the Clinical mental health counseling program

John Carroll University

The Practicum & Internship Handbook

The Clinical Mental Health Counseling Program

Department of Counseling

John Carroll University

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**Dear Student:**

**W**elcome to the beginning of your Practicum/Internship experience, the clinical experience component of your counselor training. Now is your opportunity to put formal knowledge into practice within the field.

**W**e suggest that you set aside a minimum of one hour to read the information, to understand the process, and to grasp the minimal standards needed to have a successful Practicum and Internship experience.

**T**his is a time to consider and work with your professor as both a mentor and peer. During the Practicum and Internship experience, the mutual development and learning which occurs between faculty and student is intensified. We look forward to learning a great deal from you during this time and thank you in advance for allowing us to join you in this part of your educational journey.

**Y**ou have worked hard to reach this point. Enjoy the process. Remember you are here to lead and to serve others. May this be a life-giving time for you and your clients.

Sincerely,

**Faculty Members of John Carroll University's**

**Department of Counseling**

# **Introduction – How to Use this Handbook**

This handbook is designed to provide comprehensive information that will assist you in completing the Practicum and Internship experience required for the completion of your degree program. You are encouraged to become thoroughly familiar with its contents, much of which are designed to meet state and national licensure requirements.

If you are utilizing the computer version of this handbook, note the blue words that are underlined, as these links will take you directly to that section of the handbook or to the website. Place your cursor over these words, hold the “Control” key, and left-click the mouse.

## Definitions

In order to promote a clear understanding of the meanings intended in this handbook, a number of specific terms are defined.

**Practicum Student—**A student in training who is enrolled in a specific practicum course. The practicum course is an entry-level experience, less intensive than the internship course.

**Intern—**A student in training who is enrolled in a specific internship course. By previously completing the academic and experiential requirements of the practicum course, this student has satisfied the prerequisites necessary to enroll in the internship component of the program.

**Counselor Trainee (CT)—** The official term used to describe Internship students by The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board (CSWMFT). It describes an individual who is seeking licensure as a professional counselor and who is currently enrolled in either Practicum or Internship within a counselor education program and registered with The Ohio CSWMFT Board. This term should be utilized by interns, to designate—properly and legally—a training status within the profession. Students **MUST** have active CT status prior to starting Practicum and are responsible for renewing it upon expiration.

**Practicum Site –** All Students are required to complete their practicum at Moore Counseling and Mediation Services, 2639 Euclid Ave, Euclid, OH 44117. Students may be assigned to work at other locations within Moore, however that will be decided by Site supervisors at Moore Counseling.

**Internship Site—**This is the location where the practicum/internship experience occurs. This site must meet John Carroll University training program standards for the practicum/internship experience. This site **MUST** be a clinical site, *involving the diagnosis and treatment of mental and emotional disorders and conditions*.A significant portionof the practicum/internship experience must involve direct client contact.

**Clinical Coordinator of the Clinical Mental Health Counseling Program** —This individual is responsible for discussing specific requirements for the practicum/internship experience with the practicum student or intern.

Dr. Paula Britton currently occupies this position within the Counseling Program and may be reached directly at (216) 397-1710 or [pbritton@jcu.edu](mailto:pbritton@jcu.edu). Her office is located in AD 315.

**Clinical Coordinator Assistant**—This individual collects paperwork related to the practicum/internship experience prior to semester-specific deadlines, maintaining an updated file for each practicum/internship student. The Clinical Coordinator Assistant maintains a current directory of approved placement sites and oversees an information resource for counseling students that includes confidential student evaluations of many practicum/internship sites.

Amy Zucca currently occupies this position within the Counseling Program and may be reached directly at 216-397-1708 or at [azucca@jcu.edu](mailto:azucca@jcu.edu). Her office is located in AD312.

**Practicum Instructor** or **Internship Instructor—**This individual instructs a bi-weekly course, during which individual student progress is monitored and individual case studies are presented. In this way, group supervision of students is provided. In some instances, instructors may provide student supervision on an individual basis. Initially, instructors receive information regarding the status of site placements for each enrolled student from the Clinical Coordinator Assistant. The instructor maintains communication with on-site supervisors as indicated, making on-site visits. Any dialogue regarding significant problems occurring on-site will be initiated with the assistance of this instructor. At the conclusion of the internship experience, the instructor reviews notebook for all forms and evaluations and assigns final [Pass (CR)/Fail (F)] grades.

**John Carroll University Practicum Supervisor—** This individual meets with practicum students on a regular basis, providing personalized supervision and a weekly review of specific on-site cases encountered by the practicum student. Supervision includes discussions of the student’s experiences, review of audio or video recordings, and evaluation of performance. This is individual or triadic supervision and may be done electronically if needed.

Utilized during the practicum experience only, this supervisor is typically a John Carroll University faculty member or a doctoral student working under the supervision of John Carroll University faculty.

**Practicum/Internship Site Supervisor—This individual is a clearly designated, appropriately licensed (PCC-S) with supervision designation** and a professional staff member at the practicum or internship site who is directly responsible for providing systematic, intensive supervision of the student's professional training activities and performance. The Practicum/Internship Site Supervisor must meet requirements defined by The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board. Specifically, site supervisors must provide clinical experiences (*involving the diagnosis and treatment of emotional and mental disorders and conditions*) in accordance with guidelines that include at least 1 hour of individual or triadic supervision for every 20 on-site hours that the student works.

**State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board**

This is our state’s licensing board. The board must approve all placements and provide counselor trainee status to students. No student can practice in a placement without Counselor Trainee status. It is HIGHLY recommended that you familiarize yourself with the Board website, as you will be utilizing it extensively during practicum and internship. Contact information is listed below:

Vern Riffe State Office Tower

77 South High Street, 24th Floor, Room 2468

Columbus, OH 43215-5919

[cswmft.ohio.gov](https://www.cswmft.ohio.gov/)

Phone: (614) 466-0912 Fax (614) 728-7790

Contact person: Simeon Frazier at (614) 466-5465   
[simeon.frazier@cswb.ohio.gov](mailto:simeon.frazier@cswb.ohio.gov)

# **Suggested Competencies for Practicum & Internship**

The following competencies should provide a foundation for the student’s practicum/internship. This list is not intended to be comprehensive. Specific sites may emphasize particular competencies over others.

## Interviewing

The development of skills necessary in the interview process, including obtaining a psychosocial history and individual report writing.

Specific interviewing competencies:

* Ability to utilize interviewing skills such as observing, listening, interpreting and rapport-building.
* Ability to utilize gathering of psychosocial history to elicit pertinent information such as problem history, family and work history, medical history, substance abuse indicators, and accurate referral sources.
* Ability to ascertain present mental status and make preliminary diagnosis.
* Ability to write formal intake assessment reports.
* Ability to make tentative recommendations based upon the interview.

## Evaluation and Diagnosis

The development of skills necessary in the clinical assessment process, including the effective use of measurement instruments and the DSM-V.

Specific evaluation and diagnosis competencies:

* Ability to familiarize oneself with more frequently utilized evaluation instruments such as intelligence scales, achievement scales, aptitude scales, anxiety scales, and personality inventories and the ability to interpret and relate these instruments to diagnosis and treatment plans.
* Ability to assess for substance use disorders and make treatment recommendations based on the assessment
* Ability to differentiate between various diagnostic classifications (psychosis versus personality disorder, etc.) and the ability to classify disorders according to the DSM-V.
* Ability to summarize findings and recommendations in formal reports.

## Treatment

The planning, implementation, and termination of individual, family, and group counseling, utilizing various evidenced based treatment modalities.

Specific treatment competencies:

* Ability to successfully engage in individual therapy utilizing definable treatment modalities. Ability to effectively utilize basic counseling skills such as listening, reflecting, reality testing, and interpretation. Ability to determine time frames and methods necessary for appropriately terminated therapy.
* Ability to engage or assist in family counseling utilizing counseling skills such as listening, reflecting, reality testing, and interpretation. Ability to utilize other skills pertinent to family therapy such as goal setting, addressing of needs of individual family members, interpreting family interaction patterns, and interpreting dysfunctional family behavioral patterns.
* Ability to lead group therapy utilizing definable treatment modalities. Ability to apply basic counseling skills such as listening, reflecting, reality testing, and interpretation to the process of group therapy.
* Ability to engage in substance use treatment when feasible. Ability to gain at least minimal knowledge of such treatment through visitation to substance use treat,emt agencies or through participation in related training programs. Ability to identify symptoms of substance abuse, to become knowledgeable regarding appropriate treatment modalities, and to understand the impact of substance abuse on family relationships.
* Ability to design treatment plans and ability to write formal case reports.
* Ability to provide treatment to diverse clinical populations.

## Case Management

The coordination of interrelated services—both within an agency and with supportive agencies—concerning a client and the development of client case reports.

Specific case management competencies:

* Knowledge of goals, purpose and functioning of each department and program within the agency.
* Knowledge of philosophy and policies of the agency.
* Knowledge of commonly utilized referral agencies and services and an understanding of the procedures involved in appropriate referral.
* Ability to manage or assist in management of individual cases, which include factors such as discharge planning, appropriate housing, vocational planning and referral services.
* Ability to engage in process of record-keeping and preparation of case reports.
* Ability to advocate for the client during the coordination of client services.

## Agency Administration and Professional Behavior

The administrative structure of the agency, internal committees of the agency, philosophy of the agency, and professional, ethical, and legal considerations within the agency.

Specific agency administration and professional behavior competencies:

* Knowledge of the administrative and operative structure of the agency, including line-staff assignments, funding sources and operational policies.
* Knowledge of composition of the internal agency structure, internal committee communication processes and committee assignments and responsibilities.
* Understanding of and ability to utilize agency resources such as records, psychological and psychiatric consultations, or library and other related information sources.
* Knowledge of and adherence to professional standards and quality assurance policies of the agency, including policies regarding the client-counselor relationship, record keeping, referral consultation and the peer review process.
* Knowledge of and adherence to professional ethics and legal responsibilities, in accordance with standards of local, state, and national professional associations—particularly those of the American Counseling Association.
* **Knowledge of and adherence to state licensure laws as defined by The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board.**

## Chemical Dependency Counselors Competencies

For students seeking Chemical Dependency licensure, they must complete required hours in the 12 core functions. See [Chemical Dependency Counselors Practical Experience Verification Form](https://ocdp.ohio.gov/Portals/0/apps/CD%20Practical%20Exp.%20Form.pdf).

# **General Information: Practicum/Internship Experience**

## Practicum Site information

All students beginning the Clinical Mental Health program beginning **Spring 2019** must complete their practicum at the John Carroll University Clinical Mental Health Practicum lab at Moore Counseling and Mediation Services (MCMS) 2639 Euclid Ave, Euclid, OH 44117.

We recognize that, in rare circumstances, there may be students who have valid reasons to complete Practicum at a location other than at the University’s Practicum Lab at MCMS. These reasons should be compelling when weighed against the justifications for this change: (a) video recording capabilities, (b) training in community mental health, (c) training in breadth of psychological disorders, (d) training in substance use disorders counseling, and (e) training in integrated behavioral health.

Students may petition to complete Practicum outside the University’s Practicum Lab by using this form: <https://goo.gl/forms/KvlZjeTEoeIRrigw1> The student must be logged in to their JCU email account in order to access the petition. Petitions are due on the date that the [Practicum Intent Form](#_Things_to_Do) is due and will be reviewed soon after that date.

There are important reasons for completing Practicum at our Lab and improving the quality of field training that students receive at John Carroll. Some of these benefits are highlighted below:

* Consistency of Training: It's currently difficult for the Department to ensure that students receive consistently-excellent training during practicum, given that students are placed at a variety of agencies. In fact, this is why the best counseling programs have on-campus clinics where all students complete practicum. We see value in embracing this model, but also in improving on it by having students at one agency in the community (rather than isolated from the community on campus).
* Observation and Video Recording: Video recording is a challenge at many clinical sites. Soon, MCMS will have state-of-the-art video recording equipment available for students to use with clients. This will significantly improve the quality of supervision that students receive in practicum.
* Training in Community Mental Health: The Department faculty believe strongly in the mission-driven work of community mental health agencies and that all students should be exposed to this backbone of the mental health system.
* Training in Breadth of Psychological Disorders and Substance Use Disorders (SUD) Counseling: An education without exposure to the broad spectrum of mental health disorders is a sub-par education. Additionally, given the rise of the opioid and crack cocaine epidemic, the Department knows that it is critical for students to become experienced in working with SUD clients. MCMS will provide all students with this important training.
* Training in Integrated Behavioral Health (IBH): The future of the health care industry will center on IBH models, where counselors work closely as part of a treatment team with a diverse group of professionals. In order to prepare students to be leaders in the counseling field, it is essential that all students receive training in this model, which will happen at MCMS

Note: All sections of practicum class will be located at MCMS and include morning, afternoon and evening sections. There may be some exceptions to this.

## Selecting Internship Placement Sites

Consideration should be given to the following outlined requirements and criteria when selecting an internship site.

An Internship Site Must Meet the Following Requirements:

* All sites must be clinical sites
* All students must be registered with The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist (CSWMFT) Board as a Counselor Trainee (CT)
* The site must include: “the diagnosis and treatment of emotional and mental disorders and conditions”
* The site should provide the opportunity to counsel clients representing demographic diversity
* The site must provide direct contact hours with clients and the opportunities to perform (under appropriate supervision) all activities that a regularly employed staff member is expected to perform
* All activities must be within the scope of counselor training as defined by The State of Ohio CSWMFT Board
* All sites must be approved by John Carroll University
* All students in the Integrated Behavioral Health (IBH) will complete both Internship A and B at Moore Counseling and Mediation Services
* Students working towards their Substance Use Disorders Concentration must be placed at a site where they are working and treating substance use disorders approved by JCU
* **Internship A and B are typically completed at the same location and transpire over the span of two consecutive semesters. These semesters represent the minimal amount of time necessary to complete the internship. In some cases, additional time may be indicated. Internship hours may NOT be collected during the Practicum course. With permission, students may be allowed to switch sites and/or skip a semester between A and B.**

The Practicum/Internship Site Supervisor Must Meet the Following Criteria:

* The supervisor must make appropriate provisions for the student’s orientation to the practicum or internship site, i.e. emergency procedures, procedures for assigning clients, site-specific limits to confidentiality, etc.
* The supervisor must provide on-site student working space
* Student goals are developed with the supervisor’s assistance, who maintains responsibility for on-site continuity throughout practicum/internship
* The supervisor assists in the evaluation of student performance by completing forms explained in the practicum/internship syllabus
* Students working towards the LICDC must be supervised by a LICDC-CS

Though all internship placements should be initially discussed with the Clinical Coordinator, **the responsibility to secure a placement lies entirely with the student.** A directory of approved placement sites can be found [here](https://jcu.edu/academics/counseling/student-resources/advising-academic-resources). Students may request sites not included in this directory, but these requests must be made with the cooperation of the Clinical Coordinator. In the case of previously unapproved sites, some initial site screening may be required. In some cases, it may be possible for a student to utilize his/her present work site for the internship experience. However, this possibility is dependent upon specific work tasks encountered at the site in question. Any placement of this nature must be approved by The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board and the JCU Clinical Coordinator.

The internship experience may be paid or unpaid. Specific sites should be contacted directly regarding remuneration policies for practicum students and interns. It is recommended that students leave adequate time for the set-up of the practicum/internship site as some sites may require a lengthy interview and assignment process. The average amount of time to allot is 6 months from start to finish.

An important reference for students seeking appropriate practicum or internship sites is available through the Clinical Coordinator Assistant, Amy Zucca, at [azucca@jcu.edu](mailto:azucca@jcu.edu), who maintains a notebook containing student evaluations of various sites. This information is provided solely for the use of John Carroll University graduate students in the Clinical Mental Health Program. This information is not provided to the general public under any circumstances. In the past, this information has proven helpful to counseling students who seek to match personal interests with approved practicum or internship sites.

## Practicum Recording/Taping Procedures

Practicum students are required to audio or video tape a specific number of counseling sessions during the practicum experience. These counseling sessions must not be intake sessions, but instead should be individual or group counseling sessions during which the student serves as either counselor or co-facilitator. Taping of these sessions must be approved by the involved clients. See [Policies and Procedures for Audio/Video Recording at MCMS](#_Policies_and_Procedures) for details.

## Internship Recording Procedures

If the Internship site allows taping, the [Client Consent Form](#_Client_Consent_Form_1) must be used. If the site has its own forms, use those instead. All taping must follow site confidentiality procedures.

## Policy on Practicum/Internship Approval

The Clinical Mental Health Counseling Program at John Carroll University has adopted a policy that serves as the guideline for University approval of practicum/internship placements. The policy statement reads as follows:

“In each instance within the Master’s Degree in Clinical Mental Health Counseling, the practicum/internship placement is subject to University approval. The University will not approve practicum/internship placements in situations or settings that violate human rights, demean human dignity, or operate according to principles directly opposed to those for which the University as a Catholic institution must stand.”

## Policy on Student Concerns and Dismissal from Practicum/Internship

Program faculty maintain the right and responsibility to review at any time any circumstance or behaviors by a student that could affect the student’s status in the practicum/internship experience. Faculty also maintain the right to, at any time, review competencies for individual professional practice that may impact whether a student should continue in the clinical experience. Faculty have the right and responsibly to review students whose demeanor or behaviors might threaten the welfare or well-being of a client. Students can be given a failing grade or asked to drop the course if there is evidence of unethical, unprofessional, or impaired behaviors including but not limited to the following:

* violation of professional standards or ethical codes;
* inability or unwillingness to acquire or manifest professional skills at an acceptable level of competency;
* behaviors that can reasonably be predictive of poor future professional functioning, such as extensive lateness in client record-keeping or poor compliance with supervisory requirements;
* interpersonal behaviors and interpersonal functioning that impairs one's professional functioning;
* inability to exercise sound clinical judgment, poor interpersonal skills, and

pervasive interpersonal problems.

* Academic misconduct or dishonesty
* Criminal conviction/felony
* Failure to comply with university or department timetables and requirements
* Cognitive, affective, and/or behavior impairments that obstruct the training process and/or threaten the welfare of others
* Substance abuse
* Substandard total score on CCS-R

Practicum/Internship sites also retain the right to dismiss students from the site for any reason. If a student is dismissed from the site, the hours collected at that site may not be used towards completion of hours towards practicum/internship. For any concerns with a student during their clinical experience, a concern conference with the Chair of the Counseling Department will be scheduled and students may be asked to do remedial work or dismissed from the program. Students will not receive credit for the course until clinical hours are completed.

**Change in advisor.** Starting Practicum, your advisor will change to the Coordinator of the Clinical Mental Health Practicum/Internship program so students can be best assisted with internships and job placement.

# **Practicum (CG 592) Course Requirements**

## Scheduling Considerations/Prerequisites

Practicum in Clinical Mental Health Counseling (CG 592) should be taken only **AFTER** a student has successfully completed:

* Orientation to Counseling (CG 500)
* Counseling Theories (CG 561)
* Counseling Techniques and Practice (CG 562) and
* Group Procedures (CG 535) – prior successful completion preferred, concurrent enrollment permitted

Some Internship sites may require or prefer the counselor trainee to have completed Clinical Diagnosis (CG 572). Site expectations of the counselor trainee should be discussed when applying to each site.

Practicum in Clinical Mental Health Counseling (CG 592) is a prerequisite for Internship in Clinical Mental Health Counseling (CG 596A).

Practicum classes may be held at MCMS.

## Requirements for the Practicum Experience

The practicum requires:

* A total of 100 clock hours on-site
* A minimum of 40 hours of direct service with clients (client is in the room)
* A minimum of one hour per week of supervision with the student’s John Carroll University Practicum Supervisor and/or site supervisor.
* All hours in relation to CG 592 coursework should be recorded on the [Practicum/Internship Bi-Weekly Log and Supervision Form](#_Practicum/Internship_Bi-Weekly_Log) or Practicum/Internship Log Sheet.

The completed [Practicum/Internship Bi-Weekly Log and Supervision Form](#_Practicum/Internship_Bi-Weekly_Log) or Practicum/Internship Log Sheet will be presented to the Practicum Instructor at the conclusion of the semester. An electronic form maybe used as well (<https://jcu.edu/media/8326> ). CG 592 class meets for 3 hours bi-weekly, with the student required to present cases (including portions of audio or video-taped material) to the class. In this way, the student will gain expertise in the location and utilization of appropriate case consultation through fellow practitioners. On alternative class dates students will be involved in supervision with the university practicum supervisor.

**Portfolio**

Students will maintain a portfolio for the entire practicum/internship experience, which can be done electronically and shared with your instructor via the Google Drive associated with your JCU account. An outline of items to be kept in the portfolio can be found [here](#Notebook_Outline). Students are responsible for keeping copies of ALL paperwork for ALL three semesters in their portfolios and will be required to turn in/share their portfolio for review at the completion of each course (CG 592, CG 596A, and CG596B). Some of the forms will be turned in to the instructor at that time.

## Additional Details Regarding Requirements for Practicum

The minimum of 40 direct service client contact hours must include work with at least three different individual clients. **It is recommended that at least 50% of direct service hours include, specifically, direct work with clients in the diagnosis and treatment of emotional and mental disorders and conditions.** These sessions must be either audio or video taped in accordance with course supervision requirements.

Students will have 5 counseling sessions reviewed. The session reviews can come from either live supervision or a tape review. Students will meet for individual or triadic supervision with an assigned **John Carroll University supervisor**. With approval, the site supervisor may play the role of the University supervisor but must agree to bi-weekly consultation with the course instructor. Session Tape reviews should be filled out by the student and the Practicum Supervisor

In the supervision meetings, the students will review sessions with the supervisor. Students should present areas they want help with in terms of understanding the client, defining the problem, enhancing their counseling skills, or developing a treatment plan. Students will also discuss other cases each week.

* The students will be responsible to have an audible tape of a client ready to be played for supervision session. Live supervision can replace a tape, meaning supervisor is observing the session
* Students may ask their site supervisor or other licensed staff to fill out some of the forms if they provided live supervision of the individual or group counseling session.
* Each tape must contain a counseling session of no less than 30 minutes (Case management is not considered counseling).
* Each tape is to be completely audible (of the student and the client).
* **A minimum of 5 session reviews is required** to pass this course documented by [Session Review Forms](#_Session_Review_Form).
* Students should turn 5 forms to the instructor upon completion of the course (and include in notebook.)
* If students miss a supervision session, it must be made up or continued into next semester.

The practicum course incorporates three types of supervision—

* Individual/Triadic supervision through the John Carroll University Practicum Supervisor.
* Group Supervision through bi-weekly class meetings with the Practicum Instructor. The student will complete a formal evaluation of the John Carroll Practicum Supervisor at the conclusion of the practicum course.
* Individual/Triadic supervision by site supervisor (one hour for every 20 of work).

Practicum requires the development of specific objectives by the student and the demonstration of behavior in accordance with the ethical and professional standards delineated in the [American Counseling Association Code of Ethics and Standards of Practice](http://www.counseling.org/resources/aca-code-of-ethics.pdf).

Additional assignments—including student self-evaluations, John Carroll University Practicum Supervisor evaluations, and site supervisors evaluations of student progress—will be addressed at the outset of the practicum course and detailed on the course syllabus. Over the course of the semester, students may be required to complete administrative duties such as listening to taped counseling sessions, researching particular client populations in order to prepare for counseling sessions, or other related paperwork.

## Practicum Grading

Pass/Fail grades are assigned by the Practicum Instructor. If the Practicum Instructor or the Site Supervisor have concerns regarding a student's progress, the Practicum Instructor will meet with the student and the Site Supervisor during the course of the semester to determine an appropriate course of action. A concern conference with the Chair of the Counseling Department may be scheduled with a corresponding remediation plan. If students fail Practicum, they must repeat the course or may be dismissed from the program.

**Assumption of Risk and Intent form**

Notification of finding a site for practicum/internship/internship extension/field experience must be **s**ubmitted no later than **MARCH 1**for Summer semester, **MAY 1** for Fall semester and **DECEMBER 1** for Spring semester. This information must be submitted before these deadlines prior to each of these courses 418, 518, 591, 592, 596A, 596B, 596C, 596X, 598A, 598B. These deadlines are non-negotiable. Failure to submit this by the deadlines indicated above may result in a student being unable to enter the course.  IF YOUR SITE INFORMATION CHANGES, YOU MUST RESUBMIT THIS FORM.  A confirmation email of your submission will be sent to you.  Keep a copy of this email in your notebook.

Use the appropriate online form to submit this information.

[Clinical Mental Health Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/form/student-and-site-information-fo) (for CG 592, 596A, 596B, 596C, 596X students)

[School Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/form/internship-student-site-informat) (for CG 591, 598A, 598B students)

[Substance Use Disorders Certificate Program Field Experience Site Information Form](https://jcu.edu/form/substance-use-disorders-experien) (for CG 418, 518 students)

Along with the site information an **Assumption of Risk Waiver must be submitted.** It must be printed it out, completed with site and dates, signed and dated OR electronically completed with site and dates, electronic signature and date. It can be scanned or photographed and then must be uploaded.

The Assumption of Risk Waiver can be accessed at   
<https://jcu.edu/sites/default/files/2020-07/Assumption%20of%20Risk%2C%20Release%2C%20and%20Waiver%20of%20Liability%C2%A0.pdf>

Starting with the **Fall 2020** semester, counseling students are**required to sign** the *Assumption of Risk, Release, and Waiver of Liability for Student Practicum/Internship* **in order to participate in practicum/internship/internship extension/field experience**. At your placement sites, it’s important that you follow the health and safety guidelines, especially as they relate to COVID-19 preventative measures. You should also familiarize yourself with the [guidelines](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html) provided by the Center for Disease Control.  
  
If you do not feel safe at your site, then you may terminate your experience there. We will work with you to help you find a different site.  
  
If you are exposed to coronavirus or someone who has tested positive, then you should contact the [University Health Center](https://jcu.edu/student-life/health-wellness-and-safety/health-center-services) by phone or email to advise them of this. You should also report this to the appropriate site coordinator, Dr. Britton (Clinical Mental Health Counseling), Dr. Intagliata (School Counseling), or Dr. Moore (Substance Use Disorders Certificate), and you will be required to self-quarantine for 14 days and not come onto campus. If you are symptomatic, then you will need to self-isolate for a period of time identified by your healthcare provider, the board of health, and/or the University Health Center.

# **Things to Do Before Practicum (CG 592)**

**Clinical Mental Health Counseling Program Practicum Registration Intent Form**

In order to apply for the Practicum/Internship experience, students will have a variety of forms to complete.

First, students must electronically submit the [Clinical Mental Health Counseling Program Practicum Registration Intent Form](https://jcu.edu/clinical-mental-health-counseling-program-practicum-registration-intent-form) and include a Developmental statement regarding your current assessment of your professional development as a counselor. A confirmation email of your submission will be sent to you. Keep a copy of this email in your notebook.

This form MUST be submitted no later than **FEBRUARY** 1 for a practicum starting during summer semester, **MARCH 1** for a practicum starting during the Fall semester and no later than **OCTOBER 1** for a practicum start during the Spring semester. Students applying later than these dates will not be permitted to enroll in CG 592. If you miss the deadline you may not get a placement. You will be placed on a waiting list and depending on openings, may get in but no guarantee. If you need practicum in the next semester, you should fill out the intent form again.

## Student Liability Insurance

Practicum and internship students are required to possess liability insurance required for coverage during the entire practicum/internship experience. Students should obtain a personally held policy, even if coverage is provided by their employer.

The American Counseling Association offers a free student rate for this insurance. Students are advised to choose the $1,000,000—$3,000,000 coverage. Students must be members of ACA and in a Master’s Level counseling program. There is a student rate of $97 to join ACA.

See <http://www.counseling.org/membership/membership-benefits> for more details or call 1-800-347-6647 ext. 284.

Another option can be found at <http://locktonmedicalliabilityinsurance.com/nbcc/>.

The ACA Insurance Trust, Inc. (ACAIT) has partnered with Healthcare Providers Service Organization (HPSO) to provide a comprehensive professional liability program for students. Students interested in obtaining liability insurance for $37 through this program and not join ACA, should call ACAIT for an application (1-800-347-6647 extension 284) or apply online by visiting the website: [www.hpso.com](file:///\\kermit\home$\azucca\Desktop\www.hpso.com) . (<https://forms.hpso.com/mustela/site?productName=HCI#QuickQuote>)

This is a less expensive option, however joining one’s professional organization is both important and allows students other membership benefits as well.

NBCC Professional Liability Insurance is another option:

<http://www.nbcc.org/insurance>

NBCC is committed to providing exceptional certification services, testing, and advocacy initiatives to advance the field of professional counseling.

We regularly interact with counselor educators, practicing counselors, and counseling students.

NBCC has partnered with Lockton Affinity, LLC, to offer highly rated, quality professional liability insurance at a reduced cost. If you are a student, you can obtain liability insurance for only $18 annually. We are committed to the advancement of the counseling profession, and through our partnership with Lockton Affinity, LLC, we provide access to the best possible insurance price with excellent coverage for both our current and future National Certified Counselors.

If students do not want to apply by credit card, send address or fax number to have an application sent via mail to:

ACA Insurance Trust, Inc.

5999 Stevenson Avenue

Alexandria, VA 22304

Phone (800) 347-6647 ext. 284

Fax (703) 823-5267

Email: [pnelson.acait@counseling.org](mailto:pnelson.acait@counseling.org)

Students can also purchase liability insurance on their own through a private policy.

Once liability insurance is obtained, a copy of the student policy should be maintained by the student for inclusion in the practicum/internship notebook. Keep in mind that through ACA insurance coverage is for one year only, so apply closer to the start of your practicum or plan to renew during your internship.

## Register for CG 592 Practicum in Clinical Mental Health Counseling

All students will be registered for CG 592 by the department All sections are held at MCMS.

## Practicum/Internship Field Agreement

The [Practicum/Internship Field Agreement](#_Practicum/Internship_Field_Agreemen) must be signed by the student, site supervisor, and John Carroll University representative.

## Supervisors Qualifications Form

Your site supervisor must complete the [Supervisor Qualifications Form](#_Supervisor_Qualifications_Form).

## Clinical Mental Health Counseling Program Practicum/Internship Student and Site Information Form

Notification of finding a site must be **s**ubmitted by **MARCH 1** for internship beginning in summer semester, **MAY 1** for an internship starting during Fall semester and no later than **DECEMBER 1** for a practicum starting during Spring semester. These deadlines are non-negotiable. Use the online [Clinical Mental Health Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/clinical-mental-health-counseling-program-practicum) to submit this information. A confirmation email of your submission will be sent to you. Keep a copy of this email in your notebook. Failure to submit this by the deadlines indicated above may result in a student being unable to enter the course. IF YOUR SITE INFORMATION CHANGES, YOU MUST RESUBMIT THIS FORM.

## Professional Counselor Trainee Initial Application (must be completed and student must have CT status prior to beginning Practicum)

[Yolanda.Berry@cswb.ohio.gov](mailto:Yolanda.Berry@cswb.ohio.gov%20%C2%A0) will be your contact person during the counselor trainee process. Contacting Yolanda to check for receipt or missing parts of your file can be counterproductive adding to her already busy schedule. The Board asks that you instead: carefully read and follow all instructions and keep copies of all faxed or mailed forms.

Allow at least two weeks for processing then contact Yolanda, if necessary. Yolanda’s other duties include but are not limited to  ‘Supervision Designation’ for all licensees in Ohio. CT status can take up to 30 days.

**Please start early and follow all directions.**

1. Obtain **Proof of Enrollment** in a master's or doctoral-level practicum or internship showing the state and end dates of the academic term(s): You will upload proof of enrollment with your counselor trainee initial application.

2. Begin at [http://cswmft.ohio.gov/Portals/0/Images/elic%20link%20sm.png](https://elicense.ohio.gov/OH_CommunitiesLogin)create your account and log in to apply for counselor trainee. During the application process upload your proof of enrollment.

3. Complete **Criminal Records Check**:  [(Watch the Video)](https://youtu.be/EwLqsbakXFI)

For your initial CT Status you must complete both the BCI and FBI criminal records checks and have the results sent directly to the Board by BCI&I (Ohio Bureau of Criminal Identification and Investigation). By law, the Board cannot complete the processing of your application until it receives both the BCI and FBI background checks.

Attach a copy of your registration form for CG 596A to show proof that you are enrolled in the course. A print-out of your schedule from the JCU Banner is sufficient. Students can send it as an attachment or fax the form to (614) 728-7790. **Allow 30 days to process.** Students will receive notification of approval from the Board. PLEASE NOTE DATES for which CT status has been approved. It does expire and will need to be renewed. **This is the students responsibility to keep track of current CT status and renew when needed. CT Status can only be renewed if currently enrolled in Practicum or Internship course.**

**Keep proof of CT status** approval from the Board in your Notebook. This can be a copy of a confirmation email from the Board, or you can print your CT status approval online on the [CSWMFT Board website](https://www.cswmft.ohio.gov/).

## Background Check and Fingerprinting

You must first complete a criminal records check for both the BCI & FBI in order for your Professional Counselor Trainee Initial Application to be processed by the Ohio Board. The Criminal Records Check can take **2-4 weeks** to process. All backgrounds MUST be done through an approved vendor through Web Check®. **All results from the background checks must be mailed directly to the Ohio Board. They will not accept copies from students.** **You must then request a copy of your completed background check report, scan,  and email it to Amy Zucca at** [azucca@jcu.edu](file:///\\kermit.campus.jcu.edu\dept$\counseling%20dept\Bulletins%20Handbooks%20Directories%20and%20Forms\2020%20CMHC%20P%20and%20I%20Handbook%20Update%20Project\azucca@jcu.edu).  (A copy of your BCI& FBI background checks is available until a licensure determination is made or up to one year if the application is still pending.  Once a licensure determination is made or the background check(s) is one year old when part of a pending application, the documents and any electronic copies will be destroyed.  Send an email or written request to the Board and a copy of the BCI & FBI background checks OR a certification of the results will be mailed to your home address.)

Print the BCI & FBI INSTRUCTIONS sheet from: <http://cswmft.ohio.gov/BCIFBIBackgroundChecks/BCIFBIInstructions.aspx>

Take this form with you to a Web Check® Location. Carefully follow all instructions BCI and FBI Checks are good for ONE year.

**The Certificate of Qualification for Employment (CQE**)

Practicum and internship placements are required as part of the curriculum in the Clinical Mental Health Counseling program. Students who have a prior criminal conviction may require a [Certificate of Qualification for Employment](https://drc.ohio.gov/cqe) (CQE) in order to work in the field during practicum and internship. Neither John Carroll University nor the practicum or internship sites are responsible for determining if a student will need a CQE. Individuals with a prior conviction must contact the Court of Common Pleas with questions and may apply for a CQE at [drc.ohio.gov/cqe](http://drc.ohio.gov/cqe). Students who require a CQE and who have not obtained one may not be able to begin practicum and internship.  Because of an external facility's discretion regarding the acceptance of students, John Carroll University cannot guarantee placements for students that have criminal convictions. Please be aware that this may affect your ability to begin at a practicum or internship site.  Therefore, we highly suggest that you inquire with the courts immediately to determine your status.

**Assumption of Risk and Site Information form**

Notification of finding a site for practicum/internship/internship extension/field experience must be **s**ubmitted no later than **MARCH 1**for Summer semester, **MAY 1** for Fall semester and **DECEMBER 1** for Spring semester. This information must be submitted before these deadlines prior to each of these courses 418, 518, 591, 592, 596A, 596B, 596C, 596X, 598A, 598B. These deadlines are non-negotiable. Failure to submit this by the deadlines indicated above may result in a student being unable to enter the course.  IF YOUR SITE INFORMATION CHANGES, YOU MUST RESUBMIT THIS FORM.  A confirmation email of your submission will be sent to you.  Keep a copy of this email in your notebook.

Use the appropriate online form to submit this information.

[Clinical Mental Health Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/form/student-and-site-information-fo) (for CG 592, 596A, 596B, 596C, 596X students)

[School Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/form/internship-student-site-informat) (for CG 591, 598A, 598B students)

[Substance Use Disorders Certificate Program Field Experience Site Information Form](https://jcu.edu/form/substance-use-disorders-experien) (for CG 418, 518 students)

Along with the site information an **Assumption of Risk Waiver must be submitted.** It must be printed it out, completed with site and dates, signed and dated OR electronically completed with site and dates, electronic signature and date. It can be scanned or photographed and then must be uploaded.

The Assumption of Risk Waiver can be accessed at   
<https://jcu.edu/sites/default/files/2020-07/Assumption%20of%20Risk%2C%20Release%2C%20and%20Waiver%20of%20Liability%C2%A0.pdf>

Starting with the **Fall 2020** semester, counseling students are**required to sign** the *Assumption of Risk, Release, and Waiver of Liability for Student Practicum/Internship* **in order to participate in practicum/internship/internship extension/field experience**. At your placement sites, it’s important that you follow the health and safety guidelines, especially as they relate to COVID-19 preventative measures. You should also familiarize yourself with the [guidelines](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html) provided by the Center for Disease Control.  
  
If you do not feel safe at your site, then you may terminate your experience there. We will work with you to help you find a different site.  
  
If you are exposed to coronavirus or someone who has tested positive, then you should contact the [University Health Center](https://jcu.edu/student-life/health-wellness-and-safety/health-center-services) by phone or email to advise them of this. You should also report this to the appropriate site coordinator, Dr. Britton (Clinical Mental Health Counseling), Dr. Intagliata (School Counseling), or Dr. Moore (Substance Use Disorders Certificate), and you will be required to self-quarantine for 14 days and not come onto campus. If you are symptomatic, then you will need to self-isolate for a period of time identified by your healthcare provider, the board of health, and/or the University Health Center.

## Maintain Active Counselor Trainee Status

**It is the responsibility of the student to manage and maintain an active Counselor Trainee (CT) status.**

Go to [http://cswmft.ohio.gov/portals/0/Images/elic%20link%20sm.png](https://elicense.ohio.gov/OH_CommunitiesLogin)log into your account. Once you're on your license tile (the tile looks like a mini-certificate) from the **OPTIONS** dropdown menu select **RENEW**be prepared toupload **proof of enrollment (POE)**.

**Proof of enrollment must show:**

* the name of your college
* your name
* the beginning and end dates of your next quarter or semester
* class title (internship or practicum)

**\***Acceptable forms of POE include: class schedule or a letter from your registrar or department head.

## Review/Checklist for Starting Practicum (CG 592)

* [Clinical Mental Health Counseling Program Practicum Registration Intent Form](https://jcu.edu/clinical-mental-health-counseling-program-practicum-registration-intent-form)
* Proof of personally held liability insurance
* [Register for CG 592](https://web4.jcu.edu/pjcu/twbkwbis.P_GenMenu?name=homepage) after permission is given in Banner
* [Practicum/Internship Field Agreement](#_Practicum/Internship_Field_Agreemen)
* [Supervisor Qualification Form](#_Supervisor_Qualifications_Form)
* Professional Counselor Trainee Initial Application:  [http://cswmft.ohio.gov/portals/0/Images/elic%20link%20sm.png](https://elicense.ohio.gov/OH_CommunitiesLogin)log into your account. Once you're on your license tile (the tile looks like a mini-certificate) from the **OPTIONS** dropdown menu select **RENEW**be prepared toupload **proof of enrollment (POE)**.
* Proof of Counselor Trainee Status
* Email scanned copy of your completed background check to [azucca@jcu.edu](file:///\\kermit.campus.jcu.edu\dept$\counseling%20dept\Bulletins%20Handbooks%20Directories%20and%20Forms\2020%20CMHC%20P%20and%20I%20Handbook%20Update%20Project\azucca@jcu.edu)
* Assumption of risk form signed

[Clinical Mental Health Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/clinical-mental-health-counseling-program-practicum) IF YOUR SITE INFORMATION CHANGES during the semester, YOU MUST RESUBMIT THIS FORM.

**Keep copies of all these forms/confirmations in your portfolio**. These will be reviewed in the first day of class.

# **Things to Do During Practicum (CG 592)**

The Appendix of this Handbook contains forms that you will need to complete during your practicum. Please make additional copies as needed. These forms will be explained more fully in your Practicum Course Syllabus. If you have any questions about a form please consult your instructor or the clinical coordinator, Dr. Paula Britton.

It is your responsibility to fill the forms out and give them to the appropriate person(s).

Please read these forms carefully. If necessary, make multiple copies of these forms.

Please print legibly or type responses.

* [MCMS Requirements for Practicum Students](#_MCMS_Requirements_for)
* Follow [Policies and Procedures for Audio/Video Recording at MCMS](#_Policies_and_Procedures)
* [Practicum/Internship Bi-Weekly Log and Supervision](#_Practicum/Internship_Bi-Weekly_Log) or Practicum/Internship Log Sheet (<https://jcu.edu/media/8326>): Use for logging of all Practicum hours to fulfill Practicum hour requirements.
* [Client Consent Form](#_Client_Consent_Form): for audio-recording of sessions if site does not have one
* [Parental Consent Form](#_Parental_Consent_Form): for audio-recording (only for clients under the age of 18)
* [Session Review Form](#_Session_Review_Form): 5 to be completed by either site or JCU supervisor
* [Goals for Practicum/Internship](#_Goals_for_Practicum/Internship) and [Rubric for Goals for Semester](#_Rubric_for_Goals)
* [Case Report and Treatment Plan Outline](#_Case_Report_and)
* [Case Report Rubric for CG 592](#_Case_Report_Rubric)
* [Practicum Grading Checklist](#_Practicum_Grading_Checklist)
* [Notebook Outline](#_Notebook_Outline)
* [Counselor Self-Efficacy Scale](#_Counselor_Self-Efficacy_Scale): this will be emailed to you electronically to complete and a summary report of your responses will be emailed to you within two weeks
* [Rubric for Evaluation of Experience Paper](#_Rubric_for_Evaluation)

# **Things to Do by the End of Practicum (CG 592)**

All forms can be found in the Appendix C. If you have any questions about a form please consult your instructor or the Clinical Coordinator, Dr. Paula Britton.

It is your responsibility to fill the forms out and give them to the appropriate person(s).

Please read these forms carefully. If necessary, make multiple copies of these forms.

Please print legibly or type responses.

* [Practicum Completion Form](#_Practicum_Completion_Form)
* [Professional Performance Fitness Evaluation](#_Professional_Performance_Fitness): At the completion of the course, students will submit three evaluations completed by:
* John Carroll University Practicum Supervisor
* By the Student them self
* Practicum Instructor
* [Practicum Supervisor Evaluation](#_Doctoral_Intern_Practicum)
* [Practicum/Internship Formal Evaluation by Instructor](#_Practicum/Internship_Formal_Evaluat)
* [Counseling Practicum/Internship Assessment of the Clinical/School Experience](#_Counseling_Practicum/Internship_Ass_1)- Submit to the internship instructor.
* [Counselor Competencies Scale – Revised (CCS-R)](#_Counselor_Competencies_Scale): This instrument provides evidence of your growth and development in counseling skills, behaviors, and dispositions and is to be completed by your site supervisor at MCMS. The CCS-R will be emailed to your site representative to complete online and a summary report of your responses will be emailed to you and your instructor at the end of the semester. Keep a copy in your notebook.

# **Internship A& B (CG 596A&B) Course Requirements**

## Scheduling Considerations/Prerequisites

The internship is designed to be an intensive hands-on experience conducted in a setting similar to one in which the student will eventually find employment. The internship experience should incorporate qualities specific to professional counseling positions, with consistent and extensive supervision. CG 596-A/B Internship in Clinical Mental Health Counseling should be taken only after a student has successfully completed CG 592 Practicum in Clinical Mental Health Counseling and its related prerequisites. Internship is divided among two semesters.

Students in the IBH program will complete internship at MCMS

Typically, the internship course is completed during a time period coinciding with a majority of the required internship on-site hours.

## Requirements for the Internship Experience

The internship experience program requires a total of:

* Two semesters, CG 596A and CG 596 B
* 600 clock hours on-site
* A minimum of 240 hours of direct service with clients including a minimum of 10 hours of direct service with group work.
* A minimum of one hour of direct supervision with the Internship Site Supervisor for every 20 hours on-site (equating to a total of 30 hours of direct supervision over the course of the semester).

During the internship, the Internship Site Supervisor subsumes the weekly supervisory role previously filled by the John Carroll University Practicum Supervisor during the student’s practicum.

**All hours in relation to CG 596 coursework should be recorded either on the** [Practicum/Internship Bi-Weekly Log and Supervision](#_Practicum/Internship_Bi-Weekly_Log_2) or Practicum/Internship Log Sheet (<https://jcu.edu/media/8326>) **or on a similar form of the student or site’s own design.**

CG 596 class meets for 3 hours bi-weekly, with students required to present cases (including portions of audio or video taped material) to the class. In this way, the student will gain further expertise in the locating and utilization of appropriate case consultation through fellow practitioners. The internship provides opportunities for students to gain supervised experience in the use of a variety of professional resources that include print and non-print media, professional literature, research findings, and appropriate referral sources and providers.

## Additional Details Regarding Requirements for Internship

At least 50% of the 240 direct service hours include direct work with clients in the diagnosis and treatment of emotional and mental disorders and conditions

The internship course incorporates two types of supervision:

* Individual Supervision through the Internship Site Supervisor
* Group Supervision through bi-weekly class meetings with the Internship Instructor. The Site Supervisor will complete two types of formal evaluation of the intern following the completion of the required 600 on-site hours.

Students will have 5 counseling sessions reviewed by site supervisor using session review forms. The session reviews can come from either live supervision or a tape review. At least one review form needs to be a group. Completed review forms should be included in the notebook.

The internship experience requires the development of specific objectives by the student and the demonstration of behavior in accordance with the ethical and professional standards delineated in the [American Counseling Association Code of Ethics and Standards of Practice](http://www.counseling.org/Resources/aca-code-of-ethics.pdf).

Additional assignments will be addressed at the outset of the internship course and detailed on the course syllabus. By design, CG 596 is focused on the on-site component of the experience, as direct supervision is experienced on-site and the expectation of an increased number of hours spent on-site becomes clear.

## Internship Grading

**Pass/Fail grades** are assigned by the Internship Instructor. If the Internship Instructor or the Site Supervisor has concerns regarding a student's progress, the Internship Instructor will meet with the student and the Site Supervisor during the course of the semester to determine an appropriate course of action. A concern conference with the Chair of the Counseling Department may be scheduled with corresponding remediation plan. Students who have completed all course requirements but have not completed 600 on-site hours by the end of the Internship B will receive a passing grade but will need to enroll in CG 596C, a three semester hour course which will allow them to maintain their CT Status and complete required hours. They will need to renew their CT status by showing enrollment in CG 596C.

Students who have completed all required hours in Internship B but wish to maintain CT Status may elect to enroll in CG 596X for 1 credit hour.

, the board of health, and/or the University Health Center.  
Notification of finding a site for practicum/internship/internship extension/field experience must be **s**ubmitted no later than **MARCH 1**for Summer semester, **MAY 1** for Fall semester and **DECEMBER 1** for Spring semester. This information must be submitted before these deadlines prior to each of these courses 418, 518, 591, 592, 596A, 596B, 596C, 596X, 598A, 598B. These deadlines are non-negotiable. Failure to submit this by the deadlines indicated above may result in a student being unable to enter the course.  IF YOUR SITE INFORMATION CHANGES, YOU MUST RESUBMIT THIS FORM.  A confirmation email of your submission will be sent to you.  Keep a copy of this email in your notebook.

Use the appropriate online form to submit this information.

[Clinical Mental Health Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/form/student-and-site-information-fo) (for CG 592, 596A, 596B, 596C, 596X students)

[School Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/form/internship-student-site-informat) (for CG 591, 598A, 598B students)

[Substance Use Disorders Certificate Program Field Experience Site Information Form](https://jcu.edu/form/substance-use-disorders-experien) (for CG 418, 518 students)

Along with the site information an **Assumption of Risk Waiver must be submitted.** It must be printed it out, completed with site and dates, signed and dated OR electronically completed with site and dates, electronic signature and date. It can be scanned or photographed and then must be uploaded.

The Assumption of Risk Waiver can be accessed at   
<https://jcu.edu/sites/default/files/2020-07/Assumption%20of%20Risk%2C%20Release%2C%20and%20Waiver%20of%20Liability%C2%A0.pdf>

Starting with the **Fall 2020** semester, counseling students are**required to sign** the *Assumption of Risk, Release, and Waiver of Liability for Student Practicum/Internship* **in order to participate in practicum/internship/internship extension/field experience**. At your placement sites, it’s important that you follow the health and safety guidelines, especially as they relate to COVID-19 preventative measures. You should also familiarize yourself with the [guidelines](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html) provided by the Center for Disease Control.  
  
If you do not feel safe at your site, then you may terminate your experience there. We will work with you to help you find a different site.  
  
If you are exposed to coronavirus or someone who has tested positive, then you should contact the [University Health Center](https://jcu.edu/student-life/health-wellness-and-safety/health-center-services) by phone or email to advise them of this. You should also report this to the appropriate site coordinator, Dr. Britton (Clinical Mental Health Counseling), Dr. Intagliata (School Counseling), or Dr. Moore (Substance Use Disorders Certificate), and you will be required to self-quarantine for 14 days and not come onto campus. If you are symptomatic, then you will need to self-isolate for a period of time identified by your healthcare provider, the board of health, and/or the University Health Center.

# **Things to Do Before Internship A & B (CG 596A&B)**

## Register for CG 596A or B Internship in Clinical Mental Health Counseling

Register for CG 596A or B using [BannerWeb](https://web4.jcu.edu/pjcu/twbkwbis.P_GenMenu?name=homepage).

## Maintain Active Counselor Trainee Status

**It is the responsibility of the student to manage and maintain an active Counselor Trainee (CT) status.**

Go to [http://cswmft.ohio.gov/portals/0/Images/elic%20link%20sm.png](https://elicense.ohio.gov/OH_CommunitiesLogin)log into your account. Once you're on your license tile (the tile looks like a mini-certificate) from the **OPTIONS** dropdown menu select **RENEW**be prepared toupload **proof of enrollment (POE)**.

**Proof of enrollment must show:**

* the name of your college
* your name
* the beginning and end dates of your next quarter or semester
* class title (internship or practicum)

**\***Acceptable forms of POE include: class schedule or a letter from your registrar or department head.

If you are changing sites from practicum or adding a second sites, these will have to be redone:

* [Practicum/Internship Field Agreement](#_Practicum/Internship_Field_Agreemen)
* [Supervisor Qualifications Form](#_Supervisor_Qualifications_Form)

## Clinical Mental Health Counseling Program Internship Student and Site Information Form

Notification of finding a site must be **s**ubmitted by **MAY 1** for an internship starting during Fall semester; no later than **DECEMBER 1** for an internship starting during Spring semester; and no later than **APRIL 1** for an internship starting during Summer semester. These deadlines are non-negotiable. Use the online [Clinical Mental Health Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/clinical-mental-health-counseling-program-practicum) to submit this information. A confirmation email of your submission will be sent to you. Keep a copy of this email in your notebook. Failure to submit this by the deadlines indicated above may result in a student being unable to enter the course. **You need to submit this form even if you are staying at the same site.** IF YOUR SITE INFORMATION CHANGES, YOU MUST RESUBMIT THIS FORM.

## Apply for Graduation

Apply for graduation through the Graduate Studies Office. Information can be found at <https://jcu.edu/academics/colleges-departments/college-arts-and-sciences/college-arts-and-sciences-office-graduate/current-students/graduation>

For spring graduation, the deadline is the fourth Monday of November. For summer graduation, the deadline is February 15. For degrees awarded in winter, the deadline is the second Monday of July. i.e. usually during CG 596A.

## Comprehensive Exam

The final examination requirement for the Master’s Degree in Clinical Mental Health Counseling is satisfied through successful completion of the Master’s Comprehensive Examination. Students must take the exam before their last semester in the program. In case a student does not receive a passing grade, an additional semester before the anticipated graduation date is available for retaking the exam. Students need to pass the test no later March 31 if they wish to graduate at the end of spring semester, no later July 31 if they wish to graduate at the end of summer semester, and no later than November 30 if they wish to graduate at the end of fall semester. The exam must be passed before a student can graduate from the program. More information can be found at <https://jcu.edu/academics/counseling/student-resources/advising-academic-resources>.

## NCE Licensure Exam

Students may elect to take the NCE Licensure Examination for licensure in the state of Ohio during the last semester of coursework. Students will need a verification from the Clinical Coordinator and must apply to the Board. Please refer to [Professional Counselor License Requirements](#_Professional_Counselor_Licensure) for additional information.

## Review/Checklist for Starting Internship (CG 596A or B)

* [Register](https://web4.jcu.edu/pjcu/twbkwbis.P_GenMenu?name=homepage) for CG 596A or B (A must be taken prior to B)
* Proof of personally held liability insurance – click [here](#_Student_Liability_Insurance) for more information
* Proof of Active Counselor Trainee Status – use [Counselor Trainee Extension Form](#_Counselor_Trainee_Extension) if CT status has expired or complete the [Professional Counselor Trainee Initial Application](#_Professional_Counselor_Trainee) if not done previously (e.g. Student was waived from Practicum)
* [Clinical Mental Health Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/clinical-mental-health-counseling-program-practicum) - You need to submit this form even if you are staying at the same site. IF YOUR SITE INFORMATION CHANGES, YOU MUST RESUBMIT THIS FORM.
* [Apply for Graduation](https://jcu.edu/academics/colleges-departments/college-arts-and-sciences/college-arts-and-sciences-office-graduate/current-students/graduation) during CG 596A
* Register to take the [Comprehensive Exam](https://jcu.edu/academics/counseling/student-resources/advising-academic-resources)
* [NCE Licensure Exam Request Form](#_Step-By-Step_Process_for) and verification letter from the Clinical Coordinator: students may take the NCE during the last semester
* Assumption of risk form signed prior to both semesters of internship

**Keep copies of all these forms/confirmations in your Notebook**. These will be reviewed in the first day of class.

# **Things to Do During Internship A& B (CG 596A&B)**

There are the things you will need to complete during the course of your internship. Please make additional copies as needed. These forms will be explained more fully in your Internship Course Syllabus. It is your responsibility to fill the forms out and give them to the appropriate person(s). Please read these forms carefully. If necessary, make multiple copies of these forms when completed. Please print legibly or type responses.

* [Practicum/Internship Bi-Weekly Log and Supervision](#_Practicum/Internship_Bi-Weekly_Log_2) or Practicum/Internship Log Sheet: Use for logging of all Internship hours to fulfill Internship hour requirements. Submit to the Internship instructor.
* [Notebook Outline](#_Notebook_Outline_1)
* [Client Consent Form](#_Client_Consent_Form_1): for audio-recording of sessions if site does not have one
* [Parental Consent Form](#_Parental_Consent_Form_1): for audio-recording (only for clients under the age of 18)
* [Goals for Practicum/Internship](#_Goals_for_Practicum/Internship_1) and [Rubric for Goals for Semester](#_Rubric_for_Goals_1)
* [Counselor Self-Efficacy Scale](#_Counselor_Self-Efficacy_Scale_1): this will be emailed to you electronically to complete and a summary report of your responses will be emailed to you within two weeks
* [Case Report and Treatment Plan outline](#_Case_Report_and_1) and [Rubric for CG 596A Case Presentation](#_Rubric_for_CG) or [Rubric for CG 596B Case Presentation](#_Rubric_for_CG_1)
* [Client Satisfaction Survey](#_Client_Satisfaction_Survey): Complete five (5) if allowed by site and submit to internship instructor
* [Internship Grading Checklist for CG 596A](#_Internship_Grading_Checklist) or [Internship Grading Checklist for CG 596B](#_Internship_Grading_Checklist_1)
* [Session Review Form](#_Session_Review_Form_1): 5 per semester (10 total) to be completed by site supervisor
* [Rubric for Evaluation of Experience Paper](#_Rubric_for_Evaluation_1)

# **Things to Do by the End of Internship A (CG 596A)**

There are forms that you will need to complete by the end of internship A. Please make additional copies as needed. These forms will be explained more fully in your Internship Course Syllabus. It is your responsibility to fill the forms out and give them to the appropriate person(s). Please read these forms carefully. If necessary, make multiple copies of these forms. Please print legibly or type responses.

* [Clinical Mental Health Internship Midway Evaluation](#_Clinical_Mental_Health_1)
* [Practicum/Internship Formal Evaluation by Instructor](#_Practicum/Internship_Formal_Evaluat_1)
* [Counselor Competencies Scale – Revised (CCS-R)](#_Counselor_Competencies_Scale): This instrument provides evidence of your growth and development in counseling skills, behaviors, and dispositions. The CCS-R will be emailed to your licensed site representative to complete online and a summary report of your responses will be emailed to you at the end of the semester. Keep a copy a copy in your notebook.

# **Things to Do by the End of Internship B (CG 596B)**

There are forms that you will need to complete by the end of internship B. Please make additional copies as needed. These forms will be explained more fully in your Internship Course Syllabus. It is your responsibility to fill the forms out and give them to the appropriate person(s). Please read these forms carefully. If necessary, make multiple copies of these forms. Please print legibly or type responses.

* [Practicum/Internship Formal Evaluation by Instructor](#_Practicum/Internship_Formal_Evaluat_2)
* [Internship Completion Form](#_Internship_Completion_Form): submit to the internship instructor
* [Program Evaluation Form](#_Program_Evaluation_Form) – student completes one, supervisor completes one
* [Professional Development Plan](#_Professional_Development_Plan)
* [Counselor Competencies Scale – Revised (CCS-R)](#_Counselor_Competencies_Scale): This instrument provides evidence of your growth and development in counseling skills, behaviors, and dispositions. Please note that the CCS-R is being piloted fall 2015 and spring 2016. The CCS-R will be emailed to your licensed site representative to complete online and a summary report of your responses will be emailed to you at the end of the semester. Keep a copy a copy in your notebook.
* [Counseling Practicum/Internship Assessment of the Clinical/School Experience](#_Counseling_Practicum/Internship_Ass)- Submit to the internship instructor.
* Review The Ohio CSWMFT Board’s [Professional Counselor Licensure Requirements](#_Professional_Counselor_Licensure) and application
  + [Step-by-Step Process for Applying for the NCE& LPC License](#_Step-By-Step_Process_for)
  + Collect the [Documents Required to Complete Your LPC Application](#DocumentsRequired)
  + [Instructions for Setting up the NCE Examination](#_Instructions_for_Setting)
  + [Examination Registration](#ExamRegistration)

Students may take the NCE their last semester of class but will need a letter documenting such and submit it when applying for NCE. Request letter from Practicum/Internship Coordinator.

If a student has not completed the necessary hours by the end of Internship B (CG 596B) at the site, they will have to enroll in CG 596C. In this case, CT status may need to be renewed. Students can extend internship for only one semester.

Once a student has graduated, they must apply for LPC licensure. Provisional licensure may be given. **Student must request official transcripts to be sent to Board; NCE result results must be sent to the Board and they must have an active background check within the last year in order to acquire LPC licensure.**

# **Appendix A: Forms to Complete Before Practicum (CG 592)**



## Clinical Mental Health Counseling Program Practicum Registration Intent Form

Students must electronically submit the [Clinical Mental Health Counseling Program Practicum Registration Intent Form](https://jcu.edu/clinical-mental-health-counseling-program-practicum-registration-intent-form) and include a Developmental statement regarding your current assessment of your professional development as a counselor. A confirmation email of your submission will be sent to you. Keep a copy of this email in your notebook.

This form MUST be submitted no later than **FEBRUARY** 1 for practicum starting in summer semester, **MARCH 1** for a practicum starting during the Fall semester and no later than **OCTOBER 1** for a practicum start during the Spring semester. Students applying later than these dates will not be permitted to enroll in CG 592.

Assumption of Risk Waiver

Notification of finding a site for practicum/internship/internship extension/field experience must be **s**ubmitted no later than **MARCH 1**for Summer semester, **MAY 1** for Fall semester and **DECEMBER 1** for Spring semester. This information must be submitted before these deadlines prior to each of these courses 418, 518, 591, 592, 596A, 596B, 596C, 596X, 598A, 598B. These deadlines are non-negotiable. Failure to submit this by the deadlines indicated above may result in a student being unable to enter the course.  IF YOUR SITE INFORMATION CHANGES, YOU MUST RESUBMIT THIS FORM.  A confirmation email of your submission will be sent to you.  Keep a copy of this email in your notebook.

Use the appropriate online form to submit this information.

[Clinical Mental Health Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/form/student-and-site-information-fo) (for CG 592, 596A, 596B, 596C, 596X students)

[School Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/form/internship-student-site-informat) (for CG 591, 598A, 598B students)

[Substance Use Disorders Certificate Program Field Experience Site Information Form](https://jcu.edu/form/substance-use-disorders-experien) (for CG 418, 518 students)

Along with the site information an **Assumption of Risk Waiver must be submitted.** It must be printed it out, completed with site and dates, signed and dated OR electronically completed with site and dates, electronic signature and date. It can be scanned or photographed and then must be uploaded.

The Assumption of Risk Waiver can be accessed at   
<https://jcu.edu/sites/default/files/2020-07/Assumption%20of%20Risk%2C%20Release%2C%20and%20Waiver%20of%20Liability%C2%A0.pdf>

Starting with the **Fall 2020** semester, counseling students are**required to sign** the *Assumption of Risk, Release, and Waiver of Liability for Student Practicum/Internship* **in order to participate in practicum/internship/internship extension/field experience**. At your placement sites, it’s important that you follow the health and safety guidelines, especially as they relate to COVID-19 preventative measures. You should also familiarize yourself with the [guidelines](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html) provided by the Center for Disease Control.  
  
If you do not feel safe at your site, then you may terminate your experience there. We will work with you to help you find a different site.  
  
If you are exposed to coronavirus or someone who has tested positive, then you should contact the [University Health Center](https://jcu.edu/student-life/health-wellness-and-safety/health-center-services) by phone or email to advise them of this. You should also report this to the appropriate site coordinator, Dr. Britton (Clinical Mental Health Counseling), Dr. Intagliata (School Counseling), or Dr. Moore (Substance Use Disorders Certificate), and you will be required to self-quarantine for 14 days and not come onto campus. If you are symptomatic, then you will need to self-isolate for a period of time identified by your healthcare provider, the board of health, and/or the University Health Center.

## Practicum/Internship Field Agreement

John Carroll University

Clinical Mental Health Counseling Program

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This agreement is between John Carroll University and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the site) and identifies responsibilities concerning the supervision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the student). This agreement will be effective from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_ and for a total of \_\_\_\_\_\_\_\_ supervised hours.

**Purpose**

The university and the site intend to provide the qualified graduate student with an internship experience in the field of counseling.

**University Obligations**

The university will:

1. **S**elect for placement only a student who has successfully completed all prerequisite coursework in the Clinical Mental Health Counseling program.
2. **A**ssign a university faculty instructor to facilitate communication between the university and the site, who shall be available for consultation with the site and the student.
3. **A**ssign a practicum/internship instructor who will provide required classroom/group supervision instruction to assist the student in clarifying interactions with clients and preparing for clinical supervision. The practicum/internship instructor is responsible for assignment of a final grade for the student.
4. **A**dvise the student of the obligation to secure adequate liability insurance.

**Practicum/Internship Site Obligations**

This site will:

1. **A**ssign a designated site supervisor who must be a PCC with supervision designation (supervising counselor) and a demonstrated interest in training, and who will
   1. Provide a minimum of one (1) hour of supervision for every twenty (20) hours of student work; and
   2. Formally evaluate the student’s performance at the conclusion of the experience based upon criteria established by the university’s Clinical Mental Health Counseling Program; and
2. **R**etain full responsibility for all aspects of client care for those clients seen by the student.
3. **P**rovide the student with an orientation to the site’s specific services necessary for the effective implementation of the experience.
4. **A**fford the student the opportunity to provide diagnostic assessments and direct treatment of emotional and mental disorders and conditions.
5. **P**rovide the student with opportunities to engage in a variety of professional activities, above and beyond any required direct service hours; and encourage

**Practicum/Internship Field Agreement**

John Carroll University

Clinical Mental Health Counseling Program

PAGE 2 OF 3

the student to gain experience in the use of professional resources such as assessment instruments, computer software, professional literature, print and non-print media, research findings and appropriate referral sources and providers.

1. **W**ith the consent of the client or, in the case of a minor, the client’s parent or guardian, permit the student to audio or video tape counseling sessions for supervisory purposes.
2. **A**ssist in the evaluation of the university’s Clinical Mental Health Counseling Program.
3. **C**omplete the CCS-R online evaluation of student every semester.

**Mutual Obligations**

The university and the site will:

1. **W**ork cooperatively in the event of any problems or grievances concerning the student.
2. **N**ot discriminate on the basis of race, sex, age, national or ethnic origin, religion, or disability in the administration or implementation of this agreement.
3. **N**otify the other party at least three weeks in advance if termination of this agreement is deemed necessary.

**Student Obligations**

I understand that the attached agreement between John Carroll University and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “site”) is intended to provide me with an experience in the field of counseling. In exchange for this opportunity and to make this an appropriate educational experience, I will:

1. **P**repare a proposed plan (the “plan”) for the experience, including individual goals and activities designed to facilitate the achievement of the goals, to be agreed upon and endorsed by the site’s designated site supervisor.
2. **S**ecure appropriate, personally held liability insurance, and to provide proof of such insurance upon request by the university or the site.
3. **A**bide by the policies and procedures of the site and the policies and procedures of the university.
4. **P**erform the functions identified in the plan, as well as additional functions as directed by the site supervisor; and/or the university’s practicum/internship instructor.

**Practicum/Internship Field Agreement**

John Carroll University

Clinical Mental Health Counseling Program

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1. **A**ttend required class group supervision sessions to clarify interactions with clients and prepare for clinical supervision.
2. **M**aintain a daily log of overall hours, direct contact hours and supervisory hours in accordance with guidelines of the university’s Clinical Mental Health Counseling Program.
3. **I**nform the site supervisor of problems or situations which might affect my ability to function in the clinical setting
4. **D**emonstrate behavior in accordance with the American Counseling Association’s Code of Ethics and Standards of Practice, particularly adhering to standards on maintaining client confidentiality.
5. **O**btain written consent for audio or videotaping from all clients in individual and group counseling prior to treatment, and from parent or guardian for all clients under the age of 18.

*John Carroll University Representative:*

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*The Internship Site Supervisor:*

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Student:*

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

## Supervisor Qualifications Form

John Carroll University Counseling Program

Name of Internship Supervisor Name of Agency

Current Job Title

Address

( )

E-mail Address Business Telephone Number

**EDUCATIONAL/ACADEMIC INFORMATION**

Highest Degree Earned Graduate University Attended

Year Graduated Years of experience Years supervising

**LICENSURE INFORMATION**

Type of License State & Department License #ID &

Issuing License Expiration Date

Type of License State & Department License #ID

Issuing License Expiration Date

Are you designated as a supervising counselor by The State of Ohio Counselor, Social Worker, and Marriage and Family Board? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

**CERTIFICATION INFORMATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Type of Certification State & Department or Certification ID # &

Organization Issuing Certificate Expiration Date

## Background Check and Fingerprinting

Print the BCI & FBI INSTRUCTIONS sheet (shown below) from: <http://cswmft.ohio.gov/BCIFBIBackgroundChecks/BCIFBIInstructions.aspx>

PRINT & TAKE THESE INSTRUCTIONS WITH YOU TO A WebCheck® Location

**The Board does not endorse or recommend any specific electronic fingerprinting company/ agency.**

**BCI and FBI criminal records check are not required for renewal of your existing license.**

Carefully following these instructions is very important. The Board recommends that you **print these instructions** and take them with you when you have your finger prints scanned.

For each initial licensure you must complete both the Ohio BCI&I (Bureau of Criminal Identification and Investigation also referred to as BCI) and FBI criminal records checks. By law, the Board cannot complete the processing of your application until it receives both the BCI and FBI background checks.

**Where to Have your Finger Prints Done:** Go to a WebCheck location in your area, which may include your local police, sheriff’s department or department of motor vehicles. Your employer or school may also be a WebCheck® location; ask the background check office to review these instructions. Click on **the link below** to find a WebCheck® location in your area

<https://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Webcheck-Community-Listing>

The Board does not endorse or recommend any specific electronic fingerprinting company/agency.

**The Process:** Your finger prints will be scanned and sent electronically to BCI in London, Ohio. BCI completes the state of Ohio (BCI) and Federal (FBI) background checks by comparing fingerprints received against a database of criminal fingerprints to determine if there is a criminal record. BCI then electronically sends the results of both background checks to the CSWMFT Board.

**Information You Must Tell the WebCheck Location**:

(1) The CSWMFT Board is on “Direct Copy” list. The WebCheck® Location will select **“Social Work Board”** from the Direct Copy drop-down list at the WebCheck® workstation.

(If “Social Work Board” is not on the vendor’s Direct Copy List, the vendor must key the Board’s name and address into the “mail to” field of their software: CSWMFT Board, 77 S. High St. 24th Floor, Room 2468 Columbus, OH 43215-6171)

(2) The WebCheck® location must enter one of the following in the “Reason for Fingerprinting” field of their software:

**ORC 4757.101** or **CSWMFT Board** or **Required for Licensure**

**If you have already completed a BCI background check for a different purpose within the last 12 months:** Click this link: <https://cswmft.ohio.gov/Portals/0/BCI%20FBI%20CRC/BCIcopyCSW1.pdf> and follow the instructions. This is FREE within the first 30 days of having your prints scanned and $8 afterwards for up to one year. **Note:** A copy of your BCI will take approximately 45-60 days to process. BCI and JCU cannot send a copy of your previous FBI check; it will need to be repeated.

**How Long Will it Take for the Board to Receive the Results?:** Up to 4-6 weeks if you have a criminal history, 4-5 business days if you do not. Start the process at least one (1) month before you want/expect to be licensed.

**If you have had issues in the past with a WebCheck**® **location capturing quality fingerprints,** you should start the process at least three (3) months before you want/expect to be licensed. If your fingerprints are rejected, you will need ink and roll cards to have fingerprints done manually, which takes extra time. Email the Board to request a packet containing the exemption instructions and request form.

**Important Information for You to Know:**

The CSWMFT Board cannot accept a photocopy or faxed copy of a past BCI or FBI background check.

Background checks are only good for **one year** after receipt by the Board.

The Board cannot accept a copy of background check results directly from you, another state,

your college, a sheriff/police department or from your place of employment. The reports must come directly to the Board from BCI.

**Instructions for Individuals Outside of Ohio:** Contact the Board by email (cswmft.info@cswb.state.oh.us **Subject Line: CRC)** with your mailing address to request the out-of- state packet. The Board will mail the cards so your fingerprints can be taken at your local law enforcement agency.

Out of state background checks can take up to 4 to 6 weeks. If you will be in Ohio before licensure, print these instructions and go to an Ohio WebCheck® location which will be a much faster process. You do not have to live in Ohio to have your criminal records check completed in Ohio.

**Requesting a Copy of Your Completed Background Check Reports:** A copy of your BCI& FBI background checks is available until a licensure determination is made or up to one year if the application is still pending. Once a licensure determination is made or the background check(s) is one year old when part of a pending application, the documents and any electronic copies will be destroyed. Send an email or written request to the Board and a copy of the BCI & FBI background checks **OR** a certification of the results will be mailed to your home address.

**Ohio Bureau of Criminal Identification and Investigation** contact information: Call BCI&I if your criminal records checks have taken longer than 3 weeks to be received by the Board at 877-224- 0043 between the hours of 8 a.m. – 4:30 p.m., option 7 at the prompt.

**Assumption of Risk Waiver**

Notification of finding a site for practicum/internship/internship extension/field experience must be **s**ubmitted no later than **MARCH 1**for Summer semester, **MAY 1** for Fall semester and **DECEMBER 1** for Spring semester. This information must be submitted before these deadlines prior to each of these courses 418, 518, 591, 592, 596A, 596B, 596C, 596X, 598A, 598B. These deadlines are non-negotiable. Failure to submit this by the deadlines indicated above may result in a student being unable to enter the course.  IF YOUR SITE INFORMATION CHANGES, YOU MUST RESUBMIT THIS FORM.  A confirmation email of your submission will be sent to you.  Keep a copy of this email in your notebook.

Use the appropriate online form to submit this information.

[Clinical Mental Health Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/form/student-and-site-information-fo) (for CG 592, 596A, 596B, 596C, 596X students)

[School Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/form/internship-student-site-informat) (for CG 591, 598A, 598B students)

[Substance Use Disorders Certificate Program Field Experience Site Information Form](https://jcu.edu/form/substance-use-disorders-experien) (for CG 418, 518 students)

Along with the site information an **Assumption of Risk Waiver must be submitted.** It must be printed it out, completed with site and dates, signed and dated OR electronically completed with site and dates, electronic signature and date. It can be scanned or photographed and then must be uploaded.

The Assumption of Risk Waiver can be accessed at   
<https://jcu.edu/sites/default/files/2020-07/Assumption%20of%20Risk%2C%20Release%2C%20and%20Waiver%20of%20Liability%C2%A0.pdf>

Starting with the **Fall 2020** semester, counseling students are**required to sign** the *Assumption of Risk, Release, and Waiver of Liability for Student Practicum/Internship* **in order to participate in practicum/internship/internship extension/field experience**. At your placement sites, it’s important that you follow the health and safety guidelines, especially as they relate to COVID-19 preventative measures. You should also familiarize yourself with the [guidelines](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html) provided by the Center for Disease Control.  
  
If you do not feel safe at your site, then you may terminate your experience there. We will work with you to help you find a different site.  
  
If you are exposed to coronavirus or someone who has tested positive, then you should contact the [University Health Center](https://jcu.edu/student-life/health-wellness-and-safety/health-center-services) by phone or email to advise them of this. You should also report this to the appropriate site coordinator, Dr. Britton (Clinical Mental Health Counseling), Dr. Intagliata (School Counseling), or Dr. Moore (Substance Use Disorders Certificate), and you will be required to self-quarantine for 14 days and not come onto campus. If you are symptomatic, then you will need to self-isolate for a period of time identified by your healthcare provider, the board of health, and/or the University Health Center.

## Professional Counselor Trainee Initial Application

The following forms are copied directly from the Ohio CSWMFT Board website. These forms can be found as Active PDF files at [www.cswmft.ohio.gov](http://www.cswmft.ohio.gov)

Included in this section:

Counselor Trainee Instructions

A step by step guide to the application process.

As you fill out the Counselor Trainee Initial Application Form, the following items should be considered carefully:

Be sure to include the scope of practice, clearly stating that the approved site includes the diagnosis and treatment of mental and emotional disorders and conditions.

Be specific, including the phrase diagnosis and treatment of mental and emotional disorders and conditions. Be specific also regarding the inclusion of both group and individual counseling opportunities.

Dates of supervision should indicate one semester. Total hours of supervised experience should reflect 100 supervised hours for the practicum experience and 600 supervised hours for the internship experience. Students will be required to renew this agreement each semester.

**Note**

**You must extend your CT status when it expires. Note the expiration date. Complete a CT Extension form. Students are responsible for maintaining active CT status.**

### Counselor Trainee Instructions

1. [Yolanda.Berry@cswb.ohio.gov](mailto:Yolanda.Berry@cswb.ohio.gov%20%C2%A0) will be your contact person during the counselor trainee process. Contacting Yolanda to check for receipt or missing parts of your file can be counterproductive adding to her already busy schedule. The Board asks that you instead: carefully read and follow all instructions and keep copies of all faxed or mailed forms.
2. Allow at least two weeks for processing then contact Yolanda, if necessary. Yolanda’s other duties include but are not limited to ‘Supervision Designation’ for all licensees in Ohio. CT status can take up to 30 days.

**Please start early and follow all directions**.

1. Obtain **Proof of Enrollment** in a master's or doctoral-level practicum or internship showing the state and end dates of the academic term(s): You will upload proof of enrollment with your counselor trainee initial application.
2. . Begin at [http://cswmft.ohio.gov/Portals/0/Images/elic%20link%20sm.png](https://elicense.ohio.gov/OH_CommunitiesLogin)create your account and log in to apply for counselor trainee. During the application process upload your proof of enrollment.
3. Complete **Criminal Records Check**:  [(Watch the Video)](https://youtu.be/EwLqsbakXFI)
   1. For your initial CT Status you must complete both the BCI and FBI criminal records checks and have the results sent directly to the Board by BCI&I (Ohio Bureau of Criminal Identification and Investigation). By law, the Board cannot complete the processing of your application until it receives both the BCI and FBI background checks.
4. You must be supervised by a LPC-S (Licensed Professional Counselor- Supervisor) or LPCC-S (Licensed Professional Clinical Counselor-Supervisor)
5. A counselor trainee in their Practicum may be supervised by a LPC-S or LPCC-S**. A practicum consists of no less than 100 hours of which 40 hours** are direct service…with clients and or groups
6. A counselor trainee in their Internship must be supervised by a LPCC-S. **A supervised internship shall be no less than 600 hundred hours of which 240 hours** shall be in direct services, which include diagnosis and treatment of mental and emotional disorders and conditions under a LPCC-S.  Training supervision shall include an average of one hour of face-to face contact between the supervisor and supervises for every twenty-hours of work by the supervises.
7. **CT status:** You will receive an email from the Board regarding your status. To verify your CT statusfollow the steps below.  Your status may show up as pending, then active once your application is complete and the CT issued.
8. **To verify your CT status**click[**HERE**](http://cswmft.ohio.gov/Online-License-Verification)

**CT Renewal and Extension**

Go to [http://cswmft.ohio.gov/portals/0/Images/elic%20link%20sm.png](https://elicense.ohio.gov/OH_CommunitiesLogin)log into your account. Once you're on your license tile (the tile looks like a mini-certificate) from the **OPTIONS** dropdown menu select **RENEW**be prepared toupload **proof of enrollment (POE)**.

**Proof of enrollment must show:**

1. the name of your college
2. your name
3. the beginning and end dates of your next quarter or semester
4. class title (internship or practicum)

**\***Acceptable forms of POE include: class schedule or a letter from your registrar or department head.

## Clinical Mental Health Counseling Program Practicum/Internship Student and Site Information Form

Notification of finding a site must be **s**ubmitted by **MAY 1** for a practicum starting during Fall semester and no later than **DECEMBER 1** for a practicum starting during Spring semester. These deadlines are non-negotiable. Use the online [Clinical Mental Health Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/clinical-mental-health-counseling-program-practicum) to submit this information. A confirmation email of your submission will be sent to you. Keep a copy of this email in your notebook. Failure to submit this by the deadlines indicated above may result in a student being unable to enter the course. IF YOUR SITE INFORMATION CHANGES, YOU MUST RESUBMIT THIS FORM.

# **Appendix B: Forms to Complete During Practicum (CG 592)**



## MCMS Requirements for Practicum Students

John Carroll University

Clinical Mental Health Counseling Program

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The following are the minimum requirements to complete practicum and advance into internship A. During practicum, interns are required to receive training in the following areas.

**Weekly Supervision:**

Day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: Euclid Office

**Administrative:** (Complete between weeks 1-2)

|  |  |  |
| --- | --- | --- |
| **Date** | **Trainer** |  |
|  |  | Basic review of Flash |
|  |  | Telephone procedure |
|  |  | Scheduling client appointments and follow-up calls |
|  |  | Sign in process for clients |
|  |  | Basic understanding of audits |
|  |  | Filing procedure and client chart set up |
|  |  | Basic understanding of insurance process |
|  |  | Training on all office equipment |
|  |  | Review of initial paperwork |
|  |  | Instant drug screen (2x) |
|  |  |  |
|  |  | Send out drug screen (2x) |
|  |  |  |

**MCMS Requirements for Practicum Students**

John Carroll University

Clinical Mental Health Counseling Program

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**Case Management:** (Complete between weeks 3-6)

|  |  |  |
| --- | --- | --- |
| **Date** | **Trainer** |  |
|  |  | Basic understanding of case management duties |
|  |  | Benefit coordination |
|  |  | Attendance of (1) specialized court docket session |
|  |  | Home visit (includes residential visit or sober house) |
|  |  | Understanding of a case management plan |
|  |  | Team meetings (2x) |
|  |  |  |

**Documentation:** (Complete throughout practicum)

Sessions will be observed or co-facilitated to create mock (or real) documents for training. When a session is co-facilitated or student led the student is responsible for final documentation for file. Prior to filing, review and approval by preceptor or supervisor will occur.

|  |  |  |
| --- | --- | --- |
| **Date** | **Reviewer** |  |
|  |  | Mock or real treatment plan (2x) |
|  |  |  |
|  |  | Mock or real case management plan |
|  |  | Mock or real individual session note (2x) |
|  |  |  |
|  |  | Mock or real group note (2x) |
|  |  |  |
|  |  | Mock or real AOD or MH assessment |
|  |  | Mock or real updated assessment |
|  |  | Mock or real discharge |
|  |  | Release of information training |
|  |  | Productivity sheet training |

**MCMS Requirements for Practicum Students**

John Carroll University

Clinical Mental Health Counseling Program

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**Clinic:** (Complete within practicum semester)

|  |  |  |
| --- | --- | --- |
| **Date** | **Trainer** |  |
| 2 hours of clinic time to include: | | |
|  |  | Medication Assisted Treatment (MAT) appointment |
|  |  | Understanding of services provided and scheduling methods |
|  |  | Psychiatric Appointment Observation |

**Clinical and Educational Services:** (Complete throughout practicum)

All interns are required on-going group oberservation at minimum 1 day per week.

|  |  |  |
| --- | --- | --- |
| **Date** | **Trainer** |  |
|  |  | New client orientation (2x) (week1) |
|  |  |  |
|  |  | Conduct individual session (2x) |
|  |  |  |
|  |  | Co-facilitate group session (2x) |
|  |  |  |
|  |  | Treatment plan creation with client (2x) |
|  |  |  |
|  |  | AOD assessment (2x) |
|  |  |  |
|  |  | MH assessment |
|  |  | Updated assessment |
|  |  | Educational group observation (AM, DV or Parenting) |

**MCMS Requirements for Practicum Students**

John Carroll University

Clinical Mental Health Counseling Program

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**Mandatory Training attendance:** (Complete as offered)

|  |  |  |
| --- | --- | --- |
| **Date** | **Trainer** |  |
|  |  | EMR training |
|  |  | Basic assessment & ASAM training |
|  |  | Group basics training |
|  |  | Medicated assisted treatment training |
|  |  | Topic: |

## Policies and Procedures for Audio/Video Recording at MCMS

John Carroll University

Clinical Mental Health Counseling Program

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|  |  |
| --- | --- |
| **Moore Counseling Mediation Services, Inc.**  **SUBJECT: Audio/Video Recording** | **Effective: 6/18 Revised: 11/19** |

**POLICY**

As a training institute, MCMS clinicians and students are often asked or required to record their clinical sessions for assurance of quality care and professional growth/learning. The student or clinician who is conducting the session is responsible for the creation of the recording, the confidential handling of the recording (including adherence to the policy below) and the destroying of the recording. Below are the step by step procedures for all recordings that occur at MCMS.

**PROCEDURE**

Any request to record (audio or video) must follow the following steps:

1. Students/clinicians must speak with clinical supervisor & professor (when applicable) to receive aid in choosing an appropriate client to conduct the recording.
2. Once approved, students/clinicians must present the client with the MCMS video/audio consent form prior to recording. Students/clinicians will review and educate the client on the contents of the consent and honor the decision of the client to agree or deny recording. Client’s will be educated that there will be no gain or loss associated with their decision.
3. Should the client agree and sign the form, one copy will be placed in the file and one will be available for the client (if requested).
4. The recording will occur on the date and time determined on the consent, once completed it will be given to the professor or clinical supervisor for review.
5. The recording will be used for training and learning purposes only. No one else will have access to the recording.
6. Upon completion of review the recording will be deleted and no copies will remain available. The student or clinician is responsible to ensure the safety of the recording and the final deletion of the recording after supervision or class has occurred.

**Policies and Procedures for Audio/Video Recording at MCMS**

John Carroll University

Clinical Mental Health Counseling Program

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**Additional Requirements:**

1. No groups are to be recorded unless unique approval from supervisor and 100% client agreement/signing of form occurs.
2. Students/Clinicians should not record a first session with a new client.
3. Clients with paranoia, extreme trauma or severe anxiety should be thoroughly reviewed with supervisor and rarely chosen as a client to record due to the potential negative effects a recording device may have on these types of conditions.
4. Video recordings should only show the clinician, no clients should be visible on the screen, ensure the room is set up appropriately prior to beginning.
5. Take note if a client's behaviors appear to change with the presence of a recording device, if this is noted, end recording immediately and debrief the experience with client and supervisor. This will ensure best client care is the top priority.
6. Should a client initially agree and then change their mind during the session, immediately end the recording and debrief with client and supervisor.

## Practicum/Internship Bi-Weekly Log and Supervision Form

Note: students can use an online form that can be found at https://jcu.edu/media/8326

Name: Date:

Supervisor:

Non-Direct Service Hours

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity | Monday | | Tuesday | | Wednesday | | | Thursday | | Friday | | Saturday | | Sunday | |
| Clinical – Patients, Notes |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| Administrative |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| Education/In-Service |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 1. Supervision |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| TOTAL (Daily) |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |

Total Non-Direct Service Hours:

Total Supervision Hours (within non-direct hours):

Direct Service Hours

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | Sunday | |
| Individual |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Group |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Total Direct Service Hours:

Total Hours for Two Weeks:

Total Supervision Hours to date*:*

Total Non-Direct Hours to date *(ND):*

Total Direct Hours to date *(D):*

Total Internship Hours to Date *(ND + D)*:

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

NAME, Counselor Trainee SUPERVISOR

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

Date Date

## Client Consent Form

John Carroll University

Clinical Mental Health Counseling Program

Client's Name: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to counseling by a practicum/internship student from the Clinical Mental Health Counseling Program at John Carroll University. I understand that this counselor trainee has completed advanced course work in the field of counseling. The counselor trainee will be supervised by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a John Carroll University Practicum Supervisor or Site Supervisor. I further understand that counseling interviews may be audio or video taped for purposes of supervision. Recorded information is used only for training, with all tapes erased at the completion of your involvement in counseling. Information gathered in the counseling interview is strictly *confidential* and *privileged* in accordance with the American Counseling Association Code of Ethics and Standards of Practice and The State Ohio Counselor, Social Worker, and Marriage and Family Therapist Board licensure law. Exceptions to this confidentiality occur when there is suspected child abuse or an indication of imminent danger to oneself or others.

If for any reason questions arise regarding the counseling arrangement or if you are dissatisfied for any reason, you have every right to meet with the counselor trainee and/or the supervisor named above.

I have read the above and understand the nature of the supervisory procedures. Any related questions have been answered to my satisfaction.

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

Signature of Client Date

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

Signature of Counselor Trainee Date

## Parental Consent Form

John Carroll University

Clinical Mental Health Counseling Program

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that a practicum/internship student from the Clinical Mental Health Counseling Program at John Carroll University may counsel my child. I understand that this counselor trainee has completed advanced course work in the field of counseling. The counselor trainee will be supervised by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a John Carroll University Practicum Supervisor or Site Supervisor. I further understand that counseling interviews may be audio or video taped for purposes of supervision. Recorded information is used only for training, with all tapes erased at the completion of your child's involvement in counseling. Information gathered in the counseling interview is strictly *confidential* and *privileged* in accordance with the American Counseling Association Code of Ethics and Standards of Practice and The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board licensure law. Exceptions to this confidentiality occur when there is suspected child abuse or an indication of imminent danger to oneself or others.

If for any reason questions arise regarding the counseling arrangement or if you are dissatisfied for any reason, you have every right to meet with the counselor trainee and/or the supervisor named above.

I have read the above and understand the nature of the supervisory procedures. Any related questions have been answered to my satisfaction.

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

Signature of Parent/Guardian Date

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

Signature of Counselor Trainee Date

## Session Review Form

John Carroll University

Clinical Mental Health Counseling Program

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Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Session # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions**: This page should be filled out by the student's supervisor. Please rate the student on the below criteria regarding the student's use of clinical skills when working with a specified case.

**Please rate each of the following categories**: E 3 M 2 D 1

Exceeds Meets Does not meet

Expectations Expectations Expectations

**Motivational Interviewing Techniques**

Open Ended Questions E3 M2 D1

Affirmations E3 M2 D1

Reflections E3 M2 D1

Summarizations E3 M2 D1

**Basic Clinical Skills**

Warmth, respect, positive regard, genuineness E3 M2 D1

Attending skills utilized E3 M2 D1

Connecting, linking E3 M2 D1

Use of evidenced based interventions E3 M2 D1

Refrains from lecturing and advice giving E3 M2 D1

Empathy E3 M2 D1

Silence used effectively E3 M2 D1

**Use of self**

Congruent body language E3 M2 D1

(eye contact, posture, etc.)

Congruent voice, tone, and pace E3 M2 D1

Professional demeanor and presentation E3 M2 D1

**Planning & Structure of Session**

Evidence of planning for the session E3 M2 D1

Opening of the session well implemented E3 M2 D1

Treatment goals clear E3 M2 D1

Closing was on time and well implemented E3 M2 D1

**Multicultural Competency**

Open to gaining cultural knowledge E3 M2 D1

Respectful of client's personal values & beliefs E3 M2 D1

Total Points \_\_\_\_\_\_/60

**Session Review Form**

John Carroll University

Clinical Mental Health Counseling Program

PAGE 2 OF 2

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Session # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions**: The top portion of this page should be filled out by the student prior to meeting with the supervisor.

Strengths \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Areas for Improvement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Theoretical orientation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. How did you apply this theoretical orientation to this case \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Feedback requested from Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Instructions**: The bottom portion of this form should be filled out by the supervisor during the supervision meeting with the student. The last question should be answered by the supervisor and the student.

Strengths \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Areas for Improvement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Supervisor and Supervisee's Plan of Action \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Supervisor's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 

## Goals for Practicum/Internship

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Progress of last semester’s goals (if applicable) and feedback from supervisors

List one knowledge goal using the SMART format.

Steps and timeline to achieve the goal, what will you do and when?

How will you know when your goal is met?

List one skill goal using the SMART Format

Steps and timeline to achieve the goal, what will you do and when?

How will you know when your goal is met?

**SMART goals**  Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S = Specific Site Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

M = Measurable University Supervisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A = Achievable Instructor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

R = Realistic

T= Time Frame

## Rubric for Goals for Semester

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course and Semester\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **GOALS & STANDARDS** | **EXCEEDS EXPECTATIONS** | **MEETS EXPECTATIONS** | **DOES NOT MEET EXPECTATIONS** |
| 3 | 2 | 1 |
| Evaluation of student’s counseling performance throughout the clinical experience  CACREP III F5, G6) | Establishes clear goals using SMART format and provides explicit details of a clearly achievable plan for accomplishing those goals based on extensive reflection and informed by multiple feedback sources. | Establishes achievable goals and articulates a plan for accomplishing those goals based on one feedback source. | Fails to adequately articulate goals or plans for achieving them. |

Total points \_\_\_\_\_\_\_

## Case Report and Treatment Plan Outline

This case report is intended to be a summary of everything you know about the client so far. Integrate the information given to you from the initial assessment with additional information from your counseling sessions. Case reports must be typed and professionally written. Do NOT include any identifiable case information. Make copies for your classmates and shred all when completed.

Client (use initials or fake name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Counselor Trainee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Sessions \_\_\_\_\_\_\_\_

1. Brief Demographic Description of Client

Include age, ethnicity, gender, occupation, marital/family status & living situation.

1. Presenting Problem and referral source
2. Assessment of client, including Mental Status Exam, behavioral observations, environmental assessment, and results of appropriate test data
3. History

* Presenting Problem History

Include estimated date of onset and concurrent events; intensity, frequency, and Changes.

* Family History

Past and present - include description of relationships with family members, client’s living arrangements, parents’ occupations. Include statements affirming/denying family alcoholism, substance abuse, physical or sexual abuse: explain.

* Social Relationship History

Past and present - include statement affirming/denying any unwanted sexual experience, physical abuse, trouble with police: explain.

* Academic/Work History

Past and present

* Medical History

Past and present - include statements affirming/denying any medical conditions, hospitalizations, prescription medicines, problems with eating and/or weight control, problems with substance abuse.

* Counseling History

Briefly describe dates of services: self-help groups & what the client found helpful.

* Client’s strengths and support system

1. Diversity, Spirituality and Culture. What diversity issues should be considered in evaluation and treatment planning when working with this client? How are you adapting your understanding of the presenting problem and your work with this client based on diversity issues?
2. Clinical Interpretation or Hypothesis/ theoretical conceptualization. Based on the assessment of the presenting problem, background information and your theoretical approach, provide your view of the problem in theoretical terms and link to the presenting problem. Describe patterns leading to the summary of the presenting problem and provide possible causes.
3. Diagnosis – List the DSM V diagnosis. Include both the name of the diagnosis and the code number. Make sure to use any appropriate specifiers.
4. Treatment goals/plan. Short and long term Goals, Objectives stated in terms of expected and ideal levels of outcome. How will the client change for the better? How will you measure outcomes? It is important that your treatment goals/objectives are clear and measurable (e.g. client will increase positive self-talk from a 4 to a 6 on a 10 point scale by 3/3/16)
5. Literature Search: What does the literature have to say about evidenced-based treatment of the presenting problem(s)? Provide references to articles/research that helped guide your treatment and discuss how you integrated literature into your treatment.
6. Interventions. What strategies/interventions/techniques have you implemented or plan to implement with this client and rationale? Are they evidenced-based for the client’s presenting problem? How are they tied to the treatment plan?
7. Ethical & Legal issues. Which of the ethical principles and legal considerations of counselors are relevant or could be relevant to this case?
8. Technology. Use of technology in evaluation, treatment, or service delivery.
9. Personal reaction/reflection. What feelings/thoughts do you have about this case. What issues were triggered or could be triggered for you? Reflect on your counseling experience, the emerging challenges and the successes.
10. Feedback. What concerns do you have about this case? What kind of help/feedback would you like from the group?

## Case Report Rubric for CG592

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course and Semester\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Score** | **GOAL & STANDARDS** | **EXCEEDS EXPECTATIONS (for practicum level)**  90 – 100%/ 9 – 10 pts | **MEETS EXPECTATIONS (for practicum level)**  80 – 89%/ 8 – 8.9 pts | **DOES NOT MEET EXPECTATIONS (for practicum level)**  79% or lower/ 0–7.9 pts |
|  | Reflective Thinking and Legal/ethical issues    CACREP II G5d  CMHC A2, B1, C1 | Demonstrates exceptional insight and thoughtful description of the early counseling experience, the emerging ethical/legal challenges and the successes. | Provides description of the early counseling experience, the ethical/legal challenges and successes. | Minimal description of the early counseling experience, ethical/legal challenges and successes. |
|  | Integration of Counseling Theory into Case Conceptualization  CACREP II G5d, CMHC C7 | Discusses two or more related theoretical constructs exceptionally well and makes strong links made to presenting problem. | Discusses at least one theoretical construct and makes some link to presenting problem. | Link to theory incomplete or vague with little or no supporting details for link to presenting problem. |
|  | Diagnosis/Assessment of Presenting Problem  CMHC L1,2  CMHCD1, G2, K2,3, | Detailed description of consistencies of patterns leading to a summary of the problem; describes possible causes. Accurate diagnosis based on evidence. | Describes patterns leading to the summary of the problem and describes possible causes. Adequate diagnoses based on some evidence. | Does not identify patterns leading to the problem; does not describe possible causes, inaccurate diagnosis based on minimal evidence. |
|  | Literature Integration and Synthesis  CMHC J1 | Include data from two or more relevant and recent sources and demonstrates how the literature guided the counseling process. | Included data from 1 or more relevant sources and some evidence of integration of the literature in guiding the counseling process. | No evidence of literature search. |
|  | Treatment Goals/Plan  CMHC D7 | Short and long-term goals clearly tied to presenting problem and evidence-based treatment. | Short- and long-term goals somewhat tied to presenting problem and evidence-based treatment. | Treatment goals are vague with no connection to presenting problem and evidence-based treatment. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Openness to Diversity Issues and Ability to Work with Diverse Populations  CACREP II G2d, G5d,  CMHC D2,4,5 E1,3, F3, H1 | Strong evidence of openness, understanding, and ability to work with diverse populations. | Some evidence of openness and/or understanding and ability to work with diverse populations. | Limited evidence of openness, understanding and ability to work with diverse populations. |
|  | Interventions  CACREP II G5d, CMHC H1  CMHC D8, G2 | Detailed summary of strategies and techniques implemented or intention to implement; interventions are evidenced based and tied to treatment plan | Some discussion of strategies and techniques implemented or plan for implementation and tied to treatment plan. | No discussion of interventions or plan for interventions. |
|  | Writing Skills  CMHC D7 | Paper is prepared in proper APA format, nearly error-free (spelling and grammar), well written and concise. Professional language is used throughout. | Paper mostly follows proper APA format with minimal errors, writing is average. | Paper does not follow APA format, includes many errors, and is poorly written. |
|  | Case presentation  CACREP III F5 | Very well presented, exceptionally clear and concise. Very well prepared, led a very good discussion and open to feedback | Well presented, clear and concise. Well prepared, led a good discussion and open to feedback | Not well presented, unclear, unprepared. Little class discussion and not open to feedback. |
|  | Progress in Development towards becoming a competent counselor  CACREP III F5 | Superior development towards becoming a competent for what would be expected for beginning level (practicum) counselor | Demonstrates adequate development toward becoming a competent counselor for what would be expected for beginning level (practicum) counselor | Demonstrates substandard development toward becoming a competent counselor at the practicum level and there is need for remediation |

Total Points\_\_\_\_\_\_\_\_\_\_\_ of 100

## Practicum Grading Checklist

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CG 592 Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester\_\_\_\_\_\_\_\_\_\_

**Points**

All below are required, but not graded, but must be adequately completed to get a CR grade. Students need permission for instructor to adjust requirement.

\_\_\_ Notebook/portfolio up to date

\_\_\_ Practice Videotape

\_\_\_ Site visit

\_\_\_ Log and Practicum Completion form meets criteria 1 (Failure to have total 100 hours, 40 direct results in not passing the course) Logs should be signed by supervisor or signed electronically

\_\_\_ Professional Performance Fitness Evaluation

\_\_\_ a. your self-assessment

\_\_\_ b. JCU supervisor

\_\_\_ c. Instructor

\_\_\_ Your evaluation of your JCU Supervisor

\_\_\_ Self-efficacy scale

\_\_\_ Assessment of clinical experience

\_\_\_ Five session reviews completed

\_\_\_ CCS-R completed (minimum total 80)

\_\_\_ Evaluation of experience paper

**Graded Assignments**

Personal Analysis Logs and chap. Reviews 300 points 20% of grade % received \_\_\_

6 total required (see rubric) each for 50 points each

­­ (5 points decreased for each day PAL is turned in or late. After one week, assignment not accepted and student gets 0 points)

Professional Goals (see rubric) 100 points 10% of grade % received \_\_\_\_

1 = does not meet expectation

2 = meets expectations

3 = exceeds expectations

Case Presentation (see rubric) \_\_\_\_/100 40% of grade % received \_\_

If students have to reschedule a case presentation and don’t have an excused absence, then 20 points will be deducted. If they don’t do it all, they cannot pass the course.

Attendance and Participation-8 classes

\_\_\_/100 10% of grade % received \_\_\_

* 1. 0=no participation
  2. 1-20=minimal participation
  3. 21 -40=some participation
  4. 41- =much meaningful participation
  5. 5= Significant meaningful participation

Transcription assignment 20% of grade % received\_\_\_\_

\_\_ / 50 points (see rubric)

\_\_\_\_ total percentage received

\_\_\_\_ Grade

**Grading Scale**

Students must receive a grade of “C” or better in order to pass the class. Students cannot choose to NOT do an assignment. A passing grade is recorded as CR. If students get a D or F they will not pass the course. There is no C- passing grade. A concern conference will be called for students not passing the course

Grading scale

A    93 --100%

A-   90 – 92.99%

B+ 87 –89.99%

B     83 – 86.99%

B-    80 – 82.99%

C+   77 – 79.99%

C     70 – 76.99%

D    60 – 69.99%

F      0 – 59.99%

## TRANSCRIPTION OF SESSION ASSIGNMENT

**Overview**

* The goal for this assignment is to allow to you critically evaluate and reflect on your interactions with your clients/students.
* Pick one of your sessions (preferably individual but can be a group session) and write up a transcription following the session regarding what was said
  + You are not expected to remember everything verbatim, but please include anything specific that you do remember about what you or your client/student said
  + It is best to do this immediately after the session while the information and interaction is still fresh in your mind
* This session does not have to be one of the sessions you have reviewed by your supervisor for the purpose of filling out a Session Review Form

**Be Sure to Cover**

* Transcription
  + This is the content part of the assignment
  + What was the issue(s) being discussed in the session?
  + What was said by you and client/student?
  + Include as many specific words and phrases that you remember
* After transcription
  + Mood/Feelings of your client/student and how that may have changed throughout the session  
    ▪Also include how you felt during the session (e.g., calm, nervous, etc.)
  + Looking back on the transcription, what are 2-3 times when you feel like you asked the right question, delivered the right prompt, used silence appropriately, responded well to a client/student disclosure or statement, etc.
  + What are 2-3 times when you wish you would have said something different, asked another question, explored another area, gone further into one area, etc.

**Rubric for Assessment**

Transcription Assignment - \_\_\_% of final grade   
One (1) at XX points

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Exceeds Expectations 90-100%** | **Meets Expectations  80-89%** | **Does Not Meet Expectations  70-79% or lower** |
| **Content of session**  **(10 points)** | Assignment included a thorough description of what was covered during the session, including the issue(s) discussed and what was said by writer and client/student. Writer included a number of specific words and/or phrases used by them or client/student | Assignment included a general description of the issue covered and what was said by writer and client/student. Writer included 1-2 specific words/phrases used by them or client/student | Assignment included a basic description of the issue and what was said, with little details provided. Writer did not include any specific words/phrases used by them or client/student |
| **Evaluation of client/studen t mood and feelings**  **(10 points)** | Writer included a description of the mood and/or feelings of the client/student and how that may have changed throughout the session. Writer also discussed their own mood and/or feelings during course of the session | Writer included a description of the mood and/or feelings of client/student at one point of the session but not regarding any changes throughout session. Writer also included information about their own mood and/or feelings at one point in the session | Writer did not discuss mood and/or feelings of client/student or themselves, or did so but did not provide any specific description (e.g., student/client felt bad) |
| **Positive takeaways**  **(10 points)** | 2-3 instances were identified regarding times when writer felt they asked the right question, delivered the right prompt, used silence appropriately, responded well to a client/student disclosure or statement, etc. | One (1) instance was identified regarding times when writer felt they asked the right question, delivered the right prompt, used silence appropriately, responded well to a client/student disclosure or statement, etc. | Zero instances were identified regarding times when writer felt they asked the right question, delivered the right prompt, used silence appropriately, responded well to a client/student disclosure or statement, etc. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Room for improvement**  **(10 points)** | 2-3 instances were identified regarding times when writer wished they would have said something different, asked another question, explored another area, gone further into one area, etc. | One (1) instance was identified regarding times when writer wished they would have said something different, asked another question, explored another area, gone further into one area, etc. | Zero instances were identified regarding times when writer wished they would have said something different, asked another question, explored another area, gone further into one area, etc. |
| **Correct grammar and spelling**  **(10 points)** | Consistently correct grammar, spelling, and mechanics displayed throughout paper | Minor grammatical, mechanical, and/or spelling error throughout paper | Frequent grammatical, mechanical, and/or spelling error throughout paper |

Total: \_\_\_\_\_ / 50

## Electronic Notebook Outline

In an electronic format (e.g. google drive) include the following documents:

1. Practicum/Internship initial-ongoing paperwork

* Application/Developmental Statement
* Training Agreement
* JCU Practicum/Internship Field Agreement
* Evidence of current CT Status
* Evidence of current malpractice insurance (1,000,000/3,000,000)

1. Current resume
2. Goal sheets for Practicum/Internship
3. Log sheets and completion forms
4. Case Presentations and rubrics
5. Session Reviews (individual and group)
6. Self-assessments (evaluation of experience papers from each semester), self-efficacy data and professional development plan (internship B only)
7. Evaluation of JCU doctoral supervisor (practicum only)
8. Advocacy and Professional activity summaries (internship only)
9. Formal Evaluations, midterm evaluations and grading checklists (make copies of evaluation instruments to turn into instructor, assessment of practicum/ internship experience)
10. Program evaluations (self and site supervisor – internship B only)
11. Completed CCS-R forms for each semester

## Counselor Self-Efficacy Scale

This is **emailed to the student electronically to complete** and a summary report of responses is emailed to the student within two weeks. *The survey is shown below for illustrative purposes only*.

General Instructions: The following questionnaire consists of three parts. Each part asks to rate your beliefs about your ability to perform various counselor behaviors and to deal with particular issues in counseling. Please provide your honest, candid responses that reflect your beliefs about your current capabilities, rather than how you would like to be seen or how you might look in the future. There are no right or wrong answers to the following questions.

Name:

Email Address:

Semester:

Course: Instructor:

Part I: Please indicate how confident you are in your ability to use each of the following helping skills effectively, over the next week, in counseling most clients. When completing these items, please use the 0-9 rating scale, with 0 being equal to no confidence and 9 being equal to complete confidence.

How confident are you that you could use these general skills effectively with most clients over the next week?

|  |  |
| --- | --- |
| Attending (orient yourself physically toward the client) |  |
| Listening (capture and understand the messages that clients communicate) |  |
| Restatements (repeat or rephrase what the client has said, in a way that is succinct, concrete, and clear) |  |
| Open Questions (ask questions that help clients to clarify or explore their thoughts or feelings) |  |
| Reflection of Feelings (repeat or rephrase the client's statements with an emphasis on his or her feelings) |  |
| Self-Disclosure for Exploration (reveal personal information about your history, credentials, or feelings) |  |
| Intentional Silence (use of silence to allow clients to get in touch with their thoughts or feelings) |  |
| Challenges (point out discrepancies, contradictions, defenses, or irrational beliefs of which the client is unaware or that he or she is unwilling or unable to change) |  |
| Interpretations (make statements that go beyond what the client has overtly stated and that give the client a new way of seeing his or her behavior, thoughts, or feelings) |  |
| Self-Disclosure for Insight (disclose past experiences in which you gained some personal insight) |  |
| Immediacy (disclose immediate feelings you have about the client, the therapeutic relationship, or yourself in relation to the client) |  |
| Information-Giving (teach or provide the client with data, opinions, facts, resources, or answers to questions) |  |
| Direct Guidance (give the client suggestions, directives, or advice that imply actions for the client to take) |  |
| Role-Play and Behavior Rehearsal (assist the client to role-play or rehearse behaviors in-session) |  |
| Homework (develop and prescribe therapeutic assignments for clients to try out between sessions). |  |

How confident are you that you could do these specific tasks effectively with most clients over the next week?

|  |  |
| --- | --- |
| Keep sessions "on track" and focused. |  |
| Respond with the best helping skill, depending on what your client needs at a given moment. |  |
| Help your client to explore his or her thoughts, feelings, and actions. |  |
| Help your client to talk about his or her concerns at a "deep" level. |  |
| Know what to do or say next after your client talks. |  |
| Help your client set realistic counseling goals. |  |
| Help your client to understand his or her thoughts, feelings, and actions. |  |
| Build a clear conceptualization of your client and his or her counseling issues. |  |
| Remain aware of your intentions (i.e., the purposes of your interventions) during sessions. |  |
| Help your client to decide what actions to take regarding his or her problems. |  |

How confident are you that you could work effectively over the next week with a client who...

|  |  |
| --- | --- |
| Is clinically depressed. |  |
| Has been sexually abused. |  |
| Is suicidal. |  |
| Has experienced a recent traumatic life event (i.e., physical or psychological injury or abuse). |  |
| Is extremely anxious. |  |
| Shows signs of severely disturbed thinking. |  |
| You find sexually attractive. |  |
| Is dealing with issues that you personally find difficult to handle. |  |
| Has core values or beliefs that conflict with your own (i.e., regarding religion or gender roles). |  |
| Differs from you in a major way or ways (i.e., race or ethnicity). |  |
| Is not "psychologically-minded" or introspective. |  |
| Is sexually attracted to you. |  |
| You have negative reactions toward (i.e., boredom or annoyance). |  |
| Is at an impasse in therapy. |  |
| Wants more from you than you are willing to give (i.e., in terms of frequency of contacts or problem-solving prescriptions). |  |
| Demonstrates manipulative behaviors in-session. |  |

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course and Semester\_\_\_\_\_\_\_\_\_\_\_\_

## RUBRIC FOR EVALUATION OF EXPERIENCE PAPER

|  |  |  |  |
| --- | --- | --- | --- |
| **GOALS & STANDARDS** | **EXCEEDS EXPECTATIONS** | **MEETS EXPECTATIONS** | **DOES NOT MEET EXPECTATIONS** |
| 3 | 2 | 1 |
| Self reflection and self care  CACREP II G1d, CMHC D9) | The student provides an insightful, balanced, and comprehensive articulation of individual strengths and challenges. Specific and meaningful examples tied to professional literature and coursework are shared. The student’s evaluation reflects a deep and clear understanding of the impact of personal development and growth on becoming a counselor. | The student provides an articulation of individual strengths and challenges. Examples are provided and are tied to the professional literature or course work. The student’s evaluation reflects some understanding of the relationship of the impact of personal development and growth on becoming a counselor. | The student fails to mention strengths and challenges. The student fails to articulate the relationship of personal development and growth on becoming a counselor. |

Total points \_\_\_\_\_\_\_

## Personal Analysis Log (PAL)

**Overview**

* The goal of this log is for you to reflect on your experience at your site, in the classroom, and in JCU supervision. The prompts below are meant to guide your thinking about what kind of reflection would be useful.
* Logs should be two to three double-spaced pages long.
* Using sub-headings to indicate when you are changing topics is always a good idea.
* Proofread what you have written.

**Prompts**

* Provide an overview of your experience since your last (PAL). What successes did you experience? What struggles did you encounter? Are there any areas you have identified where you feel you lack knowledge or skills?
* Describe one piece of formative feedback you received. How did you initially react to the feedback? After further consideration, what action(s) will you take in response to the feedback?
* Establish a clear short-term goal for yourself. Indicate why you selected this as a goal. In the next PAL you will comment on your success in meeting this goal.
* Reflect and respond to the chapter reading assignment

### PAL Rubric for Assessment

PAL--20% of final grade

6 at 50 points each

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Exceeds Expectations**  **90-100%** | **Meets Expectations**  **80-89%** | **Does Not Meet Expectations**  **70-79%-or lower** |
| **Reflection on Experience and reaction to chapter readings**  **(10 pts.)** | Deep and thoughtful reflection on experience which demonstrates professional growth occurring as a result of the reflection. Appropriate reflection on chapter readinngs | Thoughtful reflection on experience. Reflection of chapter readings | Superficial narration of experience and no reflection of chapter readings.. |
| **Focus on Feedback and Direct Instruction**  **(10 pts.)** | Demonstrates application of feedback and direct instruction to clinical work. | Connects feedback and direct instruction to clinical work. | Does not integrate feedback and direct instruction into clinical work. |
| **Goal Setting**  **(10 pts.)** | Establishes a short-term goal which is connected to feedback and self-analysis. Attempts to meet goal. As appropriate, reflects on the attempt to meet the goal. | Establishes a short-term goal. Attempts to meet goal. As appropriate, reflects on the attempt to meet the goal. | Does not logically establish a goal and/or does not reflect on the goal setting process and goal achievement. |
| **Overall assessment and evaluation of growth as a counselor trainee**  **(10 pts)** | Has a clear and thoughtful view of progress towards counselor development; integration with goals for the semester and a sense of what growth is still needed and a plan to develop that. Discusses areas of vulnerability and struggle | Has a vague understanding of progress towards counselor development and what growth is still needed. Demonstrates some vulnerability and awareness of struggle. | Does not seem to understand the process of counselor development and of demonstrating vulnerability or disclosing vulnerability |
| **Correct grammar and spelling. Adherence to assignment guidelines.**  **(10 pts.)** | Consistently correct grammar, spelling and mechanics. Follows guidelines for assignment. | Minor grammatical and mechanical errors or spelling errors. Follows guidelines for assignment. | Grammatical, mechanical and/or spelling errors. Does not follow guidelines for page limit. |

Total: /50

**John Carroll University**

**Clinical Mental Health Counseling**

## Record of Supervision

Counselor Trainee’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practicum Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JCU Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester and year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time of session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials of Clients discussed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Rating sessions completed\_\_\_\_\_

Clinical issues Discussed

Administrative issues Discussed

Progress in Professional Development and Goals

Supervisor’s comments

Counselor Trainee’s Comments

Counselor Trainee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Appendix C: Forms to Complete by the End of Practicum (CG 592)**



## Practicum Completion Form

John Carroll University

Clinical Mental Health Counseling Program

The following signatures verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has satisfactorily fulfilled

(Name of Student Intern) the expectations of the practicum experience and met all requirements of the Clinical Mental Health Counseling Master’s degree practicum.

Site name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total # of Direct Contact Hours: \_\_\_\_\_\_\_\_\_\_\_

Total # of Non-Direct Hours: \_\_\_\_\_\_\_\_\_\_\_

Total # of Hours Completed:

Student

Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Printed Signed Date

Internship

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Printed Signed Date

Site/Clinical

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

Printed Signed Date

## Professional Performance Fitness Evaluation

John Carroll University Counseling Program

**Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluation completed by: (check and write name)**

**\_\_Self-Assessment**

**\_\_JCU Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**N- No opportunity to observe**

1. **Does not meet criteria for program level**
2. **Meets criteria only minimally or inconsistently for program level**
3. **Meets criteria consistently at this program level**

**Therapeutic Skills and Abilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. The student demonstrates the ability to establish a therapeutic relationship. | N | 1 | 2 | 3 |
| 1. The student demonstrates therapeutic communication skills including |  |  |  |  |
| 1. Creating appropriate structure: (setting and maintaining the boundaries of the therapeutic relationship throughout the work (i.e. setting parameters for meeting time and place, maintaining time limits, etc.) | N | 1 | 2 | 3 |
| 1. Understanding content: (understanding the primary elements of the client’s story.) | N | 1 | 2 | 3 |
| 1. Understanding context: (understanding the uniqueness of the story elements and their underlying meaning.) | N | 1 | 2 | 3 |
| 1. Responding to feelings: (identifying client affect and addressing those feelings in a therapeutic manner.) | N | 1 | 2 | 3 |
| 1. Congruence-genuineness: (demonstrating external behavior consistent with internal affect.) | N | 1 | 2 | 3 |
| 1. Establishing and communicating empathy: (taking the perspective of the client without over-identification with client’s experience.) | N | 1 | 2 | 3 |
| 1. Non-verbal communication: (demonstrating effective use of head, eye, hands, feet, posture, voice, attire, etc.) | N | 1 | 2 | 3 |
| 1. Immediacy: (staying in the here and now) | N | 1 | 2 | 3 |
| 1. Timing: (responding at the optimal moment) | N | 1 | 2 | 3 |
| 1. Intentionally: (responding with a clear understanding of one’s own therapeutic intention.) | N | 1 | 2 | 3 |
| 1. Self-disclosure: (skillful and carefully considered for a specific purpose.) | N | 1 | 2 | 3 |
| 1. The student demonstrates awareness of power differences in the therapeutic relationship and manages these differences therapeutically. | N | 1 | 2 | 3 |
| 1. The student collaborates with the client to establish clear therapeutic goals. | N | 1 | 2 | 3 |
| 1. The student facilitates movement toward the client goals. | N | 1 | 2 | 3 |
| 1. The student demonstrates adequate knowledge of a wide variety of theoretical bases. | N | 1 | 2 | 3 |
| 1. The student demonstrates the capacity to match appropriate interventions to the presenting clinical profile in a theoretically consistent manner. | N | 1 | 2 | 3 |
| 1. The student creates a safe clinical environment. | N | 1 | 2 | 3 |
| 1. The student demonstrates willingness and ability to articulate analysis and resolution of ethical dilemmas. | N | 1 | 2 | 3 |

**Professional Responsibility**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. The student conducts self in an ethical manner to promote confidence in the counseling profession and agency. | N | 1 | 2 | 3 |
| 1. The student relates to professors, colleagues, supervisors and others in a manner consistent with stated agency standards. | N | 1 | 2 | 3 |
| 1. The student demonstrates application of legal requirements relevant to counseling training practice and agency. | N | 1 | 2 | 3 |

**Competence**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. The student recognizes the boundaries of their particular competencies and the limitations of their expertise. | N | 1 | 2 | 3 |
| 1. The student demonstrates knowledge and respect for agency policies and procedures. | N | 1 | 2 | 3 |
| 1. The student seeks appropriate supervision when providing services outside of competency. | N | 1 | 2 | 3 |

**Maturity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. The student demonstrates appropriate self-control (such as anger control, impulse control) in interpersonal relationship with supervisors, colleagues and clients. | N | 1 | 2 | 3 |
| 1. The student is honest, fair, and respectful of others. | N | 1 | 2 | 3 |
| 1. The student is aware of their own belief systems, values, needs, and limitations and the effect of these on their work. | N | 1 | 2 | 3 |
| 1. The student demonstrates ability to receive, integrate and utilize feedback from colleagues and supervisors. | N | 1 | 2 | 3 |
| 1. The student exhibits appropriate levels of self-assurance, confidence, and trust in own ability. | N | 1 | 2 | 3 |
| 1. The student follows professionally recognized problem solving process, seeking to informally solve problems first with the individual(s) with whom the problem exists. | N | 1 | 2 | 3 |

**Integrity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. The student refrains from making statements that are false, misleading or deceptive. | N | 1 | 2 | 3 |
| 1. The student avoids improper and potentially harmful dual relationships. | N | 1 | 2 | 3 |
| 1. The student respects the rights of individual to privacy, confidentiality, and choices regarding self-determination and autonomy. | N | 1 | 2 | 3 |

**Cultural Competence**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. The student respects the fundamental rights, dignity and worth of all people. | N | 1 | 2 | 3 |
| 1. The student respects cultural, individual, and role differences, including those due to age, sex, race, ethnicity, national origin, religion, sexual orientation, gender identity, ability, language, and socioeconomic status. | N | 1 | 2 | 3 |
| 1. The student understands personal cultural lens and potential biases. | N | 1 | 2 | 3 |
| 1. The student has or seeks out knowledge of cultural groups. | N | 1 | 2 | 3 |
| 1. The student demonstrates culturally competent therapeutic skills and case conceptualizations. | N | 1 | 2 | 3 |

**Comments/Suggestions:**

## Practicum Supervisor Evaluation – Supervisor with John Carroll University, NOT Site Supervisor (Might be same as instructor)

John Carroll University Counseling Program

**Practicum Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practicum JCU Supervisor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practicum/Internship Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year\_\_\_\_\_\_\_\_\_\_\_\_\_**

The following is a list of objectives for practicum students to utilize in an evaluation of both their John Carroll University Practicum Supervisor and the supervision experience itself. For each item, please circle an appropriate number from the following scale to assess how well your supervisor met each objective.

Complete the rating form as follows (circle appropriate responses for each item):

5 --- Indicates complete satisfaction or an extremely positive response with the item.

Where behavior is referred to, the behavior was always present when appropriate.

4 --- Moderate satisfaction: Desired behavior or condition was frequently present.

3 --- Somewhat satisfied: Desired behavior or condition was sometimes absent.

2 --- Somewhat dissatisfied: Desired behavior or condition was often absent.

1 --- Extremely dissatisfied: Desired behavior or condition was seldom present.

X --- It is not possible to assess this item.

1. Supervisor helps me feel at ease with the supervision process. 5 4 3 2 1 X

2. Supervisor makes supervision a constructive learning process. 5 4 3 2 1 X

3. Supervisor provides specific help regarding areas that need work. 5 4 3 2 1 X

4. Supervisor addresses issues relevant to my current concerns as a 5 4 3 2 1 X counselor trainee.

5. Supervisor helps me focus on how my counseling behavior influences 5 4 3 2 1 X

the client.

6. Supervisor structures the supervision process appropriately. 5 4 3 2 1 X

7. Supervisor adequately emphasizes the development of my strengths and 5 4 3 2 1 X

capabilities.

8. Supervisor allows me to brainstorm solutions, responses, and techniques 5 4 3 2 1 X

that will be potentially helpful in future counseling situations.

9. Supervisor allows me to become actively involved in the supervision 5 4 3 2 1 X

process.

10. Supervisor makes me feel accepted and respected as a person. 5 4 3 2 1 X

11. Supervisor conveys competence through supervisory style. 5 4 3 2 1 X

12. Supervisor is helpful regarding case notes and report writing. 5 4 3 2 1 X

13. Supervisor helps me to utilize tests constructively and appropriately 5 4 3 2 1 X

in the counseling situation.

14. Supervisor appropriately addresses interpersonal dynamics between 5 4 3 2 1 X

supervisor and practicum student.

15. Supervisor can appropriately accept feedback. 5 4 3 2 1 X

16. Supervisor allows me to express opinions, ask questions, and voice 5 4 3 2 1 X

concerns about my progress.

17. Supervisor prepares me adequately for my next counseling session. 5 4 3 2 1 X

18. Supervisor helps me clarify my counseling objectives. 5 4 3 2 1 X

19. Supervisor provides me with opportunities to adequately discuss the 5 4 3 2 1 X major difficulties that I have faced with clients.

20. Supervisor encourages me to conceptualize in new ways, regarding my 5 4 3 2 1 X clients.

21. Supervisor challenges me to accurately perceive the thoughts, feelings, 5 4 3 2 1 X

and goals that my client and I experience during the counseling session.

22. Supervisor is flexible enough for me to be spontaneous and creative. 5 4 3 2 1 X

23. Supervisor provides suggestions for developing my counseling skills. 5 4 3 2 1 X

24. Supervisor encourages me to utilize new and different techniques when 5 4 3 2 1 X

appropriate.

1. Supervisor helps me to define and achieve specific, concrete goals for 5 4 3 2 1 X

myself during the practicum experience.

26. Supervisor provides useful feedback. 5 4 3 2 1 X

27. Supervisor helps me organize relevant case data for planning goals and 5 4 3 2 1 X strategies with my clients.

28. Supervisor helps me develop increased skill in critiquing and gaining 5 4 3 2 1 X

Insight from my tapes of counseling sessions.

29. Supervisor allows and encourages me to evaluate myself. 5 4 3 2 1 X

30. Supervisor explains criteria for evaluation clearly and in behavioral 5 4 3 2 1 X

terms.

31. Supervisor applies criteria fairly in evaluating my counseling 5 4 3 2 1 X

performance.

32. Supervisor demonstrates cultural competency when working 5 4 3 2 1 X

with myself and other professionals/students.

33. Supervisor demonstrates willingness to discuss cultural dynamics 5 4 3 2 1 X

in clinical assessment, case conceptualization, and treatment.

Additional Comments:

\*Form adapted from original evaluation developed by J. Bernard, 1981

## Practicum/Internship Formal Evaluation by Instructor

John Carroll University

Clinical Mental Health Counseling Program

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Course name/semester/year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Site of placement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths of student

Areas needing attention

Assessment of Notebook

Contribution to Class

Suggestions/Recommendations

Student’s comments

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

Student Instructor Date

## Counseling Practicum/Internship Assessment of the Clinical/School Experience

John Carroll University Counseling Program

PAGE 1 OF 2

Student Name:­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of On-Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Number of Hours:\_\_\_\_\_\_\_\_\_\_\_\_

Agency/School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Semester/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This evaluation is for the purpose of providing feedback to the University regarding student perceptions of the practicum/internship experience. This instrument is designed as a guide to facilitate the sharing of the most significant perceptions and impressions that occur throughout the practicum/internship experience. As a student counselor and a beginning professional, you are urged to complete this instrument completely and honestly. You should already have begun this kind of critical sharing with your site/clinical supervisor, others in the Agency, and your faculty Internship Instructor. Your responses can aid your own professional development, and your assessment will significantly help the University be even more responsive to student needs. **This information will not be viewed by site employees.**

1. Complete the rating form as follows (circle appropriate responses for each item):

5 --- Indicates complete satisfaction or an extremely positive response with the item.

Where behavior is referred to, the behavior was always present when appropriate.

4 --- Moderate satisfaction: Desired behavior or condition was frequently present.

3 --- Somewhat satisfied: Desired behavior or condition was sometimes absent.

2 --- Somewhat dissatisfied: Desired behavior or condition was often absent.

1 --- Extremely dissatisfied: Desired behavior or condition was seldom present.

X --- It is not possible to assess this item.

2. Provide comments regarding those items for which you have a special concern.

**I. The Internship Process**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Was there sufficient information about the practicum/internship prior to actually starting the experience? | 5 | 4 | 3 | 2 | 1 | X |
| 2 | Did you feel the kind of setting provided was appropriate to your needs and interests? | 5 | 4 | 3 | 2 | 1 | X |
| 3 | Was orientation at the agency/school sufficient when the experience began? | 5 | 4 | 3 | 2 | 1 | X |
| 4 | Overall, did the instructor meet responsibilities for your practicum/internship experience? | 5 | 4 | 3 | 2 | 1 | X |
| 5 | During the experience, did you feel that you were treated as an individual with respect for your own special circumstances? | 5 | 4 | 3 | 2 | 1 | X |
| 6 | Was the agency/school adequately prepared for your arrival? | 5 | 4 | 3 | 2 | 1 | X |

**II. The Agency/School Setting**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Was the interaction with other counselors and related disciplines sufficient? | 5 | 4 | 3 | 2 | 1 | X |
| 2 | Did the agency/school provide you with adequate working conditions? | 5 | 4 | 3 | 2 | 1 | X |
| 3 | Overall, did you feel the agency attached sufficient importance to your experience? | 5 | 4 | 3 | 2 | 1 | X |

**Counseling Practicum/Internship Assessment of the Clinical/School Experience**

John Carroll University Counseling Program

PAGE 2 OF 2

**III. Professional Development**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Did the experience acquaint you with the operation of a community service agency/school? | 5 | 4 | 3 | 2 | 1 | X |
| 2 | Did the experience improve your capacity to work with people in a helping relationship? | 5 | 4 | 3 | 2 | 1 | X |
| 3 | Did the placement acquaint you with resources available in the community? | 5 | 4 | 3 | 2 | 1 | X |
| 4 | Did the experience significantly increase your knowledge of specific problems in the community, e.g., poverty, mental illness, aging, alcoholism and other addictions, and so on? | 5 | 4 | 3 | 2 | 1 | X |
| 5 | Rate your general level of satisfaction with the amount and kind of activities you were assigned. | 5 | 4 | 3 | 2 | 1 | X |
| 6 | Was there a sufficient diversity of learning activities? | 5 | 4 | 3 | 2 | 1 | X |
| 7 | Were there opportunities to be part of the “larger agency/school” such as by attending staff meetings, in-service training, and so on? | 5 | 4 | 3 | 2 | 1 | X |
| 8 | Did this agency/school experience help you understand and use professional record keeping procedures? | 5 | 4 | 3 | 2 | 1 | X |

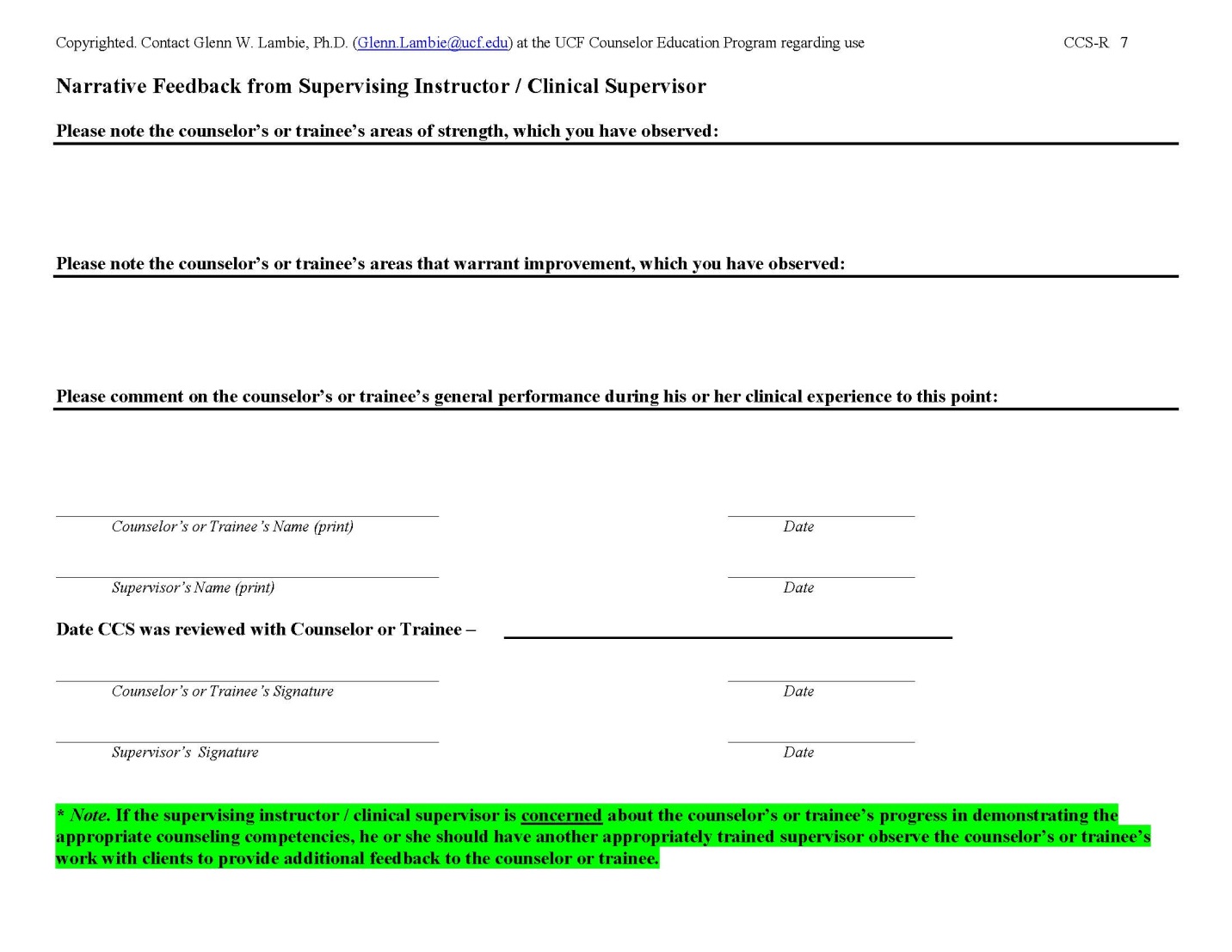
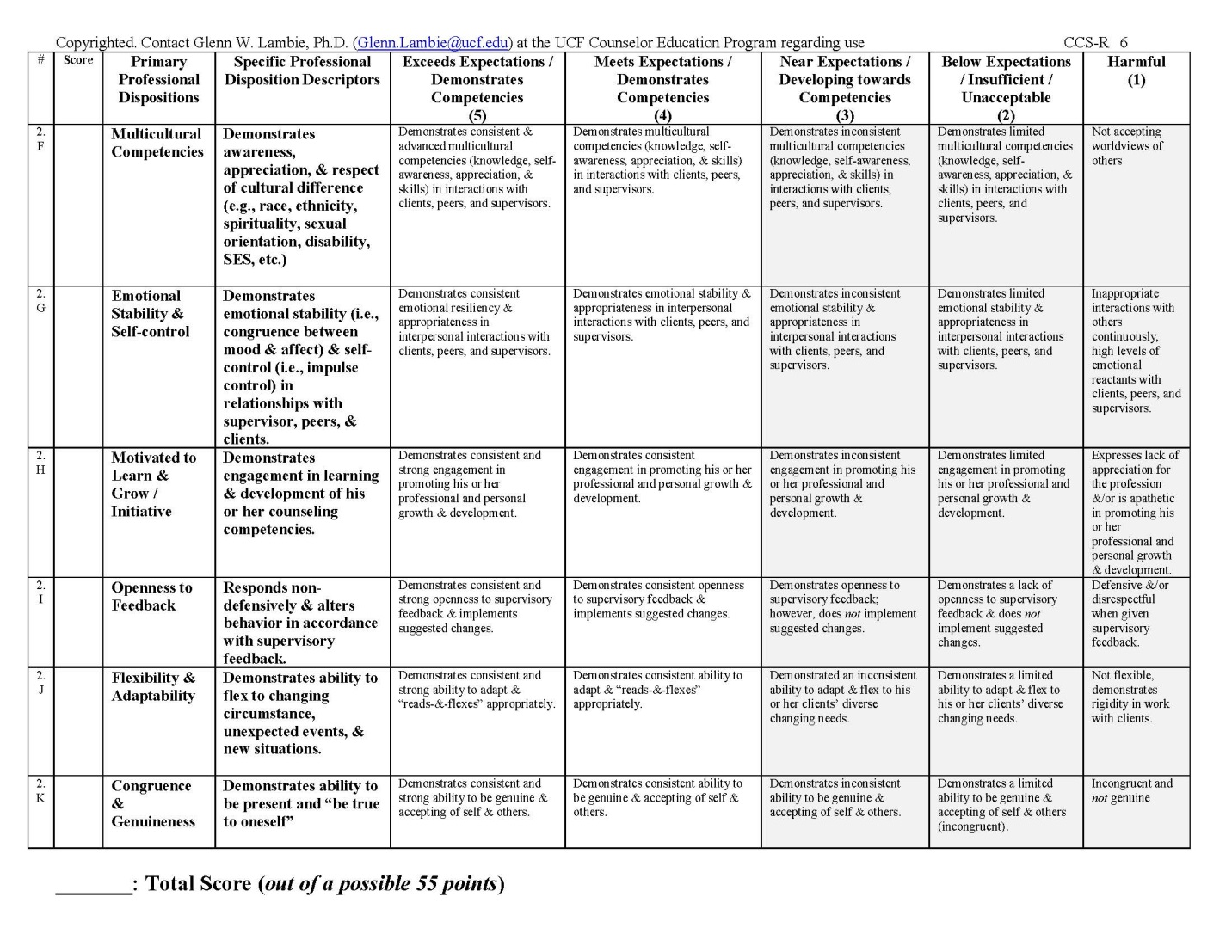
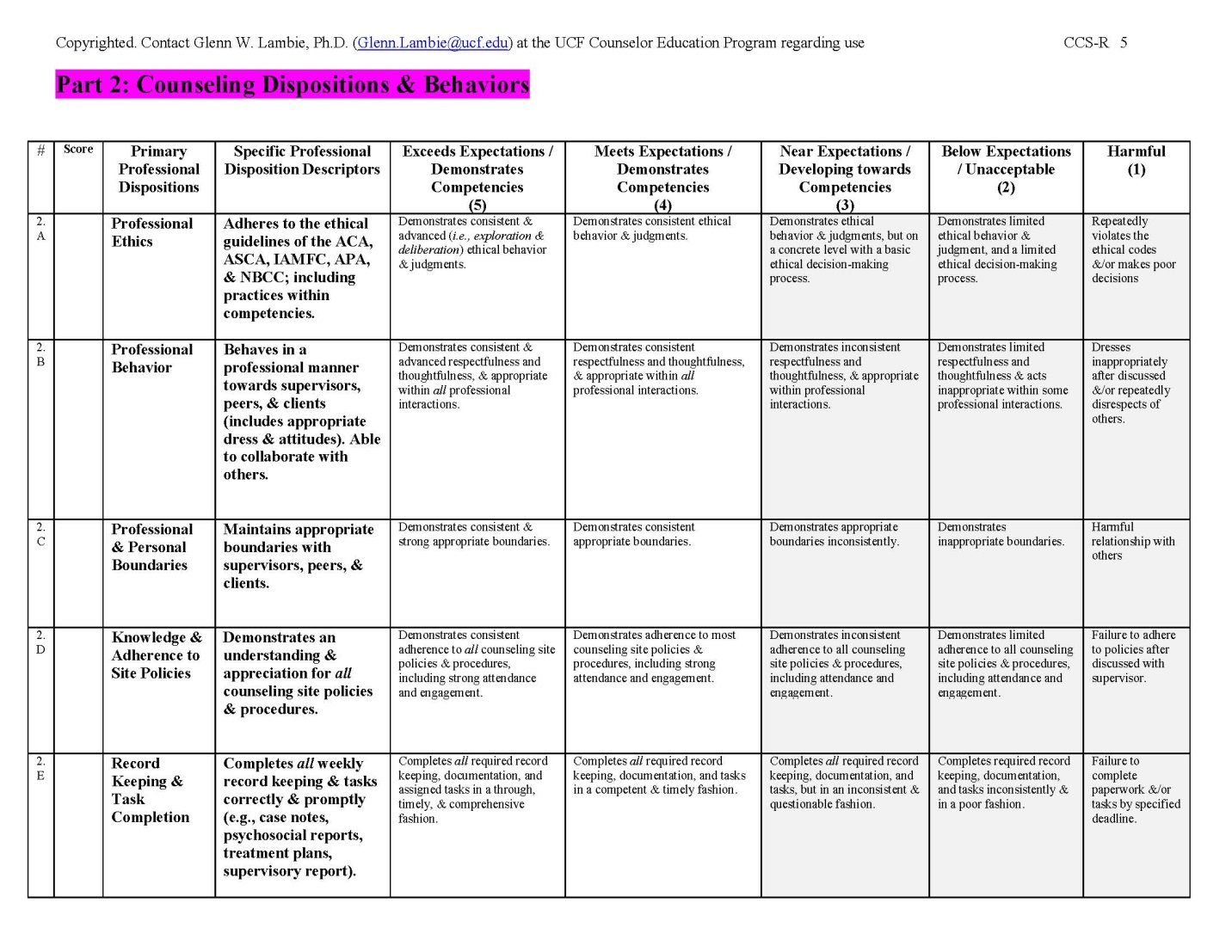
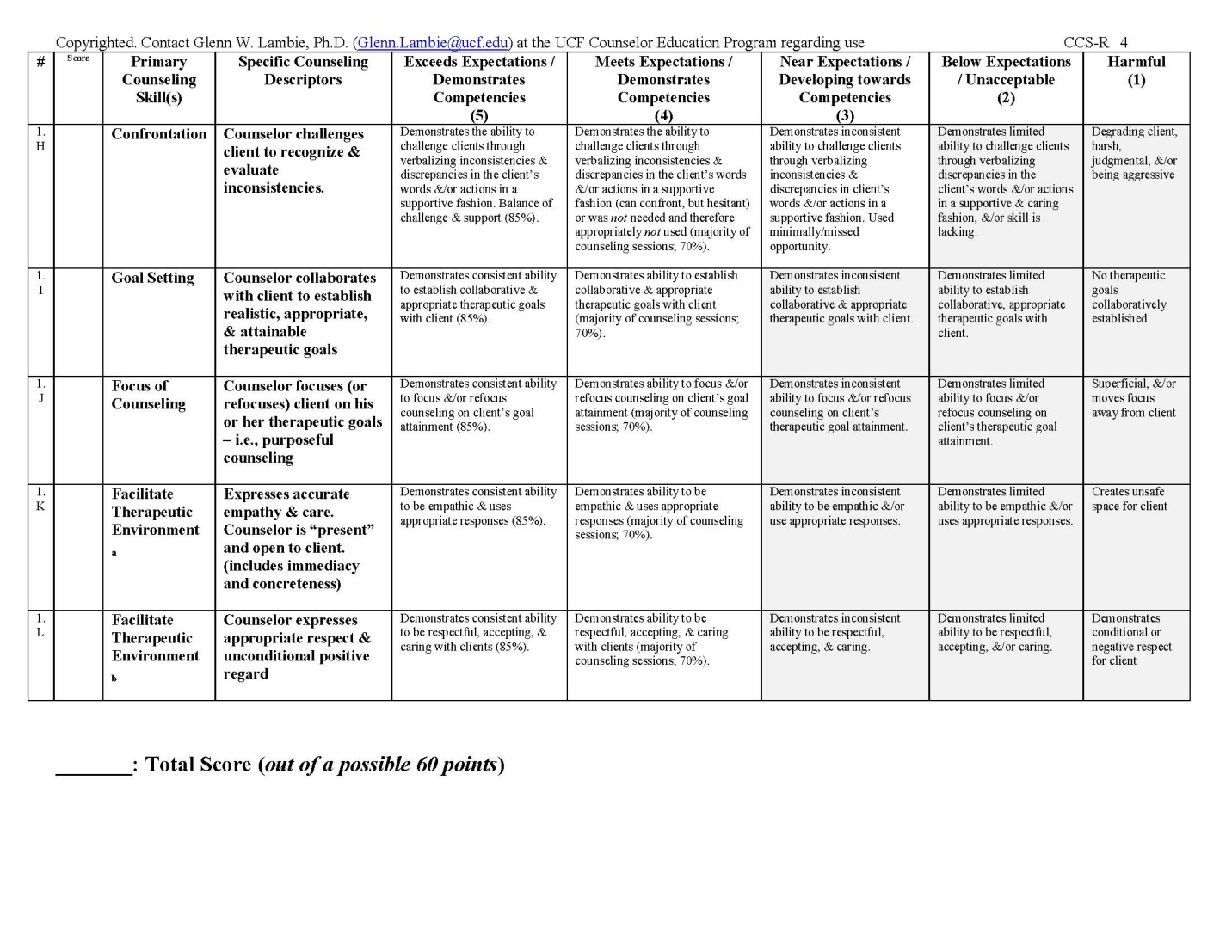
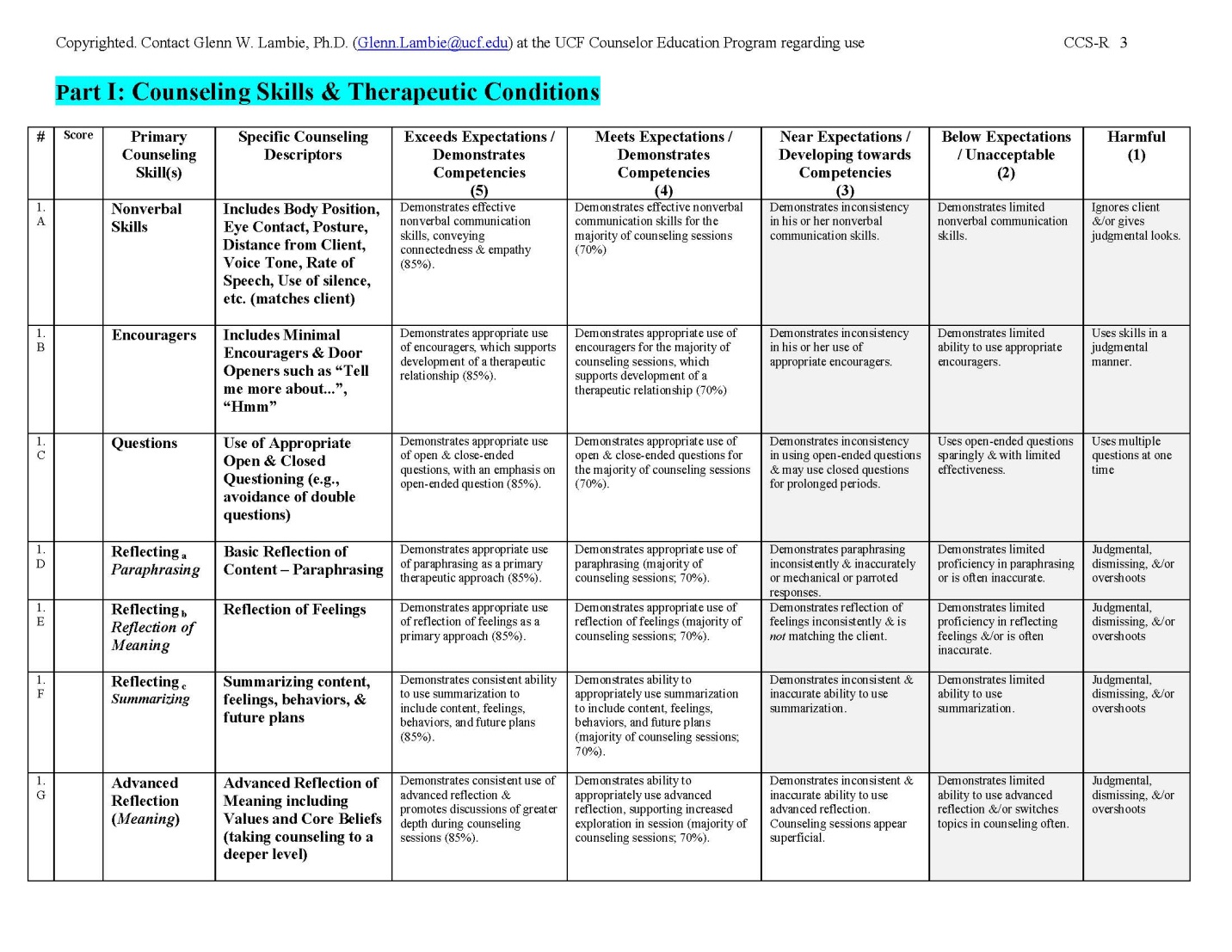
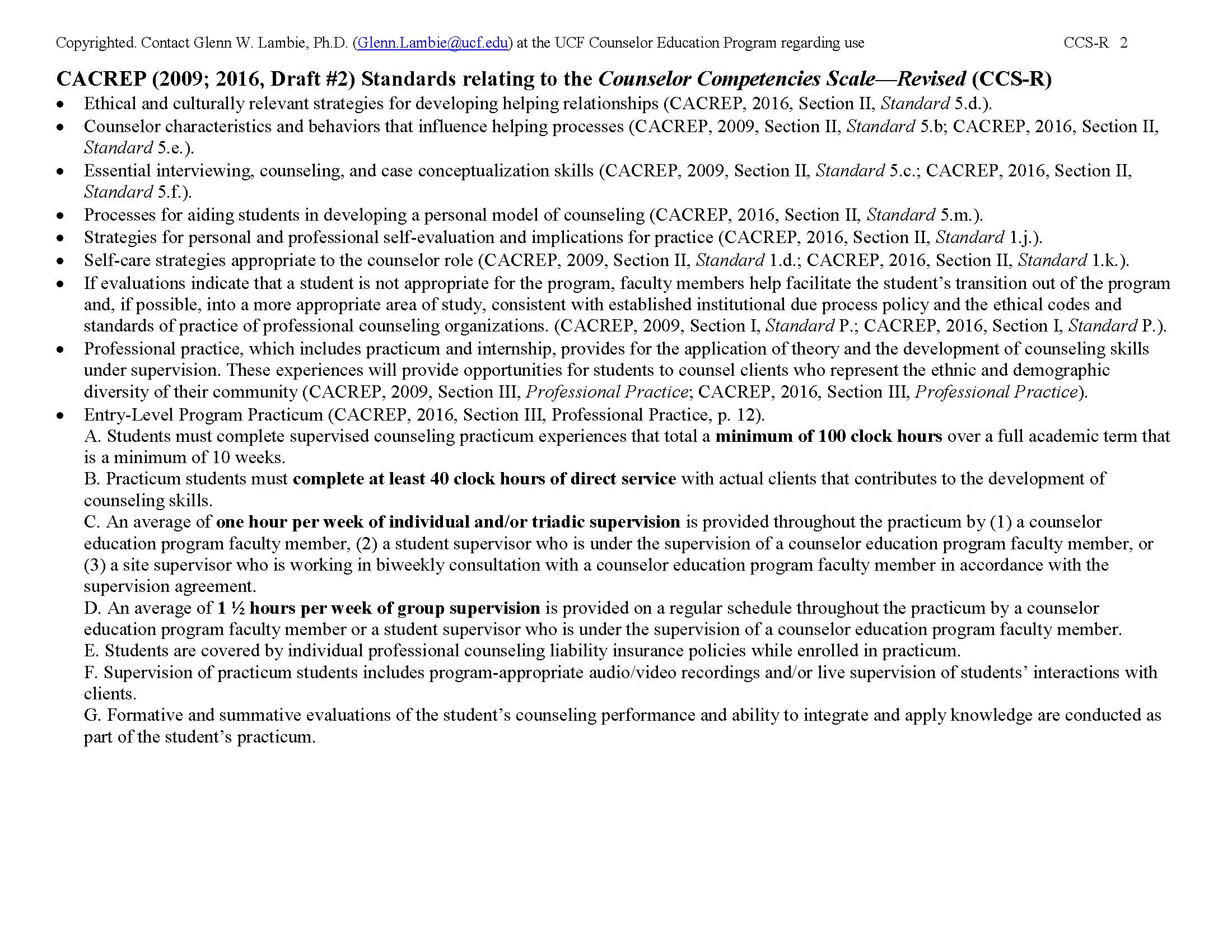
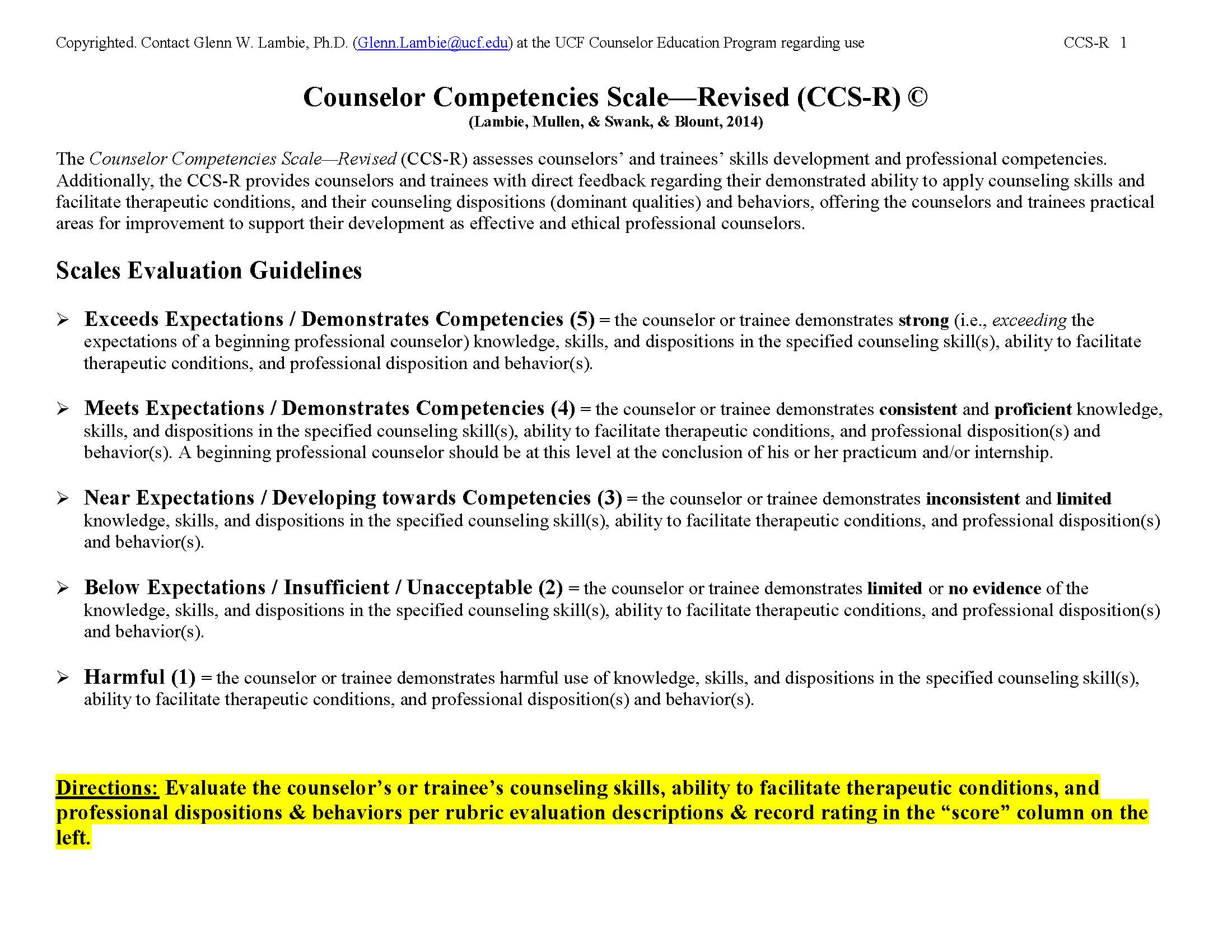
**IV. Direct Supervision by Onsite Supervisor**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Did your supervisor stimulate professional counselor identity? | 5 | 4 | 3 | 2 | 1 | X |
| 2 | Did your supervisor help you feel accepted and respected as a person? | 5 | 4 | 3 | 2 | 1 | X |
| 3 | Did your supervisor help in demonstrating professional relationships with staff members at the site? | 5 | 4 | 3 | 2 | 1 | X |
| 4 | Did your supervisor meet with you for supervision at established times and for the agreed upon time? | 5 | 4 | 3 | 2 | 1 | X |
| 5 | Did your supervisor assist in conceptualizing your clients? | 5 | 4 | 3 | 2 | 1 | X |
| 6 | Did your supervisor help clarify objectives for your counseling sessions? | 5 | 4 | 3 | 2 | 1 | X |
| 7 | Did your supervisor help organize relevant case data in planning procedures for working with your clients? | 5 | 4 | 3 | 2 | 1 | X |
| 8 | Did your supervisor guide you in generating your own solutions to problems faced with clients? | 5 | 4 | 3 | 2 | 1 | X |
| 9 | Did your supervisor provide you with useful feedback regarding your counseling skills? | 5 | 4 | 3 | 2 | 1 | X |
| 10 | Did your supervisor help you focus on how your personal style influenced clients? | 5 | 4 | 3 | 2 | 1 | X |
| 11 | Did your supervisor adequately reinforce the development of your strengths and capabilities? | 5 | 4 | 3 | 2 | 1 | X |
| 12 | Did your supervisor help you use appraisal instruments constructively in counseling? | 5 | 4 | 3 | 2 | 1 | X |
| 13 | Was your supervisor helpful in critiquing your report writing? | 5 | 4 | 3 | 2 | 1 | X |
| 14 | Did your supervisor allow and encourage you to evaluate your work with clients? | 5 | 4 | 3 | 2 | 1 | X |
| 15 | Did your supervisor demonstrate cultural competency when working with you and other professionals/students? | 5 | 4 | 3 | 2 | 1 | X |
| 16 | Did your supervisor demonstrate willingness to discuss cultural dynamics in clinical assessment, case conceptualization, and treatment? | 5 | 4 | 3 | 2 | 1 | X |
| 17 | Would you recommend this site to other students? | 5 | 4 | 3 | 2 | 1 | X |
| 18 | Would you recommend this supervisor to other students? | 5 | 4 | 3 | 2 | 1 | X |

Would like to meet in person with the practicum/internship coordinator to discuss experience? Yes\_\_\_\_ No \_\_\_\_

## Counselor Competencies Scale – Revised (CCS-R)

The Counselor Competencies Scale (CCS-R) will be emailed to your licensed site representative to complete online and a summary report of your responses will be emailed to you at the end of the semester. Keep a copy in your notebook. *The survey is shown below for illustrative purposes only*.



# **Appendix D: Forms to Complete Before Internship A & B (CG 596A&B)**



## Counselor Trainee Extension Form

Go to [http://cswmft.ohio.gov/portals/0/Images/elic%20link%20sm.png](https://elicense.ohio.gov/OH_CommunitiesLogin)log into your account. Once you're on your license tile (the tile looks like a mini-certifcate) from the **OPTIONS** dropdown menu select **RENEW**be prepared toupload **proof of enrollment (POE)**.

**Proof of enrollment must show:**

* the name of your college
* your name
* the beginning and end dates of your next quarter or semester
* class title (internship or practicum)

**\***Acceptable forms of POE include: class schedule or a letter from your registrar or department head.

**Assumption of Risk Waiver**

Notification of finding a site for practicum/internship/internship extension/field experience must be **s**ubmitted no later than **MARCH 1**for Summer semester, **MAY 1** for Fall semester and **DECEMBER 1** for Spring semester. This information must be submitted before these deadlines prior to each of these courses 418, 518, 591, 592, 596A, 596B, 596C, 596X, 598A, 598B. These deadlines are non-negotiable. Failure to submit this by the deadlines indicated above may result in a student being unable to enter the course.  IF YOUR SITE INFORMATION CHANGES, YOU MUST RESUBMIT THIS FORM.  A confirmation email of your submission will be sent to you.  Keep a copy of this email in your notebook.

Use the appropriate online form to submit this information.

[Clinical Mental Health Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/form/student-and-site-information-fo) (for CG 592, 596A, 596B, 596C, 596X students)

[School Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/form/internship-student-site-informat) (for CG 591, 598A, 598B students)

[Substance Use Disorders Certificate Program Field Experience Site Information Form](https://jcu.edu/form/substance-use-disorders-experien) (for CG 418, 518 students)

Along with the site information an **Assumption of Risk Waiver must be submitted.** It must be printed it out, completed with site and dates, signed and dated OR electronically completed with site and dates, electronic signature and date. It can be scanned or photographed and then must be uploaded.

The Assumption of Risk Waiver can be accessed at   
<https://jcu.edu/sites/default/files/2020-07/Assumption%20of%20Risk%2C%20Release%2C%20and%20Waiver%20of%20Liability%C2%A0.pdf>

Starting with the **Fall 2020** semester, counseling students are**required to sign** the *Assumption of Risk, Release, and Waiver of Liability for Student Practicum/Internship* **in order to participate in practicum/internship/internship extension/field experience**. At your placement sites, it’s important that you follow the health and safety guidelines, especially as they relate to COVID-19 preventative measures. You should also familiarize yourself with the [guidelines](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html) provided by the Center for Disease Control.  
  
If you do not feel safe at your site, then you may terminate your experience there. We will work with you to help you find a different site.  
  
If you are exposed to coronavirus or someone who has tested positive, then you should contact the [University Health Center](https://jcu.edu/student-life/health-wellness-and-safety/health-center-services) by phone or email to advise them of this. You should also report this to the appropriate site coordinator, Dr. Britton (Clinical Mental Health Counseling), Dr. Intagliata (School Counseling), or Dr. Moore (Substance Use Disorders Certificate), and you will be required to self-quarantine for 14 days and not come onto campus. If you are symptomatic, then you will need to self-isolate for a period of time identified by your healthcare provider, the board of health, and/or the University Health Center.

Clinical Mental Health Counseling Program Practicum/Internship Student and Site Information Form

Notification of finding a site must be **s**ubmitted by **MAY 1** for an internship starting during Fall semester, no later than **DECEMBER 1** for an internship starting during Spring semester, and no later than **APRIL 1** for an internship starting during Summer semester. These deadlines are non-negotiable. Use the online [Clinical Mental Health Counseling Program Practicum/Internship Student and Site Information Form](https://jcu.edu/clinical-mental-health-counseling-program-practicum) to submit this information. A confirmation email of your submission will be sent to you. Keep a copy of this email in your notebook. Failure to submit this by the deadlines indicated above may result in a student being unable to enter the course.

**Even if you are staying at the same practicum/internship site you still need to submit this form.**

IF YOUR SITE INFORMATION CHANGES, YOU MUST RESUBMIT THIS FORM along with liability waiver.

# **Appendix E: Forms to Complete During Internship A & B (CG 596A&B)**



## Practicum/Internship Bi-Weekly Log and Supervision Form

Name: Date:

Supervisor:

Non-Direct Service Hours

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity | Monday | | Tuesday | | Wednesday | | | Thursday | | Friday | | Saturday | | Sunday | |
| Clinical – Patients, Notes |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| Administrative |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| Education/In-Service |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 1. Supervision |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| TOTAL (Daily) |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |

Total Non-Direct Service Hours:

Total Supervision Hours (within non-direct hours):

Direct Service Hours

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | Sunday | |
| Individual |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Group |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Total Direct Service Hours:

Total Hours for Two Weeks:

Total Supervision Hours to date*:*

Total Non-Direct Hours to date *(ND):*

Total Direct Hours to date *(D):*

Total Internship Hours to Date *(ND + D)*:

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

NAME, Counselor Trainee SUPERVISOR

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

Date Date

## Portfolio Outline

On goggle drive associated with your JCU account, you should store the following documents:

1. Practicum/Internship initial-ongoing paperwork

* Application/Developmental Statement
* Training Agreement
* JCU Practicum/Internship Field Agreement
* Evidence of current CT Status
* Evidence of current malpractice insurance (1,000,000/3,000,000)

1. Current resume
2. Goal sheets for Practicum/Internship
3. Log sheets and completion forms
4. Case Presentations and rubrics
5. Session Reviews (individual and group)
6. Self-assessments (evaluation of experience papers from each semester), self-efficacy data and professional development plan (internship B only)
7. Evaluation of JCU doctoral supervisor (practicum only)
8. Advocacy and Professional activity summaries (internship only)
9. Formal Evaluations, midterm evaluations and grading checklists (make copies of evaluation instruments to turn into instructor
10. Program evaluations (self and site supervisor – internship B only)
11. Completed CCS-R forms for each semester

## Client Consent Form

John Carroll University

Clinical Mental Health Counseling Program

Client's Name: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to counseling by a practicum/internship student from the Clinical Mental Health Counseling Program at John Carroll University. I understand that this counselor trainee has completed advanced course work in the field of counseling. The counselor trainee will be supervised by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a John Carroll University Practicum Supervisor or Site Supervisor. I further understand that counseling interviews may be audio or video taped for purposes of supervision. Recorded information is used only for training, with all tapes erased at the completion of your involvement in counseling. Information gathered in the counseling interview is strictly *confidential* and *privileged* in accordance with the American Counseling Association Code of Ethics and Standards of Practice and The State Ohio Counselor, Social Worker, and Marriage and Family Therapist Board licensure law. Exceptions to this confidentiality occur when there is suspected child abuse or an indication of imminent danger to oneself or others.

If for any reason questions arise regarding the counseling arrangement or if you are dissatisfied for any reason, you have every right to meet with the counselor trainee and/or the supervisor named above.

I have read the above and understand the nature of the supervisory procedures. Any related questions have been answered to my satisfaction.

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

Signature of Client Date

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

Signature of Counselor Trainee Date

## Parental Consent Form

John Carroll University

Clinical Mental Health Counseling Program

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that a practicum/internship student from the Clinical Mental Health Counseling Program at John Carroll University may counsel my child. I understand that this counselor trainee has completed advanced course work in the field of counseling. The counselor trainee will be supervised by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a John Carroll University Practicum Supervisor or Site Supervisor. I further understand that counseling interviews may be audio or video taped for purposes of supervision. Recorded information is used only for training, with all tapes erased at the completion of your child's involvement in counseling. Information gathered in the counseling interview is strictly *confidential* and *privileged* in accordance with the American Counseling Association Code of Ethics and Standards of Practice and The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board licensure law. Exceptions to this confidentiality occur when there is suspected child abuse or an indication of imminent danger to oneself or others.

If for any reason questions arise regarding the counseling arrangement or if you are dissatisfied for any reason, you have every right to meet with the counselor trainee and/or the supervisor named above.

I have read the above and understand the nature of the supervisory procedures. Any related questions have been answered to my satisfaction.

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

Signature of Parent/Guardian Date

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

Signature of Counselor Trainee Date

## Goals for Practicum/Internship

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Progress of last semester’s goals (if applicable) and feedback from supervisors

List one knowledge goal using the SMART format.

Steps and timeline to achieve the goal, what will you do and when?

How will you know when your goal is met?

List one skill goal using the SMART Format

Steps and timeline to achieve the goal, what will you do and when?

How will you know when your goal is met?

**SMART goals**  Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S = Specific Site Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

M = Measurable University Supervisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A = Achievable Instructor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

R = Realistic

T= Time Frame

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course and Semester\_\_\_\_\_\_\_\_\_\_\_\_

## RUBRIC FOR GOALS FOR SEMESTER

|  |  |  |  |
| --- | --- | --- | --- |
| **GOALS & STANDARDS** | **EXCEEDS EXPECTATIONS**  **(for practicum level)** | **MEETS EXPECTATIONS**  **(for practicum level)** | **DOES NOT MEET EXPECTATIONS**  **(for practicum level)** |
| 90-100%/ 90-100 pts | 80-89% / 80 – 89 pts | 79% or lower/ 0 – 79 pts |
| Evaluation of student’s counseling performance throughout the clinical experience  CACREP III F5, G6) | Establishes clear goals using SMART format and provides explicit details of a clearly achievable plan for accomplishing those goals based on extensive reflection and informed by multiple feedback sources. | Establishes achievable goals and articulates a plan for accomplishing those goals based on one feedback source. | Fails to adequately articulate goals or plans for achieving them. |

Total points \_\_\_\_\_\_\_

## Counselor Self-Efficacy Scale

This is **emailed to the student electronically to complete** and a summary report responses is emailed to the student within two weeks. *The survey is shown below for illustrative purposes only*.

General Instructions: The following questionnaire consists of three parts. Each part asks to rate your beliefs about your ability to perform various counselor behaviors and to deal with particular issues in counseling. Please provide your honest, candid responses that reflect your beliefs about your current capabilities, rather than how you would like to be seen or how you might look in the future. There are no right or wrong answers to the following questions.

Name:

Email Address:

Semester:

Course: Instructor:

Part I: Please indicate how confident you are in your ability to use each of the following helping skills effectively, over the next week, in counseling most clients. When completing these items, please use the 0-9 rating scale, with 0 being equal to no confidence and 9 being equal to complete confidence.

How confident are you that you could use these general skills effectively with most clients over the next week?

|  |  |
| --- | --- |
| Attending (orient yourself physically toward the client) |  |
| Listening (capture and understand the messages that clients communicate) |  |
| Restatements (repeat or rephrase what the client has said, in a way that is succinct, concrete, and clear) |  |
| Open Questions (ask questions that help clients to clarify or explore their thoughts or feelings) |  |
| Reflection of Feelings (repeat or rephrase the client's statements with an emphasis on his or her feelings) |  |
| Self-Disclosure for Exploration (reveal personal information about your history, credentials, or feelings) |  |
| Intentional Silence (use of silence to allow clients to get in touch with their thoughts or feelings) |  |
| Challenges (point out discrepancies, contradictions, defenses, or irrational beliefs of which the client is unaware or that he or she is unwilling or unable to change) |  |
| Interpretations (make statements that go beyond what the client has overtly stated and that give the client a new way of seeing his or her behavior, thoughts, or feelings) |  |
| Self-Disclosure for Insight (disclose past experiences in which you gained some personal insight) |  |
| Immediacy (disclose immediate feelings you have about the client, the therapeutic relationship, or yourself in relation to the client) |  |
| Information-Giving (teach or provide the client with data, opinions, facts, resources, or answers to questions) |  |
| Direct Guidance (give the client suggestions, directives, or advice that imply actions for the client to take) |  |
| Role-Play and Behavior Rehearsal (assist the client to role-play or rehearse behaviors in-session) |  |
| Homework (develop and prescribe therapeutic assignments for clients to try out between sessions). |  |

How confident are you that you could do these specific tasks effectively with most clients over the next week?

|  |  |
| --- | --- |
| Keep sessions "on track" and focused. |  |
| Respond with the best helping skill, depending on what your client needs at a given moment. |  |
| Help your client to explore his or her thoughts, feelings, and actions. |  |
| Help your client to talk about his or her concerns at a "deep" level. |  |
| Know what to do or say next after your client talks. |  |
| Help your client set realistic counseling goals. |  |
| Help your client to understand his or her thoughts, feelings, and actions. |  |
| Build a clear conceptualization of your client and his or her counseling issues. |  |
| Remain aware of your intentions (i.e., the purposes of your interventions) during sessions. |  |
| Help your client to decide what actions to take regarding his or her problems. |  |

How confident are you that you could work effectively over the next week with a client who...

|  |  |
| --- | --- |
| Is clinically depressed. |  |
| Has been sexually abused. |  |
| Is suicidal. |  |
| Has experienced a recent traumatic life event (i.e., physical or psychological injury or abuse). |  |
| Is extremely anxious. |  |
| Shows signs of severely disturbed thinking. |  |
| You find sexually attractive. |  |
| Is dealing with issues that you personally find difficult to handle. |  |
| Has core values or beliefs that conflict with your own (i.e., regarding religion or gender roles). |  |
| Differs from you in a major way or ways (i.e., race or ethnicity). |  |
| Is not "psychologically-minded" or introspective. |  |
| Is sexually attracted to you. |  |
| You have negative reactions toward (i.e., boredom or annoyance). |  |
| Is at an impasse in therapy. |  |
| Wants more from you than you are willing to give (i.e., in terms of frequency of contacts or problem-solving prescriptions). |  |
| Demonstrates manipulative behaviors in-session. |  |

## Case Report and Treatment Plan

This case report is intended to be a summary of everything you know about the client so far. Integrate the information given to you from the initial assessment with additional information from your counseling sessions. Case reports must be typed and professionally written. Do NOT include any identifiable case information. Make copies for your classmates and shred all when completed.

Client (use initials or fake name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Counselor Trainee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Sessions \_\_\_\_\_\_\_\_

1. Brief Demographic Description of Client

Include age, ethnicity, gender, occupation, marital/family status & living situation.

1. Presenting Problem and referral source
2. Assessment of client, including Mental Status Exam, behavioral observations, environmental assessment, and results of appropriate test data
3. History

* Presenting Problem History

Include estimated date of onset and concurrent events; intensity, frequency, and

Changes.

* Family History

Past and present - include description of relationships with family members,

client’s living arrangements, parents’ occupations. Include statements

affirming/denying family alcoholism, substance abuse, physical or sexual abuse:

explain.

* Social Relationship History

Past and present - include statement affirming/denying any unwanted sexual experience, physical abuse, trouble with police: explain.

* Academic/Work History

Past and present

* Medical History

Past and present - include statements affirming/denying any medical conditions,

hospitalizations, prescription medicines, problems with eating and/or weight control, problems with substance abuse.

* Counseling History

Briefly describe dates of services: self-help groups & what the client found helpful.

* Client’s strengths and support system

E. Diversity, Spirituality and Culture. What diversity issues should be considered in evaluation and treatment planning when working with this client? How are you adapting your understanding of the presenting problem and your work with this client based on diversity issues?

F. Clinical Interpretation or Hypothesis/ theoretical conceptualization.. Based on the assessment of the presenting problem, background information and your theoretical approach, provide your view of the problem in theoretical terms and link to the presenting problem. Describe patterns leading to the summary of the presenting problem and provide possible causes.

G. Diagnosis – List the DSM V diagnosis. Include both the name of the diagnosis and the code number. Make sure to use any appropriate specifiers.

H. Treatment goals/plan. Short and long term Goals, Objectives stated in terms of expected and ideal levels of outcome. How will the client change for the better? How will you measure outcomes? It is important that your treatment goals/objectives are clear and measurable (e.g. client will increase positive self-talk from a 4 to a 6 on a 10 point scale by 3/3/11)

I. Literature Search: What does the literature have to say about evidenced-based treatment of the presenting problem(s)? Provide references to articles/research that helped guide your treatment and discuss how you integrated literature into your treatment.

J. Interventions. What strategies/interventions/techniques have you implemented or plan to implement with this client and rationale? Are they evidenced-based for the client’s presenting problem? How are they tied to the treatment plan?

K. Ethical & Legal issues. Which of the ethical principles and legal considerations of counselors are relevant or could be relevant to this case?

L. Technology. Use of technology in evaluation, treatment, or service delivery.

M. Personal reaction/reflection. What feelings/thoughts do you have about this case. What issues were triggered or could be triggered for you? Reflect on your counseling experience, the emerging challenges and the successes.

O. Feedback. What concerns do you have about this case? What kind of help/feedback would you like from the group?

## CASE PRESENTATION: RUBRIC FOR CG596A

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course and Semester\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **GOALS & STANDARDS** | **EXCEEDS EXPECTATIONS**  **(for mid-internship level)** | **MEETS EXPECTATIONS**  **(for mid-internship level)** | **DOES NOT MEET EXPECTATIONS**  **(for mid-internship level)** |
| **90- 100%/9-10 pts**  3 | **80-89%/8-8.9 pts**  2 | **79% or lower 0-7.9 pts**  1 |
| Reflective Thinking and ethical/legal issues    CACREP II G5d  CMHC A2, B1 | Demonstrates exceptional insight and thoughtful description of the experience, the ethical/legal issues & challenges and the successes. | Provides description of the experience, the ethical/legal challenges and successes. | Minimal description of the experience, ethical/legal challenges and successes. |
| Integration of Counseling Theory into Case Conceptualization  CACREP II G5d, CMHC C7 | Discusses two or more related theoretical constructs exceptionally well and makes strong links to presenting problem. | Discusses at least one theoretical construct and makes some link to presenting problem. | Link to theory incomplete or vague with little or no supporting details for link to presenting problem. |
| Diagnosis/Assessment of Presenting Problem  CMHC L1,2  CMHCD1, G2, K2,3, | Detailed description of consistencies of patterns leading to a summary of the problem; describes possible causes. Accurate DSM V diagnosis based on evidence. | Describes patterns leading to the summary of the problem and describes possible causes. Adequate diagnoses based on some evidence. | Does not identify patterns leading to the problem; does not describe possible causes, inaccurate diagnosis based on minimal evidence. |
| Literature Integration and Synthesis  CMHC J1 | Include data from 2 or more relevant and recent sources and demonstrates how the literature guided the counseling process. | Included data from 1 or more relevant sources and some evidence of integration of the literature in guiding the counseling process. | No evidence of literature search. |
| Treatment Goals/Plan  CMHC D7 | Short and long-term goals clearly tied to presenting problem and evidence-based treatment. | Short and long term goals; vaguely tied to presenting problem and evidence-based treatment. | Treatment goals are vague with no connection to presenting problem and evidence-based treatment. |

|  |  |  |  |
| --- | --- | --- | --- |
| Openness to Diversity Issues and Ability to Work with Diverse Populations  CACREP II G2d, G5d,  CMHC D2,4 F3, H1 | Strong evidence of openness, understanding, and ability to work with diverse populations. | Some evidence of openness and/or understanding and ability to work with diverse populations. | Limited evidence of openness, understanding and ability to work with diverse populations. |
| Interventions  CACREP II G5d, CMHC H1 | Detailed summary of strategies and techniques implemented or intention to implement; interventions are evidenced-based and tied to treatment plan | Some discussion of strategies and techniques implemented or plan for implementation and tied to treatment plan. | No discussion of interventions or plan for interventions. |
| Writing Skills  CMHC D7 | Paper is prepared in proper APA format, nearly error-free (spelling and grammar), well written and concise. Professional language is used throughout. | Paper mostly follows proper APA format with minimal errors, writing is average. | Paper does not follow APA format, includes many errors, and is poorly written. |
| Case presentation  CACREP III F5 | Very well presented, exceptionally clear and concise. Very well prepared, led a very good discussion and open to feedback | Well presented, clear and concise. Well prepared, led a good discussion and open to feedback | Not well presented, unclear, unprepared. Little class discussion and not open to feedback. |
| Progress in Development towards becoming a competent counselor  CACREP III F5 | Superior development towards becoming a competent counselor for what would be expected for mid-internship level | Demonstrates adequate development toward becoming a competent counselor for what should be expected for mid-internship level | Demonstrates substandard development toward becoming a competent counselor at mid-internship level and there is need for remediation |

Total points \_\_\_\_\_\_\_

## CASE PRESENTATION: RUBRIC FOR CG596B

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course and Semester\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **GOALS & STANDARDS** | **EXCEEDS EXPECTATIONS**  **(for final internship level)** | **MEETS EXPECTATIONS**  **(for final internship level)** | **DOES NOT MEET EXPECTATIONS**  **(for final internship level)** |
| **90- 100%/9-10 pts**  3 | **80-89%/8-8.9 pts**  2 | **79% or lower 0-7.9 pts**  1 |
| Reflective Thinking ethical/legal issues    CACREP II G5d  CMHC A2, B1 | Demonstrates exceptional insight and thoughtful description of the counseling experience, the ethical/legal challenges and the successes as expected from a professional counselor. | Provides description of the counseling experience, the ethical/legal challenges and successes as expected from a professional counselor. | Minimal description of the experience, ethical/legal challenges and successes. |
| Integration of Counseling Theory into Case Conceptualization  CACREP II G5d, CMHC C7 | Discusses two or more related theoretical constructs exceptionally well and makes strong links made to presenting problem. | Discusses at least one theoretical construct and makes some link to presenting problem. | Link to theory incomplete or vague with little or no supporting details for link to presenting problem. |
| Diagnosis/Assessment of Presenting Problem  CMHC L1,2  CMHCD1, G2, K2,3, | Detailed description of consistencies of patterns leading to a summary of the problem; describes possible causes. Accurate DSM V diagnosis based on evidence. | Describes patterns leading to the summary of the problem and describes possible causes. Adequate diagnoses based on some evidence. | Does not identify patterns leading to the problem; does not describe possible causes, inaccurate diagnosis based on minimal evidence. |
| Literature Integration and Synthesis  CMHC J1 | Include data from 2 or more relevant and recent sources and demonstrates how the literature guided the counseling process. | Included data from 1 or more relevant sources and some evidence of integration of the literature in guiding the counseling process. | No evidence of literature search. |
| Treatment Goals/Plan  CMHC D7 | Short and long-term goals clearly tied to presenting problem and evidence based treatment. | Short and long term goals; vaguely tied to presenting problem and evidence-based treatment. | Treatment goals are vague with no connection to presenting problem and evidence based treatment. |

|  |  |  |  |
| --- | --- | --- | --- |
| Openness to Diversity Issues and Ability to Work with Diverse Populations  CACREP II G2d, G5d,  CMHC D2, 4, F3, H1 | Strong evidence of openness, understanding, and ability to work with diverse populations. | Some evidence of openness and/or understanding and ability to work with diverse populations. | Limited evidence of openness, understanding and ability to work with diverse populations. |
| Interventions  CACREP II G5d, CMHC H1 | Detailed summary of strategies and techniques implemented or intention to implement; interventions are evidenced based and tied to treatment plan | Some discussion of strategies and techniques implemented or plan for implementation and tied to treatment plan. | No discussion of interventions or plan for interventions. |
| Writing Skills  CMHC D7 | Paper is prepared in proper APA format, nearly error-free (spelling and grammar), well written and concise. Professional language is used throughout. | Paper mostly follows proper APA format with minimal errors, writing is average. | Paper does not follow APA format, includes many errors, and is poorly written. |
| Case presentation  CACREP III F5 | Very well presented, exceptionally clear and concise. Very well prepared, led a very good discussion and open to feedback | Well presented, clear and concise. Well prepared, Led a good discussion and open to feedback | Not well presented, unclear, unprepared. Little class discussion and not open to feedback. |
| Progress in Development towards becoming a competent counselor  CACREP III F5 | Superior development towards becoming a competent counselor for what would be expected by a professional counselor | Demonstrates adequate development toward becoming a competent counselor for what should be expected by a professional counselor | Demonstrates substandard development toward becoming a competent counselor at final internship level and there is need for remediation |

Total Points\_\_\_\_\_\_\_\_\_\_

## Internship Grading Checklist for CG 596A

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CG 596 A Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester\_\_\_\_\_\_\_\_\_\_

All below are required, but not graded, but must be adequately completed to get a CR grade. Students need permission for instructor to adjust requirement

\_\_\_\_ Notebook/portfolio up to date

\_\_\_ Site visit

\_\_\_ Log and Practicum Completion form meets criteria 1 (Failure to have total 600 hours, 240 direct over two semesters results in not passing the course) Logs should be signed by supervisor or signed electronically

\_\_\_\_ Professional experience

\_\_\_ Self-efficacy scale

\_\_\_ Assessment of clinical experience

\_\_\_ Five session reviews completed

\_\_\_ CCS-R completed (minimum total 80)

\_\_\_ Evaluation of experience paper

**Graded Assignments**

Particiaptaion on Discussion board 300 points 20% of grade % received \_\_\_

6 total required each for 50 points each

­­

Professional Goals (see rubric) 100 points 10% of grade % received \_\_\_\_

1 = does not meet expectation

2 = meets expectations

3 = exceeds expectations

Case Presentation (see rubric) \_\_\_\_/100 50% of grade % received \_\_

If students have to reschedule a case presentation and don’t have an excused absence, then 20 points will be deducted. If they don’t do it all, they cannot pass the course.

Attendance and Participation-8 classes

\_\_\_/100 20% of grade % received \_\_\_

* 1. 0=no participation
  2. 1-20=minimal participation
  3. 21 -40=some participation
  4. 41- =much meaningful participation
  5. 5= Significant meaningful participation

\_\_\_\_ total percentage received

\_\_\_\_ Grade

**Grading Scale**

Students must receive a grade of “C” or better in order to pass the class. Students cannot choose to NOT do an assignment. A passing grade is recorded as CR. If students get a D or F they will not pass the course. There is no C- passing grade. A concern conference will be called for students not passing the course

Grading scale

A    93 --100%

A-   90 – 92.99%

B+ 87 –89.99%

B     83 – 86.99%

B-    80 – 82.99%

C+   77 – 79.99%

C     70 – 76.99%

D    60 – 69.99%

F      0 – 59.99%

## Internship Grading Checklist for CG 596B

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CG 596B Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester\_\_\_\_\_\_\_\_\_\_

All below are required, but not graded, but must be adequately completed to get a CR grade. Students need permission for instructor to adjust requirement

\_\_\_\_ Notebook/portfolio up to date

\_\_\_ Site visit

\_\_\_ Log and Practicum Completion form meets criteria 1 (Failure to have total 600 hours, 240 direct over two semesters results in not passing the course) Logs should be signed by supervisor or signed electronically

\_\_\_\_ Advocacy experience

\_\_\_ Self-efficacy scale

\_\_\_ Assessment of clinical experience

\_\_\_ Five session reviews completed

\_\_\_ CCS-R completed (minimum total 80)

\_\_\_ Evaluation of experience paper

**Graded Assignments**

Participation on Discussion board 300 points 20% of grade % received \_\_\_

6 total required each for 50 points each

Professional Goals (see rubric) 100 points 10% of grade % received \_\_\_\_

1 = does not meet expectation

2 = meets expectations

3 = exceeds expectations

Case Presentation (see rubric) \_\_\_\_/100 50% of grade % received \_\_

If students have to reschedule a case presentation and don’t have an excused absence, then 20 points will be deducted. If they don’t do it all, they cannot pass the course.

Attendance and Participation-8 classes

\_\_\_/100 20% of grade % received \_\_\_

* 1. 0=no participation
  2. 1-20=minimal participation
  3. 21 -40=some participation
  4. 41- =much meaningful participation
  5. 5= Significant meaningful participation

\_\_\_\_ total percentage received

\_\_\_\_ Grade

**Grading Scale**

Students must receive a grade of “C” or better in order to pass the class. Students cannot choose to NOT do an assignment. A passing grade is recorded as CR. If students get a D or F they will not pass the course. There is no C- passing grade. A concern conference will be called for students not passing the course

Grading scale

A    93 --100%

A-   90 – 92.99%

B+ 87 –89.99%

B     83 – 86.99%

B-    80 – 82.99%

C+   77 – 79.99%

C     70 – 76.99%

D    60 – 69.99%

F      0 – 59.99%

## Internship C GRADING CHECKLIST

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CG 596B Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester\_\_\_\_\_\_\_\_\_\_

All below are required, but not graded, but must be adequately completed to get a CR grade. Students need permission for instructor to adjust requirement

\_\_\_\_ Notebook/portfolio up to date

\_\_\_ Site visit

\_\_\_ Log and Practicum Completion form meets criteria 1 (Failure to have total 600 hours, 240 direct over two semesters results in not passing the course) Logs should be signed by supervisor or signed electronically

\_\_\_ Self-efficacy scale

\_\_\_ Assessment of clinical expeirnvr

\_\_\_ CCS-R completed (minimum total 80)

\_\_\_ Evaluation of experience paper

**Graded Assignments**

Participation on Discussion board 300 points 20% of grade % received \_\_\_

6 total required each for 50 points each

Professional Goals (see rubric) 100 points 10% of grade % received \_\_\_\_

1 = does not meet expectation

2 = meets expectations

3 = exceeds expectations

Case Presentation (see rubric) \_\_\_\_/100 50% of grade % received \_\_

If students have to reschedule a case presentation and don’t have an excused absence, then 20 points will be deducted. If they don’t do it all, they cannot pass the course.

Attendance and Participation-8 classes

\_\_\_/100 20% of grade % received \_\_\_

* 1. 0=no participation
  2. 1-20=minimal participation
  3. 21 -40=some participation
  4. 41- =much meaningful participation
  5. 5= Significant meaningful participation

\_\_\_\_ total percentage received

\_\_\_\_ Grade

**Grading Scale**

Students must receive a grade of “C” or better in order to pass the class. Students cannot choose to NOT do an assignment. A passing grade is recorded as CR. If students get a D or F they will not pass the course. There is no C- passing grade. A concern conference will be called for students not passing the course

Grading scale

A    93 --100%

A-   90 – 92.99%

B+ 87 –89.99%

B     83 – 86.99%

B-    80 – 82.99%

C+   77 – 79.99%

C     70 – 76.99%

D    60 – 69.99%

F     0 – 59.99%

## Internship X GRADING CHECKLIST

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CG 596B Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester\_\_\_\_\_\_\_\_\_\_

All below are required, but not graded, but must be adequately completed to get a CR grade. Students need permission for instructor to adjust requirement

\_\_\_\_ Notebook/portfolio up to date

\_\_\_ Site visit

\_\_\_ Log and Practicum Completion form meets criteria 1 (Failure to have total 600 hours, 240 direct over two semesters results in not passing the course) Logs should be signed by supervisor or signed electronically

\_\_\_ Self-efficacy scale

\_\_\_ Assessment of clinical experience

\_\_\_ CCS-R completed (minimum total 80)

\_\_\_ Evaluation of experience paper

**Graded Assignments**

Participation on Discussion board 300 points 20% of grade % received \_\_\_

6 total required each for 50 points each

­­

Professional Goals (see rubric) 100 points 10% of grade % received \_\_\_\_

1 = does not meet expectation

2 = meets expectations

3 = exceeds expectations

Attendance and Participation-8 classes

\_\_\_/100 20% of grade % received \_\_\_

* 1. 0=no participation
  2. 1-20=minimal participation
  3. 21 -40=some participation
  4. 41- =much meaningful participation
  5. 5= Significant meaningful participation

\_\_\_\_ total percentage received

\_\_\_\_ Grade

**Grading Scale**

Students must receive a grade of “C” or better in order to pass the class. Students cannot choose to NOT do an assignment. A passing grade is recorded as CR. If students get a D or F they will not pass the course. There is no C- passing grade. A concern conference will be called for students not passing the course

Grading scale

A    93 --100%

A-   90 – 92.99%

B+ 87 –89.99%

B     83 – 86.99%

B-    80 – 82.99%

C+   77 – 79.99%

C     70 – 76.99%

D    60 – 69.99%

F      0 – 59.99%

## SESSION REVIEW FORM

John Carroll University

Clinical Mental Health Counseling Program

Student Name Date of Session

Supervisor's Name Date of Review

**Instructions for Supervisor**: Please rate the student on the criteria below regarding the student's use of clinical skills when working with a specified case.

Exceeds Meets Does not meet

Expectations Expectations Expectations

**Motivational Interviewing Techniques**

Open Ended Questions 10 8 7

Affirmations 10 8 7

Reflections 10 8 7

Summarizations 10 8 7

**Basic Clinical Skills**

Warmth, respect, positive regard, genuineness 10 8 7

Attending skills utilized 10 8 7

Connecting, linking 10 8 7

Use of evidenced based interventions 10 8 7

Refrains from lecturing and advice giving 10 8 7

Empathy 10 8 7

Silence used effectively 10 8 7

**Use of self**

Congruent body language 10 8 7

(eye contact, posture, etc.)

Congruent voice, tone, and pace 10 8 7

Professional demeanor and presentation 10 8 7

**Planning & Structure of Session**

Evidence of planning for the session 10 8 7

Opening of the session well implemented 10 8 7

Treatment goals clear 10 8 7

Closing was on time and well implemented 10 8 7

**Multicultural Competency**

Open to gaining cultural knowledge 10 8 7

Respectful of client's personal values & beliefs 10 8 7

Total Points \_\_\_\_\_\_/200

**Instructions for Supervisor**: After reading the student’s self-evaluation, respond to the following during your supervision meeting with the student. The last question should be answered by the supervisor **and** the student.

Strengths in the session:

Areas for Improvement:

Supervisor and Supervisee's Plan of Action:

**Instructions for Student**: After reviewing the feedback above, fill out the following with your supervisor.

Strengths in the session:

Areas for improvement:

Specify theoretical orientation:

How did you apply this theoretical orientation to this case:

Feedback requested from Supervisor:

Supervisor's Signature Date

Student's Signature Date

## Rubric for Evaluation of Experience Paper

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course and Semester\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **GOALS & STANDARDS** | **EXCEEDS EXPECTATIONS** | **MEETS EXPECTATIONS** | **DOES NOT MEET EXPECTATIONS** |
| 3 | 2 | 1 |
| Self reflection and self care  CACREP II G1d, CMHC D9) | The student provides an insightful, balanced, and comprehensive articulation of individual strengths and challenges. Specific and meaningful examples tied to professional literature and coursework are shared. The student’s evaluation reflects a deep and clear understanding of the impact of personal development and growth on becoming a counselor. | The student provides an articulation of individual strengths and challenges. Examples are provided and are tied to the professional literature or course work. The student’s evaluation reflects some understanding of the relationship of the impact of personal development and growth on becoming a counselor. | The student fails to mention strengths and challenges. The student fails to articulate the relationship of personal development and growth on becoming a counselor. |

Total points \_\_\_\_\_\_\_

# **Appendix F: Forms to Complete by the End of Internship I (CG 596A)**



## Clinical Mental Health Internship Midway Evaluation

John Carroll University

Clinical Mental Health Counseling Program

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Course name/semester/year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site of placement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths of student

Areas needing attention

Suggestions for next semester

Help needed from University instructor to assist placement

Student’s comments

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

Student Supervisor Date

## Practicum/Internship Formal Evaluation by Instructor

John Carroll University

Clinical Mental Health Counseling Program

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Course name/semester/year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Site of placement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths of student

Areas needing attention

Assessment of Notebook

Contribution to Class

Suggestions/Recommendations

Student’s comments

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

Student Instructor Date

# **Appendix G: Forms to Complete by the End of Internship B (CG 596B)**



## Practicum/Internship Formal Evaluation by Instructor

John Carroll University

Clinical Mental Health Counseling Program

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Course name/semester/year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Site of placement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths of student

Areas needing attention

Assessment of Notebook

Contribution to Class

Suggestions/Recommendations

Student’s comments

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

Student Instructor Date

## Internship Completion Form

John Carroll University

Clinical Mental Health Counseling Program

The following signatures attest that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has satisfactorily fulfilled

(Name of Student Intern) the expectations of the internship experience and met all requirements of the Clinical Mental Health Counseling Master’s degree internship.

Site name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total # of Direct Client Contact Hours: \_\_\_\_\_\_\_\_\_\_\_

Total # of Direct Group Contact Hours: \_\_\_\_\_\_\_\_\_\_\_

Total # of Direct Hours: \_\_\_\_\_\_\_\_\_\_\_

Total # of Non-Direct Hours: \_\_\_\_\_\_\_\_\_\_\_

**Total # of Hours Completed:**

Student

Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Printed Signed Date

Internship

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Printed Signed Date

Site/Clinical

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

Printed Signed Date

## Program Evaluation Form

John Carroll University

Clinical Mental Health Counseling Program

*The Program Evaluation is automatically emailed via the Survey Monkey system at the end of the semester to CG 596B students and their site supervisors for completion.*

## Professional Development Plan

for Continuous Development as a Professional Counselor

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based on your self-evaluations and feedback from colleagues, instructors and supervisors, list three professional goals that you intend to work towards in the next year to continue your development. (Write them in the SMART format: specific, measureable, attainable, realistic, and timely). What will you do, how will you do it, and how will you know you achieved it?

1.

2.

3.

## Counseling Practicum/Internship Assessment of the Clinical/School Experience

John Carroll University Counseling Program

PAGE 1 OF 2

Student Name:­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of On-Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Number of Hours:\_\_\_\_\_\_\_\_\_\_\_\_

Agency/School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This evaluation is for the purpose of providing feedback to the University regarding student perceptions of the practicum/internship experience. This instrument is designed as a guide to facilitate the sharing of the most significant perceptions and impressions that occur throughout the practicum/internship experience. As a student counselor and a beginning professional, you are urged to complete this instrument completely and honestly. You should already have begun this kind of critical sharing with your site/clinical supervisor, others in the Agency, and your faculty Internship Instructor. Your responses can aid your own professional development, and your assessment will significantly help the University be even more responsive to student needs. **This information will not be viewed by site employees.**

1. Complete the rating form as follows (circle appropriate responses for each item):

5 --- Indicates complete satisfaction or an extremely positive response with the item.

Where behavior is referred to, the behavior was always present when appropriate.

4 --- Moderate satisfaction: Desired behavior or condition was frequently present.

3 --- Somewhat satisfied: Desired behavior or condition was sometimes absent.

2 --- Somewhat dissatisfied: Desired behavior or condition was often absent.

1 --- Extremely dissatisfied: Desired behavior or condition was seldom present.

X --- It is not possible to assess this item.

2. Provide comments regarding those items for which you have a special concern.

**I. The Internship Process**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Was there sufficient information about the practicum/internship prior to actually starting the experience? | 5 | 4 | 3 | 2 | 1 | X |
| 2 | Did you feel the kind of setting provided was appropriate to your needs and interests? | 5 | 4 | 3 | 2 | 1 | X |
| 3 | Was orientation at the agency/school sufficient when the experience began? | 5 | 4 | 3 | 2 | 1 | X |
| 4 | Overall, did the instructor meet responsibilities for your practicum/internship experience? | 5 | 4 | 3 | 2 | 1 | X |
| 5 | During the experience, did you feel that you were treated as an individual with respect for your own special circumstances? | 5 | 4 | 3 | 2 | 1 | X |
| 6 | Was the agency/school adequately prepared for your arrival? | 5 | 4 | 3 | 2 | 1 | X |

**II. The Agency/School Setting**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Was the interaction with other counselors and related disciplines sufficient? | 5 | 4 | 3 | 2 | 1 | X |
| 2 | Did the agency/school provide you with adequate working conditions? | 5 | 4 | 3 | 2 | 1 | X |
| 3 | Overall, did you feel the agency attached sufficient importance to your experience? | 5 | 4 | 3 | 2 | 1 | X |

**Counseling Practicum/Internship Assessment of the Clinical/School Experience**

John Carroll University Counseling Program

PAGE 2 OF 2

**III. Professional Development**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Did the experience acquaint you with the operation of a community service agency/school? | 5 | 4 | 3 | 2 | 1 | X |
| 2 | Did the experience improve your capacity to work with people in a helping relationship? | 5 | 4 | 3 | 2 | 1 | X |
| 3 | Did the placement acquaint you with resources available in the community? | 5 | 4 | 3 | 2 | 1 | X |
| 4 | Did the experience significantly increase your knowledge of specific problems in the community, e.g., poverty, mental illness, aging, alcoholism and other addictions, and so on? | 5 | 4 | 3 | 2 | 1 | X |
| 5 | Rate your general level of satisfaction with the amount and kind of activities you were assigned. | 5 | 4 | 3 | 2 | 1 | X |
| 6 | Was there a sufficient diversity of learning activities? | 5 | 4 | 3 | 2 | 1 | X |
| 7 | Were there opportunities to be part of the “larger agency/school” such as by attending staff meetings, in-service training, and so on? | 5 | 4 | 3 | 2 | 1 | X |
| 8 | Did this agency/school experience help you understand and use professional record keeping procedures? | 5 | 4 | 3 | 2 | 1 | X |

**IV. Direct Supervision by Onsite Supervisor**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Did your supervisor stimulate professional counselor identity? | 5 | 4 | 3 | 2 | 1 | X |
| 2 | Did your supervisor help you feel accepted and respected as a person? | 5 | 4 | 3 | 2 | 1 | X |
| 3 | Did your supervisor help in demonstrating professional relationships with staff members at the site? | 5 | 4 | 3 | 2 | 1 | X |
| 4 | Did your supervisor meet with you for supervision at established times and for the agreed upon time? | 5 | 4 | 3 | 2 | 1 | X |
| 5 | Did your supervisor assist in conceptualizing your clients? | 5 | 4 | 3 | 2 | 1 | X |
| 6 | Did your supervisor help clarify objectives for your counseling sessions? | 5 | 4 | 3 | 2 | 1 | X |
| 7 | Did your supervisor help organize relevant case data in planning procedures for working with your clients? | 5 | 4 | 3 | 2 | 1 | X |
| 8 | Did your supervisor guide you in generating your own solutions to problems faced with clients? | 5 | 4 | 3 | 2 | 1 | X |
| 9 | Did your supervisor provide you with useful feedback regarding your counseling skills? | 5 | 4 | 3 | 2 | 1 | X |
| 10 | Did your supervisor help you focus on how your personal style influenced clients? | 5 | 4 | 3 | 2 | 1 | X |
| 11 | Did your supervisor adequately reinforce the development of your strengths and capabilities? | 5 | 4 | 3 | 2 | 1 | X |
| 12 | Did your supervisor help you use appraisal instruments constructively in counseling? | 5 | 4 | 3 | 2 | 1 | X |
| 13 | Was your supervisor helpful in critiquing your report writing? | 5 | 4 | 3 | 2 | 1 | X |
| 14 | Did your supervisor allow and encourage you to evaluate your work with clients? | 5 | 4 | 3 | 2 | 1 | X |
| 15 | Did your supervisor demonstrate cultural competency when working with you and other professionals/students? | 5 | 4 | 3 | 2 | 1 | X |
| 16 | Did your supervisor demonstrate willingness to discuss cultural dynamics in clinical assessment, case conceptualization, and treatment? | 5 | 4 | 3 | 2 | 1 | X |
| 17 | Would you recommend this site to other students? | 5 | 4 | 3 | 2 | 1 | X |
| 18 | Would you recommend this supervisor to other students? | 5 | 4 | 3 | 2 | 1 | X |

Would like to meet in person with the practicum/internship coordinator to discuss experience? Yes\_\_\_\_ No \_\_\_\_

## Professional Counselor Licensure Requirements

There are 3 types of licenses you can work towards as a Clinical Mental Health Counselor in Ohio that can be obtained in sequence in the following order:

1. Professional Counselor (LPC)

* Successful completion & Graduation from JCU Clinical Mental Health Program
* Passing the NCE Licensure Exam

1. Professional Clinical Counselor (LPCC)

* An accumulated 3000 hours of clinical experience as a PC (must be supervised by a LPCC-S)
* Passing the NCMHCE Licensure Exam

1. Professional Clinical Counselor with Supervision Designation (LPCC-S)

* Hold a LPC for three years and at least one year post LPCC experience
* 2 years full time direct counseling services under supervision.
* 2 quarter hours of academic work or twenty-four clock hours of continuing education hours in clinical supervision.
* At least one supervision of supervising experience providing at least ten hours of supervision and receive five hours of supervision in that process.

For more detailed information, go to the Ohio CSWMFT Board website: <http://cswmft.ohio.gov/Counselors.aspx>

## Step-By-Step Process for Applying for the NCE & LPC License

<http://cswmft.ohio.gov/Counselors/LPC/LPC-Inst-CACREP>

1. Students are eligible to take the NCE if they are currently in their last semester of coursework OR have completed all JCU Clinical Mental Health coursework and/or have graduated.
2. Complete the online LPC Licensure Application available at  [http://cswmft.ohio.gov/portals/0/Images/elic%20link%20sm.png](https://elicense.ohio.gov/OH_CommunitiesLogin)🡪 (ctrl click to follow link) create your account and log in.
3. Once you're on your license tile click APPLY FOR A NEW LICENSE then select the name of our Board from the drop down menu.
4. Choose the LICENSE TYPE you are applying for and pick the application type EXAMINATION or reciprocity. (Reciprocity means that two or more states have a written agreement indicating that a licensee from one state can be licensed in the other states under that written agreement.  Ohio has a reciprocity agreement with Kentucky). A completed application is good for 2 years.

* If you are in your last semester of coursework, request letter from Dr. Paula Britton confirming this status and upload letter into application.

1. A completed LPC application **will generate your request to sit for the required licensing examination.** The National Board for Certified Counselors, National Counselor Examination (**NCE**) is required for Ohio LPC licensure.  Please be prepared to register and pay NBCC to sit for the exam when you receive (by email) your letter of eligibility from the CSWMFT Board. The (email) letter of eligibility to sit for the exam is valid for only six months. Applicants who pay for and register for the exam may forfeit fees if they do not take the exam by the expiration date of the letter of eligibility.
2. After you pass the NCE exam, fax a copy of the Exam Result Report to 614-728-7790 **FAX**
3. Have your school send an **OFFICIAL transcript showing your conferred degree directly to the Board.**
4. Complete a Criminal Records Check (CRC). CRC’s are good for 1 year from the date received by the Board. If you completed a CRC for your CT, but they were received by the Board more than 1 year ago, they must be repeated for your PC license. Follow the instructions in this link for completing your CRC: [BCI & FBI Criminal Records Checks](http://cswmft.ohio.gov/BCIFBIBackgroundChecks.aspx)
5. Watch the board’s  [Laws & Rules Video](http://cswmft.ohio.gov/Laws-Rules-Video)
6. You may be issued a provisional license only if you have applied for a LPC license and you meet all requirements of licensure except formal board approval, if needed OR your degree is conferred, but the registrar has not yet sent a transcript showing the degree conferred. You will need a letter from the graduate studies office saying the degree is conferred, but not available until some date in the future.

**Documents Required to Complete Your LPC Application**

1. NCE Test Results – email results to [counseling@cswb.ohio.gov](mailto:counseling@cswb.ohio.gov) Allow 4-6 weeks to schedule exam.
2. Official Transcript, showing your conferred graduate degree in counseling sent directly from your school.
3. [BCI and FBI Criminal Records Check](http://cswmft.ohio.gov/BCIFBIBackgroundChecks.aspx)
4. LPC licensure application
5. Watch the board’s  [Laws & Rules Video](http://cswmft.ohio.gov/Laws-Rules-Video)
6. \*\*Please allow 7-10 business days to process items sent to the board’s office

**The National Counselor Examination for Licensure and Certification (NCE)** is used for two purposes: national counselor certification and state counselor licensure. The purpose of the NCE is to assess knowledge, skills, and abilities viewed as important for providing effective counseling services. The NCE is designed to be general in nature. It is intended to assess cognitive knowledge which should be known by all counselors regardless of their individual professional specialties.

1. LPC applicants take the NCE - [NCE Exam Candidate Handbook for State Credentialing](http://www.nbcc.org/Assets/Exam/handbooks/NCE.pdf)
2. Exam guides are available for purchase at <https://procounselor.nbcc.org/Exam/StudyGuides>
3. Examination locations may be found at <https://home.pearsonvue.com/>

**Exam Registration**

After exam approval is issued by the Board via the above LPC application, applicants may register for an NBCC exam by navigating to <http://www.nbcc.org/Search/StateBoardDirectory/ohio>.

* Select "Online Exam Registration".
* Applicants without a current NBCC account may create one by selecting "Create an Account".
* Those with an account may login. Once an account is created, applicants may edit and update contact information and submit exam registrations. When registering and paying for the exam, be sure you are on the State Licensure ProCounselor page to ensure you pay for the correct exam.
* Once payment is made for an exam, **NBCC suggests allowing approximately four weeks for review and completion of registration and email to be sent by Pearson Vue with instructions for scheduling exam.**
* If the exam registration is a retake, and payment is submitted prior to eligibility to retake, the applicant's file will be sent to Pearson Vue once eligibility to retake begins, at which time Pearson Vue will and they will send instructions for scheduling.

**\*\* Please remember to take your driver's license or state ID to the exam location**