. The student must accumulate a minimum of 240 hours of direct client contact within a total internship experience of 900 hours over three or more academic quarters. The student should be provided with a workspace as similar as possible to the professional staff of the agency.
4. The student must receive 1 hour of individual clinical supervision per week by the site supervisor **and** 1.5 hours of group supervision at the university per week for the site to meet OSU’s program accreditation requirements.
5. The site supervisor must complete and review with the student a Quarterly Evaluation and goal setting form (provided). The original, signed document will be turned in to the internship instructor by the student and placed in the student’s permanent internship records file. A copy of the student’s log of hours must accompany each quarterly evaluation.
6. The student must carry Professional Liability Insurance during the entire internship placement; adhere to the American Counseling Association’s (ACA) Code of Ethics, and the code of ethics of the clinical supervisor if different from ACA.

**OSU Faculty**

1. The OSU Internship Instructor and/or the OSU Practicum & Internship Coordinator will be available to consult with the site clinical supervisor about the student’s progress and development, or any other issues that emerge during the student’s placement.
2. The Internship Instructor will collect and review the Quarterly Evaluation form and discuss student progress and goals with the student.
3. The Internship Instructor will consult with the OSU Practicum & Internship Coordinator and/or student’s advisor as required or needed.

**Important Professional Reminders**

You must maintain **professional liability insurance**. See *www.acait.com* for an application for insurance through the American Counseling Association Insurance Trust. You must supply written verification of your insurance coverage prior to the start date of your Internship. ACA insurance is preferred, but if a school or an agency whose insurance covers you as an intern employs you, you must show that in writing.

**Review ethical standards:**

* + See the American Counseling Association website for the ACA Code of Ethics and Standards of Practice at *http://www.counseling.org/knowledge-center/ethics*.
  + See the ACES website at *www.acesonline.net* for ethical guidelines for counseling supervisors.
  + See Oregon Board of Licensed Professional Counselors and Therapists (LPC) website for laws and rules at *http://www.oblpct.state.or.us/OBLPCT/web-lr.shtml*

**For Standards for Counselor Supervision, go to:**

•http://www.slideshare.net/Guedde/lpc-ethicallegal-issues-in-clinical-supervsion

• *www.counseling.org/resources/ethicsproc.htm* has information about policies and procedures for processing complaints of ethical violations.

**Join professional organizations such as the following:**

1. American Counseling Association (*www.counseling.org*)

2. American School Counselor Association (*www.schoolcounselor.org*)

3. Oregon Mental Health Counselors Association (http://www.omhca.com)

Review what are considered to be your rights as a **supervisee** in supervision. Visit the University of North Texas’s website at *www.coe.unt.edu/cdhe/supervision.html* for the Supervisee’s Bill of Rights suggestions for structuring the supervising relationship in clinical settings.

Review the **Oregon Administrative Rules** (OARs): *http://arcweb.sos.state.or.us/banners/rules.htm*

**Instructions and Guidelines for Completing Internship Logs**

Record the amount of time you spend with clients (direct hours), supervision and indirect site experience hours. The term “client” refers to any person receiving services including students, parents, teachers or patients. Keep a log for each month (do not have a running total for the term). **Keep a separate log for each site**. At the end of each month, turn in hour logs with all required signatures. Internship logs are available online.

**Supervision and Direct Contact Hours:**

Minimum Individual Supervision Hours =1 hour per week average

Minimum Group Supervision Hours = 1.5 hours per week average

Minimum Direct Contact Hours out of 900 = 240 hours

**Internship Hour Average by Term**

|  |  |  |  |
| --- | --- | --- | --- |
| Term | Weeks of Internship | Average hours over 4 terms (40 weeks) | Average hours over 3 terms (30 weeks) |
| Summer | 10 | 22.5/week |  |
| Fall | 10 | 22.5/week | 30/week |
| Winter | 10 | 22.5/week | 30/week |
| Spring | 10 | 22.5/week | 30/week |
| **Total:** |  | =900 | =900 |

**Counseling Direct Contact Hours include**: Individual counseling hours + career counseling hours + group counseling hours + group psychoeducation hours + intake and assessment hours + crisis intervention hours + family counseling hours. They are therapeutic in nature and are comprised of face-to-face and voice to-voice communication. **Students are authorized to perform direct hours during academic breaks at the discretion of the student’s advisor and site supervisor(s). They must receive continued weekly individual supervision during that time AND make up group supervision hours the following term. The site supervisor must also be made aware that the intern will NOT be receiving group supervision from the university supervisor during that time.**

**Individual Supervision Hours include**: An average of one hour per week spent with your official site supervisor discussing your development as a counselor and your counseling interactions with clients at the site. Supervision may be conducted as a triad (i.e., two supervisees and a supervisor), but not as a group staffing. The ideal format for supervision is face-to-face and includes review of a recent videotape of a counseling session. Supervision should cover skills, conceptualization, personalization, and professional identity development. You should plan, negotiate, and advocate at your site to receive these experiences. Consultation in passing (also known as *drive-by supervision*) is not a viable alternative to real supervision.

Should you encounter difficulty in scheduling / receiving individual supervision on site, your first step is to advocate directly with your site supervisor to develop an appropriate schedule. If that is not successful, your university supervisor and/or internship coordinator will be available to consult with you and assist you in ensuring you receive adequate supervision. If the situation is not remedied in a timely manner, you will not be able to continue to see clients on site until adequate supervision is provided.

**Group Supervision hours include**: Time spent in TCE 515 group supervision internship class on campus. Some sites may have you also participate in their own group supervision. Group supervision must equal an *average* of 1.5 hours per week for the terms you are registered for internship regardless of the number of credits.

**Indirect Site Activities include:**Activities at your site that are not direct counseling contact, but are related to client service, site support, or your development as a counselor. These hours can include intake only, case management, staff/faculty consultation, family consultation, in service or trainings, site/client-related paperwork, site-related administrative duties, advocacy, teaching or instruction, supervision, etc.

**Total Internship Hours** include: Client contact hours (which can include shadowing) + individual supervision hours + group supervision hours + indirect site activities.

**Oregon State Regulations on Supervisors for LPC Candidates (Post-Degree)**

*OAR 833-020-0050*

(4) The supervisor, at the time of supervision must have:

(a) Held a master's degree in counseling or graduate degree judged equivalent by the Board;

(b) Completed three years of post-graduate supervised clinical experience as a professional counselor or other mental health professional;

(c) Completed 30 clock hours of training in supervision theory and practice through post-master's workshops or post-master's graduate level academic coursework for any supervision hours provided after June 30, 1992; and

(d) Been certified as a National Certified Counselor (NCC), Certified Clinical Mental Health Counselor (CCMHC), Certified Rehabilitation Counselor (CRC); or Certified Career Counselor (CCC); or

(e) Held a license as a professional counselor in the State of Oregon or held an Oregon or other state certification or licensure judged comparable by the Board, such as Oregon standard school counselors or Oregon psychologist associates or those state licensed as clinical psychologists, clinical social workers, and marriage and family therapists.

**Post - Internship**

**Supervision and Licensure**

To qualify for licensure as a professional counselor under ORS 675.715 (3), a registered intern shall have completed three years of full-time supervised counseling experience. The applicant must have completed no less than 2,400 **direct client contact hours** (up to 400 of those hours may be completed during the clinical portion of the degree program) and 120 supervision hours with a qualified supervisor.

Other specific requirements apply. For further information, contact the Oregon Board of   
Licensed Professional Counselors and Therapists: (503) 378-5499, *lpc.lmft@state.or.us* or *www.oblpct.state.or.us*

**Continuing Education**

Every two years between April 1 and March 31 of even numbered years you must complete 40 clock hours of continuing education for your license to be renewed. You may obtain the 40 clock hours in a variety of ways:

* all 40 hours may be education/training hours such as workshops, seminars, college classes;
* up to 20 hours may be gained through clinical supervision/consultation by a state licensed mental health professional;
* up to 10 hours may be obtained through “distance learning” including correspondence programs or television courses; or up to 10 hours may be attained for professional publication (5 per publication)
* at least 10 hours MUST be attended education/training

**Useful Resources**

Book:

Baird, B.N. (2004). The *internship, practicum, and field placement handbook: A*

*guide for the helping profession*. Upper Saddle River: Prentice Hall.

Websites:

www.counseling.org (American Counseling Association)

www.counseling.org/CACREP (CACREP site)

www.tspc.state.or.us (TSPC)

www.schoolcounselor.org (American School Counselor Association) www.oblpct.state.or.us (Oregon Board of Licensed Professional Counselors and Therapists)

www.crccertification.com (Commission on Rehabilitation Counselor Certification)

**Internship FormsForm 1: Forms and Activities Log**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRACTICUM:**

Insurance and Ethical Code Agreement Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Contact Log

TERM/YEAR: \_\_\_\_\_\_\_\_\_\_\_\_ DIRECT HOURS: \_\_\_\_\_\_\_\_\_\_ INDIRECT HOURS: \_\_\_\_\_\_\_\_\_\_

TERM/YEAR: \_\_\_\_\_\_\_\_\_\_\_\_ DIRECT HOURS: \_\_\_\_\_\_\_\_\_\_ INDIRECT HOURS: \_\_\_\_\_\_\_\_\_\_

TOTAL DIRECT: \_\_\_\_\_\_\_\_\_\_ TOTAL INDIRECT: \_\_\_\_\_\_\_\_\_\_

**INTERNSHIP:**

Preliminary Internship Agreement Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervision Agreement Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance and Ethical Code Agreement Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quarterly Intern Performance Evaluation Form TERM/YEAR: \_\_\_\_\_\_\_\_\_\_\_\_

TERM/YEAR: \_\_\_\_\_\_\_\_\_\_\_\_ TERM/YEAR: \_\_\_\_\_\_\_\_\_\_\_\_

TERM/YEAR: \_\_\_\_\_\_\_\_\_\_\_\_

Internship Site Evaluation Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Contact Log

TERM/YEAR: \_\_\_\_\_\_\_\_\_\_\_\_ DIRECT HOURS: \_\_\_\_\_\_\_\_\_\_ INDIRECT HOURS: \_\_\_\_\_\_\_\_\_\_

TERM/YEAR: \_\_\_\_\_\_\_\_\_\_\_\_ DIRECT HOURS: \_\_\_\_\_\_\_\_\_\_ INDIRECT HOURS: \_\_\_\_\_\_\_\_\_\_

TERM/YEAR: \_\_\_\_\_\_\_\_\_\_\_\_ DIRECT HOURS: \_\_\_\_\_\_\_\_\_\_ INDIRECT HOURS: \_\_\_\_\_\_\_\_\_\_

TERM/YEAR: \_\_\_\_\_\_\_\_\_\_\_\_ DIRECT HOURS: \_\_\_\_\_\_\_\_\_\_ INDIRECT HOURS: \_\_\_\_\_\_\_\_\_\_

TOTAL DIRECT: \_\_\_\_\_\_\_\_\_\_ TOTAL INDIRECT: \_\_\_\_\_\_\_\_\_\_

Date of LPC application (to be filled out by OSU representative): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form 2: Preliminary Internship Agreement**

Student

Address

City Zip Code Phone

# Agency/School

Address

City Zip Code Phone

Agency/School Director

Primary On-site Supervisor

Degree & Discipline

License and/or Certification(s)

Years of Post-Master Clinical Experience

Expertise

Additional On-Site Supervisor(s)

Degree & Discipline

License and/or Certification(s)

Years of Post-Master Clinical Experience

Expertise

**Form 3: Supervision Agreement**

**(*Based on the Supervisee’s Bill of Rights*)**

The supervisory relationship is an experiential learning process that assists the supervisee in developing therapeutic and professional competence. This contract is designed to assist the supervisor and supervisee in establishing clear expectations about the supervisory process.

**Supervisee**

1. Read the Supervisee’s Bill of Rights and this agreement. Complete the sections on skills, goals, and professional opportunities and bring this agreement to the initial supervisory session.

2. Prior to the first supervisory session, read the American Counseling Association Code of Ethics and Standards of Practice.

*Introduction & Expectations of the Supervisory Experience*

**Supervisor**

1. Introduce yourself; discuss your credentials, licenses, academic background, counseling experience, and your supervisory style.

2. Describe your role as a supervisor: teacher, consultant, counselor, evaluator,

3. Discuss your responsibilities: monitoring client welfare, teaching therapeutic skills, providing regular verbal and written feedback and evaluation, and insuring compliance with legal, ethical, and professional standards.

4. Ask the supervisee about his or her learning style and developmental needs.

5. Help supervisee develop goals and counseling skills.

6. Review supervisee’s progress regarding Professional Practice Portfolio.

**Supervisee**

1. Introduce yourself and describe your academic background, clinical experience and training.

2. Briefly discuss information you want to address during the supervisory meetings.

3. Describe the therapeutic skills you want to enhance and professional development opportunities you want to experience during the next three months.

**Expectations of the Supervisory Relationship**

**Supervisor & Supervisee**

1. Discuss your expectations of the supervisory relationship.

2. Discuss how you will work towards establishing a positive and productive supervisory relationship. Also, discuss how you will address and resolve conflicts.

3. The supervisory experience will increase the supervisee's awareness of feelings, thoughts, behavior, and aspects of self, which are stimulated by the client.

4. Discuss the role of the supervisor in assisting with this process.

5. Share your thoughts with one another about the influence of race, ethnicity, gender, sexual orientation, religion, and class on the counseling and the supervision process.

**Supervisee**

Describe how you would like to increase your awareness of personal cultural assumptions, constructs, and ability to work with clients from diverse cultures.

**Supervisor**

If the supervisee needs to consult with you prior to the next supervision session, discuss how you would like to be contacted. Also, if you are unavailable during a period of time, inform the supervisee of an alternate supervisor who will be available in your absence.

**ETHICS & ISSUES IN THE SUPERVISORY RELATIONSHIP**

1. Discuss the Code of Ethics and Standards of Practice. Review key issues not listed in this section.

2. A professional relationship is maintained between the supervisor and supervisee. The supervisor and supervisee do not engage in social interaction that interferes with objectivity and professional judgment of the supervisor.

3. After the initial supervisory meeting, the supervisee and supervisor can reestablish goals, expectations, and discuss roles of the supervisory process. The supervisor and supervisee provide one another with regular feedback.

4. During the initial counseling session, the supervisee will inform the client that she/he is in training and is being supervised. If the supervisee wishes to audiotape or videotape, the client needs to give written consent.

5. Discuss confidentiality and the importance of obtaining a written release from the client prior to consultation with other professionals who are serving the client.

6. The supervisor is ultimately responsible for the welfare of the supervisee’s clients. During each supervisory session, the supervisee will review each client’s progress and relate specific concerns to the supervisor in a timely manner.

**Expectations of the Supervisory Process**

**Supervisor**

1. Describe your theory of counseling and how it influences your counseling and supervision style.

2. Discuss your theory or model of supervision.

**Supervisee**

1. Discuss your learning style and your developmental needs.

2. Discuss your current ideas about your theoretical orientation.

**Expectations of Supervisory Sessions**

**Supervisee**

Discuss your expectations about the learning process and interest in reviewing audiotapes, videotapes, and case notes.

**Supervisor**

1. Describe the structure and content of the weekly supervisory sessions.

2. Discuss your expectations regarding supervisee preparedness for supervisory sessions. (Audiotapes, Videotapes, Case Notes)

3. CACREP standards require students in their internship experience to receive a minimum one-hour of individual supervision per week and ninety minutes of group supervision each week.

4. The weekly supervisory session will take place face-to-face in a professional environment that insures confidentiality. Decide the location, day, and time.

**Expectations Regarding Evaluation**

**Supervisee**

Discuss your interest in receiving weekly feedback in areas such as: relationship building, counseling techniques, client conceptualization, and assessment.

**Supervisor**

1. Discuss your style of providing verbal feedback and evaluation.

2. Provide the supervisee with a copy of the formal evaluation you will use; discuss the evaluation tools and clarify specific items that need additional explanation.

3. Discuss the benefit of self-evaluation; provide a copy of self-evaluation forms, and clarify specific items that need additional explanation.

**Supervision Agreement Signature Page**

Skill Development Goal Setting

**To be completed by the Supervisee and Supervisor:**

Develop appropriate goals/skills for the Internship experience. These must be developed within the first month of Internship.

List three therapeutic skills to further develop.

1.

2.

3.

List three general goals for the supervisory process.

1.

2.

3.

List three specific counseling or professional development experiences during the Internship experience (i.e. attending a conference, facilitating a group, presentation).

1.

2.

3.

**I understand and agree to the Supervision Agreement**

**Supervisor's** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Supervisee's** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Form 4: Insurance and Ethical Code Agreement**

It is my belief that: (please check those which apply)

covers student interns for both workers compensation and liability

*Agency/School*

covers student interns for workers compensation only

*Agency/School*

covers student interns for liability only

*Agency/School*

provides neither workers compensation nor liability coverage for student interns.

*Agency/School*

is insured with an Insurance Company for liability purposes

*Agency/School*

I have not been able to ascertain the status of internship student insurance coverage at my agency/school.

I have student malpractice insurance through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Insurance Company*

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_expiring \_\_\_\_\_\_\_\_\_\_\_\_\_ and have attached a

*Date*

copy of the coverage sheet.

I have read and agree to adhere to the ACA Code of Ethics.

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

*Student’s printed name*

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

*Student’s Signature Date*

**Form 5**

***OREGON STATE UNIVERSITY – CASCADES CAMPUS***

**MS IN COUNSELING – Clinical Mental Health Counseling**

**Informed Consent for Counseling**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Information** | | | | |
| **Student Name:** | | | | |
| **Practicum/Internship Site:** | | | | |
| **Academic Degree: MS** | **Program: Clinical Mental Health** | | **Course:** | |
| **Site Supervisor Information** | | | | |
| **Site Supervisor’s Name:** | | | **Title:** | |
| **Phone:** | | | **Email:** | |
| **University Supervisor Information** | | | | |
| **University Supervisor’s Name:** | | | **Title:** | |
| **Phone:** | | | **Email:** | |
| **Informed Consent** | | | | |
| **Introduction**   |  | | --- | | Please take time to read and understand this form. This informed consent document is intended to give you general information about my counseling services, which can include individual, small group, and large group counseling. If you have any questions about signing this document and/or would like a copy of this document, please ask me and I will provide you with this information. The Counseling unit at Oregon State University Cascades requires that I obtain your (and/or your parent/guardian’s) signature, acknowledging that I have provided you with this information, before I provide you with any professional services. You may end this Agreement at any time.  **Nature of Counseling**  There may be both benefits and risks while participating in counseling. Counseling may improve your ability to relate with others, provide a clearer understanding of yourself, your values, and your goals. Since counseling may also involve discussing unpleasant parts of your life, you may also experience uncomfortable feelings. Counseling often leads to better relationships, solutions to specific problems, and significant improvement in feelings of distress. Please understand that there are no guarantees of what you will experience. Please discuss any questions you may have with me. You have the right to ask about or to decline any part of your counseling.  **Legal/Court Proceedings**  My aim is to support clients to achieve counseling goals, not to address legal issues that require an adversarial approach, such as divorce or custody proceedings. As a counseling intern, I am not a legal expert nor am I qualified to make assessments or recommendations to the court about any mental health or custody-related issues. Individuals (and/or parents or guardians) entering counseling are agreeing not to involve the student counselor, site or university supervisor, or OSU in legal or court proceedings or attempt to obtain records of treatment for adversarial legal or court proceedings. This policy prevents misuse of counseling for legal objectives.  **Mental Health Emergencies (Harm to Self/Others)**  In some instances, you might need immediate help at a time when I am unavailable. These emergencies may involve thoughts of harming yourself or others, or thoughts of committing dangerous acts. If you find yourself in any emergency situation and you are at school, please contact the site or university information listed on this form. If, for whatever reason, that option is not available to you, please contact one of the following:    **9-1-1**  Deschutes County Behavioral Health Crisis Line: **541-322-7500 (ext. 9 after hours)**  Local Emergency Rooms:  St. Charles Hospital-Bend, 2500 NE Neff Road, Bend, OR 97701,  **(541) 382-4321**  St. Charles Hospital-Redmond, 1253 NW Canal Blvd., Redmond, OR 97756,  **(541) 548-8131**  Pioneer Memorial Hospital-Prineville, 1201 NE Elm St., Prineville, OR 97754,  **(541) 447-6254**  **Supervision**  You have the right to know the name of my supervisor(s) and how to contact her or him. Because of my training, my supervisor may ask about our counseling for confidential supervisory and training purposes. Occasionally, I may find it helpful to consult with other professional staff at the school about a case. If you don’t object, I will not tell you about these consultations unless I feel that it is important our work together. I will note all consultations in my case notes.  **Confidentiality**  The law protects the privacy of all communications between a client and a counselor. In most situations, I can only release information about our professional relationship if you (and/or your parent/guardian) sign a written authorization form. There are some circumstances in which a counselor must share information without a client’s consent. These circumstances are unusual. If such a situation arises, I will make every effort to fully discuss it with you before taking any action and will limit disclosure to what is necessary. These circumstances are defined by Oregon State law and include the following:   * If I learn of a specific intent to harm yourself or another person, or to commit an act of violence, it is the counselor’s responsibility to protect you and others. The counselor will inform a family member, an intended victim, or law enforcement as appropriate. * If I learn that harm or abuse has been done to a child (age 17 and younger), an elderly person, a disabled person, or a mentally ill person, the counselor will make a mandatory report to the appropriate authorities. * If I am subpoenaed or court ordered to testify in court or to submit records, I may have to give information about you without your permission. Should that situation arise, I will make an effort to contact you. If I am unavailable, the instructor and/or clinical supervisor will disclose this information or appear in court.   **Statement of Acknowledgment**  I have read, or have had read to me, the above information and have had an opportunity to ask questions about it. I understand my rights to confidentiality, the exceptions to my rights to privacy, and that there are risks associated with counseling. I hereby consent to counseling or, in the event that my child is involved in counseling, I hereby give my consent for that child’s counseling and affirm that I am the legal guardian with the authority to authorize counseling services. | | | | | |
| **Signatures** | | | | |
|  | |  | |  |
| Client’s Signature | | Printed Name | | Date |
|  | |  | |  |
| Signature of Parent/Guardian (if client is under 18) | | Printed Name | | Date |
|  | |  | |  |
| Student Counselor’s Signature | | Printed Name | | Date |
|  | |  | |  |
| Site Supervisor’s Signature | | Printed Name | | Date |

**Form 6**

***OREGON STATE UNIVERSITY – CASCADES CAMPUS***

**MS IN COUNSELING – Clinical Mental Health Counseling**

**Informed Consent for Video/Audio Recording**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Information** | | | | | |
| **Student Name:** | | | | | |
| **Practicum/Internship Site:** | | | | | |
| **Academic Degree: MS** | **Program: Clinical Mental Health** | | | **Course:** | |
| **Site Supervisor Information** | | | | | |
| **Site Supervisor’s Name:** | | | **Title:** | | |
| **Phone:** | | | **Email:** | | |
| **University Supervisor Information** | | | | | |
| **University Supervisor’s Name:** | | | **Title:** | | |
| **Phone:** | | | **Email:** | | |
| **Informed Consent for Audio/Video Recording** | | | | | |
| As a graduate student, I am required to be under the direct supervision of qualified clinical supervisors. My supervisors review all aspects of the services that I am providing to you. You have the right to know the name of my supervisor(s) and how to contact her or him. This information is listed above. In addition, as part of my program and clinical supervision requirements, I electronically record my counseling sessions. These recordings are reviewed during clinical supervision for the purposes of facilitating my learning and effectiveness as a developing counselor. Recordings are kept secure and confidential, and they are never shared with any person who is not part of the OSU Counseling program. Recordings are erased after the clinical requirements have been met.  Your signature (as the client/and parent or guardian) below confirms that this form has been explained to you, and that you understand the following:   * I am not required and I am under no obligation to have counseling sessions recorded. * I may withdraw my permission at any time during or after the recording session. My care will not change by my decision not to be recorded. * I have the right to review my recording(s) with my student counselor during a counseling session. * My student counselor receives supervision both at this location and by the faculty at Oregon State University Cascades. * The contents of this recording will remain confidential within the supervision at OSU Cascades. * Recordings are erased after the clinical requirements have been met. * I may revoke this consent at any time by submitting to the student counselor a request to withdraw my (as the client, parent/guardian) permission. * The original copy of this consent form will be kept in my records with this agency. * This recording will only be used as a tool to help my student counselor in assisting me or my family. | | | | | |
| **Signatures** | | | | | |
|  | |  | | |  |
| Client’s Signature | | Printed Name | | | Date |
|  | |  | | |  |
| Signature of Parent/Guardian (if client is under 18) | | Printed Name | | | Date |
|  | |  | | |  |
| Student Counselor’s Signature | | Printed Name | | | Date |
|  | |  | | |  |
| Site Supervisor’s Signature | | Printed Name | | | Date |
|  | |  | | |  |

**Form 7: Quarterly Intern Performance Evaluation Form Oregon State University Cascades**

Department of Teacher & Counselor Education

*Student*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Clinical Experience* (circle one): Prac I Prac II Internship I Internship II Internship III Internship IV

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Individual Supervisor*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Site*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Term*: Summer Fall Winter Spring *Student’s final term at site?* Yes\ No

|  |
| --- |
| This evaluation was created to provide evidence of student learning and performance on issues related to clinical mental health counselor development. Students are to be informed that they will be assessed utilizing this evaluation and students are to explore their growth and development in all of these areas throughout their clinical experience in the program with their supervisor(s). **The individual/triadic supervisor (who is often the site supervisor) will complete this form with the student at the end of each quarter when the student is enrolled in a supervised clinical experience; the student shall give this form to the instructor of record** for the course to be placed in his/her clinical file (a scanned copy is appropriate in the case of doctoral student supervisors).  Individual/Triadic Supervisor:  Please rate the student according to the following scale based on the student’s current level of professional development. Some items have provided a “not applicable” option.  **I/O:** Inadequate opportunity to observe this skill/behavior  **N/A**: No opportunity to observe or not relevant to this stage of the student’s development  **Poor (1):** Does not meet the expected criteria at the student’s expected level of development  **Inconsistent (2):** Inconsistently meets the expected criteria at the student’s expected level of development  **Average (3):** Meets the expected criteria at the student’s expected level of development  **Strong (4):** Consistently exceeds the expected criteria at the student’s expected level of development  **Excellent (5):** The student is at a clinical level beyond their expected level of development (i.e., a practicum student’s skills are at a level that are expected at an intern level)  Please be as objective as possible in your ratings. This evaluation is intended for the professional development of our students, and so the responses should be honest to provide instructive and constructive feedback. After you have completed this form, please share your responses and rationale for your responses with the student. Once it has been completed and shared with the student, he or she will turn it in to their instructor for the clinical experience to place in the student’s fieldwork folder. Please note that an average rating of 3 in each section on the final evaluation are required to receive a passing grade in any clinical experience. |

SUPERVISION & PROFESSIONAL SKILL COMPETENCY

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | N/A | I/O | Poor | Inconsistent | Average | Strong | Excellent |
| Arrives on time to Supervision as scheduled | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Preparation for supervision | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Shares skills and competencies with supervisor | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Shares weaknesses with staff/supervisor | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Willingness to seek consultation and/or supervision | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Interacts appropriately with the supervisor(s) | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Interacts appropriately with peer in triadic supervision. | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Follows through with supervisor feedback and instruction | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Appropriately independent | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Preparation for counseling sessions | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Interacts appropriately with clients | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Interacts appropriately with students and/or staff at site | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Behaves professionally (e.g., demeanor, dress, language, time management, etc.) | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Understands components of Progress Notes | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Understands components of Behaviorally Specific Treatment Plans | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Keeps adequate and timely client records | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Knows community resources | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Aware of skill and/or ability limitations | N/A | I/O | 1 | 2 | 3 | 4 | 5 |

LEGAL & ETHICAL COMPETENCY

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | N/A | I/O | Poor | Inconsistent | Average | Strong | Excellent |
| Adherence to legal standards | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Adherence to profession’s ethical standards | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| The student conducts self in an ethical manner so as to promote confidence in the counseling profession | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Relates to peers, professors, and others in a manner consistent with stated professional standards | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Demonstrates sensitivity to real and ascribed differences in power between themselves and others | N/A | I/O | 1 | 2 | 3 | 4 | 5 |

PERSONAL CHARACTERISTIC COMPETENCY

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | N/A | I/O | Poor | Inconsistent | Average | Strong | Excellent |
| Appropriate sense of self-confidence | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Self-awareness | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Open to growth and learning | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Emotional stability | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Adaptability/flexibility | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Recognizes personal limitations | N/A | I/O | 1 | 2 | 3 | 4 | 5 |

COUNSELING SKILLS AND BEHAVIORS COMPETENCY

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | N/A | I/O | Poor | Inconsistent | Average | Strong | Excellent |
| Holds a space for diverse cultural, ethnic, sexual, and social backgrounds and values | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Ability to establish and maintain rapport | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Ability to use basic helping skills (e.g., open-ended questions, use of reflection) | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Ability to assess client’s needs | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Ability to conceptualize clients’ problems/case | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Ability to remain neutral in counseling session | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Ability to conduct ongoing (2+) sessions with clients | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Ability to respond empathically to a variety of client emotions | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Process skills (i.e., pacing a session, rolling with resistance) | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Ability to assess client danger to self and others | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Appropriately chooses techniques/interventions based on client needs and developing theoretical orientation | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Appropriately refers and terminates clients. | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Ability to prepare and present a case | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Appropriately uses culturally responsive modalities in counseling | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Utilizes current research and literature to assist in development of treatment goals | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Develops client goals that are measureable and relevant to client | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Implements intervention strategy consistent with client information and goals | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Evaluates client progress relative to goals | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Appropriately chooses methods of utilizes assessment (i.e., BDI) to inform treatment goals | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Appropriately interprets and uses assessment results with clients and others. | N/A | I/O | 1 | 2 | 3 | 4 | 5 |
| Ability to manage transference/countertransference | N/A | I/O | 1 | 2 | 3 | 4 | 5 |

\*This form was created based on the following sources: CACREP standards; The University of North Carolina at Greensboro Clinical Mental Health Counseling University Supervisor’s Evaluation of Students in Counseling Internship; The University of North Carolina at Charlotte Student Learning and Performance Evaluation.

**Please provide candid responses to the following questions:**

*Supervisor, if possible, please attach a type-written evaluation providing specific examples of strengths and areas for improvement in lieu of using the space below. This is typically the most helpful part of the written evaluation.*

Skills identified as strengths (by supervisor):

Skills identified as strengths (by student):

Areas identified for improvement (by supervisor):

Areas identified for improvement (by student):

Plan for improvement:

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

Internship/Practicum Student Date Individual/Triadic Supervisor Date

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

Group Supervisor Date Other Date

*Note: The student’s signature denotes that she/he has read the evaluation and discussed it with his/her University supervisor. It does not necessarily indicate that he/she is in agreement with the evaluation. Significant disagreement on the part of the student regarding this assessment should be noted in writing and forwarded as an addendum to this form.*

**Form 8: Internship Site Evaluation.** This form is to be completed by the Intern and turned into your OSU faculty supervisor at **the end of each Internship experience**.

Intern’s Name: Phone #:

Date:

Internship Site Name:

Internship Site Address:

Name & Phone Number of Site Contact Person:

This evaluation describes my experience at the above-named site during the following term of my internship experience (check the one that applies):

First Second Third Fourth or More

Was this your final term at this site? Yes No

ENVIRONMENT/CLIMATE

# Check the appropriate blank

**During which week of the term did you first have 40% of your total hours result in direct client contact time?** (Check the one that applies)

First Second Third Fourth Fifth or Later Never

**Types of client problems with which you worked this term** (check all that apply):

Academic Concerns (e.g. scholarship/financial aid, academic/career planning, scheduling, testing/placement, graduation issues, etc.)

Adjustment Disorders (e.g. adjusting to divorce, adjusting to new school or community, grief, transition issues)

Adult-Child Conflicts (including parent-child & student-teacher conflicts)

Anger/Conflict Management & Resolution Problems

Anxiety Disorders of Adulthood (e.g. panic disorder, social phobia, post-traumatic stress disorder, etc.)

Anxiety Disorders of Childhood and Adolescence

Bipolar Disorders (including cyclothymia)

Delusional (Paranoid) Disorder

Depressive Disorders of Childhood and Adolescence

Depressive Disorders of Adulthood

Developmental Disorders (e.g. academic skills disorders, other learning disabilities, mental retardation)

Disruptive Behavior (e.g. “hyperactivity”, conduct disorder, disruptive classroom behavior, SED)

Dissociative Disorders (e.g. fugue, depersonalization, etc.)

Eating Disorders (e.g. anorexia, bulimia severe dieting, excessive exercise or laxative use to control weight)

Emotional Abuse

Gang Related Problems

Legal Problems

Physical Abuse Problems

Psychoactive Substance Use Disorders (e.g. alcohol, cocaine, etc.)

ENVIRONMENT/CLIMATE (*continued*)

Religion Related Issues

Schizophrenia

Self-Esteem/Self-Worth Issues

Sexual Abuse Problems (e.g. incest, rape – including date rape)

Sexual Dysfunctions (e.g. sexual arousal disorders, etc.)

Sexuality or Gender Identity Problems (including problems with sexually transmitted diseases)

Sleep Disorders

Special Needs Populations (IEP’s, staffing/multi-disciplinary team meeting)

Social Relationship Problems with Peers (including dating or friendship formation and maintenance)

Suicide

Unwanted Pregnancy

Other

Formats in which you provided a MAJOR portion of counseling this term (check all that apply):

Individual Group Couple Family Other

Formats in which you provided a MINOR portion of counseling this term (check all that apply):

Individual Group Couple Family Other

Age group(s) of people to which you provided a MAJOR portion of counseling this term (check all that apply):

0-5 6-12 13-15 16-19 20-25 26-35

36-45 46-55 56-65 66-75 75+

Age group(s) of people to which you provided a MINOR portion of counseling this term (check all that apply):

0-5 6-12 13-15 16-19 20-25 26-35

36-45 46-55 56-65 66-75 75+

|  |  |
| --- | --- |
| Circle the appropriate number | NA stands for “Not Applicable” |
| Seldom Often Usually  True True True NA |
| The site has a professional atmosphere. | 1 2 3 0 |
| The staff is supportive of the intern’s work. | 1 2 3 0 |
| Interns are treated respectfully by the staff. | 1 2 3 0 |
| The general atmosphere of the site provides a climate of trust and openness. | 1 2 3 0 |

ENVIRONMENT/CLIMATE (*continued*)

|  |  |
| --- | --- |
| Circle the appropriate number | Seldom Often Usually  True True True NA |
| Interns are treated respectfully by the clients. | 1 2 3 0 |
| The intern feels the staff supports intern involvement in the agency. | 1 2 3 0 |
| Physical facilities are available for intern use (e.g. office, office supplies, etc.) | 1 2 3 0 |
| The intern feels the administration supports the training program. | 1 2 3 0 |
| Interns receive clerical support. | 1 2 3 0 |
| The intern feels there is camaraderie among staff at the site. | 1 2 3 0 |
| Staff members act professionally and ethically toward clients. | 1 2 3 0 |
| Staff members act professionally and ethically toward interns. | 1 2 3 0 |
| Staff members act professionally and ethically toward each other. | 1 2 3 0 |

Comments or Recommendations on Environment/Climate:

SUPERVISION

## Check the one that applies

How often did you meet with the on-site supervisor who was PRIMARILY responsible for providing you with one-to-one supervision?

I did not have one to one supervision

We met for less than one hour per week

We met for approximately one hour per week

We met for more than one hour per week.

Overall quality of supervision with the on-site supervisor PRIMARILY responsible for providing you with one-to-one supervision:

None Poor Adequate Good Excellent

How often did you meet with the on-site supervisor who was PARTIALLY responsible for providing you with one-to-one supervision?

I did not have a second person providing one to one supervision

We met for less than one hour per week

We met for approximately one hour per week

We met for more than one hour per week

Overall quality of supervision with the on-site supervisor PARTIALLY responsible for providing you with one-to-one supervision:

None Poor Adequate Good Excellent

How often did you meet with the on-site supervisor who was PRIMARILY responsible for providing you with supervision in a group?

I did not have group supervision

We met for less than one and a half hours per week

We met for approximately one and a half hours per week

We met for more than one and a half hours per week.

Overall quality of supervision with the on-site supervisor PRIMARILY responsible for providing you with supervision in a group:

None Poor Adequate Good Excellent

How often did you meet with the on-site supervisor who was PARTIALLY responsible for providing you with supervision in a group?

Either I had no group supervision or it involved only one person

We met for less than one and a half hours per week

We met for approximately one and a half hours per week

We met for more than one and a half hours per week

Overall quality of supervision with the on-site supervisor PARTIALLY responsible for providing you with supervision in a group:

None Poor Adequate Good Excellent

Number of seminars or other professional development experiences available through my placement site during this term:

None One Two Three Four or More

COMMUNICATION

|  |  |
| --- | --- |
| Circle the appropriate number | NA Stands for “Not Applicable” |
| Seldom Often Usually  True True True NA |
| The staff provides opportunities for relevant feedback in a positive manner. | 1 2 3 0 |
| The staff attempts to enhance the intern’s personal and professional growth. | 1 2 3 0 |
| The staff is sensitive to the intern’s emotional/experiential state(s) and current persona/professional development. | 1 2 3 0 |
| Staff conflicts are discussed in an open, non-threatening manner. | 1 2 3 0 |
| The amount of service expected by the internship site staff was the same as the amount the intern contracted to provide. | 1 2 3 0 |

Comments or Recommendations on Communication:

SUMMARY

### Check the one that applies

I rate the overall quality of my internship experience this term as:

Inadequate Poor Adequate Good Excellent

Additional Comments:

INTERNSHIP PREPARATION

### Check the one that applies

I rate my preparation for this internship experience as:

Inadequate Poor Adequate

Good Excellent

To what courses or experiences do you attribute your preparedness?

What course or new improvements experiences are needed to improve your professional preparedness for internship placement?

**Form 9**

**OSU Teacher and Counselor Education**

**Master’s in Counseling Program**

**Professional Counseling Performance Evaluation**

**Name: Class: Term:**

The Professional Counseling Performance Evaluation assesses counseling students’ skills development and professional competencies. Additionally, this evaluation is intended to serve as a tool to facilitate feedback and document progress of the student regarding their counseling skills and professional dispositions (dominant qualities),offering the students practical areas for improvement to support their development as effective and ethical professional counselors. The evaluation covers three key areas of functioning: Clinical – Primary Counseling Skills; Professional Dispositions; Professional Behaviors. This evaluation is in keeping with the CACREP 2009 Standards.

This evaluation is completed for students who are enrolled in the following courses: TCE 513, TCE 514, TCE 515 (each term), TCE 571 and will be reviewed quarterly by faculty. This evaluation is according to students’ expected level of development for any given clinical experience as the student progress from TCE 513 through each subsequent clinical experience.

**Scales Evaluation Guidelines**

N – No opportunity to observe

2 – Below expectations / Insufficient / unacceptable

4 - Near expectations / developing towards competencies

6 - Meets expectations / demonstrates competencies

8 – Exceeds Expectations

**Students NOT scoring at level (6) or above will be evaluated as to whether they are eligible to progress to their next stage of clinical experience. Some scores may be scored at a level 4 based on the developmental stage of the student. A statement or plan will be provided in the comment/feedback section describing action needed to advance to, or to work on in the next stage of the clinical experience.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Counseling/clinical skills – CACREP Standards (2009)** | N | 2 | 4 | 6 | 8 |
| 1. **Counseling Skills - Student demonstrates primary counseling skills including:** 2. Nonverbal – body position, eye contact, posture, distance from client, voice tone, pace 3. Encouragers – minimal encourages & door openers such as ..”tell me more about” 4. Questions – use of appropriate open & closed questioning (e.g. avoidance of double questions) 5. Reflections – basic reflection of content – paraphrasing, summarizing, etc 6. Reflections – reflections of feelings 7. Advanced reflection – feelings, values, meaning, core beliefs (takes counseling to a deeper level) 8. Confrontation – challenges client/student to recognize & evaluate inconsistencies or incongruences 9. Goal setting – collaborates with client to establish realistic, appropriate, & attainable therapeutic goals 10. Focus of counseling – focuses or refocus on goals & here and now 11. Facilitate therapeutic alliance – establishes and expresses empathy, counselor is present 12. Creates appropriate counseling structure – sets boundaries, creates a safe environment 13. Student demonstrates awareness of power differences in the therapeutic relationship and manages these differences therapeutically. 14. Student demonstrates analysis and resolution of ethical dilemmas. 15. Student willing increases knowledge (and implementation) of effective counseling strategies. | Score:  Comments: | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Professional Dispositions** | N | 2 | 4 | 6 | 8 |
| 1. Professional Ethics – student adheres to the ethical guidelines of ACA & ASCA 2. Professionalism – student relates in a professional manner towards professors, supervisors, peers & clients 3. Self-awareness & self-understanding – student demonstrates an awareness of his/her own belief systems, values, needs & limitations (herein called “beliefs”) and the effect of “self” on his/her work with clients 4. Emotional stability & self-control – Student demonstrates emotional stability (i.e. congruence between mood & affect) & self-control (i.e. impulse control) in relationship with professors, supervisors, peers, & clients 5. Life-long learner – student is engaged in the learning & development of his/her counseling competencies. 6. Openness to feedback – Student responds non-defensively to feedback, reflects on, and integrates feedback from peers, faculty, and supervisors. 7. Multicultural competencies – Student demonstrates awareness, appreciations, & respect of cultural awareness. 8. Professional & personal boundaries – Student recognizes the boundaries of his/her competences & maintains appropriate boundaries with professors, supervisors, peers, & clients. 9. Flexibility & adaptability – Student demonstrates ability to flex to changing circumstances, unexpected events, & new situations. 10. Maturity – Student exhibits appropriate levels of self-assurance, confidence, and trust in own ability.   K1. Integrity – Student demonstrates honesty, fairness, and respect of others  K2. Integrity – Student refrains from making statements which are false, misleading, or  Deceptive | Score:  Comments | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Professional Behaviors (Examples)** | **N** | **2** | **4** | **6** | **8** |
| 1. Attendance – Student regularly attends class, course meetings & clinical practice activities (is engaged and prompt). 2. Knowledge & adherence to program and site policies – Student demonstrates an understanding and appreciation for all program and site policies and procedures. 3. Record Keeping – Student completes all weekly record keeping activities correctly & turns them in promptly (e.g. clinical logs, case notes, TX plans). 4. Knowledge of professional literature – Student researches therapeutic interventions strategies that have been supported in the literature and research. 5. Applications of theory to practice – Student demonstrates knowledge of counseling theory and its application to his/her practice. 6. Case conceptualization – Student is able to effectively present and summarize client history and demonstrate an appreciation of the multiple influences on a client’s level of functioning 7. Appraisal – Student demonstrates ability to appropriately administer, score and interpret clinical assessments. 8. Psychosocial & treatment planning – Student demonstrates ability to construct a comprehensive and appropriate psychosocial report and treatment plan. 9. Task completion – Student completes all assigned tasks in an ethical and effective manner, including all class assignments, clinical or supervision reports.   Seeks consultation – Student seeks consultation and supervision in appropriate service delivery. |  | | | | |

**Comments/Feedback: 1) areas of strengths 2) areas of improvement 3) overall general performance**:

Faculty Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief summary of forms and due dates**

**Form 1**: Ongoing. Copy to Donna Harris when completed for permanent file. Retain copy for own records.

**Form 2 and Form 3**: Within first 2 weeks of start of internship. Copy to site supervisor. Turn original in to university supervisor.

**Form 4**: prior to working with clients at site. Turn in to university supervisor.

**Form 5 and Form 6:** Prior to working with each client. Site may request copy for client file. Keep copy for your own file.

**Form 7**: At end of each quarter – complete with **site** supervisor. Turn in to and review with university supervisor.

**Form 8**: End of internship. Turn in to university supervisor. Copy to internship coordinator.

**Form 9:** Quarterly – to complete with **university** supervisor.

**Internship hour logs**: to be completed monthly, signed by site supervisor AND university supervisor. Keep copy. Submit original to Donna Harris each month.

Best wishes in your internship experience this upcoming academic year! Remember to keep on top of the various forms and procedures. If a question can’t be answered by this handbook please consult with your internship instructor. If your internship instructor is unable to answer your question please be in touch with the CMH Practicum & Internship Coordinator.

Be well!