The information contained in this handbook is accurate as of August, 2013. The requirements, rules, and provisions stated in this handbook and other publications of Lipscomb University are subject to change or modification at any time without notice. If changes are made to this handbook prior to its next reprinting, such changes will be made available in the office of the Graduate Department of Psychology and Counseling and online at www.lipscomb.edu/counseling.
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Dear Student,

The clinical experience portion of your degree is the culmination of your coursework and your desires. You have dreamed of this time. When you were asked what you wanted to do with your life or why you were in this program, you likely said something like “I want to help people” or “I like to sit and talk with people about stuff going on in their lives.” This desire is what drove you to seek this degree.

Now you are here! And now that you are here, you are likely anxious, excited, doubting yourself, and filled with anticipation and curiosity. All of these feelings are a part of your clinical experience and may be around for a while. That is ok! You will grow through them.

Speaking of growth, these next three semesters will be filled with a ton of growth for you. Some of it will be exciting, some will be frustrating, and some will be downright hard and uncomfortable. It may even make you angry at times. I have often heard from students, “I didn’t expect to feel this way” or “Why did I react this way to my client?” All of these times are opportunities for growth. What we hope to see is an openness in you – an openness to feedback, an openness to self-exploration, and an openness to change. It will be challenging, but if you fight against new insights into yourself, you will only become more frustrated (as will your supervisors) and the change you so desire will not come.

We are here to help you on this journey to reach your full potential. Please let us into your life and development. You will be blessed, and you will be a better therapist. Isn’t that what you want?

Are you ready for this new adventure? Let’s go!

Melanie Hodge Morris, Ph.D.
TN Licensed Psychologist, HSP
Clinical Director, Graduate Studies in Counseling
Assistant Professor of Psychology and Counseling
I. Overview of Manual

The purpose of this manual is to provide students guidance in navigating the clinical experience. There are several necessary steps to complete before beginning your formal search for a practicum site. Students should read the manual carefully by the end of their first semester in the program; this knowledge can then guide the student in the search for a practicum site in a timely manner.

Within this manual, you will find a timeline and suggestions to aid in securing a clinical site, requirements for your practicum and internships, necessary forms for documenting your clinical work, and our evaluation procedures. A thorough reading of the handbook should answer many of your initial questions and inform you of all policies throughout this process. Any additional questions can be addressed to the Clinical Director for the Counseling program.

II. Overview of Practicum and Internships

Your clinical experience will consist of three semesters, with the option of spreading the hours into a fourth semester. You will be able to search for a clinical site(s) which meets your interests. However, there is no guarantee that you will get the site you desire most. While Nashville is a fantastic place to look for your ideal clinical experience, it is also a competitive market because of all of the local and online universities. This is not to scare you, but to motivate you to take this process seriously, contact many sites, and keep an open mind throughout your search. You will need to search for a site as you would search for a job, after receiving permission to do so by the Clinical Director. This handbook will walk you through the process for searching and securing a practicum site.

Students begin their clinical experience with a Practicum (COUN 6803), typically in their fourth or fifth semester. Students may begin their Practicum any semester after prerequisites are met and promotion to Candidate status has been achieved. The Practicum helps the student to begin to think and feel like a professional counselor by observing professionals at the site, by learning the structure and procedures of the agency, and beginning to participate in clinical activities. Students will complete 150 hours, including 40 hours of direct service (face-to-face) over the course of a semester. During the fall or spring semester, this requirement can typically be met by working about 10 hours per week (since the summer term is 12 weeks, additional hours/week are required). The specific work schedule will be determined by the site’s particular needs, considering the student’s schedule. Many sites are very accommodating to the student’s other time commitments. Some sites may require additional hours beyond the required 10 hours/week.

The second clinical experience is the Internship, which for CACREP is 600 hours, with 240 direct service hours. We call this second semester of clinical experience Internship I (COUN 6903). At this point, we expect that the student can begin to assume more responsibilities at the site. This may include additional clients, co-leading groups, or other new activities. Students are encouraged to complete 300 hours, including 120 hours of direct service (half of the CACREP Internship hours); however, 150 hours, including 60 direct service will satisfy the requirements for Internship I. A portion of this direct service time must include group experience, in a leadership or co-leadership role. An explanation of hour requirements will be discussed in the section Clinical Experience: The Details.
The third semester of clinical experience, Internship II (COUN 6913) is a continuation of Internship I. Students are expected to function more independently (though still under supervision) and embrace their roles as mental health professionals. Students are required to complete the remaining CACREP Internship hours. Ideally, a student will complete 300 hours, including 120 hours of direct service (also including group time). By the end of Internship II, a student will have completed the 600 Internship (with 240 direct service) hours. Across Internship I & II, students can plan to work approximately 20 hours/week during a fall or spring semester (and more during the summer semester).

We understand that many students have outside commitments and even full-time jobs. We will do our best to help students find a site that meets their clinical interests as well as their schedule. For some students, completing 20 hours/week for Internship I & II is simply too much. The Clinical Experiences Section will explain the option of the Internship Continuation course.

Throughout the clinical experience, students will meet with a Lipscomb University supervisor in a group setting, made up of peers at the same stage of experience. The supervision team will be formed at Practicum, and students will remain with the same supervisor and students throughout the year (barring any extenuating circumstances). We hope that the group will develop a tight bond and will encourage a level of feedback and honesty conducive to the students’ optimal development. During Practicum, supervision teams will meet weekly for approximately 2–2.5 hours. During Internship I & II, teams will meet bi-weekly for approximately 3 hours. Individual time may be requested by the student or Faculty supervisor at any time.

*In summary, in order to graduate with a degree in Clinical Mental Health Counseling from Lipscomb University, the student must successfully complete a minimum of 750 clinical hours, which includes 280 direct service hours, across a calendar year.*

### III. Steps to the Clinical Experience

#### A. Program Completion Sequence

For successful completion of the clinical experiences for the Clinical Mental Health Counseling degree, students should follow the sequence referenced below. For more details regarding these steps, please refer to the Graduate Handbook for the Master of Science in Clinical Mental Health Counseling.

- Complete Plan of Study with faculty advisor
- Plan course sequence to complete prerequisites for practicum
- Plan course sequence to complete entire program according to student’s timeline
- Complete Intent to Pursue Practicum Form with advisor and turn in to Clinical Director
- Successful Completion of Introduction to Counseling Skills in first semester
- Achieve Successful Progress Review (by faculty after first semester)
- Schedule meeting with Clinical Director to discuss practicum planning
- Begin searching for a Practicum/Internship site
- Apply for Candidacy (after 12 hours completed; end of second semester)
- Obtain Promotion to Candidacy Status
- Begin Clinical Experiences (no earlier than fourth semester)
- Successfully Complete Clinical Experiences (three semesters)
__ Continued Successful Annual Reviews (by faculty each year) 
__ Successfully Complete all Coursework 
__ Complete Capstone & Counselor Preparation Comprehensive Exam 
__ Complete Exit Interview/Closing Conversation with Program Director 
__ Complete Application for Graduation and Pay Graduation Fees 
__ Graduate!

B. Course Prerequisites for Clinical Experience for MS in Clinical Mental Health Counseling

For those students admitted Fall 2012 or Spring 2013, prerequisites for Practicum include the following:

- Introduction to Counseling Skills (COUN 5903)
- Theories of Counseling and Personality (COUN 5103)
- Introduction to Psychopathology & Adaptive Behavior (COUN 5203)
- Ethics and Professional Issues in Professional Counseling (COUN 5703)
- Advanced Psychopathology (COUN 6603)
- Effective Counseling and Treatment Planning (COUN 6703)
- Multicultural Issues in Counseling (COUN 6053)

For those students admitted Fall 2013 or Spring 2014, prerequisites for Practicum include the following:

- Introduction to Clinical Mental Health Counseling (COUN 5113)
- Introduction to Counseling Skills (COUN 5903)
- Introduction to Psychopathology & Adaptive Behavior (COUN 5203)
- Theories of Counseling and Personality (COUN 5103)
- Ethics and Professional Issues in Professional Counseling (COUN 5703)
- Advanced Psychopathology (COUN 6603)
- Effective Counseling and Treatment Planning (COUN 6703)
- Multicultural Issues in Counseling (COUN 6053)
- Substance Abuse Counseling (COUN 6303)

Students must meet with the Clinical Director for approval before they can begin interviewing for practicum sites.

To begin Practicum, the following criteria must be met:

- All prerequisites must be successfully completed.
- The student has achieved Candidate Status.
- The student must be in good standing with the program, as evidenced by faculty review (including no academic probation).

C. Additional Performance Requirements for Clinical Experience

1. Candidacy Status
Graduate Studies in Counseling is committed to continuous and systematic evaluation of its students. The faculty believe that students deserve and require on-going feedback regarding their progress through the program if they are to reach their potential.
When a student is admitted for the Master of Science in Clinical Mental Health Counseling, it is an admission into the program but does not constitute Candidacy for M.S. degree. Candidacy approval allows the student to progress through the program and pursue the clinical experiences. A student’s progress and performance in the program will be initially evaluated after completion of the first semester (which must include Introduction to Counseling Skills COUN 5903) through the Progress Review process. Information from the Progress Review process will become part of the program’s consideration of the student’s application for Candidacy. A progressing student should make application for Candidacy after completing 12 hours of graduate coursework (typically at the end of the second semester). Application for Candidacy initiates the next review of a student’s performance and progress. After approval for Candidacy, the student will continue to be evaluated through formal and informal processes to ensure successful completion of the program. The Graduate Studies in Counseling Program Handbook provides additional information about Progress Reviews and Candidacy.

2. Grades/GPA
Students must be in Good Academic Standing to begin the clinical experiences. Good Academic Standing is defined in the Lipscomb University Graduate Catalog: “To remain in good academic standing, the student must maintain a cumulative 3.00 GPA and a 3.00 GPA on the most recent 12 semester hours of work.” (See Graduate Studies in Psychology & Counseling, Lipscomb University 2013-14 Graduate Catalog, at http://www.lipscomb.edu/uploads/49431.pdf

Students are not allowed to begin clinical experiences if they are on academic probation. A student may search for a practicum site while on probation, but the cumulative GPA must be above 3.0 before a student may begin Practicum.

Once in the clinical experience sequence, a student must earn a grade of “A” or “B” to progress to the next course. A student who earns a “C” or below in practicum or internship must retake the course and earn an “A” or “B” to proceed to the next course.

3. The In-Between Time (Post-Candidacy/Pre-Clinical Experiences)
Most full-time students will begin their clinical experiences within 1-2 semesters post Candidacy status. For part-time students, the space between these two events may be further apart.

During this interlude, students are expected to continue working through the remaining coursework for the degree, including any electives. Students must remain in good standing to begin the clinical experiences. During this interlude, if a student has a decrease in academic performance, resulting in academic probation, has engaged in inappropriate behaviors requiring faculty review, or other potential negative situations, the student may be prohibited from beginning the clinical experience until the issue is resolved. According to the Graduate Studies in Counseling Handbook, students will go through annual review by the Performance Review Committee (PRC). Troublesome situations will be reviewed at this time. Issues that arise between these times will be addressed by the PRC ad hoc.
D. Suggested Timeline for Preparing for Clinical Experiences

Students are often very eager (and scared!) to begin the clinical experience. Practicum and internship spots in the Nashville area are very competitive as there are several other universities (including online) competing for the same spots.

1. Deciding When to Start

A student may begin the Practicum semester as early as the fourth semester, depending on the chosen Program of Study. If a student completes the nine prerequisites in three semesters, then a fourth semester Practicum start can occur. A fifth semester start date (or later) is also effective, again depending on the student’s Program of Study. Most full-time students take seven semesters to complete the degree. A fifth semester Practicum start will allow the student to finish the clinical experience in the same semester as graduation. A fourth semester start date sometimes means that a student will have an additional semester of coursework after the clinical experience is completed. One consideration here is employment; if a student performs well enough to be offered a job at the end of the clinical experience, it works well to be able to start immediately, rather than having to wait a semester to finish coursework. A student admitted in the fall may wish to begin Practicum in the fourth semester as some sites only run on an academic calendar (fall-spring or fall-spring-summer). As a student is completing the Program of Study during the first semester with the advisor, the timeline for the clinical experience should be considered and planned for appropriately to most optimally meet the student’s goals.

In order for the Clinical Director to appropriately advise students regarding practicum opportunities, the Clinical Director must be notified of a student’s intent to pursue practicum three semesters prior to the intended practicum start date. The Intent to Pursue Clinical Experience form (located in Forms Section) should be completed in combination with the Plan of Study (POS) form, which is completed with the advisor in the first semester. The student and advisor should complete the Intent to Pursue Clinical Experience form together, and the student should turn in this form to the Clinical Director by the deadlines below.

For example, if a student is on course to begin practicum in the fall, a student needs to notify the Clinical Director during the fall semester the year before. Please adhere to the following deadlines:

<table>
<thead>
<tr>
<th>Semester Intending to begin Practicum</th>
<th>Deadline for Declaring Intent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>November 15 of prior Fall</td>
</tr>
<tr>
<td>Spring</td>
<td>April 1 of prior Spring</td>
</tr>
<tr>
<td>Summer</td>
<td>September 1 of prior year</td>
</tr>
</tbody>
</table>

A student will not be kept from pursuing Practicum, assuming all other criteria are met, for a lack of communicating intent by the deadline. However, the student will be at a disadvantage; the student may receive advising later in the process and may not hear of opportunities in a timely manner, which could decrease the number of opportunities available to the student. Some practicum sites plan up to 9-12 months ahead. The Clinical Director’s desire is to provide
the best possible advising toward finding a practicum site. In order to do so, a student must communicate practicum plans in a timely manner.

2. When to Start Searching
While students cannot begin Practicum until they have achieved Candidate status, they must begin searching and interviewing for Practicum spots before this time. Students should plan to begin their practicum search two semesters before they wish to start. For example, if a student wishes to start Practicum in the 4th semester, the student would need to begin the search in the second semester.

Students will be able to begin the pursuit of a practicum site after the following steps:
• Successful completion of Introduction to Counseling Skills course
• Achieved positive first semester review by PRC
• Participated in advising meeting with the Clinical Director.

3. Finding a Site
The Clinical Director maintains a list of approved practicum/internship sites with whom we have an existing relationship. The “big list” resides on GoogleDrive so that updates can be viewed as they are made. Upon admission into the program, a student will be invited to view the list. The list is not accessible until that point. Students can always access the latest information, as the list does change regularly as we gain new information. Contact with sites should not occur until after the student has met for advising with the Clinical Director.

An organized list of the names of our practicum sites is in the Forms section of this handbook.

To view the comprehensive “big” practicum list, go to the following web address (permission must be granted by Clinical Director or Administrative Assistant):
https://docs.google.com/a/lipscomb.edu/spreadsheet/ccc?key=0AjPgmAAPirImDdVGSXdvWjRXTDNZWE1dWszTm9qMHc#gid=0

4. Criteria for Approved Sites
Sites which are not on the list may also be utilized. If a student finds a potential site, the student is encouraged to contact the site to find out the information below. The student can then present the information to the Clinical Director who will make contact with and visit the site. ALL sites must be approved by the Clinical Director before a student can begin work there.
• Site must be a mental health setting, i.e., your primary activity at the site will be individual/family counseling, not case management or social work activities.
• Opportunities will be available for a variety of professional activities, including treatment teams, staff meetings and trainings, and management of client records.
• The site is interested in training students, not just having free labor. One question a student can ask is how many clients they would expect a student to see weekly. A number even higher than our CACREP expectations could indicate a site that is not interested in training young professionals.
• Site supervisor meets CACREP requirements as outlined below.
• The supervisor must be available for a minimum one hour per week for individual (or triadic) supervision.
5. **Criteria for Site Supervisor Qualifications**

We recognize that our site supervisors are an integral part of our students’ training, and we want to partner with our site supervisors to provide the very best training for our counseling students.

In accordance with 2009 CACREP Standards, site supervisors must meet the following basic criteria:

- A minimum of a master’s degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
  - The supervisor should be a Licensed Professional Counselor with Mental Health Service Provider designation (LPC-MHSP).
  - If a site supervisor with an LPC-MHSP is not available, we can also use a different mental health professional. Licensed Psychologists, Licensed Marriage and Family Therapists, or Licensed Clinical Social Workers may be considered.
- A minimum of two years of pertinent professional experience in the program area in which the student is enrolled (i.e., experience in Clinical Mental Health Counseling).
- Knowledge of the program’s expectations, requirements, and evaluation procedures for students.
- Relevant training in counseling supervision.

6. **Cover Letters & Curriculum Vitae**

First impressions are critical. The cover letter and CV (and even the email or phone call that deliver them) are the first impression a student will make to the potential site supervisor or, if one does a fantastic job, an employer. It is important to take this introduction seriously. **Do not** minimize the negative impact of grammatical mistakes, misspellings, wrong names, or other common mistakes. A student may wish to consult peers for reviewing these documents.

Students have the opportunity to create a cover letter and CV during the Ethics course. Students should take this assignment seriously and utilize it to ready themselves for approaching sites. Students who would like to work on these items earlier can retrieve a CV Preparation packet with tips and examples from the Administrative Assistant or the Clinical Director.

The Career Center on campus can also be a good resource for working on your self-promotion.

7. **Visiting a Site & Interviewing**

Your cover letter and curriculum vitae are your first opportunity to make a strong impression; however, the initial interactions with the agency’s staff and your interviews with supervisors can make or break a student’s chance at getting a spot there. Supervisors and potential employers often ask their office staff for their impressions of a student’s interactive style. It would be a shame to offend the administrative assistant even though you may have impressed the director.

Any interactions with the office or supervisory staff should be completely professional, including professional dress and proper manners. Remember to treat these interactions as job interviews, for indeed that is what they are. There are many stories of students gaining employment from their practicum and internship placements.
We also recommend that a student write thank you notes to the potential supervisor after the interview. It is a great opportunity to make a third professional impression.

8. Accepting an Invitation for Practicum
Students may tentatively accept a Practicum placement offer after the interview process but before promotion to Candidacy.

If a student does not achieve Candidate status, the student would have to inform the practicum site that he/she can no longer pursue a practicum placement.

Please notify the Clinical Director via email immediately after accepting a practicum so that contracts and supervision plans can be developed. The following information will be required:
- Site
- Address
- Phone number
- Site supervisor
- Site supervisor degree & licensure
- Site supervisor best contact information
- Start date, including any orientations
- End date (i.e., how many semesters do you plan to be there)
- Level (Practicum, Internship I or Internship II)
- Student’s best contact email and phone

Deadlines for informing the Clinical Director of secured placement and intent to begin Practicum or Internship in the next semester are listed below. These deadlines allow plenty of time for preparations to be made for the student’s placement for the next semester. Exceptions to these deadlines will be made on a case by case basis.

<table>
<thead>
<tr>
<th>Planned Start</th>
<th>Deadline for Securing Site &amp; Notifying Clinical Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>July 1</td>
</tr>
<tr>
<td>Spring</td>
<td>November 1</td>
</tr>
<tr>
<td>Summer</td>
<td>April 1</td>
</tr>
</tbody>
</table>

Go celebrate!!

9. Professional Affiliations & Liability Insurance
Students are strongly encouraged to participate in local, state, and/or national professional organizations. Such involvement allows a student many specialized educational opportunities as well as opportunities to network for practicum/internship sites or for jobs.

Before students may begin the Practicum, they are required to join the American Counseling Association (ACA). One benefit to a student membership in the ACA is the provision of liability coverage at no additional cost.

The purpose of liability coverage is to protect all of the persons involved, the client, the student, the supervisors, and the university. While students have liability insurance under
Lipscomb University’s insurance policy because they are students, all counseling students are required to hold and maintain their own liability insurance throughout the time they are enrolled in clinical courses (Practicum, Internship I, Internship II, and Internship Continuation).

Students may opt to obtain professional liability coverage from another source, but they will still be required to maintain membership in ACA (including the liability insurance benefit). Students will find great resources, downloadable podcasts, and online journals on the ACA website. The website to enroll is: http://www.counseling.org/Counselors/MemberJoin.aspx

Proof of professional liability insurance will be expected at the first supervision meeting during the first week of Practicum. The website has a certificate that can be easily printed. Therefore, to begin a practicum or internship experience, a student must first be professionally covered.

10. Contracts and Registration for Practicum
Students will be assigned to a supervision section based on the student’s schedule and the needs of the department to evenly distribute students between sections. The department will do its best to make supervision section times convenient for students’ schedules, but the student is expected to take necessary actions to accommodate the assigned supervision time.

Legal contracts are required for practicum/internship placements and must be signed by the student, the site supervisor, and the University Provost. Even though students find practicum placements months before the start date for Practicum, contracts will be printed approximately one month before the start of the semester in which the student will be involved with practicum/internship.

When contracts are prepared for the student, the student will be notified to pick up the contract and secure the necessary signatures by the stated deadline. AFTER a student returns the signed contracts (2 copies per student), the administrative assistant will clear the student to register for the appropriate supervision section. It is imperative that contracts are returned to campus for the Provost’s signature, as the contract is not valid without all parties’ signatures. If a student’s contracts are not returned before the start of semester, the student will not be allowed to start the clinical experience. There are NO exceptions to this procedure.

11. Practicum Orientation
Students are required to participate in Practicum Orientation, which is typically scheduled approximately one month before Practicum would begin. At orientation, several topics will be explained, including expectations for professional behavior, video/audio recording procedures, and how to complete logs and paperwork.

After orientation, students should print off all documents from GoogleDrive and prepare their notebooks to be ready to start. ACA membership should also be secured during this time.

12. Starting Practicum/Internship: The First Week
Typically, students will begin practicum or internship during the first week of the semester. If a student is required to start early at a site (e.g., orientation or K-12 school schedules), this start date must be reflected on the contract. Faculty group supervision will begin the first week of class each semester. ACA proof of membership is due at the first group supervision meeting.
a. **Best Practices for Supervision Agreement.** During the initial meeting with the site supervisor, the student should present and discuss the Best Practices for Supervision Agreement with the site supervisor which outlines the roles and responsibilities for the student, site supervisor, and faculty supervisor. The Best Practices agreement serves to initiate a discussion which will help orient the student to the site and to the supervision process. After the discussion and three copies of the agreement are signed by both parties, the student should return all agreements to the faculty supervisor for signatures. Copies will be returned to the student and site supervisor. Students are responsible for retrieving and printing the appropriate course version of the Best Practices Agreement, initiating the discussion/signatures on the document, turning it in to the faculty supervisor, and returning a fully signed copy to the site supervisor. Each course version of the Best Practices Agreement can be found in the forms section.

### IV. Clinical Experiences: The Details

The clinical experiences year is where the textbook becomes reality. It is a very exciting time for students, who are eager to begin to serve others in the counseling profession. It is exciting for faculty as well, who are able to see students grow and integrate their learning, their personal characteristics, and their faith.

As of the 2013-2014 academic year, students are still working under two tracks: Master of Science in Professional Counseling and Master of Science in Clinical Mental Health Counseling. The differences are mainly related to the names of the courses and the number of hours needed to meet course requirements. For specifics regarding the Master of Science in Professional Counseling degree requirements, please see the forms section.

**A. Requirements for the Clinical Experiences**

1. **Onsite Activity Requirements**
    
    Graduate school is a very unique time, allowing students to gain many diverse experiences. We believe that it is important for students to try to experience as many opportunities as possible while on their clinical experience.

    The following is a general list of the areas in which we would like our students to be involved at their clinical sites.

    1. Individual psychotherapy (including family and couples).
    2. Group psychotherapy.
    3. Interactive psychoeducational experiences.
    4. Individual supervision with licensed mental health professional.
    5. Possible group supervision (in addition to individual supervision).
    6. Consultation with professionals on staff.
    7. Participation in treatment teams and staff meetings.
    9. Informational activities and in-service presentations/activities.
    10. Referrals and terminations.
    11. Administration & interpretation of tests, where appropriate.
    12. Other activities relevant to your setting.
2. Supervision Requirements
The student will have two supervisors while on practicum/internship: a site supervisor and a faculty supervisor.

a. Site Supervisor. The site supervisor must be a licensed mental health professional (please see site supervisor requirements above). Sometimes students may be assigned to work with a supervisor who is in the process of licensure. In this situation, the student must also meet with a licensed supervisor. Both Site supervisors (licensed and in-progress) will need to meet regularly with the student in order to assess the student’s progress and provide feedback to the student; both supervisors will need to sign all documentation.

The role of the site supervisor is very important to the professional development of the student. For a complete list of site supervisor duties, see the Best Practices for Supervision Agreement which is signed by all the site supervisor, student, and faculty supervisor at the beginning of each semester. An abbreviated list of duties is included below.

- Orient the student to the mission, goals, objectives and procedures of the site.
- Develop goals and objectives with the student for his/her experience early in the semester.
- Provide one hour of scheduled individual supervision sessions weekly. Group supervision is also strongly encouraged.
- Provide weekly feedback on student’s counseling skills and case documentation.
- Create appropriate case load for student based on course and site requirements and student’s training needs. Monitor all cases seen by the practicum/internship student.
- Complete formal evaluation of student progress at mid-term and end of each semester.
- Meet with the Faculty supervisor at least once during the semester, typically at mid-term.
- Contact the Faculty supervisor as soon as possible if the supervisor has any concerns about the student.
- For Practicum, participate in bi-weekly communication with Faculty supervisor.
- Sign forms weekly which document student’s completion of hours.
- Observe student actually conducting therapy sessions via recordings, observation, or co-therapy as much as possible, but at least twice per semester.
- Be available to assist the student in emergencies and staff cases as needed.
- Refrain from charging the student for on-site supervision.

b. Faculty supervisor. In addition to the site supervisor, the student will also have a Lipscomb University faculty supervisor, either a licensed or temporarily licensed mental health professional. The Lipscomb University faculty supervisor will visit the site at least once during the semester, will be available to meet more often if appropriate or requested by the site supervisor, and will make regular contact with the site supervisor via email/phone. The Faculty supervisor should be involved with any difficulties that may arise with the student at his/her placement. This supervisor will also complete evaluation forms about the student’s skills and progress, will review the observations discussed above, and will turn in a grade at the end of the semester. Further details are outlined in the Best Practices for Supervision Agreement and in the course syllabi.
c. **Lipscomb Supervision Requirement.** For Practicum, students are required to meet with the faculty supervisor weekly for two hours across the course of the semester in a group format; individual sessions may be requested as needed by the Faculty supervisor or student. Students are expected to adjust their schedules to meet the scheduling demands of the group supervision. For Internship I & II, LU supervision groups will meet biweekly for three hours for a minimum of 8 sessions across the course of the semester. Individual sessions may be requested as needed.

3. **Caseload Requirement**
A student will need to carry an appropriate client load to meet both the requirements of the course as well as the site. The number of clients necessary to meet these requirements will vary based on the specific course, site demands, and client flow at the site. A student on practicum would need to meet with at least three to five (3-5) different clients on an ongoing basis throughout the semester. This will allow for a student to see a client through all phases of treatment. Students on internship are required to carry more clients sufficient to meet the course requirements, most likely between 10-15 clients. We expect that students will communicate their needs and/or boundaries to the site supervisor when appropriate in order to meet their course requirements and training needs.

4. **Observation Requirement**
To increase the level of feedback for students, they are required to have a *minimum* of two observation periods during *each semester* of clinical experience. These observation periods should be video or audio recordings of one hour sessions. Written consent will need to be secured from the client for such requirements, and recordings will be handled within ethical and legal guidelines (see *Video Procedures* below). These recordings will be shown in the LU group supervision setting so that the student can receive feedback from the faculty supervisor and from peers. We encourage the use of recordings for feedback with the site supervisor as well. For practicum, one observation should document an intake session. The other observation may come from any stage of the therapy process. In later semesters, the type of session to be recorded/observed may be determined by the faculty supervisor.

When video or audio recordings are absolutely not allowed by the clinical site for ethical or legal reasons, we will first seek to conduct live observations. The student and faculty supervisor will make arrangements with the site supervisor for the faculty supervisor to observe client sessions at the site. When observation is not an option for the site, the faculty supervisor will determine an observation method acceptable to meet the course requirements. These decisions should be made in coordination with the Clinical Director. If there are ethical considerations which may prohibit the tape being viewed in group supervision, private review between the student and the faculty supervisor may be arranged. It is not an option to delete this requirement from the course because of difficulties with the policies of a clinical agency. A student will receive a grade of Incomplete for a semester where this requirement is not met; this grade would keep a student from being able to progress to the next clinical experience semester until this requirement is met.

5. **Documentation Requirement**
Students are to document their internship experience through logs and other forms provided by the graduate program, in addition to any documentation (HIPAA related or other site specific documentation) required by the facility. Students are expected to keep the required
documents in an internship notebook to be reviewed by the faculty supervisor; completion of this requirement is included in the student’s final grade.

In coordination with the site supervisor, and in accordance with ethical and legal requirements, the student’s clinical paperwork will be reviewed by the faculty supervisor at various points throughout the semester. Such paperwork includes intake paperwork, progress notes, treatment plans, and termination summaries. (See Documentation of Clinical Experiences below for further details.)

6. Hour Requirements
   a. Definitions. CACREP defines direct service as "interaction with clients that includes the application of counseling, consultation, or human development skills. In general, the term is used in these standards to refer to time spent by practicum or internship students working directly with clients” (CACREP Standards, 2009).

   The following definitions are our best attempt to define the typical activities while on clinical experience. If a student has a question about how to categorize an activity while at the clinical placement, the student should ask the faculty supervisor.

   Direct Service Hours (DSH) - Direct service hours are defined as direct client care (face to face) with the student as the primary therapist/facilitator, with individual clients, couples, families or in a group experience. Students are encouraged to accumulate as many hours with individuals, couples, and families as possible. DSH may be gained outside of the counseling “office” if students are in a therapeutic interaction with a client or potential client in a different setting (e.g., while conducting community outreach and speaking one-on-one with a potential client about current stressors in that person’s life and the usefulness of counseling). This list gives examples of possible DSH activities.
   • individual counseling – intake or counseling session; in person or by phone*
   • group counseling – psychotherapy/counseling, support, psychoeducation
   • family counseling
   • couples’ counseling
   • play therapy
   • group guidance
   • parent/teacher consultation
   • Any activity with client present (e.g., researching resources, consultation with other professionals) that is supportive, therapeutic, reflective, relationship building, or leads to client insight

   *a student’s hours should not be composed predominantly of only phone hours

   Indirect Service Hours (ISH) - Indirect service (site) hours are hours spent in support of the Direct Service Hours. Examples of ISH are listed below. If a site requires the student to be involved in community outreach as part of the clinical experience, then no more than 5% of the total practicum/internship time should be spent in outreach activities, unless the student is also able to receive direct service hours as a part of the community outreach (such as example above).
   • supervision – individual or group; site or faculty supervision
   • trainings, workshops, conferences
• case staffing or treatment team
• consultation with other professionals
• observation of another professional’s or advanced student’s client session/intake for training purposes
• conversations regarding client issues
• reading literature related to practicum/internship
• client-related paperwork
• practicum/internship-related documentation and logs
• reviewing audio/visual tapes and preparing for video presentations
• other activities related to clinical skill improvement or class

**Group Hours** – Group hours should consist of a therapy or a process group experience. Interactive psychoeducational experiences or support groups are also encouraged.

**Supervision** – Supervision can occur in multiple ways. With the faculty supervisor, supervision can be group or individual (in person, phone call, video conferencing). With the site supervisor, supervision can be individual (in person, phone, video conferencing), triadic, or group. Supervision may also occur with other mental health professionals onsite who may not be the student’s assigned supervisor. Any time spent with a mental health professional onsite may be counted as supervision, if the conversation is related to client, site, or counseling issues.

We also encourage co-therapy experiences with supervisors; if a student is doing co-therapy with a supervisory staff member or more experienced student in a supervisory role, then the student must be the primary therapist or have a majority role during the session for the session to count as a direct service hour for that student (simple observation would count under supervision hours).

**7. Hour Requirements for Master of Science in Clinical Mental Health Counseling**

<table>
<thead>
<tr>
<th>Course</th>
<th>Total Hours (minimum)</th>
<th>Direct Service Hours (DSH) (minimum) counted as part of the total</th>
<th>Further Breakdown of DSH*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicum (COUN 6803)</td>
<td>150</td>
<td>40</td>
<td>Individual 40% min.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Group min.</td>
</tr>
<tr>
<td>Internship I (COUN 6903)</td>
<td>300 recommended</td>
<td>120 recommended</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>150 required</td>
<td>60 required</td>
<td>5</td>
</tr>
<tr>
<td>Internship II (COUN 6913)</td>
<td>300 recommended Total of 600 required for Internship I &amp; II</td>
<td>120 recommended Total of 240 required for Internship I &amp; II**</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong>*</td>
<td>750</td>
<td>280</td>
<td>112</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

*Specifications regarding Direct Service Hours (DSH): Students are required to complete 40% of the required/minimum hours as individual, families, couples’ sessions. Within the required hours, group
hours should be no more than 60%. Once a student has reached the required/minimum DSH for that course, there is no requirement regarding the distribution of the remaining DSH hours. For example, for Practicum, a student is required to complete 40 DSH hours. Of this 40 hours, 40% (16 hours) should be individual/family/couples; up to 60% (24) of the minimum/required can be group hours. After the 40 DSH minimum threshold is met, the additional DSH can be individual or group.

**By the end of Internship I & II, students are required to complete the entire 600 hours, which includes 240 direct service hours, of which 96 hours should be individual/family/couple clients.***

***By the end of the clinical experiences year, students are required to complete the entire 750 hours, which includes 280 direct service hours, of which 112 hours should be individual/family/couple clients.***

On Internship I & II, a student must have a minimum of 5 group hours each semester, though a student is strongly encouraged to actively seek, or even proactively create, group experiences in which to participate, even if not at the primary internship site. (See faculty supervisor and Clinical Director for ideas and additional contracts for add-on sites to meet the group hour requirements.) If a student is able to earn group hours during one internship course but not the other course, the requirement may be met by the student completing 10 group hours in one semester (e.g., if there is a change in internship site).

If a student notices that a large amount of the individual time is by phone, the minimum/required DSH will need to increase to insure a decent proportion of face to face time. Contact the faculty supervisor as soon as possible in order to reach a solution.

a. **No Carryover of Hours between Practicum & Internship I.** Students often ask if their hours from one semester can count for the following course’s requirements; for example, can extra Practicum hours count as Internship I hours? Per CACREP’s standards, Practicum hours cannot carry over into Internship I hours. A student may begin to accumulate Internship I hours at the end of the Practicum semester starting on the first day of exams, if all Practicum course material has been completed and submitted, and the faculty supervisor has entered a grade for Practicum. By starting Internship I hours during the exam period of Practicum, depending on the semester, a student may have an extra week or more to begin accumulating hours toward Internship I.

b. **Carryover between Internship I & II.** In order to complete the 600 hours required during Internship I & II, we recommend that students split the hours evenly (300 hours each semester) so that the pace of hours/week is even at the internship site. However, there are situations where hours may come more easily one semester than the other or one semester is a shorter summer term. For these reasons, Internship I & II hours are allowed “blend.” Blending Internship I & II hours can look one of two ways:

1. **Smaller Internship I/Larger Internship II.** A student may complete a minimum of half of the recommended Internship I hours, i.e., 150 total hours, which includes 60 direct service hours. The same percentage requirements for individual v. group hours is strongly suggested (i.e., 40% (24 hours) of the 60 are individual/couple/family). A student may receive a grade for Internship I if these requirements are met. We would expect that the remaining hours would be earned during Internship II. By the end of Internship II, students are required to complete the entire 600 hours, which includes
240 direct service hours, of which 96 hours should be individual/family/couple client hours.

2. Larger Internship I/Smaller Internship II. If a student has a very busy Internship I semester and finds that Internship II is slower or short (e.g., summer term), a student could complete 300 hours (with 120 direct service hours) early during Internship I. At that point, the student can start counting Internship II hours as soon as Internship I hours are completed. By the end of Internship II, students are required to complete the entire 600 hours, which includes 240 direct service hours, of which 96 hours should be individual/family/couple client hours.

However, if a student finishes the Internship II hours early, the student is expected to continue working at the site, as CACREP requires the clinical experience to be a full calendar year. In addition, contracts with sites are dated for an entire semester, and a student must honor the contract. A student may decrease the number of hours worked per week late in Internship II, if the site approves. However, the Counseling faculty encourage students to gain as much experience (i.e., direct service hours) as possible while at their sites.

Precise documentation of practicum and internship hours is required by every student, but especially by students who are completing internship hours at a unique pace, as in the examples above. Faculty supervisors are expected to review all documentation carefully to ensure that the student has completed the hours.

8. Option of Internship Continuation (COUN 6910)
Some students may reach the end of Internship II and find that they will not be able to complete the total 600 Internship I & II hours due to client flow issues at their sites. Students who are able to finish Internship II hours by the end of the first week of the next semester may do so with an ‘In Progress’ (IP) grade. This grade allows a student to continue working on that course with no penalty to the GPA. By extending the due date until the end of the first week of the next semester, it typically gives the student about 3 additional weeks to work on the hour requirement. When the hour requirements are met at the end of the first week of the next semester, a grade can then be entered by the Faculty supervisor. A student in this situation would not be allowed to graduate at the end of the Internship II semester. Graduation would occur at the end of the next semester after Internship II, assuming all other requirements have been met.

If a student is not able to complete the Internship II hours by the end of the first week of the next semester, the student will maintain the IP grade for Internship II. However, the student will be required to register for Internship Continuation (COUN 6910), in order to remain in a faculty supervision group until the hours are successfully completed. The student may leave the course as soon as the student’s Internship II hours are completed if the site supervisor approves, though a grade cannot be entered until the regular period at the end of the semester. A grade for Internship II cannot be submitted until the student has completed the requirements for the clinical experience year: 750 total hours, which includes 280 direct service hours, of which 112 hours should be individual/family/couple clients.
The Internship Continuation option is only available for students who have met site and university expectations in their attempts to complete Internship I & II hours. If a student has not reached the required hours due to unprofessional behavior or negligence at the site, the student will be failed for the course and required to repeat Internship II. Such situations will be considered by the faculty supervisor and the Clinical Director on a case by case basis.

Plans for continuing to see clients at the internship site beyond the Internship II course must be arranged with the Clinical Director and the site supervisor prior to the end of the Internship II semester. The Clinical Director and site supervisor should be notified of this request as soon as possible during the Internship II semester. The site supervisor will likely need to make arrangements for the student to stay for additional hours, especially as it relates to incoming internship students. The Clinical Director will need to draw up an additional contract to cover the student for the additional time at the site. The student will need to make arrangements to continue liability insurance through the ACA (or some other source), as the liability insurance purchased before practicum would expire in one year. Proof of insurance will be required before a student can continue working at the internship site beyond the Internship II course.

Situations where students have not completed Internship II requirements due to other missed course assignments will be subject to these same policies.

9. CACREP Course Requirements

Each clinical experience course is designed to meet a portion of the CACREP curriculum objectives. Tables outlining CACREP course objectives per course are available in the forms section. Clinical work onsite and activities/assignments for Lipscomb group supervision are designed to meet the CACREP objectives for each course.

V. Documentation of the Clinical Experience

A. Guidelines for Practicum/Internship Notebook

The Clinical Experiences Notebook is an integral part of a student’s clinical experience. As such, the student will be expected to keep it up-to-date and to bring it to each scheduled meeting. Functionally, it will be kept in a large 3-ring binder, and it will contain the following four (4) sections. Some students keep the same notebook throughout the three semesters of clinical experiences; others create one notebook per semester. The information in this notebook will be essential for the licensure process. It is critical to keep detailed and accurate records of the clinical experiences.

1. Section One: Agency Information

This section includes any written material provided by the agency discussing the mission of the agency, the target population, and explanation of the services offered. Examples include brochures, handouts, and pamphlets. This section serves to remind you of your practicum/internship facility, its characteristics, services, and intended population. In addition, include the Site Supervisor’s contact information, degree, and licensure for future reference.
2. Section Two: Documentation (Logs & Evaluations)

Each student is responsible for keeping accurate records of all hours during the clinical experience. [See the following section for more details regarding the practicalities of documentation.] Students are expected to keep all logs in this section of the notebook.

In addition, this section will also include the Site Supervisor Mid-term and Final Evaluations, the Faculty supervisor Final Evaluation and any other written feedback received during the semester.

3. Section Three: Client Information

The purpose of this section is two-fold. One, it is important to keep summary information about clients; however, anonymity must be maintained. Two, in order to develop appropriate documentation skills, samples of written case notes and summaries will be required for review by the Faculty supervisor and should be kept as a reference.

a. Summary of Pertinent Client Information. In the future, students will likely need summary information about the types of clients seen while in their practicum and internships, whether it be for future jobs, licensure, or application for additional graduate work. For each client seen throughout practicum or internship (even if it is only for one session), the student will need to record the information below. The Client Treatment Summary document (in forms section) has been prepared for this purpose. If the site has its own summary form which can be redacted (blacked out) and copied, a student may use that instead.

- Gender
- Age
- Ethnicity
- Total # sessions seen
- Presenting Problem
- Diagnosis
- Treatment Modality (Individual or Group; Outpatient or Inpatient)
- Treatment Methods (e.g., Cognitive–Behavioral Treatment, Existential)
- General Treatment Summary

Of course, the most critical piece is to maintain client confidentiality by removing all personal or identifying information (such as date of birth, location, job, or other specifics about the client). Use only a first initial or some other code that denotes the client. The summary should read as a generic piece on any client that age and gender, with that presenting problem.

b. Appropriate Documentation Skills. One key to being a successful professional counselor is having appropriate documentation skills. Knowing what to write and what to leave out and how to summarize in a succinctly professional manner is a skill that requires practice and feedback. Good documentation is critical anytime, but particularly in legal proceedings.

Therefore, in addition to the above summary information, the Faculty supervisor will require students to write case conceptualizations about some clients. These case
conceptualizations, as well as session progress notes will need to be included in the notebook for review and feedback. Guidelines for the written case conceptualizations are included in the forms section. Other documents which may be requested include intake summaries, individual client progress notes, treatment plans, and treatment summaries. Students can at times feel self-conscious about having these documents read; however, this feedback is essential to become proficient at documenting appropriately and succinctly.

All documents should be written to avoid a client’s identifying information (name, address, employment, location, etc.). If a note is being copied from paperwork at the site, it should be properly redacted, so that any site information or identifying client information is removed.

4. Section Four: Session Video/Audio Recordings
To increase the level of feedback on counseling skills, each student will be required to record sessions via video (or audio in certain facilities) for review in faculty supervision. Written consent will need to be secured using the Consent Forms in the Forms section and any site-specific consent form. Verbatim transcripts of portions of a counseling session will also be required for group supervision. Consent forms are included in the forms section.

This section should house the following items.
- Consent Forms (Adult and/or Minor), properly redacted.
- Transcript from sessions.
- Evaluation documents regarding video feedback.

B. Practicum & Internship Logs

Students are expected to maintain accurate records documenting their clinical hours. Forms are provided both in hardcopy format at Practicum Orientation and electronically through Googledrive to aid students in recording hours. See the Forms section for all logs.
- Documentation of Site Hours
- Documentation of Site Hours, Monthly Summary
- Documentation of Site Hours, Semester Summary

1. Documentation of Site Hours
Students are required to be diligent and prompt in completing their logs. Delays in recording logged time can cause forgetfulness and inaccuracies. Students should create the habit of good documentation, starting by tracking their daily time on site as the day progresses but no later than the end of that day.

The logs utilize codes to allow the student to adequately reflect the amount of time spent in each specific activity. Please refer to definitions under the Clinical Experiences: The Details section of this handbook or ask the faculty supervisor for any clarification. Students may use the codes to record any amount of time, though it is recommended that the student record time in no less than 15 minute increments. For example, if a student sees a client for a 50 minute session and then speaks with the site supervisor for 15 minutes to process the case, a student may count the 50 minute session as 1 hour of D-IND (Direct Contact: Individual) and
then log 15 minutes of supervision S-IS (Supervision: Individual Site). Any activity over 7.5 minutes can be rounded up to 15 minutes. See log for additional codes.

Site supervisors are required to sign each page of a student’s daily documentation of site hours. Students are expected to offer the records for review and signature no less than once per week.

2. Monthly & Semester Summaries

Each week, a student will transfer the worked hours per code to the Monthly Summary form; the entire month will then be totaled. Monthly totals are transferred to the Semester Summary form as they are completed.

Site supervisors and faculty supervisors must sign each monthly form and the semester total form. Students are expected to present records for review and signature at the end of each month.

At the end of the semester, the student will turn in the Semester Summary form to be included in the student’s permanent file. Students also need to keep copies of every form to document their hours for any future licensure-related documentation.

3. Clinical Experiences Summary Sheet

To aid in documentation of the Clinical Experience year, students will complete the Clinical Experiences Final Documentation form at the end of each semester. The student should record the hours for that semester and secure the site and faculty supervisor’s signatures. This form should be fully complete at the end of the clinical experiences year, a copy turned in to the faculty supervisor, and a copy kept for the student’s personal records. It is recommended that the student make multiple copies. This documentation may prove vital for future licensure documentation. See the forms section.

C. End of Semester Paperwork

At the end each semester, students and faculty supervisors should prepare the following paperwork for the student’s permanent file:

- LU Faculty Supervisor Evaluation Form
- Final Evaluation from Site Supervisor
- Mid-term Site Supervisor
- Semester Total Log with Client Demographic Sheet
- At end of Internship II: Year End Hour Summary Form
- Student Evaluation of Site
- Signed Syllabus
- Signed Best Practices for Supervision Agreement
- Group session notes (faculty supervisor will provide)

VI. Ethics for Clinical Experience
A. Ethical Standards

Students are expected to behave in a manner that is representative of the profession, Lipscomb University, the counseling program, and themselves. They must be ethical and professional at their sites and during group supervision.

Students are required to read, understand, and apply the professional ethical code of the counseling profession, the American Counseling Association Code of Ethics. The Ethics course is a prerequisite for Practicum. Students are bound by this code during the entire clinical experience. Any breaches of the ethical code will be treated seriously; such breaches may result in a grade deduction, retaking the clinical course, expulsion from the program, or some other disciplinary action. It is highly recommended that students familiarize themselves with these ethical standards. The ACA Code of Ethics can be found at the following web address: http://www.counseling.org/knowledge-center/ethics

B. Confidentiality

Students must be careful to protect the client’s confidentiality and also inform the clients of the limits to this confidentiality. Discussing the limits of the client’s confidentiality should occur during the first session. This subject can be addressed in this way:

- **Our communication is confidential, but there are a few reasons that this confidentiality might need to be broken.**

- **As I am a graduate student in training, I am using your case for the purpose of supervision and training. I will need to discuss your case with my site supervisor, [supervisor name] here at [agency]. I am also under the supervision of Dr. [supervisor name] at Lipscomb University. At LU, I sit on a team with a few classmates. When I need to discuss your case at either location, I will use only your first name or initials, and I will leave out identifying information. All of the people in these settings are under the same confidentiality requirements as I am. We all consider your confidentiality to be of the utmost importance. Therefore, I will discuss basic information about your case, but I will not reveal personal, identifiable information about you. Is that ok with you? Do you have any questions about this process?**

- **Your safety is my highest priority. If I determine that you are a danger to yourself, and I believe that you are not safe to be alone, I am required by law to break confidentiality so that we can involve others in order to keep you safe; this might be a family member or another medical professional. Together, we will decide how to proceed.**

- **If you reveal that you intend to harm someone else, my priority will be to keep you and that other person safe. I am required by law to report such threats to the police and to that other person.**

- **If you disclose abuse, neglect, or exploitation of a child, elderly, or disabled person by yourself or someone you know, I am required to report that information to the Department of Human Services.**

- **If I receive a court order to disclose information, then I must reveal the appropriate records.**

- **We can reveal any information you choose, if you direct me to release your records through a written release form (e.g., another medical professional, spouse, teacher).**

- **What questions do you have about your confidentiality and the limits to that confidentiality?**
Students have a tendency to rush through this information, almost as if they are scared to say it. Students are encouraged to explain the limits to confidentiality *slowly and thoroughly*, allowing time for questions. If there is an occasion requiring a need to breech confidentiality, clients should not be surprised by that necessity, if limits were discussed thoroughly at the beginning. Explaining things thoroughly at the beginning can save some mistrust and anger later in the process. Students are encouraged to practice speaking this information so that it flows easily and naturally. If the student is at ease, the client will be more at ease as well.

1. **Professional Disclosure Statement**

   In Practicum, students will be required to craft a professional disclosure statement to aid in the learning of this information. A sample is included in the Forms section. The statement must minimally include the following:
   - student status
   - counselor credentials
   - site and faculty supervisors’ credentials
   - risks and possible benefits to counseling
   - confidentiality defined and limits to confidentiality
   - information about referrals
   - contact information of the site supervisor and faculty supervisor

2. **Confidentiality in Family Situations**

   In the case of marriage and family therapy, it is important to determine who the client is. The limits of confidentiality in these situations will depend on the age of the client.

   In Tennessee, for children under 16 years old, parents are entitled to all health information of the child. However, the boundaries of what health information will be revealed should be discussed at the onset of counseling, with any information pertaining to the safety of the child immediately shared. While the parent consents to the child receiving mental health services, the child should be allowed to assent to the services as well. Between the ages of 16-18, the adolescent is able to choose the level of parental involvement, unless the treatment is initiated by the parent. If the parent initiates the treatment, then the guidelines for clients under 16 apply.

   In some family or couple situations, releases of information may need to be signed so that open communication regarding the client(s) care may occur.

   There are situations where students will need to keep information confidential (within limits) that the client discloses, even if it is without a family member’s knowledge.

   All of these situations can be tricky, and students should discuss them with the site and faculty supervisor to ensure that confidentiality and the laws are maintained appropriately.

3. **HIPAA & Other Federal and State Laws.**

   Without the client’s specific written consent, information cannot be requested or released. A copy of this release form must be kept in the client’s file. For minors or those not deemed competent to make that decision, a parent or guardian must authorize the action to release information. The main exception is when the client inflicts harm or is threatening to inflict
harm to himself/herself or others, as was discussed above. Students are expected to abide by all federal and state laws.

4. Discussing Client Information
Be tentative about discussing any clients around the agency, such as in the halls or waiting areas. Client information is to remain confidential and should be discussed in supervision and consultation only. Outside of the agency, conversations about clients should be limited to supervision. If any information is shared, it should be without any identifying information and not in public places.

5. Deciding When to Breech Confidentiality
The decision to breech a client’s confidentiality is never made solely by a student. Always discuss the situation in detail with the site supervisor first and then the faculty supervisor before determining to breech a client’s confidentiality. If it is an emergency situation, then a student may wait to contact the faculty supervisor after the crisis has been resolved.

6. Maintaining Client Records
Under HIPAA, client records must consistently remain behind a minimum of two locks. At the site, this is likely the file room or an office, with locked file drawers and outer door, and then the agency door (3 levels). Any treatment notes brought for faculty review should be properly and thoroughly redacted (blacked out) at the site, not outside of the agency; they should be cared for in the manner listed above, maintaining a minimum of two locks while in transit (e.g., place in a locked bag, in trunk of car).

7. Social Networking
Students should never accept a client as a “friend” or expose a client through pictures, posts, tweets, or otherwise as part of their social networks, since doing so constitutes confidentiality and boundary violations. Additionally, any information that might lead to the identification of a client or represent a violation of client confidentiality is a breach of the ethical standards that govern the practice of a counselor or counselor in training and is illegal. Engaging in these types of actions could result in the student being dismissed from the program.

C. E-Counseling
E-Counseling/Tele-health/Tele-MentalHealth is a hot trend in the healthcare industry which is here to stay. While it sounds very convenient and easy, there are many legal, ethical, and safety issues which must be considered before a counselor engages in online counseling. Currently, Lipscomb Graduate Counseling students are NOT allowed to engage in online counseling for any reason at any site. If a student is asked to conduct online counseling at the practicum/internship site, the student should inform the site supervisor of the Lipscomb policy. If there are questions, the faculty supervisor or Clinical Director can clarify our policy with the site supervisor. In order for counseling to occur online with clients, these and other regulations should be met:
- The therapist must be licensed in the state where the client resides.
- A HIPAA compliant means of communication must be utilized (Skype is not HIPAA compliant, nor are cell phones or regular email). Video and email programs with HIPAA level encryption must be used.
• Security measures must be established to maintain confidentiality for the client, including passcodes and means of knowing that communication is only occurring with the client. For example, if you receive a text message from your ‘client,’ is it really from the client or possibly the client’s husband using the client’s phone?
• Safety procedures must be in place so that a client’s safety can be protected should the client have suicidal ideation/plan. What will the therapist do if the client claims to have suicidal ideation and a plan but then goes offline and will not respond to the therapist’s attempts at contact? If a client expresses homicidal ideation, are mechanisms in place so that you could contact local police and they would take your word seriously? How do the police know that you are legitimate?

VII. Additional Policies

A. Video Procedures

To increase the level of feedback for students while they are in clinical experiences, each student will be required to record sessions via video (or audio in certain facilities) for review in faculty supervision. Written consent will need to be secured using the Consent Forms in the Forms section and any site-specific consent form.

No friends, peers, faculty members, relatives, neighbors, etc. are allowed to be clients for videos. The faculty supervisor and supervision team are to review the videos and to give constructive feedback to the student. If, because of agency policies or space limitations, both the client and counselor cannot be viewed in the video (always preferable), then the counselor must be the one shown, not the client. If a facility has a policy against taping or if tapes are not allowed to leave the facility, an alternate arrangement for similar observation and feedback will have to be arranged with the faculty supervisor and Clinical Director. It is not an option to delete this requirement because of difficulties with the policies of a clinical agency. If you submit an audiotape (versus a videotape), you are required to submit a verbatim transcript of the counseling session. Transcripts of video sessions may also be required.

Client confidentiality is the student’s responsibility. All video and audio recordings should be handled carefully and sensitively. At Practicum Orientation, students are provided with a Kingston 8GB DataTraveler Locker flash drive. The flash has AES Encryption (256-Bit) Data Security. The encrypted flash drive requires a password to access the data on the flash drive. Students should develop a password 16 characters long, with at least 3 upper case letter, digits, or symbols. When the flash drive is initially inserted into the computer, the student will find the User Manual and installation files. Students should follow the installation directions to install and customize the drive. All client recordings should be stored on this flash drive only. Students should delete videos off of the recording device (e.g., laptop, ipad, iphone, camera) as soon as possible.

Be cautious about where the flash drive is stored, making sure to maintain its security behind two locks (as discussed above). When faculty request to view the full video (after a portion is shown in group supervision), the password will have to be shared. After recordings have been reviewed and the flash drive returned to the student, the student should delete the recording off of the flash drive and destroy any paperwork associated with the case presentation.
VIII. Expectations for Professionalism at Site

A. Professionalism

As a representative of yourself, LU, and the Graduate Counseling Program, exhibiting professional behavior is a must. Such behaviors may include compliance with the dress code of your facility (see below), compliance with all of the site’s policies just as a paid staff member would be required to do, being on time for your duties, and using appropriate language at your site. We expect that you will only miss work for legitimate reasons (e.g., sickness, family emergency, poor weather conditions, etc.) giving proper notice to your supervisor as soon as possible and always before your shift was to begin. To be as successful as possible, we suggest that you demonstrate a positive attitude which shows a willingness to try new things, that you are flexible with changes that occur at the site, that you receive feedback appropriately, and that you strive to be a team player.

1. Professional Dress
   Dress professionally and appropriately at both your site and during group supervision. Any clothing that is low-cut, too short, or too tight is probably inappropriate. Be wary of dressing in a way that is distracting to your clients, colleagues, or supervisors. If you are uncertain about a garment, please ask your site or faculty supervisor.

2. Site Policies
   Each site will have its own specific procedures and policies; it is the student’s responsibility to obtain and understand these as well.

3. LU Code of Student Conduct
   Because Lipscomb’s primary mission is to integrate Christian faith and practice with academic excellence, integrity is important in this course. Your Faculty supervisor will deal with each student fairly and honestly. As students, you are expected to do your own work on all assignments unless expressly indicated that collaboration is allowed on a specific assignment. Penalties for integrity violations will range from failure on the assignment involved to failure in the course. The instructor also reserves the right to report violations to members of the administration. For clarification, refer to the Graduate Student Handbook, University’s Code of Conduct (http://campuslife.lipscomb.edu/content.asp?SID=41&CID=306) and Academic Integrity Policy (http://academics.lipscomb.edu/content.asp?CID=5329&SId=12).

B. Policy on Social Networking

Students who use social networking sites (e.g., Facebook, MySpace, Twitter) and other forms of electronic communication should be mindful of how their communication may be perceived by potential clients, clients, colleagues, faculty, site supervisors, and other mental health professionals. As such, students should make every effort to minimize visual or printed material that may be deemed inappropriate for a professional counselor. To this end, students should set all security settings to “private” and should avoid posting information/photos or using any language that could jeopardize their professional image. Students should consider limiting the amount of personal information posted on these sites.

(Adapted with permission from Arizona State University’s Counseling and Counseling Psychology program’s Master of Counseling Program Guide, May 2011).
C. Issue of Payment

Students are not allowed to be paid for any practicum or internship work. While it is possible for a student to do a practicum at his/her work location, the practicum/internship duties and hours logged should be completely separate from the duties for which the student is compensated.

D. Workplace Safety

In an effort to maintain student and client safety, no student will be permitted to conduct therapy with a client while alone at the practicum/internship facility. If the site permits, a student may be alone to complete paperwork or site specific work. Students must schedule clients during hours when at least one staff member is present at the site. If that staff person is not a licensed mental health professional, then a formal crisis plan must be documented so that the student knows how to reach his/her supervisor should the need arise. The staff member should be aware that the student may need to utilize the aid of the staff member in an emergency (e.g., for phone calls or other assistance).

E. Student Performance

It is understood that practicum and internship experiences are processes and that personal and professional growth are part of this process. Students are expected to be open to their own self-exploration, to be willing to examine their counseling interaction and skill development, and to be open to the process of supervision. Integration of theoretical knowledge and practical experience is expected. Nevertheless, sometimes students do not progress through training as expected or desired.

If student performance is of concern, site supervisors are expected to immediately share these concerns with both the student and the faculty supervisor. Faculty supervisors can then be very helpful in assisting the training process by, for example, changing the nature of the supervision process or increasing the amount of supervision.

In addition there are occasions when ethical concerns are present. Effective performance of counseling duties, while adhering to professional ethics, is a part of the skill set students need to develop. Accordingly the graduate counseling faculty believes it to be part of their duty to assure that students have opportunities to openly discuss issues of ethical behavior and furthermore to ascertain that they have sufficient support to correct behavior which may be problematic. Any concern about ethical behavior, difficulty with boundaries, and/or moral decision making should be shared with the faculty supervisor immediately. The faculty supervisor, in consultation with both student and site supervisor, will determine the best course of action to avoid an ethical violation.

If a student has broken a law or ethical code, the faculty supervisor will present the situation to the Performance Review Committee for review and action. See the Graduate Studies in Counseling Program Handbook for complete details on this process. A Performance Improvement Plan may be created to help the student continue training successfully. In addition, the Program Director could require the student to withdraw from the placement or to withdraw from the program. The intent is always foremost to protect client welfare.

(This section borrowed with permission from Department of Counseling, Gallaudet University, August 2010.)
F. Expectations of Lipscomb Faculty Supervision Groups

1. Attendance
   a. Practicum. Practicum supervision groups meet weekly throughout the semester for 2 hours/week. During the fall/spring, this will be approximately 15 meetings. Occasional individual or triadic meetings may be substituted or held in addition to the normal group meetings.
   b. Internship I & II. Internship supervision groups meet biweekly throughout each semester, resulting in approximately 8 supervision meetings. Occasional individual or triadic meetings may be substituted or held in addition to the normal group meetings.

2. Personal Disclosure
Supervision is not intended to provide the supervisee with counseling or therapy, although personal issues may be discussed as they are relevant to client treatment. If personal issues or concerns arise that interfere with or negatively impact client care, the student should seek support to immediately resolve these issues.

In supervision group, we expect that everyone will respect each other’s privacy. Confidentiality will only be broken by the faculty supervisor in the following situations: 1) the completion of necessary documentation regarding your performance during the semester, 2) any situation where the treatment of a client violates legal or ethical standards, 3) any situation when problems or disagreements between the student and the faculty supervisor do not seem resolvable and outside consultation with the Clinical Director is required, and 4) situations where disciplinary action or termination of the student is being considered.
IX. Forms and Supporting Documents
INTENT TO PURSUE PRACTICUM

Date __________________________

_______________________________________________________________________________________________

Name ____________________________________________

_______________________________________________________________________________________________

L# __________________________

Email Address ____________________________

Cell Phone ____________________________

<table>
<thead>
<tr>
<th>Title</th>
<th>Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Counseling Skills</td>
<td>3</td>
</tr>
<tr>
<td>Introduction to Clinical Mental Health</td>
<td>3</td>
</tr>
<tr>
<td>Introduction to Psychopathology and Adaptive Behavior</td>
<td>3</td>
</tr>
<tr>
<td>Theories of Counseling and Personality</td>
<td>3</td>
</tr>
<tr>
<td>Ethics and Professional Issues</td>
<td>3</td>
</tr>
<tr>
<td>Advanced Psychopathology</td>
<td>3</td>
</tr>
<tr>
<td>Effective Counseling and Treatment Planning</td>
<td>3</td>
</tr>
<tr>
<td>Multicultural Issues in Counseling</td>
<td>3</td>
</tr>
<tr>
<td>Substance Abuse Counseling</td>
<td>3</td>
</tr>
<tr>
<td>Practicum</td>
<td>3</td>
</tr>
<tr>
<td>Internship I</td>
<td>3</td>
</tr>
<tr>
<td>Internship II</td>
<td>3</td>
</tr>
</tbody>
</table>

Describe your areas of interest (type of site, population, type of problems) and goals for this experience.

If you could see yourself 5-7 years from now, what would be your ideal work setting/job?

Semester Intending to begin Practicum

Fall
Spring
Summer

Deadline for Filing Intent to Pursue Practicum Form

November 15 of prior fall
April 1 of prior spring
September 1 of prior year

Student Signature

__________________________________________
### TIMELINE FOR NAVIGATING YOUR CLINICAL EXPERIENCE

#### 9-12 months before Practicum:

<table>
<thead>
<tr>
<th>✓ when completed</th>
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<tbody>
<tr>
<td>Complete Plan of Study (POS) with advisor to determine best timeline for you</td>
</tr>
<tr>
<td>File Intent to Pursue Practicum Form with Clinical Director by deadline</td>
</tr>
<tr>
<td>Review Potential Practicum Site List</td>
</tr>
<tr>
<td>Meet with Clinical Director for advising &amp; approval to start search process</td>
</tr>
<tr>
<td>Develop Curriculum Vita</td>
</tr>
<tr>
<td>Begin contacting potential sites via phone and email</td>
</tr>
<tr>
<td>Perfect CV and write specific cover letters for EACH site</td>
</tr>
<tr>
<td>Set up &amp; go on interview(s)</td>
</tr>
<tr>
<td>Keep Clinical Director updated on your progress with occasional emails</td>
</tr>
</tbody>
</table>

#### APPLY & RECEIVE PROMOTION TO CANDIDATE STATUS

#### Once you’ve secured a site:

<table>
<thead>
<tr>
<th>✓ when completed</th>
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</thead>
<tbody>
<tr>
<td>Gather required information from site for Clinical Director</td>
</tr>
<tr>
<td>Notify Clinical Director of placement and required site information (see below)</td>
</tr>
<tr>
<td>Facility name, address, phone #</td>
</tr>
<tr>
<td>Supervisor’s name, degree &amp; licensure information</td>
</tr>
<tr>
<td>Supervisor’s best contact information (cell phone and email)</td>
</tr>
<tr>
<td>Planned start &amp; end dates (including orientations)</td>
</tr>
<tr>
<td>Level of Clinical Experience (Practicum, Internship I, Internship II)</td>
</tr>
</tbody>
</table>

**Deadlines:** For Fall semester, we must know site information by July 1. For spring semester, we must know site information by November 1. For summer semester, we must know site information by April 1.

#### 6-8 weeks before start date of semester:

<table>
<thead>
<tr>
<th>✓ when completed</th>
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</thead>
<tbody>
<tr>
<td>MAKE SURE YOU HAVE RECEIVED CANDIDATE STATUS</td>
</tr>
<tr>
<td>Watch for emails regarding supervision sections and contracts</td>
</tr>
<tr>
<td>Contracts:</td>
</tr>
<tr>
<td>Pick up 2 copies of the contract from Administrative Assistant. (You will be notified via email when your contract is ready to be picked up)</td>
</tr>
<tr>
<td>Secure site supervisor’s signature and sign contracts yourself.</td>
</tr>
<tr>
<td>Return 2 signed contracts to Graduate Counseling office by deadline</td>
</tr>
<tr>
<td>Register for assigned supervision section (this cannot occur until your contract is returned)</td>
</tr>
<tr>
<td>Purchase any required books</td>
</tr>
</tbody>
</table>

#### 1 month before:

<table>
<thead>
<tr>
<th>✓ when completed</th>
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</thead>
<tbody>
<tr>
<td>Attend Practicum orientation</td>
</tr>
<tr>
<td>Buy a large notebook (2” is recommended) for multiple semesters work of paperwork</td>
</tr>
<tr>
<td>Print multiple copies of necessary forms for notebook</td>
</tr>
<tr>
<td>Work on acquiring a professional wardrobe</td>
</tr>
<tr>
<td>Join American Counseling Association; print off liability insurance certificate/proof</td>
</tr>
<tr>
<td>Print 3 copies of appropriate version of Best Practices for Supervision Agreement. Arrange first meeting with site supervisor. At that meeting, go over Agreement; secure signatures and bring to first faculty supervision meeting.</td>
</tr>
</tbody>
</table>
## POTENTIAL PRACTICUM/INTERNSHIP SITES

### Settings

#### Churches:
- The Babb Center
- Christ Community Church
- Madison Church of Christ

#### Universities/School:
- Father Ryan High School
- Lipscomb University Counseling Center
- Trevecca Nazarene University Counseling Center
- Vanderbilt University Counseling Center
- Lipscomb Academy (coming soon!)

### Government:
- Domestic Violence Division- Metro Nashville Police
- Drug Court, 21st – Williamson County
- Victim Intervention Program

### Inpatient/Residential:
- Elam Center @ Meharry Hospital
- Group Effort Foundation
- Oak Plains Academy
- The Ranch
- Skyline Medical Center
- Youth Villages

### Populations

#### Addiction/Dependencies:
- Bradford Health Services
- Centerstone
- Cumberland Heights
- Drug Court, 21st – Williamson County
- Elam Center @ Meharry Hospital
- Integrative Life Center
- Marc Center
- Mending Hearts (serves women only)
- Nashville Cares
- New Life Lodge
- The Next Door (serves women only)
- Park Center
- The Ranch
- The Renewal House (serves women only)
- Skyline Medical Center (outpatient)
- Christ Community Church
- Cumberland Heights
- Daystar Counseling Ministries
- Domestic Violence Division- Metro Nashville Police
- Drug Court, 21st – Williamson County
- Elam Center @ Meharry Hospital
- Family & Children’s Services of Davidson County
- Hope Clinic for Women
- Integrative Life Center (eating disorders, addiction, compulsive behavior, trauma)
- Life Care Family Services
- Lipscomb University Counseling Center
- Madison Church of Christ
- Marc Center
- Mending Hearts (serves women only)
- Mental Health Cooperative
- Nashville Cares (HIV/AIDS)
- New Life Lodge
- Park Center
- Pastoral Counseling Centers of Tennessee
- Realistic Interventions
- Refuge Counseling Center
- Restore Ministries
- Sexual Assault Center
- Skyline Medical Center (outpatient)
- Steward Mental Health
- The Babb Center
- The Guidance Center (Murfreesboro, Franklin)
Potential Practicum Sites (cont.)

**Adult/general practice continued...**
- The Next Door (serves women only)
- The Ranch
- The Refuge Center for Counseling
- The Renewal House (serves women only)
- TN Department of Corrections
- Trevecca Nazarene University
- Vanderbilt University
- Victim Intervention Program
- Woodmont Hills
- Youth Villages

**Children/adolescent/family: (also see Adult/general practice)**
- AGAPE
- Bradford Health Services
- Catholic Charities
- Centerstone
- Daystar Counseling Ministries
- Family & Children’s Services
- Father Ryan High School
- Life Care Family Services
- Madison Church of Christ
- Mercy Children’s Clinic
- Nashville Children’s Alliance
- New Life Lodge
- Oak Plains Academy
- Pastoral Counseling Centers of Tennessee
- Realistic Interventions
- Restore Ministries
- Safe Haven (homeless family shelter)
- Sexual Assault Center
- Skyline Medical Center
- The Babb Center
- The Refuge Center for Counseling
- The Renfrew Center (eating disorders)
- Youth Villages

**Eating Disorders:**
- Integrative Life Center
- The Ranch
- The Renfrew Center

**Faith/Spirituality-based Agencies:**
- AGAPE
- Branches Recovery
- Catholic Charities
- Christ Community Church
- Daystar Counseling Ministries
- Father Ryan High School
- Life Care Family Services
- Lipscomb University Counseling Center
- Madison Church of Christ
- Pastoral Counseling Centers of Tennessee
- Restore Ministries
- The Babb Center
- The Refuge Center for Counseling
- Trevecca Nazarene University Counseling Center

**Geriatric Adults:**
- Catholic Charities
- Douglas Emerson
- Various Nursing Homes

**Homeless Population:**
- Park Center (individual)
- Safe Haven (families)

**Prison/legal system:**
- Domestic Violence Division- Metro Nashville Police
- Mental Health Cooperative – Jail track
- TN Department of Corrections
- Victim Intervention Program
AGREEMENT OF BEST PRACTICES FOR SUPERVISION: COUN 6803 PRACTICUM

Site Supervisor, Faculty Supervisor, and Student Responsibilities

Term of Agreement:

_______________________________ to __________________________
Month/Day/Year                  Month/Day/Year

Student Information

Student Name: ________________________________

Address: ________________________________________________________________

City: ____________________________ State: _______ Zip: ________________________

Mobile: ___________________________ Emergency Contact/Phone_______________

LU E-mail: __________________________________________________________

Site Supervisor Information

Name of Site: ____________________________________________________________

Site Supervisor (with degree and credentials): ________________________________

Address of Site: __________________________________________________________

Office Phone: ____________________________ Mobile: _________________________

Site Supervisor e-mail: __________________________________________________

Introduction to Supervision Contract

This document is intended to establish parameters of supervision and provide clarity for site supervisor, student, and faculty roles and responsibilities in order to best assist in the student’s professional development and to protect the client.

Site Supervisor Qualifications

The Site Supervisor meets the following qualifications:

1. Has a minimum of a master’s degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. Has a minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Has relevant training in counseling supervision.
4. Is knowledgeable of the program’s expectations, requirements, and evaluation procedures for students.
5. Has participated in supervision orientation with the Clinical Director.
6. Will take advantage of assistance, consultation, and professional development opportunities provided by counseling program faculty as needed.
7. Will continue to pursue supervision training to maintain and cultivate competency in this area.
Site Supervisor Administrative Roles and Responsibilities

1. Orient the student to the mission, goals, objectives, and procedures of the site/agency.
2. Negotiate practicum hours and responsibilities with the students, utilizing this agreement as a starting point.
   Students completing Practicum are required to complete 150 total hours. Direct service hours are defined below.
3. Provide on the job training which aids the student in being successful in the agency and the profession.
4. Provide weekly supervision with each practicum student that averages one hour per week of individual and/or triadic supervision throughout the practicum. Supervision meetings will meet at the following day and time: _________________________________________. If the supervision time needs to be rescheduled by either party, notification of absence and new date/time should occur as quickly as possible, no later than the end of the same week.
5. Provide _____ hour(s) of group supervision per week, assuming group supervision is a normal event at the site. Group supervision meetings will meet at the following day and time: ________________________________________
6. Develop goals and objectives with the student for his/her experience early in the semester.
7. Observe a student’s interactions with clients through two audio/video recordings and/or live supervision each semester. Supervisor will offer feedback to the student from such observations.
8. Aid supervisee in securing video sessions, as help is needed, in order to meet course requirements, including securing a private office space for the student’s use.
9. Utilize a variety of modalities including review of tapes, progress notes, discussion of live observation, instruction, modeling, mutual problem solving, and role-play in supervision sessions.
10. Review student’s progress notes, intake paperwork, and treatment plans for accuracy and compliance on a weekly basis.
11. Ensure that there is a fully licensed individual on-site and available whenever a student is seeing clients. In addition, site supervisors or another qualified staff member must accompany students on all home visits or any direct service outside of the agency.
12. Complete formal mid-term and final evaluation of student performance. Site supervisors will discuss midterm and final evaluation with faculty supervisor and student, and will sign the evaluations along with faculty supervisors and students.
13. Meet with faculty supervisors upon request for midterm and, possibly, final evaluations. Communicate student’s progress at regular intervals throughout the semester, as requested by faculty supervisor, e.g., by email or phone call.
14. Communicate any concerns regarding supervisee’s performance or behavior to faculty supervisor as soon as possible.
15. Create appropriate case load for student, assisting the student in obtaining 40 hours of direct service (DSH) with clients during the semester (direct service hours are included as part of the 150 total hours).
   Direct service with clients may include conducting initial intakes, individual counseling, group counseling, and family or couples counseling. Direct service may only include hours spent in the above mentioned capacities to actual clients at the agreed upon site. Of the 40 DSH, 40% (16 hours) should be individual/family/couples; up to 60% (24) of the minimum/required can be group hours. After the 40 DSH minimum threshold is met, the additional DSH can be individual or group.
16. Sign student logs weekly which document the student’s completion of hours.
17. Discuss and model ethical and legal behavior, specifically in the areas of client confidentiality and necessary breaches of confidentiality.
18. Treat supervisee disclosures with discretion.
19. Be available to the supervisee as needed at __________________________ (phone) or on-call supervisor at ________________. The supervisor must be contacted for all emergency situations.
20. Refrain from charging the student for site supervision.
Agreement of Best Practices for Supervision: COUN 6803 Practicum (cont.)

Site Supervisor Clinical Roles and Responsibilities
1. Establish informed consent for all aspects of supervision.
2. Oversee and monitor all aspects of client case conceptualization and treatment planning.
3. Review video/audio tapes outside of supervision session.
5. Assist in development of goals and tasks to achieve in supervision specific to assessed competencies.
6. Challenge and problem solve with supervisee.
7. Provide interventions for clients and directives for clients at risk.
8. Identify theoretical orientation(s) used in supervision and in therapy and takes responsibility for integrating theory in supervision process, assessing supervisee theoretical understanding/training/orientation(s).
9. Identify and build upon supervisee strengths as defined in competency assessment.
10. Introduce and model use of personal factors including belief structures, worldview, values, culture, transference, countertransference, parallel process, and isomorphism in therapy and supervision.
11. Identify and address strains or ruptures in the supervisory relationship.
12. Distinguish administrative supervision from clinical supervision and ensures the supervisee receives adequate clinical supervision.
13. Clearly distinguish and maintain the line between supervision and therapy.
14. Ensure a high level of professionalism in all interactions.
15. Discuss and ensure understanding of all aspects of the supervisory process in this document and the underlying legal and ethical standards from the onset of supervision.

CACREP Competency Expectations
It is expected that supervision will occur in a competency-based framework. Below you will find the course objectives that the supervisee is required to achieve in this course. Supervisees should self-assess clinical competencies (knowledge, skills, and values/attitudes), and supervisors should compare supervisee self-assessments with their own assessments based on observation and discussion of supervisee’s clinical work. Supervisors should observe, evaluate, and strive toward developing supervisee’s growth in the following CACREP standards:

Practicum Course Objectives

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE II.G.5.B.</td>
<td>Counselor characteristics and behaviors that influence helping processes</td>
</tr>
<tr>
<td>CORE II.G.5.C.</td>
<td>Essential interviewing and counseling skills</td>
</tr>
<tr>
<td>CORE II.G.5.G.</td>
<td>Crisis intervention and suicide prevention models, including the use of psychological first aid strategies.</td>
</tr>
<tr>
<td>CMHC.A.2.</td>
<td>Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling</td>
</tr>
<tr>
<td>CMHC.A.3.</td>
<td>Understands the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams</td>
</tr>
<tr>
<td>CMHC.A.6.</td>
<td>Recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders.</td>
</tr>
<tr>
<td>CMHC.B.1.</td>
<td>Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.</td>
</tr>
<tr>
<td>CMHC.C.7.</td>
<td>Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.</td>
</tr>
<tr>
<td>CMHC.D.1.</td>
<td>Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.</td>
</tr>
<tr>
<td>CMHC.D.2.</td>
<td>Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.</td>
</tr>
</tbody>
</table>
### Agreement of Best Practices for Supervision: COUN 6803 Practicum (cont.)

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMHC.D.5.</td>
<td>Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.</td>
</tr>
<tr>
<td>CMHC.D.6.</td>
<td>Demonstrates the ability to use procedures for assessing and managing suicide risk.</td>
</tr>
<tr>
<td>CMHC.D.7.</td>
<td>Applies current record-keeping standards related to clinical mental health counseling.</td>
</tr>
<tr>
<td>CMHC.D.9.</td>
<td>Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.</td>
</tr>
<tr>
<td>CMHC.E.2.</td>
<td>Understands the effects of racism, discrimination, sexism, power, privilege, and oppression on one’s own life and career and those of the client.</td>
</tr>
<tr>
<td>CMHC.F.3.</td>
<td>Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.</td>
</tr>
<tr>
<td>CMHC.H.1.</td>
<td>Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.</td>
</tr>
<tr>
<td>CMHC.H.2.</td>
<td>Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.</td>
</tr>
<tr>
<td>CMHC.H.3.</td>
<td>Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.</td>
</tr>
<tr>
<td>CMHC.L.1.</td>
<td>Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.</td>
</tr>
<tr>
<td>CMHC.L.2.</td>
<td>Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.</td>
</tr>
</tbody>
</table>

### Student Duties and Responsibilities

1. Uphold and adhere to ACA Ethical Principles of Counselors and Code of Conduct.
2. Review client video/audiotapes before supervision.
3. Come prepared to discuss client cases with files, completed case notes and prepared with conceptualization, questions, and literature on relevant evidence-based practices.
4. Present completed treatment notes for all sessions for the past week for supervisor review.
5. Is prepared to present integrated case conceptualization that is culturally competent.
6. Use supervision to discuss personal factors, transference, countertransference, and parallel process, as they relate to performance of counseling duties, specifically issues which may inhibit performance or appropriate engagement with clients.
7. Identify goals and tasks to achieve in supervision to attain specific competencies.
8. Identify specific needs relative to supervisor input.
9. Identify strengths and areas of future development.
10. Understand the liability (direct and vicarious) of the supervisor with respect to Student practice and behavior.
11. Identify to clients his/her status as Student, the supervisory structure (including supervisor access to all aspects of case documentation and records), and name of the clinical supervisor.
12. Disclose errors, concerns, and clinical issues as they arise.
13. Raise issues or disagreements that arise in supervision process to move towards resolution.
14. Provide feedback weekly to supervisor on supervision process.
15. Respond non-defensively to supervisor feedback.
16. Consult with supervisor or delegated supervisor in all cases of emergency.
17. Implement supervisor directives in subsequent sessions or before as indicated.
Agreement of Best Practices for Supervision: COUN 6803 Practicum (cont.)

**Faculty Supervisor Qualifications**
1. Has doctoral degree and/or appropriate counseling preparation, preferably from a CACREP-accredited counselor education program.
2. Has relevant experience and appropriate credentials/licensure and/or demonstrated competence in counseling.
3. Has relevant supervision training and experience.

**Faculty Administrative Roles and Responsibilities**
1. Develop and agree to a supervision contract developed for each student to define the roles and responsibilities of the faculty supervisor, site supervisor and student during practicum.
2. Provide at least an average of 1.5 hours per week of group supervision provided on a regular schedule throughout the practicum. Group supervision meetings will meet at the following day and time: ______________________________. If the supervision time needs to be rescheduled by either party, notification of absence and new date/time should occur as quickly as possible, no later than the end of the same week.
3. Observe a student’s interactions with clients through audio/video recordings and/or live supervision and provide prompt feedback on such recordings.
4. Provide regular feedback to students they supervise about their development as counselors.
5. Consult with site supervisors regularly regarding student progression and specifically regarding mid-term and final evaluations.
6. Discuss such evaluations with students, offering feedback in a timely manner.
7. Intervene in student-site supervisor conflict in a timely and appropriate manner to maintain student learning.
8. Review a sample of student’s progress notes, intake paperwork, and treatment plans for accuracy and compliance.
9. Facilitate learning opportunities during group supervision through a variety of opportunities: didactic, discussion, student-led, videos, and other media/technology.
10. Complete an end-of-semester evaluation of the student, which includes feedback from the site supervisor, assigning the earned grade for the course.
11. Facilitate end-of-semester feedback regarding the final evaluation.

**Faculty Clinical Roles and Responsibilities**
In addition to normal teaching responsibilities of course requirements, the faculty supervisor will be responsible for the following.
1. Provide a safe environment for student growth within group supervision.
2. Assist in development of goals and tasks to achieve in supervision specific to assessed competencies.
3. Challenge and problem solve with supervisee.
4. Identify and build upon supervisee strengths as defined in competency assessment.
5. Monitor student counter-transference and provides safe place for discussion.
7. Identify and addresses strains or ruptures in the supervisory relationship.
Statement of Agreement
The contract may be revised at the request of student or supervisor. Revisions will be made only with consent of student and approval of site supervisor and faculty supervisors.

We, ____________________________ (student) and ____________________________ (site supervisor) and ____________________________ (faculty supervisor) agree to follow the directives laid out in this supervision agreement and to conduct ourselves in keeping with the ACA Ethical Principles and Code of Conduct and Tennessee laws and regulations.

___________________________________________________     ______________________ Site Supervisor
Date

___________________________________________________     ______________________ Student
Date

___________________________________________________     ______________________ Faculty Supervisor
Date
AGREEMENT OF BEST PRACTICES FOR SUPERVISION: COUN 6903 INTERNSHIP I

Site Supervisor, Faculty Supervisor, and Student Responsibilities

Term of Agreement:

____________________________________ to ____________________________________
Month/Day/Year                        Month/Day/Year

Student Information

Student Name: ____________________________________________________________________

Address: _________________________________________________________________________

City: __________________________ State: _______ Zip: ________________________________

Mobile: __________________________ Emergency Contact/Phone________________________

LU E-mail: ________________________________________________________________

Site Supervisor Information

Name of Site: ___________________________________________________________________

Site Supervisor (with degree and credentials): _______________________________________________________________________

Address of Site: __________________________________________________________________________

Office Phone: __________________________ Mobile: __________________________

Site Supervisor e-mail: ________________________________________________________________

Introduction to Supervision Contract

This document is intended to establish parameters of supervision and provide clarity for site supervisor, student, and faculty roles and responsibilities in order to best assist in the student’s professional development and to protect the client.

Site Supervisor Qualifications

The Site Supervisor meets the following qualifications:

1. Has a minimum of a master’s degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. Has a minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Has relevant training in counseling supervision.
4. Is knowledgeable of the program’s expectations, requirements, and evaluation procedures for students.
5. Has participated in supervision orientation with the Clinical Director.
6. Will take advantage of assistance, consultation, and professional development opportunities provided by counseling program faculty as needed.
7. Will continue to pursue supervision training to maintain and cultivate competency in this area.
Agreement of Best Practices for Supervision: COUN 6903 Internship I (cont.)

Site Supervisor Administrative Roles and Responsibilities

1. Orient the student to the mission, goals, objectives, and procedures of the site/agency.
2. Negotiate internship hours and responsibilities with the students, utilizing this agreement as a starting point. Students completing Internship I are required to complete 300 total hours. Direct service hours are defined below.
3. Provide the job training which aids the student in being successful in the agency and the profession.
4. Provide weekly supervision with each internship student that averages one hour per week of individual and/or triadic supervision throughout the internship. Supervision meetings will meet at the following day and time: _________________________________. If the supervision time needs to be rescheduled by either party, notification of absence and new date/time should occur as quickly as possible, no later than the end of the same week.
5. Provide _____ hour(s) of group supervision per week, assuming group supervision is a normal event at the site. Group supervision meetings will meet at the following day and time: ________________________________

6. Develop goals and objectives with the student for his/her experience early in the semester.
7. Observe a student’s interactions with clients through two audio/video recordings and/or live supervision each semester. Supervisor will offer feedback to the student from such observations.
8. Aid supervisee in securing video sessions, as help is needed, in order to meet course requirements, including securing a private office space for the student’s use.
9. Utilize a variety of modalities including review of tapes, progress notes, discussion of live observation, instruction, modeling, mutual problem solving, and role-play in supervision sessions.
10. Review student’s progress notes, intake paperwork, and treatment plans for accuracy and compliance on a weekly basis.
11. Ensure that there is a fully licensed individual on-site and available whenever a student is seeing clients. In addition, site supervisors or another qualified staff member must accompany students on all home visits or any direct service outside of the agency.
12. Complete formal mid-term and final evaluation of student performance. Site supervisors will discuss midterm and final evaluation with faculty supervisor and student, and will sign the evaluations along with faculty supervisors and students.
13. Meet with faculty supervisors upon request for midterm and, possibly, final evaluations. Communicate student’s progress at regular intervals throughout the semester, as requested by faculty supervisor, e.g., by email or phone call.
14. Communicate any concerns regarding supervisee’s performance or behavior to faculty supervisor as soon as possible.
15. Create appropriate case load for student, assisting the student in obtaining 120 hours of direct service (DSH) with clients during the semester (direct service hours are included as part of the 300 total hours).

Direct service with clients may include conducting initial intakes, individual counseling, group counseling, and family or couples counseling. Direct service may only include hours spent in the above mentioned capacities to actual clients at the agreed upon site. Of the 120 DSH, 40% (48 hours) should be individual/family/couples; up to 60% (72) of the minimum/required can be group hours. After the 120 DSH minimum threshold is met, the additional DSH can be individual or group.

16. Sign student logs weekly which document the student’s completion of hours.
17. Discuss and model ethical and legal behavior, specifically in the areas of client confidentiality and necessary breaches of confidentiality.
18. Treat supervisee disclosures with discretion.
19. Be available to the supervisee as needed at ________________________________ (phone) or on-call supervisor at ________________________________. The supervisor must be contacted for all emergency situations.
20. Refrain from charging the student for site supervision.
Agreement of Best Practices for Supervision: COUN 6903 Internship I (cont.)

**Site Supervisor Clinical Roles and Responsibilities**

1. Establish informed consent for all aspects of supervision.
2. Oversee and monitor all aspects of client case conceptualization and treatment planning.
3. Review video/audio tapes outside of supervision session.
5. Assist in development of goals and tasks to achieve in supervision specific to assessed competencies.
6. Challenge and problem solve with supervisee.
7. Provide interventions for clients and directives for clients at risk.
8. Identify theoretical orientation(s) used in supervision and in therapy and takes responsibility for integrating theory in supervision process, assessing supervisee theoretical understanding/training/orientation(s).
9. Identify and build upon supervisee strengths as defined in competency assessment.
10. Introduce and model use of personal factors including belief structures, worldview, values, culture, transference, countertransference, parallel process, and isomorphism in therapy and supervision.
11. Identify and address strains or ruptures in the supervisory relationship.
12. Distinguish administrative supervision from clinical supervision and ensures the supervisee receives adequate clinical supervision.
13. Clearly distinguish and maintain the line between supervision and therapy.
14. Ensure a high level of professionalism in all interactions.
15. Discuss and ensure understanding of all aspects of the supervisory process in this document and the underlying legal and ethical standards from the onset of supervision.

**CACREP Competency Expectations**

It is expected that supervision will occur in a competency-based framework. Below you will find the course objectives that the supervisee is required to achieve in this course. Supervisees should self-assess clinical competencies (knowledge, skills, and values/attitudes), and supervisors should compare supervisee self-assessments with their own assessments based on observation and discussion of supervisee’s clinical work. Supervisors should observe, evaluate, and strive toward developing supervisee’s growth in the following CACREP standards:

**Internship I Course Objectives**

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE II.G.1.C.</td>
<td>Counselors’ roles and responsibilities as members of an interdisciplinary emergency management response team during a local, regional, or national crisis, disaster or other trauma-causing event</td>
</tr>
<tr>
<td>CORE II.G.1.D.</td>
<td>Self-care strategies appropriate to the counselor role</td>
</tr>
<tr>
<td>CORE II.G.1.D.</td>
<td>Effects of crises, disasters, and other trauma-causing events on persons of all ages</td>
</tr>
<tr>
<td>CORE II.G.3.H.</td>
<td>Theories for facilitating optimal development and wellness over the life span.</td>
</tr>
<tr>
<td>CORE II.G.5.C.</td>
<td>Essential interviewing and counseling skills</td>
</tr>
<tr>
<td>CORE II.G.5.D.</td>
<td>Counseling theories that provide the student with models to conceptualize client presentation and that help the student select appropriate counseling interventions. Students will be exposed to models of counseling that are consistent with current professional research and practice in the field so they begin to develop a personal model of counseling</td>
</tr>
<tr>
<td>CORE II.G.5.G.</td>
<td>Crisis intervention and suicide prevention models, including the use of psychological first aid strategies.</td>
</tr>
<tr>
<td>CORE II.G.6.B.</td>
<td>Group leadership or facilitation styles and approaches, including characteristics of various types of group leaders and leadership styles</td>
</tr>
<tr>
<td>CORE II.G.6.D.</td>
<td>Group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods, and methods of evaluation of effectiveness</td>
</tr>
<tr>
<td>CMHC.A.2.</td>
<td>Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling</td>
</tr>
<tr>
<td>CMHC.A.9.</td>
<td>Understands the impact of crises, disasters, and other trauma-causing events on people.</td>
</tr>
<tr>
<td>CMHC.A.10.</td>
<td>Understands the operation of an emergency management system within clinical mental health agencies and in the community.</td>
</tr>
<tr>
<td>STANDARD</td>
<td>OBJECTIVE</td>
</tr>
<tr>
<td>----------</td>
<td>-----------</td>
</tr>
<tr>
<td>CMHC.B.1</td>
<td>Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.</td>
</tr>
<tr>
<td>CMHC.C.6</td>
<td>Understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events.</td>
</tr>
<tr>
<td>CMHC.D.1</td>
<td>Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.</td>
</tr>
<tr>
<td>CMHC.D.2</td>
<td>Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.</td>
</tr>
<tr>
<td>CMHC.D.3</td>
<td>Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.</td>
</tr>
<tr>
<td>CMHC.D.4</td>
<td>Applies effective strategies to promote client understanding of and access to a variety of community resources.</td>
</tr>
<tr>
<td>CMHC.D.5</td>
<td>Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.</td>
</tr>
<tr>
<td>CMHC.D.7</td>
<td>Applies current record-keeping standards related to clinical mental health counseling.</td>
</tr>
<tr>
<td>CMHC.D.8</td>
<td>Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.</td>
</tr>
<tr>
<td>CMHC.D.9</td>
<td>Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.</td>
</tr>
<tr>
<td>CMHC.F.1</td>
<td>Maintains information regarding community resources to make appropriate referrals.</td>
</tr>
<tr>
<td>CMHC.F.2</td>
<td>Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.</td>
</tr>
<tr>
<td>CMHC.F.3</td>
<td>Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.</td>
</tr>
<tr>
<td>CMHC.H.3</td>
<td>Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.</td>
</tr>
<tr>
<td>CMHC.H.4</td>
<td>Applies the assessment of a client’s stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.</td>
</tr>
<tr>
<td>CMHC.J.1</td>
<td>Applies relevant research findings to inform the practice of clinical mental health counseling.</td>
</tr>
<tr>
<td>CMHC.J.2</td>
<td>Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.</td>
</tr>
<tr>
<td>CMHC.J.3</td>
<td>Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.</td>
</tr>
<tr>
<td>CMHC.K.5</td>
<td>Understands appropriate use of diagnosis during a crisis, disaster, or other trauma causing event.</td>
</tr>
<tr>
<td>CMHC.L.1</td>
<td>Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.</td>
</tr>
<tr>
<td>CMHC.L.2</td>
<td>Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.</td>
</tr>
<tr>
<td>CMHC.L.3</td>
<td>Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.</td>
</tr>
</tbody>
</table>

**Student Duties and Responsibilities**

1. Uphold and adhere to ACA Ethical Principles of Counselors and Code of Conduct.
2. Review client video/audiotapes before supervision.
3. Come prepared to discuss client cases with files, completed case notes and prepared with conceptualization, questions, and literature on relevant evidence-based practices.
4. Present completed treatment notes for all sessions for the past week for supervisor review.
5. Is prepared to present integrated case conceptualization that is culturally competent.
6. Use supervision to discuss personal factors, transference, countertransference, and parallel process, as they relate to performance of counseling duties, specifically issues which may inhibit performance or appropriate engagement with clients.
7. Identify goals and tasks to achieve in supervision to attain specific competencies.
Student Duties and Responsibilities continued...

8. Identify specific needs relative to supervisor input.
9. Identify strengths and areas of future development.
10. Understand the liability (direct and vicarious) of the supervisor with respect to Student practice and behavior.
11. Identify to clients his/her status as Student, the supervisory structure (including supervisor access to all aspects of case documentation and records), and name of the clinical supervisor.
12. Disclose errors, concerns, and clinical issues as they arise.
13. Raise issues or disagreements that arise in supervision process to move towards resolution.
14. Provide feedback weekly to supervisor on supervision process.
15. Respond non-defensively to supervisor feedback.
16. Consult with supervisor or delegated supervisor in all cases of emergency.
17. Implement supervisor directives in subsequent sessions or before as indicated.

Faculty Supervisor Qualifications

1. Has doctoral degree and/or appropriate counseling preparation, preferably from a CACREP-accredited counselor education program.
2. Has relevant experience and appropriate credentials/licensure and/or demonstrated competence in counseling.
3. Has relevant supervision training and experience.

Faculty Administrative Roles and Responsibilities

1. Develop and agree to a supervision contract developed for each student to define the roles and responsibilities of the faculty supervisor, site supervisor and student during internship.
2. Provide at least an average of 1.5 hours per week of group supervision provided on a regular schedule throughout the internship. Group supervision meetings will meet at the following day and time: ________________________________. If the supervision time needs to be rescheduled by either party, notification of absence and new date/time should occur as quickly as possible, no later than the end of the same week.
3. Observe a student’s interactions with clients through audio/video recordings and/or live supervision and provide prompt feedback on such recordings.
4. Provide regular feedback to students they supervise about their development as counselors.
5. Consult with site supervisors regularly regarding student progression and specifically regarding mid-term and final evaluations.
6. Discuss such evaluations with students, offering feedback in a timely manner.
7. Intervene in student-site supervisor conflict in a timely and appropriate manner to maintain student learning.
8. Review student’s progress notes, intake paperwork, and treatment plans samples for accuracy and compliance.
9. Facilitate learning opportunities during group supervision through a variety of opportunities: didactic, discussion, student-led, videos, and other media/technology.
10. Complete an end-of-semester evaluation of the student, which includes feedback from the site supervisor, assigning the earned grade for the course.
11. Facilitate end-of-semester feedback regarding the final evaluation.

Faculty Clinical Roles and Responsibilities

In addition to normal teaching responsibilities of course requirements, the supervisor is responsible for the following.

1. Provide a safe environment for student growth within group supervision.
2. Assist in development of goals and tasks to achieve in supervision specific to assessed competencies.
3. Challenge and problem solve with supervisee.
4. Identify and build upon supervisee strengths as defined in competency assessment.
5. Monitor student counter-transference and provides safe place for discussion.
7. Identify and addresses strains or ruptures in the supervisory relationship.
Statement of Agreement:
The contract may be revised at the request of student or supervisor. Revisions will be made only with consent of student and approval of site supervisor and faculty supervisors.

We, ____________________________ (Student) and
________________________________________________________ (Site supervisor) and
________________________________________________________ (Faculty supervisor) agree to follow the
directives laid out in this supervision agreement and to conduct ourselves in keeping with the ACA Ethical Principles and
Code of Conduct and Tennessee laws and regulations.

___________________________________________________     ______________________
Site Supervisor                  Date

___________________________________________________     ______________________
Student                  Date

___________________________________________________     ______________________
Faculty Supervisor                  Date
AGREEMENT OF BEST PRACTICES FOR SUPERVISION: COUN 6913 INTERNSHIP II

Site Supervisor, Faculty Supervisor, and Student Responsibilities

Term of Agreement:

_______________________________ to ________________________________
Month/Day/Year                  Month/Day/Year

Student Information

Student Name: _______________________________________________________________

Address: _________________________________________________________________________

City: _________________________ State: ____ Zip: _________________________________

Mobile: _____________________ Emergency Contact/Phone_________________________

LU E-mail: _______________________________________________________________________

Site Supervisor Information

Name of Site: _________________________________________________________________

Site Supervisor (with degree and credentials): __________________________________________

Address of Site: __________________________________________________________________

Office Phone: ___________________________ Mobile: _____________________________

Site Supervisor e-mail: __________________________________________________________________

Introduction to Supervision Contract

This document is intended to establish parameters of supervision and provide clarity for site supervisor, student, and faculty roles and responsibilities in order to best assist in the student’s professional development and to protect the client.

Site Supervisor Qualifications

The Site Supervisor meets the following qualifications:

1. Has a minimum of a master’s degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. Has a minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Has relevant training in counseling supervision.
4. Is knowledgeable of the program’s expectations, requirements, and evaluation procedures for students.
5. Has participated in supervision orientation with the Clinical Director.
6. Will take advantage of assistance, consultation, and professional development opportunities provided by counseling program faculty as needed.
7. Will continue to pursue supervision training to maintain and cultivate competency in this area.
**Site Supervisor Administrative Roles and Responsibilities**

1. Orient the student to the mission, goals, objectives, and procedures of the site/agency.
2. Negotiate internship hours and responsibilities with the students, utilizing this agreement as a starting point. Students completing Internship II are required to complete 300 total hours. Direct service hours are defined below.
3. Provide on the job training which aids the student in being successful in the agency and the profession.
4. Provide weekly supervision with each internship student that averages one hour per week of individual and/or triadic supervision throughout the internship. Supervision meetings will meet at the following day and time: _________________________________. If the supervision time needs to be rescheduled by either party, notification of absence and new date/time should occur as quickly as possible, no later than the end of the same week.
5. Provide _____ hour(s) of group supervision per week, assuming group supervision is a normal event at the site. Group supervision meetings will meet at the following day and time: _________________________________.
6. Develop goals and objectives with the student for his/her experience early in the semester.
7. Observe a student’s interactions with clients through two audio/video recordings and/or live supervision each semester. Supervisor will offer feedback to the student from such observations.
8. Aid supervisee in securing video sessions, as help is needed, in order to meet course requirements, including securing a private office space for the student’s use.
9. Utilize a variety of modalities including review of tapes, progress notes, discussion of live observation, instruction, modeling, mutual problem solving, and role-play in supervision sessions.
10. Review student’s progress notes, intake paperwork, and treatment plans for accuracy and compliance on a weekly basis.
11. Ensure that there is a fully licensed individual on-site and available whenever a student is seeing clients. In addition, site supervisors or another qualified staff member must accompany students on all home visits or any direct service outside of the agency.
12. Complete formal mid-term and final evaluation of student performance. Site supervisors will discuss midterm and final evaluation with faculty supervisor and student, and will sign the evaluations along with faculty supervisors and students.
13. Meet with faculty supervisors upon request for midterm and, possibly, final evaluations. Communicate student’s progress at regular intervals throughout the semester, as requested by faculty supervisor, e.g., by email or phone call.
14. Communicate any concerns regarding supervisee’s performance or behavior to faculty supervisor as soon as possible.
15. Create appropriate case load for student, assisting the student in obtaining 120 hours of direct service (DSH) with clients during the semester (direct service hours are included as part of the 300 total hours). Direct service with clients may include conducting initial intakes, individual counseling, group counseling, and family or couples counseling. Direct service may only include hours spent in the above mentioned capacities to actual clients at the agreed upon site. Of the 120 DSH, 40% (48 hours) should be individual/family/couples; up to 60% (72) of the minimum/required can be group hours. After the 120 DSH minimum threshold is met, the additional DSH can be individual or group.
16. Sign student logs weekly which document the student’s completion of hours.
17. Discuss and model ethical and legal behavior, specifically in the areas of client confidentiality and necessary breaches of confidentiality.
18. Treat supervisee disclosures with discretion.
19. Be available to the supervisee as needed at ________________________________ (phone) or on-call supervisor at ________________________________. The supervisor must be contacted for all emergency situations.
20. Refrain from charging the student for site supervision.
Agreement of Best Practices for Supervision: COUN 6913 Internship II (cont.)

Site Supervisor Clinical Roles and Responsibilities
1. Establish informed consent for all aspects of supervision.
2. Oversee and monitor all aspects of client case conceptualization and treatment planning.
3. Review video/audio tapes outside of supervision session.
5. Assist in development of goals and tasks to achieve in supervision specific to assessed competencies.
6. Challenge and problem solve with supervisee.
7. Provide interventions for clients and directives for clients at risk.
8. Identify theoretical orientation(s) used in supervision and in therapy and takes responsibility for integrating theory in supervision process, assessing supervisee theoretical understanding/training/orientation(s).
9. Identify and build upon supervisee strengths as defined in competency assessment.
10. Introduce and model use of personal factors including belief structures, worldview, values, culture, transference, countertransference, parallel process, and isomorphism in therapy and supervision.
11. Identify and address strains or ruptures in the supervisory relationship.
12. Distinguish administrative supervision from clinical supervision and ensures the supervisee receives adequate clinical supervision.
13. Clearly distinguish and maintain the line between supervision and therapy.
14. Ensure a high level of professionalism in all interactions.
15. Discuss and ensure understanding of all aspects of the supervisory process in this document and the underlying legal and ethical standards from the onset of supervision.

CACREP Competency Expectations
It is expected that supervision will occur in a competency-based framework. Below you will find the course objectives that the supervisee is required to achieve in this course. Supervisees should self-assess clinical competencies (knowledge, skills, and values/attitudes), and supervisors should compare supervisee self-assessments with their own assessments based on observation and discussion of supervisee’s clinical work. Supervisors should observe, evaluate, and strive toward developing supervisee’s growth in the following CACREP standards:

Internship II Course Objectives

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE II.G.1.C.</td>
<td>counselors’ roles and responsibilities as members of an interdisciplinary emergency management response team during a local, regional, or national crisis, disaster or other trauma-causing event</td>
</tr>
<tr>
<td>CORE II.G.1.E.</td>
<td>counseling supervision models, practices, and processes</td>
</tr>
<tr>
<td>CORE II.G.5.D.</td>
<td>counseling theories that provide the student with models to conceptualize client presentation and that help the student select appropriate counseling interventions. Students will be exposed to models of counseling that are consistent with current professional research and practice in the field so they begin to develop a personal model of counseling</td>
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<td>CORE II.G.5.E.</td>
<td>a systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions</td>
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<tr>
<td>CORE II.G.5.F.</td>
<td>a general framework for understanding and practicing consultation</td>
</tr>
<tr>
<td>CMHC.B.1.</td>
<td>Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.</td>
</tr>
<tr>
<td>CMHC.C.1.</td>
<td>Describes the principles of mental health, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society.</td>
</tr>
<tr>
<td>CMHC.C.4.</td>
<td>Applies effective strategies to promote client understanding of and access to a variety of community resources</td>
</tr>
<tr>
<td>CMHC.D.1.</td>
<td>Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.</td>
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</table>
## Agreement of Best Practices for Supervision: COUN 6913 Internship II (cont.)

<table>
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<tr>
<th>STANDARD</th>
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<tbody>
<tr>
<td>CMHC.D.3.</td>
<td>Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.</td>
</tr>
<tr>
<td>CMHC.D.6.</td>
<td>Demonstrates the ability to use procedures for assessing and managing suicide risk.</td>
</tr>
<tr>
<td>CMHC.D.7.</td>
<td>Applies current record-keeping standards related to clinical mental health counseling.</td>
</tr>
<tr>
<td>CMHC.D.8.</td>
<td>Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.</td>
</tr>
<tr>
<td>CMHC.D.9.</td>
<td>Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.</td>
</tr>
<tr>
<td>CMHC.F.2.</td>
<td>Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.</td>
</tr>
<tr>
<td>CMHC.F.3.</td>
<td>Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.</td>
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<tr>
<td>CMHC.H.3.</td>
<td>Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.</td>
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<td>CMHC.H.4.</td>
<td>Applies the assessment of a client’s stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.</td>
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<td>CMHC.J.1.</td>
<td>Applies relevant research findings to inform the practice of clinical mental health counseling.</td>
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<tr>
<td>CMHC.J.2.</td>
<td>Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.</td>
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<td>CMHC.J.3.</td>
<td>Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.</td>
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<tr>
<td>CMHC.L.1.</td>
<td>Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.</td>
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<tr>
<td>CMHC.L.2.</td>
<td>Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.</td>
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</table>

## Student Duties and Responsibilities

1. Uphold and adhere to ACA Ethical Principles of Counselors and Code of Conduct.
2. Review client video/audiotapes before supervision.
3. Come prepared to discuss client cases with files, completed case notes and prepared with conceptualization, questions, and literature on relevant evidence-based practices.
4. Present completed treatment notes for all sessions for the past week for supervisor review.
5. Is prepared to present integrated case conceptualization that is culturally competent.
6. Use supervision to discuss personal factors, transference, countertransference, and parallel process, as they relate to performance of counseling duties, specifically issues which may inhibit performance or appropriate engagement with clients.
7. Identify goals and tasks to achieve in supervision to attain specific competencies.
8. Identify specific needs relative to supervisor input.
9. Identify strengths and areas of future development.
10. Understand the liability (direct and vicarious) of the supervisor with respect to Student practice and behavior.
11. Identify to clients his/her status as Student, the supervisory structure (including supervisor access to all aspects of case documentation and records), and name of the clinical supervisor.
12. Disclose errors, concerns, and clinical issues as they arise.
13. Raise issues or disagreements that arise in supervision process to move towards resolution.
14. Provide feedback weekly to supervisor on supervision process.
15. Respond non-defensively to supervisor feedback.
16. Consult with supervisor or delegated supervisor in all cases of emergency.
17. Implement supervisor directives in subsequent sessions or before as indicated.
Agreement of Best Practices for Supervision: COUN 6913 Internship II (cont.)

Faculty Supervisor Qualifications
1. Has doctoral degree and/or appropriate counseling preparation, preferably from a CACREP-accredited counselor education program.
2. Has relevant experience and appropriate credentials/licensure and/or demonstrated competence in counseling.
3. Has relevant supervision training and experience.

Faculty Administrative Roles and Responsibilities
1. Develop and agree to a supervision contract developed for each student to define the roles and responsibilities of the faculty supervisor, site supervisor and student during internship.
2. Provide at least an average of 1.5 hours per week of group supervision provided on a regular schedule throughout the internship. Group supervision meetings will meet at the following day and time: _________________________________. If the supervision time needs to be rescheduled by either party, notification of absence and new date/time should occur as quickly as possible, no later than the end of the same week.
3. Observe a student’s interactions with clients through audio/video recordings and/or live supervision and provide prompt feedback on such recordings.
4. Provide regular feedback to students they supervise about their development as counselors.
5. Consult with site supervisors regularly regarding student progression and specifically regarding mid-term and final evaluations.
6. Discuss such evaluations with students, offering feedback in a timely manner.
7. Intervene in student-site supervisor conflict in a timely and appropriate manner to maintain student learning.
8. Review a sample of student’s progress notes, intake paperwork, and treatment plans for accuracy and compliance.
9. Facilitate learning opportunities during group supervision through a variety of opportunities: didactic, discussion, student-led, videos, and other media/technology.
10. Complete an end-of-semester evaluation of the student, which includes feedback from the site supervisor, assigning the earned grade for the course.
11. Facilitate end-of-semester feedback regarding the final evaluation.

Faculty Clinical Roles and Responsibilities
In addition to normal teaching responsibilities of course requirements, the faculty supervisor will be responsible for the following.
1. Provide a safe environment for student growth within group supervision.
2. Assist in development of goals and tasks to achieve in supervision specific to assessed competencies.
3. Challenge and problem solve with supervisee.
4. Identify and build upon supervisee strengths as defined in competency assessment.
5. Monitor student counter-transference and provides safe place for discussion.
7. Identify and addresses strains or ruptures in the supervisory relationship.
Statement of Agreement:
The contract may be revised at the request of student or supervisor. Revisions will be made only with consent of student and approval of site supervisor and faculty supervisors.

We, ______________________________________________________ (Student) and

______________________________________________________________ (Site supervisor) and

______________________________________________________________ (Faculty supervisor) agree to follow the directives laid out in this supervision agreement and to conduct ourselves in keeping with the ACA Ethical Principles and Code of Conduct and Tennessee laws and regulations.

_____________________________________________________     ______________________
Site Supervisor                               Date

_____________________________________________________     ______________________
Student                               Date

_____________________________________________________     ______________________
Faculty Supervisor                               Date
CACREP STANDARDS: COUN 6803 PRACTICUM

Practicum Course Objectives

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE II.G.5.B.</td>
<td>Counselor characteristics and behaviors that influence helping processes</td>
</tr>
<tr>
<td>CORE II.G.5.C.</td>
<td>Essential interviewing and counseling skills</td>
</tr>
<tr>
<td>CORE II.G.5.G.</td>
<td>Crisis intervention and suicide prevention models, including the use of psychological first aid strategies.</td>
</tr>
<tr>
<td>CMHC.A.2.</td>
<td>Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling</td>
</tr>
<tr>
<td>CMHC.A.3.</td>
<td>Understands the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams</td>
</tr>
<tr>
<td>CMHC.A.6.</td>
<td>Recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders.</td>
</tr>
<tr>
<td>CMHC.B.1.</td>
<td>Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling</td>
</tr>
<tr>
<td>CMHC.C.7.</td>
<td>Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.</td>
</tr>
<tr>
<td>CMHC.D.1.</td>
<td>Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.</td>
</tr>
<tr>
<td>CMHC.D.2.</td>
<td>Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.</td>
</tr>
<tr>
<td>CMHC.D.5.</td>
<td>Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.</td>
</tr>
<tr>
<td>CMHC.D.6.</td>
<td>Demonstrates the ability to use procedures for assessing and managing suicide risk.</td>
</tr>
<tr>
<td>CMHC.D.7.</td>
<td>Applies current record-keeping standards related to clinical mental health counseling.</td>
</tr>
<tr>
<td>CMHC.D.9.</td>
<td>Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.</td>
</tr>
<tr>
<td>CMHC.E.2.</td>
<td>Understands the effects of racism, discrimination, sexism, power, privilege, and oppression on one’s own life and career and those of the client.</td>
</tr>
<tr>
<td>CMHC.F.3.</td>
<td>Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.</td>
</tr>
<tr>
<td>CMHC.H.1.</td>
<td>Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.</td>
</tr>
<tr>
<td>CMHC.H.2.</td>
<td>Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.</td>
</tr>
<tr>
<td>CMHC.H.3.</td>
<td>Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.</td>
</tr>
<tr>
<td>CMHC.L.1.</td>
<td>Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.</td>
</tr>
<tr>
<td>CMHC.L.2.</td>
<td>Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.</td>
</tr>
</tbody>
</table>
CACREP STANDARDS: COUN 6903 INTERNSHIP I

Internship I Course Objectives

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE II.G.1.C.</td>
<td>Counselors’ roles and responsibilities as members of an interdisciplinary emergency management response team during a local, regional, or national crisis, disaster or other trauma-causing event.</td>
</tr>
<tr>
<td>CORE II.G.1.D.</td>
<td>Self-care strategies appropriate to the counselor role</td>
</tr>
<tr>
<td>CORE II.G.1.D.</td>
<td>Effects of crises, disasters, and other trauma-causing events on persons of all ages</td>
</tr>
<tr>
<td>CORE II.G.3.H.</td>
<td>Theories for facilitating optimal development and wellness over the life span.</td>
</tr>
<tr>
<td>CORE II.G.5.C.</td>
<td>Essential interviewing and counseling skills</td>
</tr>
<tr>
<td>CORE II.G.5.D.</td>
<td>Counseling theories that provide the student with models to conceptualize client presentation and that help the student select appropriate counseling interventions. Students will be exposed to models of counseling that are consistent with current professional research and practice in the field so they begin to develop a personal model of counseling</td>
</tr>
<tr>
<td>CORE II.G.5.G.</td>
<td>Crisis intervention and suicide prevention models, including the use of psychological first aid strategies.</td>
</tr>
<tr>
<td>CORE II.G.6.B.</td>
<td>Group leadership or facilitation styles and approaches, including characteristics of various types of group leaders and leadership styles</td>
</tr>
<tr>
<td>CORE II.G.6.D.</td>
<td>Group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods, and methods of evaluation of effectiveness</td>
</tr>
<tr>
<td>CMHC.A.2.</td>
<td>Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling</td>
</tr>
<tr>
<td>CMHC.A.9.</td>
<td>Understands the impact of crises, disasters, and other trauma-causing events on people.</td>
</tr>
<tr>
<td>CMHC.A.10.</td>
<td>Understands the operation of an emergency management system within clinical mental health agencies and in the community.</td>
</tr>
<tr>
<td>CMHC.B.1</td>
<td>Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.</td>
</tr>
<tr>
<td>CMHC.C.6.</td>
<td>Understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events.</td>
</tr>
<tr>
<td>CMHC.D.1.</td>
<td>Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.</td>
</tr>
<tr>
<td>CMHC.D.2.</td>
<td>Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.</td>
</tr>
<tr>
<td>CMHC.D.3.</td>
<td>Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.</td>
</tr>
<tr>
<td>CMHC.D.4.</td>
<td>Applies effective strategies to promote client understanding of and access to a variety of community resources.</td>
</tr>
<tr>
<td>CMHC.D.5.</td>
<td>Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.</td>
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<tr>
<td>CMHC.D.7.</td>
<td>Applies current record-keeping standards related to clinical mental health counseling.</td>
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<td>CMHC.D.8.</td>
<td>Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.</td>
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<tr>
<td>CMHC.D.9.</td>
<td>Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.</td>
</tr>
<tr>
<td>CMHC.F.1.</td>
<td>Maintains information regarding community resources to make appropriate referrals.</td>
</tr>
<tr>
<td>CMHC.F.2.</td>
<td>Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.</td>
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<td><strong>CMHC.F.3.</strong></td>
<td>Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.</td>
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<td><strong>CMHC.H.3.</strong></td>
<td>Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.</td>
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<td><strong>CMHC.H.4.</strong></td>
<td>Applies the assessment of a client’s stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.</td>
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<tr>
<td><strong>CMHC.J.1.</strong></td>
<td>Applies relevant research findings to inform the practice of clinical mental health counseling.</td>
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<tr>
<td><strong>CMHC.J.2.</strong></td>
<td>Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.</td>
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<tr>
<td><strong>CMHC.J.3.</strong></td>
<td>Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.</td>
</tr>
<tr>
<td><strong>CMHC.K.5.</strong></td>
<td>Understands appropriate use of diagnosis during a crisis, disaster, or other trauma causing event.</td>
</tr>
<tr>
<td><strong>CMHC.L.1.</strong></td>
<td>Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.</td>
</tr>
<tr>
<td><strong>CMHC.L.2.</strong></td>
<td>Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.</td>
</tr>
<tr>
<td><strong>CMHC.L.3.</strong></td>
<td>Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.</td>
</tr>
</tbody>
</table>
## CACREP STANDARDS: COUN 6913 INTERNSHIP II

### Internship II Course Objectives

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<td>CORE II.G.1.E.</td>
<td>counseling supervision models, practices, and processes</td>
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<td>CORE II.G.5.D.</td>
<td>counseling theories that provide the student with models to conceptualize client presentation and that help the student select appropriate counseling interventions. Students will be exposed to models of counseling that are consistent with current professional research and practice in the field so they begin to develop a personal model of counseling</td>
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<td>CORE II.G.5.E.</td>
<td>a systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions</td>
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<td>CORE II.G.5.F.</td>
<td>a general framework for understanding and practicing consultation</td>
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<td>CMHC.B.1.</td>
<td>Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.</td>
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<td>CMHC.C.1.</td>
<td>Describes the principles of mental health, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society.</td>
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<td>CMHC.C.4.</td>
<td>Applies effective strategies to promote client understanding of and access to a variety of community resources</td>
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<td>Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.</td>
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<td>CMHC.D.3.</td>
<td>Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.</td>
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<td>CMHC.D.6.</td>
<td>Demonstrates the ability to use procedures for assessing and managing suicide risk.</td>
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<td>CMHC.D.7.</td>
<td>Applies current record-keeping standards related to clinical mental health counseling.</td>
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<td>CMHC.D.8.</td>
<td>Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.</td>
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<td>CMHC.D.9.</td>
<td>Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.</td>
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<tr>
<td>CMHC.F.2.</td>
<td>Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.</td>
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<td>CMHC.F.3.</td>
<td>Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.</td>
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<td>CMHC.H.3.</td>
<td>Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.</td>
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<td>Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.</td>
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<td>CMHC.J.3.</td>
<td>Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.</td>
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<td>CMHC.L.1.</td>
<td>Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.</td>
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<td>CMHC.L.2.</td>
<td>Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.</td>
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</table>
### DOCUMENTATION OF SITE HOURS – STUDENT LOG

- **PRACTICUM**
- **INTERNSHIP I**
- **INTERNSHIP II**

**STUDENT:** ________________________________  **WORKSITE:** ________________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>CODE*</th>
<th>ACTIVITY DETAIL</th>
<th>HOURS</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**CONTACT CATEGORY CODES**

*IMPORTANT: Remember to roll contact hours totals to MONTHLY SUMMARY OF SITE HOURS form!*

<table>
<thead>
<tr>
<th>DIRECT SERVICE HOURS</th>
<th>INDIRECT SERVICE HOURS</th>
<th>SUPERVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D-IND</strong> Individual Counseling/Intake</td>
<td><strong>I-PW</strong> Counseling Preparation &amp; Paperwork (ex., research, progress notes, report writing, file reviews)</td>
<td><strong>S-IS</strong> Individual Site</td>
</tr>
<tr>
<td><strong>D-FAM</strong> Family/Couples Therapy</td>
<td><strong>I-PD</strong> Professional Development/Training</td>
<td><strong>S-GS</strong> Group Site</td>
</tr>
<tr>
<td><strong>D-O</strong> Other Contacts w/Client Present (ex., research, conferences w/other professionals, co-workers, etc.)</td>
<td><strong>I-O</strong> Other (ex., consultation w/o client, community outreach)</td>
<td><strong>S-LI</strong> Lipscomb Individual Supervision (including phone calls)</td>
</tr>
<tr>
<td><strong>D-GRP</strong> Group Counseling</td>
<td></td>
<td><strong>S-LG</strong> Lipscomb Group Supervision</td>
</tr>
<tr>
<td><strong>D-ED</strong> Psychoeducation Groups/Presentations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STUDENT**  **DATE**  **SITE SUPERVISOR**  **DATE**
MONTHLY SUMMARY OF SITE HOURS

STUDENT: __________________________ WORKSITE: __________________________

☐ PRACTICUM  ☐ INTERNSHIP I  ☐ INTERNSHIP II

☐ Fall____(yr)  ☐ Spring____(yr)  ☐ Summer____(yr)

<table>
<thead>
<tr>
<th></th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
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<th>Total YTD</th>
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<tr>
<td>D-IND</td>
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<tr>
<td>D-FAM</td>
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<tr>
<td>D-O</td>
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<tr>
<td>D-GRP</td>
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<tr>
<td>D-ED</td>
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***TOTAL DIRECT SERVICE HOURS: __________________________

INDIRECT SERVICE HOURS

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<tr>
<td>I-PW</td>
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<tr>
<td>I-PD</td>
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<tr>
<td>I-O</td>
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SUPERVISION

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<tbody>
<tr>
<td>S-IS</td>
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<tr>
<td>S-GS</td>
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<tr>
<td>S-LI</td>
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<tr>
<td>S-LG</td>
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</tbody>
</table>

TOTAL INDIRECT SERVICE HOURS: __________________________

*Minimum of 40% of hours for individual/family counseling
**Maximum of 60% of hours for group during required hours
***After the required distribution of hours has been met, the remaining excess of hours can be of any type.

STUDENT __________________________________ SITE SUPERVISOR ______________________ DATE       

FACULTY SUPERVISOR ______________________ DATE ______________________
### SEMESTER SUMMARY OF SITE HOURS

**STUDENT:** ________________________________  **WORKSITE:** ________________________________

**PRACTICUM**  **INTERNSHIP I**  **INTERNSHIP II**

<table>
<thead>
<tr>
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<th><strong>Semester Total</strong></th>
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<tr>
<td></td>
<td>Month 1</td>
<td>Month 2</td>
<td>Month 3</td>
<td>Month 4</td>
<td>Month 5</td>
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<tr>
<td><strong>DIRECT SERVICE HOURS</strong></td>
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<tr>
<td>D-IND</td>
<td>Individual Counseling/Intake</td>
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</tr>
<tr>
<td>D-FAM</td>
<td>Family/Couples Therapy, Parenting Skills Counseling</td>
<td></td>
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</tr>
<tr>
<td>D-O</td>
<td>Other Contact w/ Client Present</td>
<td></td>
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</tr>
<tr>
<td>D-GRP</td>
<td>Group Counseling</td>
<td></td>
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<tr>
<td>D-ED</td>
<td>Psychoeducational Groups/Presentations</td>
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</table>

**TOTAL DIRECT SERVICE HOURS:**

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<th></th>
<th><strong>Semester Total</strong></th>
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<tbody>
<tr>
<td></td>
<td>Month 1</td>
<td>Month 2</td>
<td>Month 3</td>
<td>Month 4</td>
<td>Month 5</td>
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<tr>
<td><strong>INDIRECT SERVICE HOURS</strong></td>
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<tr>
<td>I-PW</td>
<td>Counseling Preparation &amp; Paperwork</td>
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<tr>
<td>I-PD</td>
<td>Professional Development/Training</td>
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<td>I-O</td>
<td>Other</td>
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**SUPERVISION**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>S-IS</td>
<td>Individual Site Supervision</td>
</tr>
<tr>
<td>S-GS</td>
<td>Group Site Supervision</td>
</tr>
<tr>
<td>S-LI</td>
<td>Lipscomb Individual Supervision <em>(including phone calls)</em></td>
</tr>
<tr>
<td>S-LG</td>
<td>Lipscomb Group Supervision</td>
</tr>
</tbody>
</table>

**TOTAL INDIRECT SERVICE HOURS:**

---

*Minimum of 40% of hours for individual/family counseling. Practicum = 16 hours, Internship I & II = 96 hours total

**Maximum of 60% of hours for group during required hours

***After the required distribution of hours has been met, the remaining excess of hours can be of any type.

---

**STUDENT**  **DATE**  **SITE SUPERVISOR**  **DATE**  **FACULTY SUPERVISOR**  **DATE**
<table>
<thead>
<tr>
<th>Demographic Categories</th>
<th>Child</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Total</th>
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<tbody>
<tr>
<td>Native American/Alaskan</td>
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<tr>
<td>Asian</td>
<td></td>
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<tr>
<td>Black/African American</td>
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<tr>
<td>Latino/Hispanic</td>
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<tr>
<td>Pacific Islander</td>
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<tr>
<td>White/Caucasian</td>
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<tr>
<td>Declined</td>
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</tbody>
</table>
**CLINICAL EXPERIENCE FINAL DOCUMENTATION**

Student Name: ___________________________  L#: ______________________

This form is a summary of the hours that will document the completion of the 750 hour clinical experience. You will need to complete the appropriate information, and collect appropriate signatures each semester you participate in either Practicum or Internship. Please ensure that the final form has original signatures; no copies will be accepted. You may want to create more than one master form with original signatures for your records.

**Practicum Hours**

<table>
<thead>
<tr>
<th>Site: __________________________________________</th>
<th>Dates: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Service Hrs (40 Minimum):</td>
<td>Total Indirect Service Hrs:</td>
</tr>
<tr>
<td>Site Supervisor Signature __________________________________________</td>
<td>Date __________________________</td>
</tr>
<tr>
<td>Faculty Supervisor Signature _______________________________________</td>
<td>Date __________________________</td>
</tr>
</tbody>
</table>

**Internship I Hours**

<table>
<thead>
<tr>
<th>Site: __________________________________________</th>
<th>Dates: __________________________</th>
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</thead>
<tbody>
<tr>
<td>Total Direct Service Hrs (120 Minimum):</td>
<td>Total Indirect Service Hrs:</td>
</tr>
<tr>
<td>Site Supervisor Signature __________________________________________</td>
<td>Date __________________________</td>
</tr>
<tr>
<td>Faculty Supervisor Signature _______________________________________</td>
<td>Date __________________________</td>
</tr>
</tbody>
</table>

**Internship II Hours**

<table>
<thead>
<tr>
<th>Site: __________________________________________</th>
<th>Dates: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Service Hrs (120 Minimum):</td>
<td>Total Indirect Service Hrs:</td>
</tr>
<tr>
<td>Site Supervisor Signature __________________________________________</td>
<td>Date __________________________</td>
</tr>
<tr>
<td>Faculty Supervisor Signature _______________________________________</td>
<td>Date __________________________</td>
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</tbody>
</table>

**Internship Continuation Hours**

<table>
<thead>
<tr>
<th>Site: __________________________________________</th>
<th>Dates: __________________________</th>
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<tbody>
<tr>
<td>Total Direct Service Hrs:</td>
<td>Total Indirect Service Hrs:</td>
</tr>
<tr>
<td>Site Supervisor Signature __________________________________________</td>
<td>Date __________________________</td>
</tr>
<tr>
<td>Faculty Supervisor Signature _______________________________________</td>
<td>Date __________________________</td>
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</table>

**Total Clinical Experience Hours**

<table>
<thead>
<tr>
<th>Total Direct Service Hrs:</th>
<th>Total Indirect Service Hrs:</th>
<th>Total Clinical Hrs:</th>
</tr>
</thead>
</table>
Thank you for your time and energy in supervising this practicum/internship. The following checklist will assist the Lipscomb University supervisor in awarding the student a grade. Because feedback is an essential component of professional growth, please discuss your evaluation with the student.

STUDENT:  
EVALUATION DATE:  
PLACEMENT AGENCY:  TOTAL HOURS COMPLETED:  SITE FF

Please rate the student according to the following scale:

**EXCELLENT**  Student is performing at a higher level than expected of students at the same level of training.

**COMPETENT**  Student is performing at the level expected of students at the same level of training.

**NEEDS WORK**  Student is performing below the level expected of students at the same level of training and is expected to improve with minor remediation.

**VERY POOR**  Student is performing well below the expected level and will require Graduate Faculty review; significant improvement is expected.

**UNOBSERVED**  A rating is not applicable due to the lack of supervisor’s observation or the skill was not needed.

### ASSESSMENT AND DIAGNOSTICS

<table>
<thead>
<tr>
<th>Task</th>
<th>Excellent</th>
<th>Competent</th>
<th>Needs Work*</th>
<th>Very Poor*</th>
<th>Unobserved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collects appropriate information on screening/intake</td>
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<tr>
<td>Demonstrates thorough clinical interviewing skills</td>
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<tr>
<td>Identifies, discusses, and effectively works with multi-cultural issues surrounding cases</td>
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<tr>
<td>Recognizes dual diagnosis issues when pertinent</td>
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<tr>
<td>Conceptualizes clinical cases thoroughly</td>
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<tr>
<td>Makes accurate diagnoses within 2-3 sessions</td>
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<tr>
<td>Shows skill in developing and implementing treatment plans</td>
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<tr>
<td>Uses and interprets assessment instruments appropriately</td>
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</tbody>
</table>

**COMMENTS:** *Throughout this form, please specify behavior that “Needs Work” or is “Very Poor.”*
**THERAPEUTIC INTERVENTION**

<table>
<thead>
<tr>
<th></th>
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<th>Competent</th>
<th>Needs Work*</th>
<th>Very Poor*</th>
<th>Unobserved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates appropriate interpersonal skills with clients</td>
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<tr>
<td>Understands and can defend clinical treatment procedures</td>
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<tr>
<td>Demonstrates competence with child interventions</td>
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<tr>
<td>Demonstrates competence with adolescent interventions</td>
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<tr>
<td>Demonstrates competence with adult interventions</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates competence with group therapy skills</td>
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<tr>
<td>Demonstrates competence with marriage &amp; family therapy skills</td>
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<tr>
<td>Willing to take appropriate risks in assessment &amp; treatment</td>
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<tr>
<td>Gives clients homework and checks on their progress</td>
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<tr>
<td>Assists clients in moving toward counseling goals</td>
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<tr>
<td>Recognizes and encourages clients’ strengths</td>
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<tr>
<td>Meets supervisor’s expectations for retention of clients</td>
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<tr>
<td>Understands site’s crisis protocol</td>
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<tr>
<td>Implements crisis protocol appropriately when needed</td>
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</tbody>
</table>

**COMMENTS:**

**SUPERVISION**

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Competent</th>
<th>Needs Work*</th>
<th>Very Poor*</th>
<th>Unobserved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prompt and prepared for supervision meetings</td>
<td></td>
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<tr>
<td>Participates constructively in group supervision</td>
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<tr>
<td>Presents case information in an adequate and concise manner</td>
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<tr>
<td>Openly receives suggestions and criticisms without defensiveness</td>
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<tr>
<td>Uses feedback to modify subsequent counseling behavior</td>
<td></td>
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<tr>
<td>Provides useful feedback to peers in group supervision</td>
<td></td>
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<tr>
<td>Open to self-examination and analysis of countertransference</td>
<td></td>
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<tr>
<td>Manages countertransference issues in the therapy process</td>
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<tr>
<td>Willing to carry a sufficient case load</td>
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<tr>
<td>Completed all assignments on time</td>
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</tbody>
</table>

**COMMENTS:**
<table>
<thead>
<tr>
<th>ETHICAL AND PROFESSIONAL BEHAVIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excellent</strong></td>
</tr>
<tr>
<td>Exhibits knowledge of ACA code by identifying ethical issues and demonstrating ethical decision-making skills</td>
</tr>
<tr>
<td>Adheres to ACA ethical standards</td>
</tr>
<tr>
<td>Values cross-categorical sensitivity and respects alternative worldviews</td>
</tr>
<tr>
<td>Maintains up-to-date, thorough, and accurate documentation</td>
</tr>
<tr>
<td>Consists and integrates research to develop a foundation for clinical work</td>
</tr>
<tr>
<td>Knowledge of practicum site structure and procedure</td>
</tr>
<tr>
<td>Considers outside agencies (e.g., medical, AA, etc.) who could assist client and aids client in utilizing them</td>
</tr>
<tr>
<td>Prompt and dressed appropriately for client appointments</td>
</tr>
<tr>
<td>Effective time management/organization skills</td>
</tr>
<tr>
<td>Is dependable</td>
</tr>
<tr>
<td>Tactful</td>
</tr>
<tr>
<td>Is self-confident</td>
</tr>
<tr>
<td>Is enthusiastic</td>
</tr>
<tr>
<td>Is creative</td>
</tr>
<tr>
<td>Uses effective communication skills</td>
</tr>
<tr>
<td>Maintains effective and appropriate working relationships with agency staff</td>
</tr>
<tr>
<td>Is able to work independently</td>
</tr>
</tbody>
</table>

**COMMENTS:**

**STUDENT’S STRENGTHS:**

**STUDENT’S OPPORTUNITIES FOR IMPROVEMENT:**

______________________________  _________________________
Supervisor                       Date

______________________________  _________________________
Student                        Date
COUN 6803  
EVALUATION FORM FOR COUNSELING PRACTICUM  
Lipscomb Supervisor Evaluation of Student

STUDENT: _______________________________  EVALUATION DATE: __________________________

CIRCLE ONE:  
YES  NO 1. Practicum Hours: Requirement: 150 hours of Practicum time, of which 40 hours must be direct service

Direct: Completed at least 40 hours of direct service with clients (with a minimum of 40% or 16 hours for individual and/or family counseling).

Individual/family hours: ____________ (minimum 16)  
Group hours: ____________  
Psychoeducation hours: ____________

Total number of Direct hours: ____________ (minimum 40)

Indirect: Additional hours of client related activities, practicum site requirements, and supervision.

Site Supervision hours: ____________  
Faculty Supervision hours: ____________  
Other hours (case management, training, etc.): ____________

Total number of Indirect hours: ____________  

**TOTAL NUMBER OF DIRECT AND INDIRECT HOURS: ____________ (minimum 150)**

YES  NO 4. Maintained and submitted acceptable practicum notebook at end of semester.

YES  NO 5. Demonstrated acceptable counselor skills for student’s level of training through two observations or recordings:

Yes  No  Intake video/audio recording or observation  
Date Submitted:______________________________________________________________

Yes  No  Video/audio recording or observation  
Date Submitted:______________________________________________________________

YES  NO 6. Acceptable Mid-term evaluation from On-site Supervisor

YES  NO 7. Acceptable Final evaluation from On-site Supervisor
PLEASE RATE THE STUDENT ACCORDING TO THE FOLLOWING SCALE:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>EXCELLENT</td>
<td>Student is performing at a higher level than expected of students at the same level of training.</td>
</tr>
<tr>
<td>COMPETENT</td>
<td>Student is performing at the level expected of students at the same level of training.</td>
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<tr>
<td>NEEDS WORK*</td>
<td>Student is performing below the level expected of students at the same level of training and is</td>
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<td>expected to improve with minor remediation.</td>
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<tr>
<td>VERY POOR*</td>
<td>Student is performing well below the expected level and will require Graduate Faculty review;</td>
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<tr>
<td></td>
<td>significant improvement is expected.</td>
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<tr>
<td>UNOBSERVED</td>
<td>A rating is not applicable due to the lack of supervisor’s observation or the skill was not needed.</td>
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</tbody>
</table>

*Throughout this form, for “Needs Work” or is “Very Poor,” please specify the behavior that needs improvement and suggest a course of action for change. Please review with the Clinical Director.

**ASSESSMENT AND DIAGNOSTICS**

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<th>Behavior</th>
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<th>Unobserved</th>
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**COMMENTS:**

**THERAPEUTIC INTERVENTION**

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<td>conceptualization and treatment</td>
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<td>Willing to take appropriate risks in assessment &amp; treatment</td>
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<td>Implements crisis protocol appropriately when needed</td>
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</tbody>
</table>

**COMMENTS:**

**SUPERVISION**

| Prompt and prepared for supervision meetings | Excellent | Competent | Needs Work* | Very Poor* | Unobserved |
| Participates constructively in group supervision |  |  |  |  |  |
| Presents case information in an adequate and concise manner |  |  |  |  |  |
| Openly receives suggestions and criticisms without defensiveness |  |  |  |  |  |
| Uses feedback to modify subsequent counseling behavior |  |  |  |  |  |
| Provides useful feedback to peers in group supervision |  |  |  |  |  |
| Open to self-examination and analysis of countertransference |  |  |  |  |  |
| Manages countertransference issues in the therapy process |  |  |  |  |  |
| Willing to carry a sufficient case load |  |  |  |  |  |
| Completed all assignments on time |  |  |  |  |  |

**COMMENTS:**
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**COMMENTS:**

**STUDENT’S STRENGTHS:**
STUDENT’S OPPORTUNITIES FOR IMPROVEMENT:

STUDENT: PLEASE LIST ALL PROFESSIONAL ACTIVITIES IN WHICH YOU HAVE BEEN INVOLVED THIS SEMESTER (e.g., workshops, conferences, professional memberships, presentations)

GRADE ASSIGNED: _________

STUDENT RESPONSE:

________________________________________________
_______________________________________________

________________________________________________
_______________________________________________

Faculty Supervisor  Date  Student  Date
COUN 6903 & COUN 6913
EVALUATION FORM FOR COUNSELING INTERNSHIP I & II
Lipscomb Supervisor Evaluation of Student

STUDENT: ____________________________ EVALUATION DATE: ____________________________

CIRCLE ONE:

YES NO 1. Internship Hours: Requirement: 300 hours of Internship time, of which 120 hours must be
direct service

  Direct: Completed at least 120 hours of direct service with clients (with a minimum of 40% or
  48 hours of individual and/or family counseling).

  Individual/family hours: __________ (minimum 48)
  Group hours: __________
  Psychoeducation hours: __________

  Total number of Direct hours: __________ (minimum 120)

  Indirect: Additional hours of client related activities, practicum site requirements, and
  supervision.

  Site Supervision hours: __________
  Faculty Supervision hours: __________
  Other hours (case management, training, etc.): __________

  Total number of Indirect hours: __________

  **TOTAL NUMBER OF DIRECT AND INDIRECT HOURS: __________ (minimum 300)**

YES NO 4. Maintained and submitted acceptable internship notebook at end of semester.

YES NO 5. Demonstrated acceptable counselor skills for student’s level of training through two
observations or recordings:

  Yes No Video/audio recording or observation
  Date Submitted: ____________________________

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PLEASE RATE THE STUDENT ACCORDING TO THE FOLLOWING SCALE:

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**Demonstrates competence with group therapy skills**

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**Willing to take appropriate risks in assessment & treatment**

**Assists clients in moving toward counseling goals**

**Recognizes and encourages clients’ strengths**

**Meets site’s expectations for retention of clients**

**Understands site’s crisis protocol**

**Implements crisis protocol appropriately when needed**

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COMMENTS:

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STUDENT’S OPPORTUNITIES FOR IMPROVEMENT:

STUDENT: PLEASE LIST ALL PROFESSIONAL ACTIVITIES IN WHICH YOU HAVE BEEN INVOLVED THIS SEMESTER (e.g., workshops, conferences, professional memberships, presentations)

GRADE ASSIGNED: ________

STUDENT RESPONSE:
# CLIENT TREATMENT SUMMARY

**Place X by Appropriate Course**

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<th>Student:</th>
<th>Practicum:</th>
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<th>Internship II:</th>
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<th>Ethnicity:*</th>
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<td><em>Race/Ethnic Categories:</em> Native American/Alaskan, Asian, Black or African American, Latino or Hispanic, Pacific Islander, White, or identifies as “Two or More Races”</td>
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<tr>
<th>Axis III:</th>
<th>Axis IV:</th>
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<table>
<thead>
<tr>
<th>GAF Intake:</th>
<th>GAF Final:</th>
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<tbody>
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<table>
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<tr>
<th>Total Sessions:</th>
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<table>
<thead>
<tr>
<th>Treatment Summary:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include treatment modality (individual or group) and treatment methods (CBT, Gestalt, play therapy)</td>
</tr>
</tbody>
</table>

______________________________ (Please print and sign)

STUDENT  DATE
# CLINICAL EXPERIENCES
## RECORDING CONSENT FORM

I, ________________________________, give permission for ________________________________,
*(Name of client)*

a Masters level counseling student at Lipscomb University, to record* ________________

session(s) at ________________________________.
*(Clinical Site)*

Regular supervision will be provided by the site supervisor until completion of the training program. Each university supervisor has extensive training and experience in counseling. Sessions may be audio/video recorded for the purpose of supervision only. They will be destroyed as soon as the supervision requirement is met, but no later than the end of current semester. Video recordings are kept at a level of security consistent with HIPAA standards (encryption and passwords/locks).

<table>
<thead>
<tr>
<th>Client</th>
<th>Date</th>
<th>Witness</th>
<th>Date</th>
</tr>
</thead>
</table>

* State agreed upon time period, e.g., date(s), all, one, or any number.
CLINICAL EXPERIENCES
RECORDING CONSENT FORM (for Use with Minors)

I, ____________________________, give permission for ____________________________,
(Name of parent/guardian)
a Masters level counseling student at Lipscomb University, to work with and record
_________________________________ at ___________________________________ for
(Name of minor) (Clinical Site)
______________ session(s).*

Regular supervision will be provided by the site supervisor until completion of the training program. Each university supervisor has extensive training and experience in counseling. Sessions may be audio/video recorded for the purpose of supervision only. They will be destroyed as soon as the supervision requirement is met, but no later than the end of current semester. Video recordings are kept at a level of security consistent with HIPAA standards (encryption and passwords/locks).

_____________________________________      ________________________________
Parent/Guardian            Date            Witness                  Date

_____________________________________      ________________________________
Client                        Date            Witness                  Date

* State agreed upon time period, e.g., date(s), all, one, or any number.
STUDENT’S EVALUATION OF PRACTICUM/INTERNSHIP SITE

Identifying information:
Agency name: ____________________________________________________________
Site supervisor: Name ___________________________ Credentials ___________________
Other Contact person? Name ___________________________ Title ____________________

Please respond to the following statements regarding your site (circle one on scale 1-5): (Feel free to discuss any of these items further by using the back of the page).

Scale Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neither agree nor disagree; 4 – Agree; 5 – Strongly agree.

1. I had no difficulty achieving my required total site hours. 1 2 3 4 5
2. There was no difficulty getting clients for my face-to-face minimum. 1 2 3 4 5
3. The activities completing my site hours were beneficial. 1 2 3 4 5

Please respond to the following statements regarding your site supervisor:
4. The agreed-upon initial goals were achieved during my time there. 1 2 3 4 5
5. I received meaningful case supervision from my site supervisor. 1 2 3 4 5
6. Supervision occurred at least weekly. 1 2 3 4 5
   If supervision was not weekly, then how often? ______________________
7. Supervision occurred at a regularly scheduled time. 1 2 3 4 5
8. My site supervisor was available when needed. 1 2 3 4 5
9. My site supervisor provided in-vivo supervision (e.g., live, audio/video, co-therapy). Yes (how often?) No

The overall experience:
What would be your overall rating of the practicum/internship experience at this site?
☐ Excellent ☐ Good ☐ Okay ☐ Less than hoped for ☐ Poor

Use back if necessary for the following questions.
Please elaborate on your overall rating.

What type of students would not benefit well from this experience?

What special preparation is needed for students at this site?

Your name_____________________________________________ Semester/date of __________________________
PROFESSIONAL DISCLOSURE STATEMENT

The following is an example of a professional disclosure statement. Some students have found it to be beneficial to use this template to create their own professional disclosure statement to aid in communicating important and necessary information during the intake session. Some professionals use this document as their informed consent document, thus the need for the signatures at the end. For training purposes, students will personalize this document for verbal communication only. Students will utilize the site’s consent forms.

*Italicized type like this indicates material for you to substitute with your own data (and delete above portion).*

---

**Your Name**

Master of Science in Clinical Mental Health Counseling  
Graduate Studies in Psychology and Counseling  
Lipscomb University  
One University Park Drive  
Nashville, TN 37204  
615-966-5906

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PROFESSIONAL DISCLOSURE STATEMENT

Qualifications: I am a counseling graduate student in training working toward completion of a master’s degree. I am qualified to provide professional counseling services under the supervision of ____________________________ (site supervisor, list degree and licensure type) and ____________________________ (LU supervisor, list degree and licensure type*). My formal education has prepared me to counsel individuals, groups, couples, parents, families, and children. *if one of your supervisors is not licensed in TN, just list degree)

Experience: In my master’s program and under supervision I have counseled at least one individual and one group. Specify any other relevant experience here.

Nature of Counseling: Describe your theory of counseling in terms the general public can understand. Be sure to include the goals and techniques of counseling.

INFORMED CONSENT

Counseling Relationship: During the time we work together, we will meet weekly for approximately 50 minute sessions (put in agency or client requirements). Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. Our contact will be limited to counseling sessions you arrange with me except in case of emergency. Please do not invite me to social gatherings, offer me gifts, ask me to write references for you, or ask me to relate to you in any way other than the professional context of our counseling sessions. You will be best served if our sessions concentrate exclusively on your concerns.

Effects of Counseling: At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions.
Professional Disclosure Statement (cont.)

These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible result for you.

Client Rights: Some clients need only a few counseling sessions to achieve their goals; others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time, though I do ask that you participate in a termination session. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe might be harmful.

I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaints to my supervisor, insert your On-Site Supervisor’s name and number here.

Referrals: Should you and/or I believe that a referral is needed, I will provide some alternatives including programs and/or people who may be able to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives. I will be able to be your counselor through my practicum/internship at this site until date. I also have a break from/during ___mid-May, mid-August, mid-December due to breaks in my education/training. If you wish to continue counseling beyond that time, I will provide some continuation or referral options.

Cancellation: In the event that you will not be able to keep an appointment, please notify the agency at least 24 hours in advance, if possible. My opportunities to gain experience depend upon your attendance. Therefore, if you are absent two weeks in a row, I may ask to be assigned a new client, which may make it more difficult for us to schedule appointments together. Likewise, if you intend to discontinue counseling, please inform me as soon as possible so that I may be assigned another client.

Records and Confidentiality: All of our communication becomes part of the clinical record. Records are the property of [insert agency’s name here]. Adult and minor records will be disposed of in accordance with the agency’s policies.

Most of our communication is confidential, but the following limitations and exceptions may exist: (1) when I need to use your case records for purposes of supervision; (Your identifying information will be left out (or blacked out of a document) so that you cannot be identified. Contents of my supervision sessions with either of my supervisors will be guarded with the utmost confidentiality by myself and my supervisors); (2) if I determine that you are a danger to yourself or someone else; (3) if you disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; (4) if I am ordered by a court to disclose information; (5) if you direct me to release your records; (6) if I am otherwise required by law to disclose information.

If I see you in public, I will attempt to protect your confidentiality by acknowledging you only if you approach me first. In the case of marriage and family counseling, I will keep confidential (within the limits cited above) anything you disclose to me without your family member’s knowledge. However, I encourage open communication between family members, and I reserve the right to terminate our counseling relationship if I judge the secret to be detrimental to the therapeutic process.

Access to records of minor children: As clients, minor children and adolescents also deserve the right to privacy and confidentiality. However, it is understood that as a parent you are responsible for and concerned about your child. Therefore, a verbal summary of your child’s session will be provided to you upon request. This summary may include and is not limited to play themes in the case of play therapy, general concerns or issues of the child and of the
counselor, and progress toward counseling goals. If your child’s safety becomes a significant concern, I will tell you immediately so that we may work together to keep your child safe.

By your signature below, you are indicating that you read and understood this statement, any questions you had about this statement were answered to your satisfaction, and that you were furnished a copy of this statement. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

Printed Name of Client (if the client is a minor, print the minor’s name)

Is the client currently a minor (under age 18)?   ___ Yes   ___ No

If yes, please print the name of the minor client’s custodial parent or legal guardian here today giving consent for their treatment:

______________________________________________________________

Signature of Client/Custodial Parent/Legal Guardian

Date

Printed Name of Graduate Student in Training

Signature of Client/Custodial Parent/Legal Guardian

Date

Site Supervisor Information:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Lipscomb University Supervisor Information:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
WRITTEN CASE CONCEPTUALIZATION FORMAT

This format is designed to help therapists collect and integrate relevant information for case conceptualization, diagnosis, and treatment, to organize client information, and facilitate discussion leading to an understanding and ultimately decision making regarding client care.

To complete your written case conceptualization, you will present your information in narrative form incorporating the information for each section. Some sections will be larger and will warrant more than one paragraph. Multiple sections may be combined into one paragraph where appropriate to best present the client data (e.g., sections 2 & 3 can often be combined).

1. Clinic Data
   a. Therapist name
   b. Status (first practicum site, intern, staff)
   c. Agency/Clinic site
   d. Number of sessions with client
   e. Type of sessions (individual, group, marital, family)

2. Client Demographic Data
   a. Name (initials or altered name for confidentiality)
   b. Date of birth/age
   c. Sex
   d. Marital status
   e. Children (in and out of home, ages, sex)
   f. Living situation (house or apartment, people living in the home and relationship with client)

3. SES Data
   a. Occupation Status
      i. Client
      ii. Family members
      iii. Average family income
      iv. Transportation status (drives own car, public transportation)
      v. Other economic resources (own house, savings, family support)
      vi. Economic stressors (debts, child support, etc)

4. Presenting Problem(s) (include a description of the problem areas, listed separately, from the client’s perspective, particularly noting client’s view of their order of importance. This section will not only present the client’s story, but also the client’s clinical presentation.
   a. What has happened in the client’s life to prompt the client to pursue counseling at this time? (This could be an event, like a trauma, or a more cumulative issue and the client is now wanting to make changes.)
   b. Were there precipitating factors?
   c. How long have the problems persisted?
   d. Have problems previously occurred? What were the circumstances?
   e. In what way, if any, do the problems relate to each other?
   f. What are the client’s current clinical symptoms (if any)?
Written Case Conceptualization Format (cont.)

Presenting Problem(s) continued
- Always present enough clinical information to demonstrate that you have assessed for basic psychiatric issues, including the following: depression/mania, variety of anxiety disorders, psychosis, alcohol and other drugs. You will branch out into other diagnostic areas based on the presentation of your client, e.g., eating disorders, ADHD, sleep disorders, etc.
- If a client does not have a symptom you have asked about, you still want to report this information. You would simply say, “Client reports minimal anxiety, such as occasional worry over health, finances, or his children; he reports that this anxiety does not cause dysfunction or discomfort. Client reports no history of trauma, panic attacks, social phobia, or obsessions/compulsions.” Do not say client denies ___, unless he really does deny something that you know to be true. Use “reports no” instead. An appropriate use of denies would be “Client denies use of barbiturates in last 14 days” though you know by urine screen that he has. You would state this discrepancy.
- If there is a long-standing problem, you can move the bulk of that discussion to Mental Health History below.
  g. What is client’s risk level? Always present assessment of suicidal and homicidal ideation/intent.

5. Interpersonal Factors (contains a description of client’s orientation toward counselor and if present, others in environment)
   a. Manner of dress
   b. Physical appearance
   c. General self-presentation
   d. Nature of typical relationship (dependent, submissive, aggressive, dominant, withdrawing, etc)
   e. Behavior toward therapist (therapeutic alliance)

   [Sometimes, sections 4 & 5 can be blended. For example, if a client is presenting with depressive symptoms, it would be useful at that time in your description to include information about dress, hygiene, observed mood & affect, energy level. For anxiety presentations, describe what you observe about the client’s agitation or fidgeting.]

6. Relevant History - this section will vary in comprehension according to depth and length of treatment and in focus according to theoretical orientation and specific nature of problems.
   a. Family and relationship history (family of origin/developmental issues, past marriages/significant relationships - duration, sexual functioning, dissolution factors, sexual orientation, etc., children - from current or prior relationships and current status, current family status and structure)
   b. Cultural history and identity (issues of ethnicity and race, identification/acculturation)
   c. Educational history (childhood/developmental, adulthood/current status)
   d. Vocational history (types, stability, satisfaction)
   e. Medical history (acute/chronic illness, hospitalizations, surgeries, major patterns of illness in family, accidents, injuries, with whom/where/how often receive medical care, etc.)
   f. Mental health history (prior (i.e., in total remission) and long-standing problems, symptoms, diagnoses, evaluations, therapy experiences, past prescribed medications, current and family of origin mental health histories)
   g. Health practices (sleeping, eating patterns, use of tobacco, consumption of caffeine etc.)
   h. Current medications (dosages, purposes, physician, compliance, effects, side effects, etc.)
   i. Legal history (arrests, DUI, jail/prison, lawsuits, any pending legal actions)
   j. Use/abuse of alcohol or drugs (prescription or illegal). This section can be expanded from above or can be used to present a client’s usage history when in recovery
      • Family (current and origin) alcohol/drug history
7. Environmental Factors
   a. Elements in the environment, not already mentioned, that function as stressors to the client – those centrally related to the presenting problems and more peripheral
   b. Elements in the environment, not previously mentioned, that function as supports for clients (friends, family, recreational activities, etc.)

8. Personality Dynamics
   a. Cognitive factors: data related to thinking and mental processes, such as intelligence, mental alertness, persistence of negative cognitions, positive cognitions, nature and content of fantasy life, level of insight (awareness of changes in feelings, behavior, reactions of others, understanding of the interplay, etc.), and capacity for judgment (ability to make decisions and carry out practical affairs of daily living)
   b. Emotional factors, such as typical or most common emotional stress, predominant mood during interviews, appropriateness of affect, range of emotions client can display, cyclical aspects of client’s emotional life
   c. Behavior factors, such as psychosomatic symptoms and existence of problematic habits or mannerisms.

9. Testing (both past and present)
   a. Methods or instruments
   b. Evaluator, location, dates, reasons for testing
   c. Results

10. Life Transition/Adaptation Skills
    a. Coping skills: Concrete efforts to deal with distressing situations (anticipation, preparation, response)
    b. Social resources: Summary of supportive social networks
    c. Psychological resources: Adaptive personality characteristics (self-efficacy, hardiness, optimism)

Up to this point, you have thoroughly reported your client’s current situation as well as historical factors contributing to current situation. At this point, you are transitioning to your synopsis and treatment strategies. Nothing about your client’s situation beyond this point should be new information. Presenting your diagnosis at this point should strike your reader as “of course that is the diagnosis. It was clearly laid out above.” Throughout your presentation, a clear presentation of symptoms should have been listed for any diagnosis that you plan to propose. You will then move into your theoretical case conceptualization and treatment plans.

11. Formal Diagnosis
    To introduce your diagnoses (including V codes), use the following sentence “Based on the client’s presentation, clinical observations, and background information (and any formal test results, if utilized), the following diagnoses are suggested at this time.” Then, list diagnoses in format below:

        Axis I: Code + Title, with applicable specifiers
        Axis II: ______________________________________________________________
        Axis III: _____________________________________________________________
        Axis IV: _____________________________________________________________
        Axis V: GAF: # (current)

12. Theoretical Conceptualization of the Case
    a. Identify the specific theory or theories used and provide a brief overview of the general theory’s main points
       [This section is for educational purposes and would not be written into a case presentation for a client’s file.]
    b. Describe how the conceptualization was then applied to understand the existence of this particular client’s problems
    c. Describe how the conceptualization affected the therapist’s approach to treatment
    d. This section may also include discussion related to multicultural variables.
13. **Recommendations:**
   Each of the following are required to be included in your recommendations:
   a. Prognosis
   b. Should services continue to be offered, or would a referral for counseling services elsewhere be more appropriate?
   c. Potential referral(s) to other professions (e.g., medical, psychiatric, etc.)
   d. Recommendation for a specific therapeutic orientation to be used with this client
   e. Nature of treatment (e.g., specific therapist, priority of treatment issues, interaction with client characteristics such as defensiveness, motivation for treatment, problem complexity, etc.)
   f. Recommendations concerning working with the client (e.g., individual, group therapy, etc.)

14. **Treatment Plan**
   Based on the above information, describe the treatment plan you will follow to address the presenting and emerging problems.
   - Make it consistent with your theoretical orientation and available empirical evidence.
   - Estimate the number and types of sessions needed to address the issues.
   - List a 2-4 long-term goals with at least 2 short term objectives for each.

This ends the case conceptualization portion of the assignment. If you were writing up a case conceptualization to remain in your client’s file, you would end here. If you were updating it at some point, e.g., at the end of treatment, you would also add a section on client’s progress, explaining what goals had been met, what remained, and any new issues that had arisen.

This section is simply for you to critically reflect on your session for discussion with your supervisor or group.

15. **Session Critique:**
   **Treatment Goals for the Session:**
   In preparation for the session, what were the goals that were hoped to have been accomplished?
   a. These may or may not have been discussed with the client.
      i. Examples of session goals could have been generated in supervision just prior to the session.
   b. These may or may not be listed on the formal treatment plan.
      i. Examples of session goals that wouldn’t necessarily be listed on the treatment plan would be:
         “Review the coping skills that were discussed during the previous session,” or “Strengthen rapport after the mandated breach of confidentiality due to risk of self harm.”

   **Strengths:**
   a. After looking back on the session, what areas do you feel were handled well?
   b. Are there any components that the client happened to comment on as being helpful?

   **Weaknesses:**
   a. If you had the session to do over again, what would you do differently?
      i. Add or remove any of the session goals?
      ii. Say anything differently? Say less? Say more?
      iii. Use a different intervention technique or theoretical approach?
   b. Upon reviewing your tape, what did you notice differently about yourself or your client?

16. **Questions/Issues** – Note questions you have regarding the case and any issues you would like to address
M.S. IN PROFESSIONAL COUNSELING CLINICAL EXPERIENCE REQUIREMENTS
For Students Admitted Before August 2012

Prerequisites for Practicum:

For students admitted before Fall, 2010, they are eligible for Practicum I after the following prerequisites:

- Theories of Counseling (COUN 5103)
- Introduction to Psychopathology & Adaptive Behavior (COUN 5203)
- Ethics and Professional Issues in Professional Counseling (COUN 5703)

Students are also strongly encouraged to take Introduction to Counseling Skills (COUN 5903), Advanced Psychopathology (COUN 6603), Multicultural Issues in Counseling (COUN 6053), and Effective Counseling and Treatment Planning (COUN 6703). Students must meet with the Clinical Director for approval before they can begin interviewing for practicum sites.

To begin Practicum I, the following criteria must be met:

- All prerequisites must be successfully completed.
- The student must be in good standing with the program, as evidenced by faculty review (including no academic probation).

For students admitted Fall 2010 - Spring 2012, they are eligible for Practicum I after at least three semesters of course work, including the following prerequisites:

- Introduction to Counseling Skills (COUN 5903)
- Theories of Counseling (COUN 5103)
- Introduction to Psychopathology & Adaptive Behavior (COUN 5203)
- Ethics and Professional Issues in Professional Counseling (COUN 5703)

Students are also strongly encouraged to take Advanced Psychopathology (COUN 6603), Multicultural Issues in Counseling (COUN 6053), and Effective Counseling and Treatment Planning (COUN 6703). Students must meet with the Clinical Director for approval before they can begin interviewing for practicum sites.

To begin Practicum I, the following criteria must be met:

- All prerequisites must be successfully completed.
- The student must be in good standing with the program, as evidenced by faculty review (including no academic probation).

Deadline for MS in Professional Counseling:

If a student, who was admitted to the program before Fall, 2012, wishes to remain in the Master of Science in Professional Counseling thus completing the clinical experience as Practicum I, Practicum II, and Internship, that student must start Practicum I by Summer 2013. Any student who starts the clinical experience in Fall, 2013 or beyond must change to the Master of Science in Clinical Mental Health degree (indicated on the Choice of Program form) thus completing the clinical experience as Practicum, Internship I, and Internship 2.
Hour Requirements for Master of Science in Professional Counseling

<table>
<thead>
<tr>
<th>Course</th>
<th>Total Hours (minimum)</th>
<th>Direct Service Hours (minimum)</th>
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<tbody>
<tr>
<td>Practicum I</td>
<td>150</td>
<td>30*</td>
</tr>
<tr>
<td>Practicum II</td>
<td>150</td>
<td>30*</td>
</tr>
<tr>
<td>Internship</td>
<td>200</td>
<td>50*</td>
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*Specifications regarding Direct Service Hours (DSH):
Students are required to complete 80% of the required/minimum hours as individual, families, couples’ sessions. Within the required hours, group hours should be no more than 20%. Once a student has reached the required/minimum DSH for that course, there is no requirement regarding the distribution of the remaining DSH hours. For example, for Practicum I, a student is required to complete 30 DSH hours. Of this 30 hours, 80% (24 hours) should be individual/family/couples; up to 20% (6) of the minimum/required can be group hours. After the 30 DSH minimum threshold is met, the additional DSH can be individual or group.

If a student notices that *most* of the individual time is by phone, the minimum/required DSH will need to increase to insure a decent proportion of actual time face to face for your education. Contact your Faculty supervisors as soon as possible in order to reach a solution.