



MARQUETTE
UNIVERSITY

Department of Counselor Education and
Counseling Psychology

Handbook for Online Master's Counseling Practicum and Internship

(COUN 6965
&
COUN 6986)

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Overview of the Marquette University CPCE Master's Programs

The purpose of the Marquette University Master of Science in Clinical Mental Health Counseling Program is to prepare professional counselors for careers in clinical mental health counseling. The program is housed in the Department of Counselor Education and Counseling Psychology at Marquette University, which is one of the departments in the College of Education. The *Online Master's Student Handbook* provides a detailed description of the Clinical Mental Health Counseling Programs, their requirements, and the policies and procedures that students are to use as they complete the programs. More information regarding the program and our department can be obtained [on our website](#).

Within the Clinical Mental Health Counseling degree, students can choose an optional specialization in Child/Adolescent Counseling. The Master of Science in Clinical Mental Health Counseling Program requires 60 credit hours for completion. The recommended course sequences for the various specializations vary slightly, but in important ways (e.g., the prerequisites for beginning internship vary across specializations/concentrations). The Clinical Mental Health Counseling program primarily prepares professional counselors to work in a variety of behavioral health and related settings and is designed to lead to licensure as a professional counselor.

Program Learning Outcomes

The Program's objectives are based upon the Program's mission, our guiding principles and philosophy, and based upon the common core areas defined within the Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards (2016) and the Wisconsin Department of Safety and Professional Services (drl.wi.gov). The Master's in Clinical Mental Health Counseling is not currently accredited by CACREP.

At the completion of a master's degree in the Department of Counselor Education and Counseling Psychology (CECP), the graduate is able to:

1. Apply knowledge of bio-psycho-social-cultural foundations of behavior and evidence-based counseling approaches to diverse individuals and groups.

Evidence of Knowledge

- Knowledge (and skills) of the competencies of multicultural counseling practice.
- Knowledge of empirically validated counseling assessments, counseling relationships, and counseling processes, interventions and evaluations. (Helping relationships, group work, career development, research and program evaluations)
- Knowledge of the nature and needs of persons at all developmental levels and multicultural contexts.

Evidence of Counseling Applications

- Counsel proficiently with a variety of clients of different ages, genders, developmental levels, racial/ethnic backgrounds, sexual orientations, religions and socioeconomic statuses.
- Conduct cultural and population appropriate counseling assessments.

- Create culturally appropriate treatment plans based on assessment
- Establish and maintain a counseling relationship with a variety of clients.
- Implement appropriate counseling interventions for a variety of clients.
- Evaluates own counseling behaviors and client outcomes.

2. Apply professional, ethical, and legal standards in their counseling practices.

Evidence of Knowledge

- Knowledge of current social, legal, and economic trends affecting the counseling profession
- Knowledge of ethical standards of ACA and of other relevant professional groups.
- Knowledge of federal, state and local legal rules and regulations pertinent to counseling.

Evidence of Counseling Applications

- Behaves in accordance with professional ethical standards
- Operates from a consistent ethical decision-making model to solve ethical dilemmas
- Maintains own mental and physical health
- Makes appropriate client referrals on the basis of an awareness of the specialties, skills, and services of other helping professionals.
- Operates with personal and professional integrity (Refrains from misleading or deceptive statements, follows up on commitments)
- Implements appropriate informed consent procedures.

3. Assume advocacy roles for the mental health care of underserved individuals and groups in urban settings.

Evidence of Knowledge

- Knowledge of the various forms of advocacy (e.g., Toporek, Lewis & Crethar, 2009)
- Knowledge of sociopolitical context within which clients live, as well as the barriers presented by this context which impeded access, equity and success for clients (II.G.1.i).
- Knowledge of traditional and common systemic barriers in an urban environment that impact client's mental health (e.g., issues of gender identity, race, ethnicity, sexual orientation, age, religious affiliation, physical & mental ability, social class, language or other characteristics.)
- Knowledge of community resources and services that support and advocate for client mental health issues.

Evidence of Counseling Applications

- Develops an advocacy plan based on the particular needs, context, and barriers being encountered by clients
- Navigates the dual roles of advocate and counselor within ethical and legal standards.

- Participates in school or community advocacy event (e.g., hearing, school board meeting, town hall meeting).

4. Integrate self-awareness, counseling roles and reflective practices into a professional counseling identity.

Evidence of Knowledge

- Knowledge of counseling professional roles and functions: direct counseling services, mental health team member, consultant, advocate, supervisor, collaborator, coordinator and developing cultural self-awareness.
- Knowledge of professional organizations, certification and licensure.
- Knowledge of self-care strategies appropriate to the counselor role.
- Self-knowledge; understands personal and professional strengths and limitations.

Evidence of Counseling Applications

- Effectively manage personal assets in the professional environment, such as knowledge, skills, energy, health, and time. Describes own identity development as a counselor
- Introduces self as counselor and can explain professional counseling to others.
- Uses reflective practices before and after counseling interactions.
- Membership in professional organizations
- Seeks appropriate state and/or national credentialing.

5b. Provide clinical mental health counseling prevention and treatment services for diverse individuals and groups in community settings.

Knowledge Evidence

- Knowledge of counseling processes and theories used in clinical mental health settings: brief, intermediate and long-term intervention strategies, strategies for promoting holistic wellness, models of addiction, crisis and disaster intervention, assessment and diagnostic strategies, risk appraisal, consultation and clinical supervision.
- Knowledge of prevention principles and theories applicable to the clinical mental health counseling setting.
- Knowledge of principles of psychopharmacology relevant to counseling and coordination of care with other health care providers.
- Knowledge of mental health care delivery systems and the role of the counselor in community-based treatment approaches: needs assessment strategies, measuring counseling treatment outcomes, multidisciplinary treatment teams and community resources.
- Knowledge of administrative/business aspects of mental health agencies.

Evidence of Counseling Applications

- Develops and implements counseling treatment and prevention programs based on professional literature for client's presenting concern(s), counseling assessment and/or diagnosis, and level of risk.
- Reassesses client needs and modifies treatment plan as client needs change over time.

Our counseling programs employ a developmental perspective which emphasizes growth and development, improving individuals' quality of life, and focusing on strengths and resources in addition to psychological deficits and problems. The ability to diagnose and treat psychopathology is an essential skill for our graduates, and our program also emphasizes the assessment of strengths and resources, as well as the development of resource-focused interventions designed to maximize the healthy and optimal functioning of individuals and communities. In fact, we consider it an ethical obligation to focus on strengths and resources in addition to deficits and problems when conducting assessments and designing prevention programs and treatment plans for clients and students. Minimizing either one can result in an incomplete conceptualization that is likely to result in less effective interventions and potentially deleterious effects. Another implication of a developmental emphasis involves prevention and the need for proactive system interventions. For example, fighting poverty, racism, and other destructive societal and community influences are more important in certain contexts than applying individualized counseling interventions.

We believe that sensitivity to biological, psychological, social, multicultural and developmental influences on behavior increases students' effectiveness as practitioners as well as the additional roles in which they are likely to engage (e.g., instructor, supervisor, consultant). Also, this approach helps students develop an appreciation for the importance of prevention regarding behavioral, medical, and social problems. Indeed, we view competence in working with all of these factors as necessary for the successful practice of counseling.

Our departmental policies clarify our commitment to diversity in our programs. Our policy on diversity and social justice reads as follows:

Our program faculty, staff and students believe it is our responsibility to actively engage in creating a more equitable, diverse, and inclusive world. We value and embrace diversity across all forms of identity. We acknowledge the complexity of diversity as it relates to privilege and the disparities of racial and social power impacting our society. It is our duty to dismantle discriminatory systems, and we are committed to doing so through our research, practice, and service. As members of an academic community, we believe that diversity enriches our educational and professional growth, as well as our communities. We dedicate ourselves to increasing self-awareness, growth, collaboration, relationship-building, and ongoing education. In our quest for racial and social justice, we advocate with, and for, those in our communities whose voices deserve to be heard. We are committed to taking personal and group responsibility for racial and social justice, and to hold one another accountable.

Finally, our counseling programs at Marquette exists within the context of the Jesuit educational

tradition. This includes assisting students to develop a care and respect for self and others consistent within the Jesuit tradition of *cura personalis*, or care for the person, and service to others. This tradition emphasizes care for the whole person and the greater community, a tradition consistent with the history and emphases of counseling. This orientation is consistent with the mission and vision of the College of Education at Marquette University, the graduates of which “will be ‘men and women for others’ who have a commitment to transforming social inequities in their schools, institutions, and communities and who exhibit Marquette’s hallmarks of excellence, faith, leadership, and service.”

Assessment of Dispositions

CECP has identified eight professional dispositions that reflect the values and goals of our department and program training model. The dispositions identified are attitudes, characteristics, or behaviors that we believe are necessary to be an effective counselor. These dispositions will be assessed at several time points during students’ program (i.e., beginning of first semester in program, end of first semester in the program and/or before practicum, at completion of practicum, at completion of fall internship) to assure progress is being made and to provide students with sufficient feedback and support in their development. Both students and instructors will complete disposition assessments, and ratings will be tracked throughout the program. This data will also be used for decision-making regarding student readiness for practicum, internship, and graduation, as well as program evaluation.

Marquette University’s Masters Programs Professional Dispositions:

1. Counseling Orientation: Student demonstrates beliefs and values reflective of the counseling field, including the importance of strengths-based counseling and wellness, and prevention, the capacity for people to grow and change, and demonstration of empathy, compassion, and respect.
2. Social Justice Orientation: Student demonstrates a desire to advocate with and for those who experience a lack of access, equity, participation, and rights in our society.
3. Understanding of Cultural and Social Influences: Student demonstrates a holistic understanding of their own cultural and social identities, positionality, power, oppression and privilege, the role of individuals and communities within systems, cultural humility, intersectionality, and identity.
4. Openness to Feedback: Student demonstrates a willingness and openness to receive and integrate feedback from others, as well as the ability to give constructive feedback to others.
5. Self-Awareness: Student demonstrates the ability to assess personal strengths and areas of development, including the need for boundaries, the ability to implement self-care, an understanding of how others perceive the student’s behaviors, and the need to seek supervision or other professional assistance.

6. Integrity: Student demonstrates values and behaviors that align with the *ACA Code of Ethics* and promote client well-being, including: honesty, trustworthiness, accountability, and ethical decision-making.

7. Professionalism: Student demonstrates behaviors reflective of counseling professionals, including: timeliness, attendance, and punctuality, conflict resolution, problem-solving, and taking personal responsibility.

8. Positive Engagement in Program: Student contributes to the program in a positive manner, demonstrating collaboration and helpful behavior, making positive contributions, and leadership.

Maintaining Privacy and Confidentiality

Students should maintain confidentiality with clients/students at their sites in accordance with the ACA Code of Ethics and HIPAA. This includes maintaining documentation and recordings in a secure manner consistent with ethical guidelines, deidentifying information about clients/students, and understanding and following any specific legal and ethical confidentiality practices at their practicum/internship site. In class, students should maintain confidentiality by not discussing any client or student information outside of class and ensuring that any communications with the instructor or other students follow ACA and HIPAA guidelines. More information regarding confidentiality, legal, and ethical procedures will be discussed in courses throughout the program, particularly in Practicum and Internship.

Counseling Practicum Overview

Our professional counseling training program is based upon a developmental model that involves a sequential program of cumulative learning experiences. The first clinical experiences students have in our program is Practicum. Practicum is described as a “distinctly defined, supervised clinical experience in which the student develops basic counseling skills and integrates professional knowledge” (CACREP, 2016).

The Counseling Programs require that students complete a minimum of 100 hours of Counseling Practicum (COUN 6965) over the course of one semester. Generally, the practicum experience takes place at the end of the student’s second year in the program. Requirements for the Practicum experience include:

- a. At least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
- b. Weekly supervision that averages one hour per week of individual and/or triadic supervision by a CECP faculty member, a doctoral student supervisor, or a site supervisor who is working in biweekly consultation with a CECP faculty member in accordance with the supervision contract. Typically, supervision occurs on-site by a licensed or certified professional who meets the requirements to supervise.
- c. An average of 1½ hours per week of group supervision that is provided on a regular

schedule throughout the practicum by a CECP faculty member or doctoral student supervisor. Note: This meets Wisconsin state licensure regulations managed by the Department of Safety and Professional Services.

- d. The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients.
- e. Evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation mid-way through practicum and after the student completes the practicum.

Practicum is completed at a variety of mental health agencies depending on the career goals and interests of the individual student. The range of settings where practicum is completed may include college and university counseling centers; hospitals; public and private social service agencies; and mental health clinics. Sites must be approved by the CECP department, specifically the Clinical Training Coordinator. Students are supervised by licensed or certified counselors, social workers, psychologists, licensed marriage and family therapists, or psychiatrists. Individuals who supervise have training to supervise and at least two years of post-graduation experience in the specialization in which the student is training. Doctoral students who serve as supervisors must have training to supervise and be receiving supervision of supervision.

Students are encouraged to audio and/or video record the majority of their sessions with clients and have these recordings available for use during individual supervision and in practicum courses. Clients must provide consent (or assent, if they are under 18 and their parents/guardians have provided consent) to being recorded. The department has an "Informed Consent to Audio and/or Video Record Counseling Sessions form" (see Appendix O and department website and consult with practicum instructor) that must be completed by the practicum student and signed by the client and supervisor before any recording can take place. Students must assure that the recordings are stored in a secure location and will not be shared with anyone outside the context of individual and group supervision. In cases where the agency/school has a separate recording form, both the Marquette University and agency forms must be completed.

Counseling Internship Overview

Internship is a "distinctly defined, post-practicum, supervised clinical experience in which the student refines and enhances basic counseling or student development knowledge and skills, and integrates and authenticates professional knowledge and skills related to program objectives" (CACREP, 2016).

The Counseling Programs require students to complete at least two semesters of Counseling Internship (COUN 6986). This includes at least 300 clock hours each semester, or approximately 20 hours per week over 15 weeks per semester, for a total of 600 hours. This internship can be completed at a variety of mental health agencies in the community depending on the career goals and interests of the individual student. The range of settings where internship is completed includes college and university counseling centers; hospitals; public and private social service agencies; and mental health clinics. Typically, clinical mental health students complete their internship at the same site where they completed their practicum. Sites must be

approved by the CECP department, specifically the Clinical Training Coordinator. To meet licensure requirements, students are supervised by licensed or certified counselors, social workers, psychologists, licensed marriage and family therapists, or psychiatrists. Individuals who supervise have training to supervise and at least two years of post-graduation experience in the specialization in which the student is training. Doctoral students who serve as supervisors must have training to supervise and be receiving supervision of supervision. Students are enrolled in Counseling Internship (COUN 6986;3 credits) in each semester in which they are enrolled in internship.

Requirements for the Internship experience include:

- a. At least 240 clock hours of direct service, including experience leading groups.
- b. Weekly supervision that averages one hour per week of individual and/or triadic supervision by a CECP faculty member, a doctoral student supervisor, or a site supervisor throughout the internship. Typically, supervision occurs on-site by a licensed or certified professional who meets the requirements to supervise.
- c. An average of 1½ hours per week of group supervision that is provided on a regular schedule throughout the internship and is performed by a CECP faculty member. Note: This meets Wisconsin state licensure regulations managed by the Department of Safety and Professional Services.
- d. The opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings).
- e. The opportunity for the student to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of his or her interactions with clients.
- f. Evaluation of the student's counseling performance throughout the internship, including documentation of a formal evaluation after the student completes the internship by a CECP faculty member in consultation with the site supervisor.

For the Master of Science in Clinical Mental Health Counseling Program, students begin their internship at the beginning of their third year after they have completed the prerequisite coursework (i.e., Introduction to Counseling, Lifespan Human Development, Psychopathology and Diagnosis, Theories of Counseling, Foundations of Clinical Mental Health Counseling, Professional Ethics and Legal Issues, Group Counseling, Career Development and Counseling) and one semester of COUN 6965 Counseling Practicum, plus any additional courses indicated on the Program Planning Form.

Clinical mental health counseling students enroll in COUN 6986 Counseling Internship-CMHC for each semester of internship (600 hour minimum; **6 credits total**). The internship course is two hours and forty-minutes per week (three hours and twenty-minutes per week in summer) and is composed of a small group of students (no more than 12) with similar career goals. The course is taught by an appropriately credentialed instructor who serves as a consultant and facilitator for meeting the goals and objectives of this course.

Students are required to audio and/or video record the majority of their sessions with clients

and have these recordings available for use during individual supervision and in practicum/internship courses. Clients must provide consent (or assent, if they are under 18 and their parents/guardians have provided consent) to being recorded. The department has an "Informed Consent to Audio and/or Video Record Counseling Sessions" form (see Appendix O and department website and consult with internship instructor) that must be completed by the practicum student/intern and signed by the client and supervisor before any recording can take place. Students must assure that recordings are stored in a secure location and will not be shared with anyone outside the context of individual and group supervision. In cases where the agency has a separate recording form, both the Marquette University and agency forms must be completed.

The Director of Counselor Education and the Clinical Training Coordinator work together closely and are responsible for the policies and procedures that govern practicum and internship. Also, they evaluate students for approval to begin internship and monitor students' performance on practicum and internship. All practicum and internship placements must be approved by the department before students can begin a practicum or internship.

Department Staff

Coreen Bukowski, Academic Coordinator

Department Faculty (* = COUN Core Faculty; **Online Faculty); Titles, Research Interests, and Specializations

Rawan Atari-Khan, Ph.D. (Ball State University)

Assistant Professor; Licensed Psychologist; Research Interests: cross-cultural psychology; well-being and resilience; multicultural issues

Alan W. Burkard, Ph.D. (Fordham University)

Professor and Department Chair; Licensed Psychologist; Research Interests: multicultural counseling and supervision, counselor training and development, treatment of trauma in young children

Karisse A. Callender, Ph.D. (Texas A&M University - Corpus Christi)*

Assistant Professor and Director of Counselor Education; Licensed Professional Counselor, Substance Abuse Counselor; Research Interests: trauma, addiction, clinical supervision

Jessica Del Re, Ph.D. (University of Toledo)**

Clinical Assistant Professor; Licensed Mental Health Counselor-A, National Certified Counselor; Research Interests: multicultural counseling, cultural humility, clinical supervision, Diversity, Equity, and Inclusivity in clinical practice and the classroom

Lisa M. Edwards, Ph.D. (University of Kansas)

Professor and Director of Training for COPS Program; Licensed Psychologist; Research Interests: multicultural issues, strengths and optimal functioning

Weneaka D. Jones, Ph.D. (University of Wisconsin)*

Clinical Assistant Professor; Licensed Professional Counselor-WI, Nationally Certified Counselor; Research Interests: rehabilitation counseling, transition for marginalized youth with disabilities, financial well-being among people with disabilities

Lynne M. Knobloch-Fedders, Ph.D. (Miami University, Oxford, OH)
Associate Professor; Licensed Psychologist; Research Interests: couple and family therapy, psychotherapy research, research methodology and statistics

Sarah Knox, Ph.D. (University of Maryland)
Professor; Licensed Psychologist; Research Interests: therapy relationship, therapy process, supervision and training, qualitative research

Raven M. Krautkramer, Ph.D. (Adler University)*
Clinical Assistant Professor; Professional Counselor; Research Interests: intimate relationship issues; multicultural counseling; interpersonal behavior and organizational leadership; professional advocacy

Alexandra Kriofske Mainella, Ph.D. (University of Wisconsin-Madison)*
Assistant Professor; Research Interests: sexual health education and individuals with disabilities, disability impact on sexuality

Krystyne Mendoza, Ph.D. (Texas Tech University)**
Online Program Coordinator ; Clinical Assistant Professor; Licensed Professional Counselor-CO & TX; Research Interests: Research Interests: Early Childhood Trauma; Storytelling; Play Therapy; Ethical Issues in Counseling

LeeZa Ong, Ph.D. *
Assistant Professor; Licensed Professional Counselor-WI, Certified Rehabilitation Counselor; Research Interests: rehabilitation counseling issues, refugees and immigrants with disabilities, curriculum evaluation

Zori A. Paul, Ph.D. (University of Missouri - St. Louis)*
Clinical Assistant Professor; Provisional Licensed Professional Counselor (MO), Certified Parent-Child Interaction Therapy (PCIT) Provider, National Certified Counselor; Research Interests: intersecting historically marginalized identities, bisexuality, mentorship, ethical social media use

Kavitha D. Venkateswaran, Ph.D. (University of Nebraska-Lincoln)
Clinical Assistant Professor; Clinical Training Coordinator; Licensed Psychologist; Research Interests: race-based stress and trauma; vocational psychology; perinatal and reproductive mental health; integrated health.

Lexi Wimmer, M.A. (University of Northern Colorado, Doctoral Candidate)**
Clinical Assistant Professor; Licensed Professional Counselor (CO); Licensed Addictions Counselor (CO); Approved Clinical Supervisor; Research Interests: posttraumatic growth;

counselor development; and spiritual transitions

Counseling Practicum and Internship Outcomes

The student outcomes for Practicum and Internship are divided into two areas: (a) knowledge and (b) skills and practices; however, the majority of outcomes relate to skills and practices, as would be expected. These outcomes are drawn from core and specialization standards from CACREP (2016). Below are the specific CACREP standards that COUN 6965 and COUN 6986 address:

COUN 6965 CMHC Practicum

CACREP 2016 Standard	Standard Location
Counselor characteristics and behaviors that influence the counseling process;	Common Core 5. f.
Essential interviewing, counseling, and case conceptualization skills;	Common Core 5. g.
Developmentally relevant counseling treatment or intervention plans;	Common Core 5. h.
Development of measurable outcomes for clients;	Common Core 5. i.
Procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide;	Common Core 7. c.
Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning;	CMHC Specialty Area 1. c.
Diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD);	CMHC Specialty Area 2. d.
Cultural factors relevant to clinical mental health counseling;	CMHC Specialty Area 2. j.
Record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling;	CMHC Specialty Area 2. m.

Techniques and interventions for prevention and treatment of a broad range of mental health issues;	CMHC Specialty Area 3. b.
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COUN 6986 CMHC Internship in Counseling

CACREP 2016 Standard	Standard Location
Essential interviewing, counseling, and case conceptualization skills;	Common Core 5. g.
Procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide;	Common Core 7. c
Cultural factors relevant to clinical mental health counseling;	CMHC Specialty Area 2. j.
Techniques and interventions for prevention and treatment of a broad range of mental health issues;	CMHC Specialty Area 3. b.

Professional Counselor Licensure

Professional counselors must become licensed before they can independently provide behavioral health services to the public (except for some exempt state and federal institutions). The licenses to practice professional counseling are controlled by state governments not by universities, professional organizations, or the federal government. In Wisconsin and many other states, a license to practice professional counseling requires that one has graduated with a master's degree in counseling (such as from the program described above), passed the various licensure examinations required by the individual states, and completed a minimum of supervised post-graduate professional experience (number of hours varies by state, ranging between 2,000 and 4,000 hours). Each state also establishes a minimum amount of required hours for Practicum and Internship (pre-graduation). Wisconsin requires 600 clinical hours (240 direct) but certain states require more; students should determine their licensure goals and ensure they are obtaining the number of hours that they need. For example, students may try to take Summer Internship in lieu of an elective to obtain a total of 900 internship hours in the program.

Wisconsin state regulations allows individuals to take the Graduate Student Administration of the National Counselor Examination (NCE), the exam required for licensure as a professional counselor in Wisconsin and most other states, while they are still students. Doing so has several benefits, so students should consider this option as they near the end of their programs (more information regarding this test is distributed to students every semester). It is important to note that the attainment of a master's degree in counseling and/or passing the licensure exam does not guarantee licensure in any state, but that the master's degree and licensure exam are required parts of the licensure process.

Graduates who desire to be licensed as professional counselors in Wisconsin will need to contact [the Department of Safety and Professional Services](#) for application materials. Graduates who desire to become licensed as professional counselors in another state will need to contact the appropriate examining board in the state in which they wish to become licensed to determine laws and procedures for that state.

Endorsement for Licensure

The CECP department will complete educational verification forms for licensure for graduates of our program. The CMHC graduates will have completed the 60-credit CMHC degree, which includes passing the CPCE (CMHC master's comprehensive exam) and at least 6 credits (600 supervised hours) of internship at an approved site.

Master of Science in Clinical Mental Health Counseling- Online Recommended Course Sequence (May vary by entry term) General

Semester 1	Semester 2	Semester 3
COUN 6000* Introduction to Counseling	COUN 6003* Foundations of Clinical Mental Health Counseling	COUN 6012* Professional Ethics and Legal Issues in CMHC
COUN 6020* Life-Span Human Development	COUN 6030* Theories of Counseling	COUN 6060* Psychopathology and Diagnosis
Semester 4	Semester 5	Semester 6
COUN 6080 Career Development and Counseling	COUN 6070* Assessment in Counseling	COUN 6150 Addictions Counseling
COUN 6040* Multicultural Counseling	COUN 6120* Group Counseling	COUN 6965* Counseling Practicum
Semester 7	Semester 8	Semester 9
COUN 6170 Trauma Counseling	COUN 6130 Family Counseling	Select Two Electives: <ul style="list-style-type: none"> • COUN 6160, Counseling with Children & Adolescents • COUN 6090 Medical and Psychosocial Aspects of Disabilities • COUN 6986 Internship in Counseling (may be required for certain sites)
COUN 6050 Research Methods in Counseling	COUN 6180 Advanced Diagnosis and Treatment in Counseling	
COUN 6986 Internship in Counseling	COUN 6986 Internship in Counseling	

**Prerequisite for COUN 6986 Internship in Counseling*

**Master of Science in Clinical Mental Health Counseling-Online
Recommended Course Sequence (may vary by entry term)
Child/Adolescent Specialization**

Semester 1	Semester 2	Semester 3
COUN 6000* Introduction to Counseling	COUN 6003* Foundations of Clinical Mental Health Counseling	COUN 6012* Professional Ethics and Legal Issues in CMHC
COUN 6020* Life-Span Human Development	COUN 6030* Theories of Counseling	COUN 6060* Psychopathology and Diagnosis
Semester 4	Semester 5	Semester 6
COUN 6080 Career Development and Counseling	COUN 6070* Assessment in Counseling	COUN 6160, Counseling with Children & Adolescents
COUN 6040* Multicultural Counseling	COUN 6120* Group Counseling	COUN 6965* Counseling Practicum
Semester 7	Semester 8	Semester 9
COUN 6170 Trauma Counseling	COUN 6130 Family Counseling	COUN 6150 Addictions Counseling
COUN 6050 Research Methods in Counseling	COUN 6180 Advanced Diagnosis and Treatment in Counseling	Select One Elective: <ul style="list-style-type: none"> • COUN 6090 Medical and Psychosocial Aspects of Disabilities • COUN 6986 Internship in Counseling (may be required for certain sites)
COUN 6986 Internship in Counseling	COUN 6986 Internship in Counseling	

**Prerequisite for COUN 6986 Internship in Counseling*

Practicum and Internship Procedures

Approved CMHC Sites

Clinical mental health students' practicum and internship sites must be vetted and approved (i.e., "established") by the Clinical Training Coordinator in conjunction with the Master's Director of Training. For a site to be approved, the Clinical Training Coordinator conducts (1) an initial site screening (e.g., phone call with supervisor, research on site) and (2) an initial site visit (virtual if in-person is not possible). During this process, the Coordinator ensures several components including appropriate supervision, site capacity to host and train students, location safety, types of experiences students will obtain, and whether the site meets ethical and legal minimums. Regarding ethical minimums, sites must adhere to the minimum ethical standards published by the American Counseling Association (ACA) and/or the American Psychological Association (APA). Sites who adhere to social or religious principles that limit or restrict client care based on such principles, impose values on clients, or require client adherence to social or religious principles to receive services are not eligible to become approved clinical placement sites. Regarding legality, sites must adhere minimally to state laws and procedures. Any violations to ethical and/or legal minimums after a site is established may result in dissolving the Clinical Affiliation Agreement between the University and the site.

Students will take an online (via D2L) 0-credit practicum and internship preparation course prior to engaging in a clinical placement. During this course, students will receive instructions on identifying sites in their local area that may meet their desired training goals. Students will then submit site names and information to the Clinical Training Coordinator, who will then reach out to sites to assess training availability and vet sites according to the aforementioned process.

Application Process for Obtaining a Practicum and Internship Placement

Typically, CMHC students complete Practicum and Internship at the same site; this allows for continuity of learning and a smooth transition to Internship for students, sites, and the clients being served. Selection of potential Practicum and Internship sites is the joint responsibility of the Master's Program Director and the Clinical Training Coordinator. In rare cases, a student, a site, or the graduate program may decide a student should not stay at the site for Internship. These decisions should be made in consultation with the Director of Counselor Education, the Clinical Training Coordinator, and the Practicum instructor. In these circumstances, students should work with the Clinical Training Coordinator to discuss the Internship site application process. If a student is being asked not to return to a site due to behavioral, dispositional, or

professional concerns, the student may be subject to faculty review and/or remediation procedures (see Master's Program Handbook for more information on faculty review and remediation procedures).

The practicum placement process is reviewed with students in the first year in the program. Below are the guidelines that are shared with students at this meeting.

Practicum Application Process for Clinical Mental Health Counseling Program

Complete site tracking form and submit to Dr. Kavitha Venkateswaran (Clinical Training Coordinator) during the 0-credit Online Practicum and Internship Preparation Course

1. Meet with Dr. Venkateswaran during the semester prior to starting Practicum to discuss interests and site tracking form.
2. Begin revising your resume/CV.
3. Begin drafting a general cover letter that you can tailor to particular sites. A sample cover letter can be found on the department website.
4. You will begin to receive emails from Dr. Venkateswaran that describe openings at practicum/internship sites in your local area that are the best match for your interests/goals. This email will include specific directions and contact information for applying. You should respond **immediately** to Dr. Venkateswaran that you have received the email and will apply.
5. You will send your CV/resume and cover letter to each site to which you are asked to apply as well as any other documentation you were asked to provide. If you do not receive a response from the site contact within two weeks, please follow-up with Dr. Venkateswaran to let her know.
 - a. Please be sure to cc (email copy) Dr. Venkateswaran on the application you send to sites.
 - b. Please keep Dr. Venkateswaran updated with any responses you get from site representatives.
6. If you receive an interview at a site, below are some suggestions.
 - a. Prepare for your interview by researching the site and thinking carefully about how your interests and skills fit with the site.
 - b. Approach the interview in a professional manner, treating this interview as you would a job interview.
 - c. Bring a copy of your application letter and resume/CV with you to the interview, even if you have already sent them a copy.
 - d. Bring a copy of your Master's Practicum and Internship Handbook to the interview as well in case there are any questions about the program.
 - e. Make sure your potential site supervisor either has access to the Practicum Handbook via our [departmental website](#) or a hard copy of the Handbook.
 - f. Be prepared to answer questions and ask questions about topics related to your practicum and/or internship placement.
 - g. Ask them when they expect to make decisions about practicum student placements and if they need any further information from you.
 - h. Dress professionally and appropriately for an interview.

7. **Notify the Clinical Training Coordinator via email as soon as you receive an offer from a site.**
 - a. If you want to accept the offer, do so immediately and inform Dr. Venkateswaran.
 - b. If you want to decline the offer, please discuss this with Dr. Venkateswaran before doing so.
8. If you receive an offer at a site or are waiting to hear about other offers, you will have to make some difficult decisions in consultation with your advisor and Dr. Venkateswaran. Some suggestions:
 - a. Thank any site for the offer you received and ask them when they need to know your final decision (It is probably not necessary to tell them you are waiting to hear from another site).
 - b. Respect all final decision dates and make the best choice you can regarding your placement.
9. The department needs to receive the completed Supervision Agreement Form for Practicum to reflect your acceptance of a position at a practicum and/or internship site. The supervisor and relevant clinic manager or director both need to sign the form.

Background Checks

All CECP students are required to complete Caregiver Background Checks during orientation in the Fall semester. Information from these background checks is kept on file. If a Practicum or Internship site requests the results of this check, the department administrative assistant can provide this information.

Other Health Information

Sites reserve the right to require health exams, vaccinations, etc. in accordance with their policies and procedures (e.g., TB, X-ray, other tests, vaccinations). Some practicum/internship sites, especially hospitals and other facilities offering medical care, may require these additional tests before an internship placement can begin.

Professional Liability Insurance

In accordance with CACREP (2016) Standard 3a, master's students in the CECP Department are required to obtain individual professional counseling liability insurance. This type of insurance can be obtained as part of ACA or AMHCA student membership, or students may acquire it through a provider (e.g., HPSO, CPH).

Students should provide copies of their policies, including renewals, to the department. The department will maintain copies of all policies, and students may be required to provide copies of these policies to their site upon request.

As specified in the CMHC Agreement that the department has made with each site, the site also agrees to maintain professional liability insurance for its employees and agents.

Additional Semesters of Internship

Some CMHC sites require students to begin their internship over the summer. Students assigned to those sites generally replace one of their summer electives with Internship-3 credits. Students are required to attend the Summer Internship course and complete all requirements during this additional Internship semester over the summer.

Vacations and Breaks

Many sites require students to continue to fulfill their practicum and internship responsibilities during Marquette University vacations and breaks. Students should assume they will be at their sites the entire semester and during the break between semesters for Internship unless they have received approval from their site supervisor for another arrangement. As long as students are receiving on-site supervision they can continue at their site during breaks between semesters even if they are not attending the practicum or internship course. It is the student's responsibility to secure a licensed faculty member to be "on-call" during breaks in the event that an incident arises for which the university needs to be involved.

Practicum Requirements

Classes. Attend all COUN 6965 synchronous class meetings. Actively participate in group consultation, discussions of issues, and case reviews. These classroom attendance hours are included in the total number of practicum hours completed.

Colloquia. All COUN 6965 students are strongly encouraged to attend all CECP Colloquia. Topics and schedules will be announced annually.

Practicum Activities

The Counseling programs require students to complete a minimum of 100 hours of Counseling Practicum (COUN 6965) over the course of one semester. Generally, this practicum experience takes place during the end of a student's second year in the program

Practicum placements involve several different activities which must be accurately documented:

Direct Service. Refers to interaction with clients that includes the application of counseling, consultation, or human development skills.

Examples: Individual, group, and family counseling, case staffing, in home services, intake and assessment activities, and consultation.

Required number of hours of direct service: At least 40 clock hours.

Indirect Service. Refers to other activities including supervision, client staffing, gathering information about the client but not in the actual presence of the client (e.g., outside the counseling/therapy hour).

Examples: Writing process/progress notes, supervision, reviewing charts, time spent planning interventions, consulting with other professionals about a case,

video/audiotape review, class time.

Required number of hours of indirect service: At least 60 clock hours.

Documentation of Practicum Activities/Hours

Students are expected to maintain a weekly log of activities completed relating to the practicum (e.g., client sessions, preparation for counseling, case documentation, preparation for supervision, supervision, administrative duties, etc.). A sample weekly hours log is provided on the [CECP website](#). These logs must be reviewed and signed by your site supervisor on a weekly basis. Students must submit their hours logs mid-semester and at the end of the semester to their practicum instructors. The department retains copies of students' hours logs; however, students are responsible for keeping a copy of their hours logs as well.

Practicum Site Responsibilities

Clinical Affiliation Agreement

A CAA is required for every site and the CAA must be signed by all parties prior to the student beginning the internship. The CECP Clinical Training Coordinator facilitates the Clinical Affiliation Agreement (CAA) process with sites. First, the coordinator provides each practicum-internship site training director with their Clinical Affiliation Agreement to be signed by the authorized site representative. If the site has any edits or questions, the coordinator submits the edits and/or questions to the Office of General Counsel for review and approval. Second, after the CAA is signed by the site, Marquette representatives sign the CAA. Finally, the coordinator returns the completed CAA to the site and it is filed with the department.

Student Status

During practicum and internship the student should have a title such as "trainee," "internship student," "extern" or similar designation of trainee status.

Students may receive a stipend from the internship site for practicum placements if the site is willing to provide this. Unfortunately, such stipends are not the norm.

In rare circumstances, students may do a practicum-internship placement at a site where they are employed. However, because of potential issues relating to dual-relationships and competing demands with regard to employees' responsibilities vs. a student's responsibilities, these placements are subject to special review by the Master's Program Director and Clinical Training Coordinator and are not guaranteed to be approved. In these situations, the training activities including supervision are subject to more explicit and rigorous guidelines including the student's work supervisor not holding the role of practicum/internship supervisor.

Site Visits

During practicum, the university supervisor will have two meetings with the student and the site supervisor. Site visits may take place in person or online via videoconferencing. Generally, these take place at the beginning and end of the practicum semester.

Bi-Weekly Consultation

Practicum supervisors and faculty supervisors (generally the instructor of the COUN 6965 Practicum course) are required to engage in bi-weekly consultation. The bi-weekly consultation does not have to be face-to-face, but can utilize electronic forms of communication (e.g., e-mail, phone, videoconferencing). The intent of the bi-weekly consultation is that it is regular and substantive in nature, focused on student development, rather than just periodic check-ins to ensure things are going okay.

Consultation with CECP Department

The university COUN 6965 instructor, the Clinical Training Coordinator, the Master's Program Director, and the Program Coordinators are available to both the student and site supervisor as needed. For example, students and supervisors may seek consultation regarding conflict resolution, concerns regarding inadequate performance, ethical dilemmas, and ways to improve training.

Conflict Resolution

When conflicts arise on site or with a site supervisor, students should seek appropriate consultation about how to handle such challenges. Typically, the practicum course instructor is the first person with whom the student should consult. If intervention is necessary beyond the student handling the situation themselves, the practicum instructor will likely be the person to intervene, though the practicum-internship coordinator or director of training may become involved if necessary. We encourage students to thoughtfully work through conflicts and to use the consultation process to its fullest.

Termination of Student Placement

The practicum site may cancel the practicum placement of any student whose performance is unsatisfactory or whose personal characteristics prevent desirable and appropriate relationships within the site. The site will provide the student and the CECP Department with written justification for the proposed cancellation of a placement. Prior to such cancellation, the site supervisor shall notify the COUN 6965 instructor and the Clinical Training Coordinator about the proposed termination.

Any student who has been notified by a supervisor about concerns should communicate these with their instructor and the Clinical Training Coordinator as soon as possible.

Supervision

Individual and/or triadic supervision can be provided by a program faculty member, a student supervisor, or a site supervisor who is working in biweekly consultation with a program faculty member in accordance with the supervision contract.

Supervisor Qualifications. The primary site supervisor is often a Licensed Professional Counselor (LPC), yet approved supervisors may be a Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW), a licensed Psychologist, or Psychiatrist. The supervisor generally has at least two years of post-graduation experience and training to provide supervision. Doctoral students may supervise master's students, though they must have

training to supervise and be receiving supervision of supervision while supervising.

Weekly individual and/or triadic supervision can be provided by the on-site supervisor, a student supervisor, or a CECP faculty member, yet is typically conducted by the on-site supervisor. The supervisor has the primary responsibility for providing the practicum student with direct individual and/or triadic supervision on a regularly scheduled weekly basis.

Amount of Individual and/or Triadic Supervision. An average of 1 hour per week on-site is required.

Note: Some students may be asked to receive additional supervision provided by a CECP doctoral student during practicum.

Group Supervision. For practicum, an average of 1½ hours per week is required. This includes all time spent in the COUN 6965 synchronous class. In other words, students can count their class time (2 hours and 40 minutes, even if delivered in hybrid format) as indirect hours.

Observation of sessions. Students are expected to review their sessions with their supervisor via audio-recording or video-recording in compliance with the CECP HIPAA Compliance Policy (See below for HIPAA Compliance Policy). If students are precluded from recording sessions due to CECP HIPAA Compliance Policy or the agency policy, it is expected that the site supervisor will provide in-person observation. Observation of sessions can count as 1:1 supervision.

Practicum Learning Agreement (PLA)

Practicum Learning Agreement (PLA: length should be 2 - 3 typed pages) - The PLA consists of the following elements:

- i. A narrative description of your perceived professional strengths and expected growth areas.
- ii. A statement of your intended future professional goals/practice area(s).
- iii. A "learning plan" **in table form** with the following three column headers for the semester's practicum/internship that documents:
 - 1. Goals** (i.e., what do I want to learn through this practicum/internship, what do I want to get out of this practicum/internship, how do I want to be different as a counselor by the end of this practicum/internship?) Remember that goals are to be small, concrete, specific, salient, attainable, and measurable.
 - 2. Activities** (what are the specific steps, activities, procedures, experiences I need to pursue to meet these goals?)
 - 3. Outcomes** (how will I objectively measure whether or not I met these goals?).
- iv. A brief description of ways in which you will implement self-care this semester.
- v. The Initial PLA must be reviewed, approved, signed and dated by you, your site supervisor, and lastly by your course instructor; provide a space at the end of the PLA for signatures and dates.
- vi. The PLA should be revisited again at the end of the semester. In the "revisited" version, please address the degree to which you met your goals, and discuss what

helped and hindered your meeting them. This revisited PLA can also include any changes in strengths/growth areas, intended future practice areas, and self-care strategies. Also, be sure to include a statement about your assessment of personal readiness for internship.

- vii. The PLA will be evaluated based on a rubric distributed in class.

Evaluation of Students

1. Final grades will be assigned by the university supervisor in consultation with the site supervisor. Evidence of a student's achievement level will be obtained through conversation with the onsite supervisors, evaluation of practicum performance documented on the supervisors' evaluation of practicum student form, and behavioral observations by the instructor.
2. Ongoing evaluation of the practicum students must be conducted throughout the practicum. Students will be evaluated based on achievement regarding the Course Outcomes (knowledge and skills/practices), performance of assignments, growth in their counseling skill levels and their overall professional growth over the course of the practicum.
3. Written evaluations of students will be completed by the site supervisors at the middle and end of the semester. Students will provide site supervisors a copy of **the supervisor evaluation** for this purpose at the beginning of the semester, and alert supervisors at least two weeks before evaluations are due. Site supervisors need to review their evaluations with the students. Students and supervisors must sign the evaluation indicating that the evaluation has been reviewed.
4. Copies of the site supervisor's evaluations and the instructor's evaluation will be given to students and copies will be placed in students' CECP file along with any statements students wish to provide regarding their performance in the practicum.
5. On the Supervisor Evaluation of Practicum Student Form, which is completed at midterm and end of every semester in which a student is engaged in clinical activities, any item rated as a 1 (i.e., far below expectations, needs much improvement, a concern), will trigger a required meeting between the student, the site supervisor, the student's advisor, and possibly also the course instructor. The purpose of the meeting will be to explore the nature of the student's difficulty, and to discuss what measures can be taken to aid the student's development in the area(s) in which they need to improve.
6. If a student's performance repeatedly falls below minimally accepted thresholds (i.e., several "1" ratings), the student, the advisor, and the Director of Counselor Education are to address the performance concerns in the annual self- and faculty evaluation. A pattern of such performance might also be cause for the institution of a remediation plan.
7. In those cases in which the student has not evidenced the minimum skill level and professional development to successfully advance to the next level of training, it will be recommended that the student repeat the course and/or abide by departmental directives in accordance with the Department of Counselor Education and Counseling Psychology's remediation procedures. Note that ethical and legal violations by a student may result in a failing grade for the course and possible dismissal from the

program.

8. Students should also be aware of the policies of the Graduate School regarding Clinical Placements (Graduate Bulletin):

By virtue of the special nature of clinical courses in health care and other human service fields, students will be held to clinical and professional standards in addition to academic standards. If, in the opinion of the supervising faculty member, the student is falling short of expected levels of performance or professional behavior, the student may be removed immediately from the class. In many cases, the student will be counseled regarding the deficiency and will be given an opportunity to retake the class. However, depending on the type and severity of the deficiency, the student may be dismissed from the program and the Graduate School.

Evaluation of Site and Supervision

At the end of each semester, students will complete an evaluation of the site and supervision. These evaluations will be turned into the practicum instructor and held in the CECP office. Evaluations will not be shared directly with site supervisors until the practicum and internship placement is completed.

Internship Requirements

Approval to Begin Internship

1. In order to be approved for internship, the following requirements will be verified;
2. You have passed all of the prerequisite courses with a grade of "B-" or better.
3. You have demonstrated an adequate level of professional disposition development, as discussed with your Practicum instructor and advisor (for more information about disposition assessment please see the Master's Handbook).
4. You have filed all the practicum-related documentation (e.g., hours logs, supervision agreements, supervisor evaluations, etc.) with the department.
5. You have maintained your status as a student in "good standing." Approval for beginning or continuing in Internship can be revoked at any time due to factors such as student impairment, incompetence, and unethical behavior. The faculty will immediately notify students who are encountering problems of these types.
6. The "Supervision Agreement for Internship" is signed by all parties (i.e., your site supervisor, the relevant clinical manager/director, and the CECP Master's Program Director). The original copy of this form is maintained by the CECP Department Office.

Internship Requirements

Classes. Attend all COUN 6986 synchronous class meetings. Actively participate in group consultation, discussions of issues, and case reviews. These classroom attendance hours are

included in the total number of internship hours completed.

Colloquia. All COUN 6986 students are strongly encouraged to attend all CECP Colloquia. Topics and schedules will be announced annually. The dates for the Colloquia will be set at the beginning of the academic year and students are encouraged to openly communicate these dates with their site supervisor to make necessary accommodations to participate in the Colloquia.

Internship Activities

Students in the master's programs normally complete two semesters of Counseling Internship on a half-time basis (roughly 20 hours per week for 15 weeks in a semester, over two to three semesters, for a total of 600 hours). Internship normally occurs right after the Practicum semester ends, and students usually spend between 20 and 25 hours on site at their internship placements in face-to-face client contact, supervision meetings, writing reports and case notes, consultation, and other approved support activities. In addition, students attend a two hour and forty-minute COUN 6986 class, which results in 23-28 total hours of internship time plus the time required for class preparation (readings, presentations, etc.).

Internship placements involve a number of different activities which must be accurately documented:

Direct Service. Refers to interaction with clients that includes the application of counseling, consultation, or human development skills.

Examples: Individual, group, and family counseling, case staffing, in home services, intake and assessment activities, and consultation.

Required number of hours of direct service: At least 240 hours of direct service, including experience leading groups.

Indirect Service. Refers to other activities including supervision, client staffing, gathering information about the client but not in the actual presence of the client (e.g., outside the counseling/therapy hour).

Examples: Writing process/progress notes, supervision, reviewing charts, time spent planning interventions, consulting with other professionals about a case, video/audiotape review.

Required number of hours of indirect service: Approximately 360 hours.

Note for Students Completing An Additional Semester of Internship: In certain, unusual situations, a site may realize that their intern(s) will not reach the minimum 300 hours during the summer due to a low census, unexpected disruptions at the site, etc. In those unusual cases the student, supervisor and course instructor should meet as soon as possible to discuss a possible exception to the 300-hour minimum for the summer semester. Specifically, students may request to complete 600 total internship hours (minimum of 240 direct hours) over the course of three consecutive semesters, rather than the required 900

hours. In these cases, students would need to maintain a regular schedule at the site (established with the site supervisor) and continue working towards the expected 300 hours per semester. Students would also need to attend all classes and successfully complete the requirements for all three Internship courses.

Students who are given this exception should work closely with their supervisors and internship instructors to monitor accumulated hours. It is the student's responsibility to present cumulative logs at the beginning, mid and end of each semester to their instructor and supervisor to ensure sufficient progress is being made.

Documentation of Internship Activities/Hours

Students are expected to maintain a weekly log of activities completed relating to the internship (e.g., client sessions, preparation for counseling, case documentation, preparation for supervision, supervision, administrative duties, etc.). A sample weekly hours log is provided on the [CECP website](#). These logs must be reviewed and signed by your site supervisor on a weekly basis. Students must submit their hours logs mid-semester and at the end of the semester to their practicum instructors. The department retains copies of students' hours logs; however, students are responsible for keeping a copy of their hours logs as well.

Internship Site Responsibilities

Clinical Affiliation Agreement

A CAA is required for every site and the CAA must be signed by all parties prior to the student beginning practicum-internship. The CECP Clinical Training Coordinator facilitates the Clinical Affiliation Agreement (CAA) process with sites. First, the coordinator provides each practicum-internship site training director with their Clinical Affiliation Agreement to be signed by the authorized site representative. If the site has any edits or questions, the coordinator submits the edits and/or questions to the Office of General Counsel for review and approval. Second, after the CAA is signed by the site, Marquette representatives sign the CAA. Finally, the coordinator returns the completed CAA to the site and it is filed with the department.

Student Status

During the practicum and internship the student should have a title such as "trainee," "internship student," "extern" or similar designation of trainee status.

Students may receive a stipend from the internship site for internship placements if the site is willing to provide this. Unfortunately, such stipends are not the norm.

In rare circumstances, students may do an internship placement at a site where they are employed. However, because of potential issues relating to dual-relationships and competing demands with regard to employees' responsibilities vs. a student's responsibilities, these placements are subject to special review by the Master's Program Director and Program Coordinators and are not guaranteed to be approved. In these situations, the training activities including supervision are subject to more explicit and rigorous guidelines including the student's

work supervisor not holding the role of practicum/internship supervisor.

Site Visits

Over the course of students' internship experience, the university supervisor (the instructor for the class) will have at least three meetings with the student and the site supervisor. These meetings may take place in person or online via videoconferencing.:

Initial site visit. The initial site visit is used for orientation and clarification of the supervisory agreement and the goals for internship. At this visit, it must be verified that the site supervisor has been provided a copy of the course syllabus requirements, a copy of the internship handbook, and evaluation forms to be completed at the end of each semester, the supervision agreement has been signed by the student, the site supervisor, and the course instructor, and the Internship Learning Agreement (ILA) has been reviewed and signed by all parties. In addition, it must be verified that the student has been provided with a comprehensive orientation to the site, including but not limited to policies philosophy, procedures, protocols, rules, and expectations.

Second Visit. The second visit is used to assess continuing progress on internship. Note: If a student is completing two semesters of internship, this visit should occur in the end of the first semester or early in the second semester. If a student is completing three semesters of internship, this visit occurs in the second semester (usually Fall).

Termination Visit. The termination site visit is used as a forum for an evaluation of the student, the internship site, and the interface with the CECP Department.

Consultation with CECP Department

The university COUN 6986 instructor, the Clinical Training Coordinator and Program Coordinators are available to both the student and site supervisor as needed. For example, students and supervisors may seek consultation regarding conflict resolution, concerns regarding inadequate performance, ethical dilemmas, and ways to improve training.

Conflict Resolution

When conflicts arise on site or with a site supervisor, students should seek appropriate consultation about how to handle such challenges. Typically, the internship course instructor is the first person with whom the student should consult. If intervention is necessary beyond the student handling the situation themselves, the internship instructor will likely be the person to intervene, though the Clinical Training Coordinator or Director of Counselor Education may become involved if necessary. We encourage students to thoughtfully work through conflicts and to use the consultation process to its fullest.

Termination of Student Placement

The internship site may cancel the internship placement of any student whose performance is

unsatisfactory or whose personal characteristics prevent desirable and appropriate relationships within the site. The site will provide the student and the CECP Department with written justification for the proposed cancellation of a placement. Prior to such cancellation, the site supervisor shall notify the COUN 6986 instructor and the Clinical Training Coordinator about the proposed termination.

Any student who has been notified by a supervisor about concerns should communicate these with her/his/their instructor and the Clinical Training Coordinator as soon as possible.

Supervision

Supervision of the internship student is the joint responsibility of the university and the professional staff of the internship site.

Supervisor Qualifications. The primary site supervisor is often a Licensed Professional Counselor (LPC), yet approved supervisors may be a Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW), a licensed Psychologist, or Psychiatrist. The supervisor generally has at least two years of post-graduation experience and training to provide supervision. Doctoral students may supervise master's students, though they must have training to supervise and be receiving supervision of supervision while supervising.

Weekly individual and/or triadic supervision can be provided by the on-site supervisor, a student supervisor, or a CECP faculty member, yet is typically conducted by the on-site supervisor. The supervisor has the primary responsibility for providing the practicum student with direct individual and/or triadic supervision on a regularly scheduled weekly basis.

Amount of Individual and/or Triadic Supervision. For internship, an average of 1 hour per week on-site is required.

Group Supervision. For internship, an average of 1½ hours per week of group supervision is required. Group supervision also includes the time spent in COUN 6986 synchronous class. Please note that group supervision on site is not a substitute for the individual supervision requirements.

Observation of sessions. Students are expected to review their sessions with their supervisor via audio-recording or video-recording in compliance with the CECP HIPAA Compliance Policy (See below). If students are precluded from recording sessions due to CECP HIPAA Compliance Policy or the agency policy, then it is expected that the site supervisor will provide in-person observation of a minimum of two sessions per semester. Observation of sessions can count as 1:1 supervision.

Internship Learning Agreement

(ILA: length should be 2 - 3 typed pages) - The ILA consists of the following elements:

- i. A narrative description of your perceived professional strengths and expected growth areas.
- ii. A statement of your intended future professional goals/practice area(s).

- iii. A “learning plan” **in table form** with the following three column headers for the semester’s practicum/internship that documents:
 1. **Goals** (i.e., what do I want to learn through this practicum/internship, what do I want to get out of this practicum/internship, how do I want to be different as a counselor by the end of this practicum/internship?) Remember that goals are to be small, concrete, specific, salient, attainable, and measurable.
 2. **Activities** (what are the specific steps, activities, procedures, experiences I need to pursue to meet these goals?)
 3. **Outcomes** (how will I objectively measure whether or not I met these goals?).
- iv. A brief description of ways in which you will implement self-care this semester.
- v. The Initial ILA must be reviewed, approved, signed and dated by you, your site supervisor, and lastly by your course instructor; provide a space at the end of the ILA for signatures and dates.
- vi. The ILA should be revisited again at the end of the semester. In the “revisited” version, please address the degree to which you met your goals, and discuss what helped and hindered your meeting them. This revisited ILA can also include any changes in strengths/growth areas, intended future practice areas, and self-care strategies.
- vii. The ILA will be evaluated based on a rubric distributed in class.

Evaluation of Students

1. Final grades will be assigned by the university supervisor in consultation with the site supervisor. Evidence of a student’s achievement level will be obtained through conversation with the onsite supervisors, evaluation of internship performance documented on the supervisors’ evaluation of intern form, and behavioral observations by the instructor.
2. Ongoing evaluation of the internship student must be conducted throughout the internship. Students will be evaluated based on achievement regarding the Course Outcomes (knowledge and skills/practice), performance of assignments, growth in their counseling skill levels and their overall professional growth over the course of the internship.
3. Written evaluations of students will be completed by the site supervisors at mid-term and at the end of the semester. Students will provide site supervisors a copy of the supervisor evaluation form for this purpose at the beginning of the semester, and alert supervisors at least two weeks before evaluations are due. Site supervisors need to review their evaluations with the students. Students and supervisors must sign the evaluation indicating that the evaluation has been reviewed.
4. Copies of the site supervisor's evaluations and the instructor's evaluation will be given to students and copies will be placed in students' CECP file along with any statements students wish to provide regarding their performance in the internship.
5. On the Supervisor Evaluation of Internship Student Form, which is completed at midterm and end of every semester in which a student is engaged in clinical activities, any item

rated as a 1 (i.e., far below expectations, needs much improvement, a concern), will trigger a required meeting between the student, the site supervisor, the student's advisor, and possibly also the course instructor. The purpose of the meeting will be to explore the nature of the student's difficulty, and to discuss what measures can be taken to aid the student's development in the area(s) in which they need to improve.

6. If a student's performance repeatedly falls below minimally accepted thresholds (i.e., several "1" ratings), the student, the advisor, and the Director of Counselor Education are to address the performance concerns in the annual self- and faculty evaluation. A pattern of such performance might also be cause for the institution of a remediation plan.
7. In those cases in which the student has not evidenced the minimum skill level and professional development to successfully advance to the next level of training, it will be recommended that the student repeat the course and/or abide by departmental directives in accordance with the Department of Counselor Education and Counseling Psychology's remediation procedures. Note that ethical and legal violations by a student may result in a failing grade for the course and possible dismissal from the program.
8. Students should also be aware of the policies of the Graduate School regarding Clinical Placements (Graduate Bulletin):

By virtue of the special nature of clinical courses in health care and other human service fields, students will be held to clinical and professional standards in addition to academic standards. If, in the opinion of the supervising faculty member, the student is falling short of expected levels of performance or professional behavior, the student may be removed immediately from the class. In many cases, the student will be counseled regarding the deficiency and will be given an opportunity to retake the class. However, depending on the type and severity of the deficiency, the student may be dismissed from the program and the Graduate School.

Evaluation of Site and Supervision

Each semester students will complete an evaluation of the site and supervision. These evaluations will be turned into the internship instructor and held in the CECP office. Evaluations will not be shared directly with site supervisors until the internship placement is completed.

Recording Policy

Students are required to audio and/or video record most of their sessions with clients and have these recordings available for use during individual supervision and in practicum/internship courses. Clients must provide consent (or assent, if they are under 18 and their parents/guardians have provided consent) to being recorded. The department has an "Informed Consent to Audiotape and/or Video Record Counseling Sessions" (see Appendix N) form that must be completed by the practicum student/intern and signed by the client and supervisor before any recording can take place. Students must assure recordings are stored in a secure location and will not be shared with anyone outside the context of individual and group supervision. In cases where the agency has a separate recording form, both the Marquette University and agency forms must be completed.

Departmental HIPAA Compliance Policy

The CECP Department requires all of its students and faculty involved in offering health care services and/or protected health information to familiarize themselves with the requirements of HIPAA (Health Insurance Portability and Accountability Act). This includes all full-time department staff and faculty and all students in counseling and counseling psychology. School counseling students and others whose primary work involves educational rather than health records also need to follow the requirements of FERPA (Family Educational Records and Privacy Act). They will need to be aware of HIPAA requirements, however, because they are likely to handle protected health information from various psychological and medical providers (e.g., school nurses; students' therapists, psychologists, and pediatricians) on a regular basis.

CECP Departmental HIPAA Requirements

Complying with agency policies for ensuring HIPAA compliance. The CECP Department does not offer health care services directly to the public because we do not maintain an in-house counseling clinic. Instead, we rely on departments and agencies in other units of the University or off campus for our Practicum and Internship training. When offering services to clients in these other departments and agencies, all faculty and students are required to familiarize themselves with and observe the requirements of those agencies with regard to HIPAA compliance.

Student work samples submitted for evaluation. We normally ask students who complete Practicum and Internship to submit samples of their written clinical work to the faculty for evaluation and grading. These materials must be completely deidentified to protect the anonymity of the clients.

According to HIPAA, protected health information is deidentified if all of the following have been removed with regard to the individual client, her/his/their relatives, employers, or household members of the client (see Chpt. 165.514):

1. Names;
2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:
 - a. The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and
 - b. The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people are changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over

89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;

4. Telephone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code.

Video or audio recordings of students' clinical work. Students in human service fields commonly record samples of their clinical work to submit for faculty evaluation. We are not aware of any statute or case law governing the recordings of counseling sessions made for student performance evaluation purposes. Nonetheless, these recordings could be considered to be medical records, and consequently the department currently treats them as medical records. As a result, we require that students protect recordings of their clinical work in the same way that they would protect other health information.

In general, however, it is very difficult to deidentify audio or video recordings of counseling sessions (e.g., through altering voices and images). As a result, department students cannot submit recordings of their clinical work to the faculty for purposes of evaluation unless the following conditions are met: (1) the agency maintains the original recording for the appropriate number of years for medical records in that agency; (2) the original is not allowed to leave the agency; (3) the clients signs an authorization that a copy of that original recording can be made for the specific purpose of student evaluation by a faculty supervisor; and (4) the copy will be destroyed after the evaluation has been completed.

Supervision of students' clinical work. Our students' clinical work is always supervised by both an on-site supervisor(s) and a department faculty supervisor(s). As a result, students' adult clients must sign an authorization for the disclosure of their health information for the purposes of supervision, and parents or guardians of a minor client must provide such an authorization when the minor is not able to legally provide such an authorization for him or herself (see the relevant Wisconsin administrative statutes). Agency forms for this purpose are usually sufficient, but students need to ensure that the informed consent forms that they use with clients note that they are being supervised by both an on-site supervisor and a department supervisor, that their supervisors have access to the client's clinical records and are monitoring the progress of the case, and that the student also participates in a consultation and supervision team comprised of their supervisor(s) and other student counselors and therapists.

Emailing or FAXing information to faculty supervisors. Email transmissions are not secure unless they are well encrypted. Because the Department does not have the resources for handling encryption, email transmission of client records that are not deidentified to faculty supervisors is not permitted. Because of potential problems with the security of FAXed information (e.g., misdialed phone numbers, someone is not present at the receiver's FAX machine to receive the transmission at the time it occurs), students are not allowed to FAX protected health information to faculty supervisors.

Disciplinary actions for noncompliance with this policy. HIPAA includes significant penalties for violations of its requirements (ranging from administrative actions to fines of up to \$250,000 and 10 years imprisonment). The University enforces compliance with HIPAA requirements for faculty and staff through its Human Resources policies. Student violations of HIPAA compliance requirements will be handled through the departmental policy on the Remediation and Dismissal of Students. Minor violations of these requirements will result in relatively minor disciplinary actions, while serious or multiple minor violations of these requirements can result in dismissal from the program.

Appendix A

**AGREEMENT BETWEEN
MARQUETTE UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING
PSYCHOLOGY
&
COOPERATING AGENCY**

Name and Address:

Telephone:

Email:

FOR THE CONDUCT OF A SUPERVISED COUNSELING PRACTICUM

The above named agency agrees to provide the facilities, student work opportunity, instruction, and supervision necessary to properly conduct a counseling practicum experience for the student named below and according to the guidelines described in the Department of Counselor Education and Counseling Psychology's "*Handbook for Master's Counseling Practicum and Internship*." Specifically, students are required to receive a minimum of one hour of individual or triadic on-site supervision per week. Supervisors must be licensed (i.e., LPC, LCSW, psychologist, LMFT, or psychiatrist), have two years of professional experience within the area of specialization of the site, and have training to supervise. Doctoral students are permitted to supervise if they have supervision training and are receiving supervision of supervision.

The practicum course instructor will consult with the on-site supervisor about the student's progress through biweekly consultation (visit, email or phone) and two site visits during the semester. On-site supervisors will provide a written evaluation of the student at midterm and at the end of the semester.

Inclusive Dates of Practicum (from Month/Date/Year to Month/Date Year):

Name of Student (printed or typed):

Student (signature):

Date:

On-Site Supervisor (printed or typed):

On-Site Supervisor (signature):

Date:

Agency or Clinic Director (printed or typed):

Agency or Clinic Director (signature):

Date:

Marquette Master's Clinical Training Coordinator (signature):

Date:

Supervision Information

1. Weekly day and time of supervision:
2. Supervision methods used by supervisor:

Appendix B

AGREEMENT BETWEEN

MARQUETTE UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING
PSYCHOLOGY
&
COOPERATING AGENCY

Name and Address:

Telephone:

Email:

FOR THE CONDUCT OF A SUPERVISED COUNSELING INTERNSHIP

The above named agency agrees to provide the facilities, student work opportunity, instruction, and supervision necessary to properly conduct a counseling internship experience for the student named below and according to the guidelines described in the Department of Counselor Education and Counseling Psychology's "*Handbook for Master's Counseling Practicum and Internship*." Specifically, students are required to receive a minimum of one hour of individual or triadic on-site supervision per week. Supervisors must be licensed (i.e., LPC, LCSW, psychologist, LMFT, or psychiatrist), have two years of professional experience within the area of specialization of the site, and have training to supervise. Doctoral students are permitted to supervise if they have supervision training and are receiving supervision of supervision. The internship course instructor will consult with the on-site supervisor about the student's progress as needed throughout the semester and will conduct at least one site visit each semester. On-site supervisors will provide a written evaluation of the intern at midterm and at the end of the semester.

Inclusive Dates of Internship (from Month/Date/Year to Month/Date Year):

Name of Student (printed or typed):

Student (signature):

Date:

On-Site Supervisor (printed or typed):

On-Site Supervisor (signature):

Date:

Agency or Clinic Director (printed or typed):

Agency or Clinic Director (signature):

Date:

Marquette Master's Clinical Training Coordinator (signature):

Date:

Supervision Information

1. Weekly day and time of supervision:
2. Supervision methods used by supervisor:

Appendix E

Supervisor Evaluation of Student Form – CMHC Practicum

General Information:

- The primary supervisor completes this form at the end-of-the semester practicum experience. If the student has more than one supervisor, the supervisor with the most contact with the student should complete the evaluation after consulting with the other supervisors.
- This completed form is submitted by the student to the course instructor, who reviews and then submits it to the CECP department office to become part of the student's record in the student's practicum/internship file.
- This supervisor evaluation is considered in assigning grades for the practicum.
- Your time and careful evaluation are very important and much appreciated.
Thank you!

Student Name:

Date of Evaluation:

This is the: Mid-Term Evaluation ____ **Final Evaluation** ____
(check one)

Supervisor:

Practicum Site:

Please indicate the type of review done with the student, as well as specify the number of sessions you observed:

_____ I reviewed recordings of student's sessions. _____ Number of sessions reviewed.

_____ I observed student's sessions in person. _____ Number of sessions observed.

Instructions on Completing the Student Counseling Skills and Competencies Sections:

Supervisor feedback is a critical component of student development and evaluation. This form organizes student counseling performance into four general areas: Professional Work Requirements, Professional Ethics and Behaviors, Counseling Knowledge and Skills, and Learning Behaviors and Self-Care. Specific aspects of each area will have descriptions (rubric) of four levels of student performance: (a) the student has **not met**, (b) the student is still **developing**, (c) the student **meets expectations**, or (d) the student **exceeds**

expectations. Developing skills and competencies in counseling takes time. In practicum we anticipate that students will progress from "not meeting expectations" to the "developing" and sometimes "meeting expectations" levels of performance. In internship the students should progress to levels of "meeting expectations" and "exceeding expectations."

In Sections 1-4, please check which one of the four levels of performance detailed in the following boxes best describes your practicum student’s abilities. There is also space for comments if needed. Please think of these groupings as ‘skill sets,’ and indicate (by checking the box) which level of description best describes the student's **current** level of performance as a counselor. If you find that a student is consistently performing some skills but not others within the same level (e.g., **developing**), please still rate the student as **developing** and then describe the skills that need to be improved in the comment section below the box.

Section 1. Professional Work Requirements

A. Professional Role Requirements

<p><input type="checkbox"/> Not Met <i>Any two or more of the following:</i> Frequently arrives late. Does not use time effectively. Fails to inform supervisor or make arrangements for absences. Not responsive to professional norms about clothing, language, etc.</p>	<p><input type="checkbox"/> Developing Most often arrives on time but does not use time effectively. Usually informs supervisor but fails to make arrangements for absences. When requested, responsive to professional norms about clothing and language, etc.</p>	<p><input type="checkbox"/> Meets Expectations Arrives on time and uses time effectively. Informs supervisor and makes arrangements for absences. Follows professional norms about clothing, language, etc.</p>	<p><input type="checkbox"/> Exceeds Usually arrives early to prepare and uses time effectively. Is rarely, if ever, absent and always informs supervisor and makes arrangements for absence. Understands and complies with professional norms</p>
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Comments:

B. Interactions with Co-Workers

<p><input type="checkbox"/> Not Met Appears uncomfortable interacting with other staff members. Does not initiate interactions or communicate effectively with staff. Unable to effectively convey information and/or express own opinions.</p>	<p><input type="checkbox"/> Developing Usually appears comfortable interacting with other staff members. Sometimes initiates interactions and communicates effectively with staff. Moderately effective in conveying information and expressing own opinions.</p>	<p><input type="checkbox"/> Meets Expectations Appears comfortable interacting with other staff members. Regularly initiates interactions and clearly and effectively communicates with staff. Accurately conveys information and frequently expresses own opinions.</p>	<p><input type="checkbox"/> Exceeds Consistently appears comfortable interacting with other staff members. Consistently initiates interactions and clearly and effectively communicates with staff. Accurately conveys information and clearly expresses own opinions.</p>
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Comments:

Section 2. Professional Ethics and Behaviors

<p><input type="checkbox"/> Not Met Is not aware of and/or frequently does not behave in accordance with professional ethical standards. Fails to implement appropriate informed consent procedures on a regular basis.</p>	<p><input type="checkbox"/> Developing Is aware of and usually behaves in accordance with professional ethical standards. Implements appropriate informed consent procedures some of the time.</p>	<p><input type="checkbox"/> Meets Expectations Is aware of and consistently behaves in accordance with professional ethical standards. Routinely implements appropriate informed consent procedures.</p>	<p><input type="checkbox"/> Exceeds Consistently behaves in accordance with professional and ethical standards. Applies ethical reasoning to complex ethical dilemmas. Always implements appropriate informed consent procedures.</p>
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Comments:

Section 3. Counseling Knowledge and Skills

A. Knowledge and Application of Individual and Group Treatment Approaches

<p>☐ Not Met Any combination of the following: Limited ability to use and adapt counseling approaches in order to initiate counseling with a variety of clients. Very limited treatment planning prior to counseling activities. Does not use literature-based counseling treatment and prevention programs for client’s presenting concerns. Fails to evaluate own counseling behaviors and client outcomes. Does not reassess client needs or modify treatment plans as client’s needs change. Fails to learn about relevant community resources.</p>	<p>☐ Developing More often than not uses and adapts counseling approaches to counsel a variety of clients proficiently. Sometimes identifies and implements literature-based counseling treatment programs. Attempts to use supervisor’s treatment suggestions but often is unable to implement as intended. Evaluates own counseling behaviors and client outcomes but misses the complexity of behaviors and outcomes. Frequently forgets to reassess client needs and/or modify treatment plans as needed. Knows one or two relevant community resources for clients.</p>	<p>☐ Meets Expectations Is able to provide effective counseling for typical client problems with a variety of clients. Identifies and implements literature-based counseling treatment programs. Consistently evaluates own counseling behaviors and client outcomes. Usually reassesses client’s needs and modifies treatments plans as client’s needs change. Knows a variety of community resources for clients.</p>	<p>☐ Exceeds Is able to provide effective counseling for most client problems with a variety of clients. Consistently identifies and implements literature-based counseling treatment programs. Considers supervisor’s treatment suggestions and successfully adapts them to the specific client(s). Accurately evaluates own counseling behaviors and client outcomes. Consistently reassesses client’s needs and modifies treatments plans as client’s needs change. Applies and integrates knowledge of community resources into counseling and treatment plans.</p>
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Comments:

B. Interactions with Clients

<p>☐ Not Met Any combination of the following: Frequently fails to introduce self as a counselor and explain professional counseling. Does not appear comfortable interacting with diverse clients (e.g., discomfort with varying ages, ethnic origin, etc.). During counseling sessions mostly listens to clients and does not respond effectively. Usually unable to build rapport and gain the client's trust. Is not sensitive or responsive to client's needs. Cannot describe to clients the mission and scope of services for this setting.</p>	<p>☐ Developing Introduces self as a counselor but limited in ability to explain professional counseling to others. More often than not appears comfortable interacting with diverse clients but counseling and treatment plans do not reflect this. Inconsistent effectiveness in using basic counseling skills with clients. Generally able to build rapport, and gain the client's trust. Respectful and most often sensitive and responsive to client's needs. Can describe to clients the purpose of the agency at a superficial level.</p>	<p>☐ Meets Expectations Introduces self as a counselor and can explain professional counseling to others. Appears comfortable interacting with diverse clients and notes aspects of client special needs in the counseling and treatment plans. Most often uses effective basic counseling skills in interactions with clients. Builds rapport and generates trust, with nearly all clients. Is respectful, sensitive and responsive to client's needs. Can describe the purpose and services of the setting to others.</p>	<p>☐ Exceeds Consistently introduces self as counselor and can confidently explain professional counseling to professionals and lay persons. Appears comfortable interacting with a wide variety of diverse clients. Effectively applies and integrates knowledge of client diversity into counseling and treatment plans. Regularly uses effective basic counseling skills to initiate and maintain interactions with clients. Able to build rapport and generate trust with all but the most interpersonally difficult clients. Is consistently respectful, sensitive, and responsive to client's needs.</p>
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Comments:

Section 3: Counseling Records, Forms and Reports

<p>☐ Not Met Inconsistently keeps appropriate records. Written and verbal reports are unreliable and/or most often incomplete. Reports do not provide sufficient clinical and/or administrative client and treatment information. Written and/or verbal reports are presented in a colloquial and very causal manner.</p>	<p>☐ Developing Usually keeps necessary records. Written and/or verbal reports are factually correct though sometimes incomplete. Reports have shown improvement over the semester. Reports provide most of the necessary clinical and or administrative client and treatment information. Many of the written and/or verbal reports are presented in a professional manner.</p>	<p>☐ Meets Expectations Reliably and accurately keeps records in a timely manner. Written and/or verbal reports are accurate and most often complete. Reports have improved across the semester. Written and/or verbal reports are presented in an effective and professional manner. Reports provide all necessary clinical and/or administrative client and treatment information plus some additional helpful information.</p>	<p>☐ Exceeds Consistently keeps current, reliable and accurate records. Written and/or verbal reports are accurate and complete in scope. Written and/or verbal reports are presented in a confident, clear and professional manner. Reports not only provide all necessary information, but also anticipate emerging client or agency issues.</p>
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Comments:

Section 4. General Approach to Learning and Supervision

A. Self- Awareness and Self-Care

<p>☐ Not Met Any combination of the following: Does not actively seek new information from staff or supervisor. Infrequently applies new information in clinical setting. Is unaware of or unable to describe own personal and professional strengths and limitations. Ineffective in managing personal assets in the professional environment. Does not maintain own mental/physical health.</p>	<p>☐ Developing Seeks new information from staff or supervisor but unable to generalize to other situations in the clinical setting. Understands some of own personal and professional strengths and limitations. More often than not manages personal assets in the professional environment. Sometimes may be ineffective at maintaining own physical/mental health.</p>	<p>☐ Meets Expectations Actively seeks new information from staff or supervisor and applies this new information in the clinical setting. Understands most of own personal and professional strengths and limitations. Effectively manages personal assets in the professional environment. Most often attends to own physical/mental health.</p>	<p>☐ Exceeds Actively seeks new information from staff or supervisor and effectively applies new information in the clinical setting. Understands with insight own personal and professional strengths and limitations. Effectively manages personal assets in the professional environment. Assumes responsibility for own physical/mental health.</p>
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Comments:

B. Response to Supervision

<p>☐ Not Met Does not seek out supervision when necessary outside of the scheduled time. Fails to respond to and/or defensive about feedback and suggestions from the supervisor. Unable to successfully integrate or implement suggestions from supervisor. Very limited awareness of areas that need improvement. Unable to explore personal strengths and weaknesses.</p>	<p>☐ Developing Usually will seek supervision when necessary. Usually receptive to feedback and suggestions from the supervisor but does not integrate these suggestions into clinical work. Somewhat aware of areas that need improvement. Limited openness to exploring personal strengths and weaknesses.</p>	<p>☐ Meets Expectations Actively seeks supervision when needed. Receptive to feedback and suggestions from the supervisor and implements suggestions into clinical work. Aware of most areas that need improvement. Usually open and willing to explore personal strengths and weaknesses.</p>	<p>☐ Exceeds Knows when to seek supervision and does so promptly. Is receptive to feedback from supervisor and effectively and accurately implements suggestions into clinical work. Aware of areas that need improvement and seeks ways to improve. Consistently open and willing to explore personal strengths and weaknesses.</p>
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Comments:

Section 5. Additional Feedback about Student Behaviors

A. What would you identify as this practicum student's top areas of strength?

B. What do you think should be the primary focus for this practicum student's growth and improvement?

C. If you have any other comments regarding this practicum student, please include below. If more space is needed, continue your comments on the back of this page.

[OBJ]

If you would like to discuss this practicum student further please contact the supervising university course instructor, by email or phone. Thank you very much for your time in supervising this student and completing this evaluation.

Supervisor's Signature:

Date:

Student's Signature:**

Date:

**Student's signature acknowledges that the student has reviewed the evaluation and does not necessarily indicate agreement with the evaluation.

Appendix F

SUPERVISOR EVALUATION OF STUDENT FORM—CMHC INTERNSHIP

General Information:

- The primary supervisor completes this form both at midterm and at the end-of-the semester internship experience. If the student has more than one supervisor, the supervisor with the most contact with the student should complete the evaluation after consulting with the other supervisors.
- This completed form is submitted by the student to the course instructor, who reviews and then submits it to the CECP department office to become part of the student's record in the student's practicum/internship file.
- This supervisor evaluation is considered in assigning grades for the internship.
- Your time and careful evaluation are very important and much appreciated. Thank you!

Student Name:

Date of Evaluation:

This is the:

Mid-Term Evaluation ____ **Final Evaluation**____ (check one)

Supervisor:

Internship Site:

Please indicate the type of review done with the student, as well as specify the number of sessions you observed:

____I reviewed recordings of student's sessions. ____Number of sessions reviewed.

____I observed student's sessions in person. ____Number of sessions observed.

Instructions for Completing the Student Counseling Skills and Competencies Sections:

Supervisor feedback is a critical component of student development and evaluation. This form organizes student counseling performance into four general areas: Professional Work Requirements, Professional Ethics and Behaviors, Counseling Knowledge and Skills, and Learning Behaviors and Self-Care. Specific aspects of each area will have descriptions (rubric) of four levels of student performance: (a) the student has **not met**, (b) the student is still **developing**, (c) the student **meets expectations**, or (d) the student **exceeds expectations**. Developing skills and competencies in counseling takes time. In practicum we

anticipate that students will progress from "not meeting expectations" to the "developing" and sometimes "meeting expectations" levels of performance. In internship the students should progress to levels of "meeting expectations" and "exceeding expectations."

In Sections 1-4, please check which one of the four levels of performance detailed in the following boxes best describes your internship student’s abilities. There is also space for comments if needed. Please think of these groupings as ‘skill sets,’ and indicate (by checking the box) which level of description best describes the student's current level of performance as a counselor. If you find that a student is consistently performing some skills but not others within the same level (e.g., ‘**developing**’), please still rate the student as ‘**developing**’ and then describe the skills that need to be improved in the comment section below the box.

Section 1. Professional Work Requirements

A. Professional Role Requirements

<p><input type="checkbox"/> Not Met <i>Any two or more of the following:</i> Frequently arrives late. Does not use time effectively. Fails to inform supervisor or make arrangements for absences. Not responsive to professional norms about clothing, language, etc.</p>	<p><input type="checkbox"/> Developing Most often arrives on time but does not use time effectively. Usually informs supervisor but fails to make arrangements for absences. When requested, responsive to professional norms about clothing and language, etc.</p>	<p><input type="checkbox"/> Meets Expectations Arrives on time and uses time effectively. Informs supervisor and makes arrangements for absences. Follows professional norms about clothing, language, etc.</p>	<p><input type="checkbox"/> Exceeds Usually arrives early to prepare and uses time effectively. Is rarely, if ever, absent and always informs supervisor and makes arrangements for absence. Understands and complies with professional norms</p>
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Comments:

B. Interactions with Co-Workers

<p><input type="checkbox"/> Not Met Appears uncomfortable interacting with other staff members. Does not initiate interactions or communicate effectively with staff. Unable to effectively convey information and/or express own opinions.</p>	<p><input type="checkbox"/> Developing Usually appears comfortable interacting with other staff members. Sometimes initiates interactions and communicates effectively with staff. Moderately effective in conveying information and expressing own opinions.</p>	<p><input type="checkbox"/> Meets Expectations Appears comfortable interacting with other staff members. Regularly initiates interactions and clearly and effectively communicates with staff. Accurately conveys information and frequently expresses own opinions.</p>	<p><input type="checkbox"/> Exceeds Consistently appears comfortable interacting with other staff members. Consistently initiates interactions and clearly and effectively communicates with staff. Accurately conveys information and clearly expresses own opinions.</p>
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Comments:

Section 2. Professional Ethics and Behaviors

<p><input type="checkbox"/> Not Met Is not aware of and/or frequently does not behave in accordance with professional ethical standards. Fails to implement appropriate informed consent procedures on a regular basis.</p>	<p><input type="checkbox"/> Developing Is aware of and usually behaves in accordance with professional ethical standards. Implements appropriate informed consent procedures some of the time.</p>	<p><input type="checkbox"/> Meets Expectations Is aware of and consistently behaves in accordance with professional ethical standards. Routinely implements appropriate informed consent procedures.</p>	<p><input type="checkbox"/> Exceeds Consistently behaves in accordance with professional and ethical standards. Applies ethical reasoning to complex ethical dilemmas. Always implements appropriate informed consent procedures.</p>
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Comments:**Section 3. Counseling Knowledge and Skills**

A. Knowledge and Application of Individual Treatment Approaches

<p>☐ Not Met <i>Any combination of the following:</i> Limited ability to use and adapt individual counseling approaches in order to initiate counseling with a variety of clients. Very limited treatment planning prior to counseling activities. Does not use literature-based counseling treatment and prevention programs for client's presenting concerns. Does not demonstrate ability to conceptualize cases from theory. Fails to evaluate own counseling behaviors and client outcomes. Does not reassess client needs or modify treatment plans as client's needs change. Fails to learn about relevant community resources.</p>	<p>☐ Developing More often than not uses and adapts individual counseling approaches to counsel a variety of clients proficiently. Sometimes identifies and implements literature-based counseling treatment programs. Demonstrates limited ability to conceptualize cases from theory. Attempts to use supervisor's treatment suggestions but often is unable to implement as intended. Evaluates own counseling behaviors and client outcomes but misses the complexity of behaviors and outcomes. Frequently forgets to reassess client needs and/or modify treatment plans as needed. Knows one or two relevant community resources for clients.</p>	<p>☐ Meets Expectations Is able to provide effective individual counseling for typical client problems with a variety of clients. Identifies and implements literature-based counseling treatment programs. Demonstrates the ability to conceptualize cases from theory. Consistently evaluates own counseling behaviors and client outcomes. Usually reassesses client's needs and modifies treatments plans as client's needs change. Knows a variety of community resources for clients.</p>	<p>☐ Exceeds Is able to provide effective individual counseling for most client problems with a variety of clients. Consistently identifies and implements literature-based counseling treatment programs. Consistently demonstrates ability to conceptualize cases from theory. Considers supervisor's treatment suggestions and successfully adapts them to the specific client(s). Accurately evaluates own counseling behaviors and client outcomes. Consistently reassesses client's</p>
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			needs and modifies treatments plans as client's needs change. Applies and integrates knowledge of community resources into counseling and treatment plans.
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Comments:

B. Knowledge and Application of Group Treatment Approaches

☐ Check here if there were no group counseling experiences available at this site for Internship. The student will work with the department to find a supplementary placement to gain group counseling experience and will be evaluated with a separate form.

<p>☐ Not Met <i>Any combination of the following:</i> Limited ability to use and adapt group counseling approaches in order to initiate counseling with a variety of groups. Very limited treatment planning prior to group counseling activities. Does not use literature-based</p>	<p>☐ Developing More often than not uses and adapts group counseling approaches to counsel a variety of groups proficiently. Sometimes identifies and implements literature-based counseling treatment programs. Demonstrates limited ability to conceptualize cases from theory. Attempts</p>	<p>☐ Meets Expectations Is able to provide effective group counseling for typical group and client problems with a variety of groups. Identifies and implements literature-based counseling treatment programs. Demonstrates the ability to conceptualize cases from theory.</p>	<p>☐ Exceeds Is able to provide effective group counseling for most client problems with a variety of groups. Consistently identifies and implements literature-based counseling treatment programs. Consistently demonstrates</p>
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<p>counseling treatment and prevention programs for client's presenting concerns. Does not demonstrate ability to conceptualize cases from theory. Fails to evaluate own counseling behaviors and client and group outcomes.</p> <p>Does not reassess group and client needs or modify treatment or group plans as clients' needs change.</p> <p>Fails to learn about relevant community resources.</p>	<p>to use supervisor's treatment suggestions but often is unable to implement as intended.</p> <p>Evaluates own counseling behaviors and client and group outcomes but misses the complexity of behaviors and outcomes.</p> <p>Frequently forgets to reassess client needs and/or modify treatment or group plans as needed.</p> <p>Knows one or two relevant community resources for clients.</p>	<p>Considers supervisor's treatment suggestions and successfully adapts them to the specific client(s) and groups. Evaluates own counseling behaviors and client and group outcomes. Usually reassesses clients' and group needs and modifies treatments plans as needs change.</p> <p>Knows a variety of community resources for clients.</p>	<p>ability to conceptualize cases from theory. Consistently considers supervisor's treatment suggestions and successfully adapts them to the specific client(s) and groups.</p> <p>Accurately evaluates own counseling behaviors and client and group outcomes. Consistently reassesses client's needs and modifies treatments plans as client's needs change.</p> <p>Applies and integrates knowledge of community resources into counseling and treatment plans.</p>
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Comments:

C. Interactions with Clients

<p>☐ Not Met Any combination of the following: Frequently fails to introduce self as a counselor and explain professional counseling. Does not appear comfortable interacting with diverse clients (e.g., discomfort with varying ages, ethnic origin, etc.). During counseling sessions mostly listens to clients and does not respond effectively. Usually unable to build rapport and gain the client's trust. Is not sensitive or responsive to client's needs. Cannot describe to clients the mission and scope of services for this setting.</p>	<p>☐ Developing Introduces self as a counselor but limited in ability to explain professional counseling to others. More often than not appears comfortable interacting with diverse clients but counseling and treatment plans do not reflect this. Inconsistent effectiveness in using basic counseling skills with clients. Generally able to build rapport, and gain the client's trust. Respectful and most often sensitive and responsive to client's needs. Can describe to clients the purpose of the agency at a superficial level.</p>	<p>☐ Meets Expectations Introduces self as a counselor and can explain professional counseling to others. Appears comfortable interacting with diverse clients and notes aspects of client special needs in the counseling and treatment plans. Most often uses effective basic counseling skills in interactions with clients. Builds rapport and generates trust, with nearly all clients. Is respectful, sensitive and responsive to client's needs. Can describe the purpose and services of the setting to others.</p>	<p>☐ Exceeds Consistently introduces self as counselor and can confidently explain professional counseling to professionals and lay persons. Appears comfortable interacting with a wide variety of diverse clients. Effectively applies and integrates knowledge of client diversity into counseling and treatment plans. Regularly uses effective basic counseling skills to initiate and maintain interactions with clients. Able to build rapport and generate trust with all but the most interpersonally difficult clients. Is consistently respectful sensitive and responsive to client's needs.</p>
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Comments:

D. Counseling Records, Forms and Reports

<p>☐ Not Met Inconsistently keeps appropriate records. Written and verbal reports are unreliable and/or most often incomplete. Reports do not provide sufficient clinical and/or administrative client and treatment information. Written and/or verbal reports are presented in a colloquial and very causal manner.</p>	<p>☐ Developing Usually keeps necessary records. Written and/or verbal reports are factually correct though sometimes incomplete. Reports have shown improvement over the semester. Reports provide most of the necessary clinical and or administrative client and treatment information. Many of the written and/or verbal reports are presented in a professional manner.</p>	<p>☐ Meets Expectations Reliably and accurately keeps records in a timely manner. Written and/or verbal reports are accurate and most often complete. Reports have improved across the semester. Written and/or verbal reports are presented in an effective and professional manner. Reports provide all necessary clinical and/or administrative client and treatment information plus some additional helpful information.</p>	<p>☐ Exceeds Consistently keeps current, reliable and accurate records. Written and/or verbal reports are accurate and complete in scope. Written and/or verbal reports are presented in a confident, clear and professional manner. Reports not only provide all necessary information but also anticipate emerging client or agency issues.</p>
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Comments:

Section 4. General Approach to Learning and Supervision

A. Self- Awareness and Self-Care

<p>☐ Not Met Any combination of the following: Does not actively seek new information from staff or supervisor. Infrequently applies new information in clinical setting. Is unaware of or unable to describe own personal and professional strengths and limitations. Ineffective in managing personal assets in the professional environment. Does not maintain own mental/physical health.</p>	<p>☐ Developing Seeks new information from staff or supervisor but unable to generalize to other situations in the clinical setting. Understands some of own personal and professional strengths and limitations. More often than not manages personal assets in the professional environment. Sometimes may be ineffective at maintaining own physical/mental health.</p>	<p>☐ Meets Expectations Actively seeks new information from staff or supervisor and applies this new information in the clinical setting. Understands most of own personal and professional strengths and limitations. Effectively manages personal assets in the professional environment. Most often attends to own physical/mental health.</p>	<p>☐ Exceeds Actively seeks new information from staff or supervisor and effectively applies new information in the clinical setting. Understands with insight own personal and professional strengths and limitations. Effectively manages personal assets in the professional environment. Assumes responsibility for own physical/mental health.</p>
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Comments:

B. Response to Supervision

<p>☐ Not Met Does not seek out supervision when necessary outside of the scheduled time.</p>	<p>☐ Developing Usually will seek supervision when necessary. Usually receptive to</p>	<p>☐ Meets Expectations Actively seeks supervision when needed.</p>	<p>☐ Exceeds Knows when to seek supervision and does so promptly.</p>
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<p>Fails to respond to and/or defensive about feedback and suggestions from the supervisor. Unable to successfully integrate or implement suggestions from supervisor. Very limited awareness of areas that need improvement. Unable to explore personal strengths and weaknesses.</p>	<p>feedback and suggestions from the supervisor but does not integrate these suggestions into clinical work. Somewhat aware of areas that need improvement. Limited openness to exploring personal strengths and weaknesses.</p>	<p>Receptive to feedback and suggestions from the supervisor and implements suggestions into clinical work. Aware of most areas that need improvement. Usually open and willing to explore personal strengths and weaknesses.</p>	<p>Is receptive to feedback from supervisor and effectively and accurately implements suggestions into clinical work. Aware of areas that need improvement and seeks ways to improve. Consistently open and willing to explore personal strengths and weaknesses.</p>
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Comments:

Section 5. Additional Feedback about Student Behaviors

A. What would you identify as this intern student’s top areas of strength?

B. What do you think should be the primary focus for this intern student's growth and improvement?

C. If you have any other comments regarding this intern, please include below. If more space is needed, continue your comments on the back of this page.

If you would like to discuss this intern further please contact the supervising university course instructor, by email or phone. Thank you very much for your time in supervising this student and completing this evaluation.

Supervisor's Signature: _____

Date:

Student's Signature:** _____

Date:

**Student's signature acknowledges that the student has reviewed the evaluation and does not necessarily indicate agreement with the evaluation.

Appendix J

STUDENT EVALUATION OF PRACTICUM SITE & SITE SUPERVISOR FORM

Student Name: _____ **Date Form Completed:** _____

Site Name: _____

Site Supervisor: _____

Semester/Year: _____ / _____

Experience Type: Practicum ___ Internship ___

PURPOSE: The purpose of this form is to gather information about the quality of our internship sites and to ensure that those sites remain appropriate, productive, and beneficial to our students. Complete this form both at the midterm and the end of each semester of internship. This form should be turned in to your COUN 6965 or 6986 instructor.

Domain I: CLINICAL EXPERIENCE & POPULATIONS SERVED (please select all that apply)

<input checked="" type="checkbox"/>	Clinical or Counseling Experience	<input checked="" type="checkbox"/>	Clinical or Counseling Experience
	Administer and interpret screening tools, tests or assessments		Integrated Health Care
	Alcohol/Drug Abuse Counseling		Job coaching
	Career counseling		Job development/job placement,
	Case Conceptualization/Formulation		Marital/Relationship Counseling
	Case Management		Mental Status Exams
	Case/Progress Notes		Parenting Skills Training
	Clinical report writing		Risk Assessment (suicide, homicide, self-harm)
	Crisis Intervention		Staff presentations/case conferences
	Diagnosis		Transition services
	Family Counseling		Treatment Planning
	Group Counseling		Vocational evaluation
	Individual Counseling		Work adjustment
	Intake or Clinical Interview		Other: _____

<input checked="" type="checkbox"/>	Populations Served	<input checked="" type="checkbox"/>	Populations Served
	Addictions		Homeless
	Adolescents		Inpatient/Residential
	Adults		LGBTQ+
	Children		Low SES
	Corrections/Incarcerated		Migrant or Immigrant
	Couples		Outpatient
	Elders/Older Adults		Physical Chronic Illness/Disability
	Families		Racial/ethnic minorities
	Foster Care/Kinship care/Adoption		Trauma/Abuse/Neglect

Please include any comment or concerns about your experiences and responsibilities:

DIRECTIONS: Rate the following questions about your site and experiences using the scale.

SD=Strongly Disagree; D=Disagree; A=Agree; SA=Strongly agree; N/A=Not Applicable

Domain II: SITE INFORMATION

- _____ 1. Site provides appropriate resource and reference materials.
- _____ 2. Site has a consistent philosophy and plan to guide its programming.
- _____ 3. Site provides an adequate forum for discussing intervention issues.
- _____ 4. The practices, services, and professionals at the site follow ethical guidelines.
- _____ 5. Site has good availability of clients for counseling sessions.
- _____ 6. The site has a professional atmosphere.
- _____ 7. Work expected of students is appropriate.
- _____ 8. Students are treated with respect and in a professional manner.
- _____ 9. The site provides avenues for professional development (e.g., workshops, training)
- _____ 10. Professionals at the site demonstrate appreciation of individual differences (e.g., age, gender, sexual orientation, disability, social class, religion/spirituality).
- _____ 11. Site encourages awareness of own values and beliefs regarding differences and their impact on others.
- _____ 12. Site encourages integration of theoretical and empirical knowledge regarding diversity into clinical practice.
- _____ 13. Professionals at the site provide support for consultation.
- _____ 14. Site provides appropriate orientation to site and training.
- _____ 13. I would recommend continued use of this site as currently structured.
- _____ 14. I would *not* recommend continued use of this site as currently structured for the following reasons (please be specific):

Domain III: SITE SUPERVISION

1. Supervisory relationship:

- a. We have established a comfortable working rapport with one another.
- b. Supervision creates a climate conducive to open communication and productive use of supervision time.
- c. Supervisor addresses cultural differences in Supervisor-Supervisee (S-S) relationship.
- d. Supervisor demonstrates respect for individual differences between supervisor and supervisee.
- e. Supervisor processes cultural differences (e.g. worldview) in the S-S relationship that affect case conceptualization or approach with clients.
- f. Supervisor is knowledgeable about and is open to discussions on multicultural issues.
- g. Supervisor provides appropriate information and teaching to clinical work and professional development.
- h. The supervisor helps me achieve my learning goals.

2. Supervisory responsibilities:

- a. Keeps appointments with me and arrives on time.
- b. Has been accessible to me between appointments to assist on more urgent concerns.
- c. Has facilitated my maintaining records and reports which are timely and complete.
- d. Gives clear feedback about my competencies and skills.
- e. Provides me the minimum 1 hour of one-on-one supervision each week.
- f. Explains his/her criteria fairly in evaluating me.
- g. Applies his/her criteria fairly in evaluating me.
- h. Encourages me to evaluate myself

3. In the area of student professional development, this Supervisor has:

- a. Instilled enthusiasm for responsibly and actively managing my professional development.
- b. Urged my adherence to high ethical standards.
- c. Encouraged a sense of professional integrity and responsibility in clinical activities.
- d. Expected a sense of professional decorum in dress and behavior on my part.
- e. Has provided clear feedback regarding my professional disposition, attitude, and interpersonal skills

4. With respect to professional learning processes, this Supervisor:

- a. Models specific assessment and/or treatment procedures for me.
- b. Helps me integrate relevant material from my courses.
- c. Encourages me to consult the conceptual and empirical literature for empirically valid procedures.
- d. Has alternative resources available (e.g. team meetings, workshops, grand rounds, case presentations).

5. This Supervisor has shared technical and theoretical knowledge regarding:

- a. Assessment modalities relevant to patients' needs and problems.
- b. Treatment modalities and interventions relevant to patients' needs and problems.
- c. Community resources available to assist patients, or to facilitate appropriate referral.
- d. How to conceptualize patients' needs and problems.

- _____ e. How to form conceptualizations that are culturally relevant.
- _____ f. Strategies for integrating multicultural theory and practice in supervision of supervisee's work with clients.

6. This Supervisor has the following strengths and limitations:

Appendix K

STUDENT EVALUATION OF INTERNSHIP SITE & SITE SUPERVISOR FORM

Student Name: _____ **Date Form Completed:** _____

Site Name: _____

Site Supervisor: _____

Semester/Year: _____ / _____

Experience Type: Practicum ___ Internship ___

PURPOSE: The purpose of this form is to gather information about the quality of our internship sites and to ensure that those sites remain appropriate, productive, and beneficial to our students. Complete this form both at the midterm and the end of each semester of internship. This form should be turned in to your COUN 6965 or 6986 instructor.

Domain I: CLINICAL EXPERIENCE & POPULATIONS SERVED (please select all that apply)

<input checked="" type="checkbox"/>	Clinical or Counseling Experience	<input checked="" type="checkbox"/>	Clinical or Counseling Experience
	Administer and interpret screening tools, tests or assessments		Integrated Health Care
	Alcohol/Drug Abuse Counseling		Job coaching
	Career counseling		Job development/job placement,
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	Case/Progress Notes		Parenting Skills Training
	Clinical report writing		Risk Assessment (suicide, homicide, self-harm)
	Crisis Intervention		Staff presentations/case conferences
	Diagnosis		Transition services
	Family Counseling		Treatment Planning
	Group Counseling		Vocational evaluation
	Individual Counseling		Work adjustment
	Intake or Clinical Interview		Other: _____

<input checked="" type="checkbox"/>	Populations Served	<input checked="" type="checkbox"/>	Populations Served
	Addictions		Homeless
	Adolescents		Inpatient/Residential
	Adults		LGBTQ+
	Children		Low SES
	Corrections/Incarcerated		Migrant or Immigrant
	Couples		Outpatient
	Elders/Older Adults		Physical Chronic Illness/Disability
	Families		Racial/ethnic minorities
	Foster Care/Kinship care/Adoption		Trauma/Abuse/Neglect

Please include any comment or concerns about your experiences and responsibilities:

DIRECTIONS: Rate the following questions about your site and experiences using the scale.

SD=Strongly Disagree; D=Disagree; A=Agree; SA=Strongly agree; N/A=Not Applicable

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- _____ 2. Site has a consistent philosophy and plan to guide its programming.
- _____ 3. Site provides an adequate forum for discussing intervention issues.
- _____ 4. The practices, services, and professionals at the site follow ethical guidelines.
- _____ 5. Site has good availability of clients for counseling sessions.
- _____ 6. The site has a professional atmosphere.
- _____ 7. Work expected of students is appropriate.
- _____ 8. Students are treated with respect and in a professional manner.
- _____ 9. The site provides avenues for professional development (e.g., workshops, training)
- _____ 10. Professionals at the site demonstrate appreciation of individual differences (e.g., age, gender, sexual orientation, disability, social class, religion/spirituality).
- _____ 11. Site encourages awareness of own values and beliefs regarding differences and their impact on others.
- _____ 12. Site encourages integration of theoretical and empirical knowledge regarding diversity into clinical practice.
- _____ 13. Professionals at the site provide support for consultation.
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- d. Supervisor demonstrates respect for individual differences between supervisor and supervisee.
- e. Supervisor processes cultural differences (e.g. worldview) in the S-S relationship that affect case conceptualization or approach with clients.
- f. Supervisor is knowledgeable about and is open to discussions on multicultural issues.
- g. Supervisor provides appropriate information and teaching to clinical work and professional development.
- h. The supervisor helps me achieve my learning goals.

2. Supervisory responsibilities:

- a. Keeps appointments with me and arrives on time.
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- d. Gives clear feedback about my competencies and skills.
- e. Provides me the minimum 1 hour of one-on-one supervision each week.
- f. Explains his/her criteria fairly in evaluating me.
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- b. Treatment modalities and interventions relevant to patients' needs and problems.
- c. Community resources available to assist patients, or to facilitate appropriate referral.
- d. How to conceptualize patients' needs and problems.
- e. How to form conceptualizations that are culturally relevant.
- f. Strategies for integrating multicultural theory and practice in supervision of supervisee's work with clients.

6. This Supervisor has the following strengths and limitations:

Appendix N

Supplemental Informed Consent Form for Clients of Practicum/Internship Students

See the Departmental HIPAA Compliance Policy Requirement #4 for more information regarding the use of this form. The following template can be used to print client consent forms on agency letterhead to meet the policy requirements.

Use only with permission from your site supervisor

My name is **(Student's name)** and I am a graduate student in the Department of Counselor Education and Counseling Psychology **(insert name of program here, e.g., Masters Program in Counseling)** at Marquette University. I am currently an internship student at **(Agency)**. My direct supervisor at **(Agency)** is **(Site Supervisor's Name, Degree, Title, Phone Number)**. In order to provide you with the best services possible, I will be discussing your case with my site supervisor on a regular basis. If you have any questions or concerns regarding the services I am providing to you, you are welcome to contact my direct supervisor. I am required to have direct supervision of my counseling services and cannot provide services without this supervision.

I am also required to participate in an internship class held at Marquette University. This class is taught by a Marquette faculty member, **(Internship Instructor's Name, Degree, Marquette phone number)**, and only includes advanced graduate students enrolled in my program (typically 12 students or fewer). One of the class requirements is for me to present client cases to the class for consultation and educational purposes. If I present any aspects of your case to the class, **no** identifying information will be presented to the class, and thus your confidentiality will be protected (for example, no information about your name, employer, city of residence, schools attended, etc. will be included).

I, **Client's Name Goes Here**, have been given the above information.

Client Signature:

Date:

Witness:

Date:

Appendix O

Informed Consent to Audio and/or Video Record Counseling Sessions Marquette University Department of Counselor Education and Counseling Psychology

Student Counselor Name:
Practicum/Internship Site:

Site Supervisor Name & Title:
Phone:

As a graduate student at Marquette University, I am required to be under the direct supervision of qualified clinical supervisors. Audio and video recording the sessions are a significant component of counselor training. However, no recording is done unless the client has given permission to do so. Therefore, we use this consent form to obtain your permission to audio and/or video record. Feel free to ask me any questions about the purpose of recording and use of the recordings.

Your signature below confirms that this form has been explained to you, and that you understand the following:

1. The purpose of recording is for use in training and supervision. This will allow the above referenced counselor-in-training to consult with his/her/their assigned supervisor(s) in an individual or group supervision format, who may listen to the recording alone or in the presence of other student counselors in a class or meeting.
2. I can request that the audio recorder or video recorder be turned off at any time and may request that the recording or any portion thereof be erased. I may terminate this permission to tape at any time.
3. The contents of these recorded sessions are confidential and the information will not be shared outside the context of individual and group supervision.
4. The recordings will be stored in a secure location and will not be used for any other purpose without my explicit written permission.
5. I have the right to review my recording with my student counselor during a counseling session.
6. The recordings will only be kept until the end of the school term during which they are recorded, at which time they will be destroyed.

Client Signature (**or Parent/Guardian if client is under 18 years of age**):

Date:

Client Assent (**if client is under 18 years of age**):

Date:

Student Counselor Signature:

Date:

Site Supervisor's Signature:

Date: